

EXHIBIT “A-1”

Winnie-Stowell Hospital District Balance Sheet

10/22/25

As of September 30, 2025

Accrual Basis

	Sep 30, 25
ASSETS	
Current Assets	
Checking/Savings	
100 Prosperity Bank -Checking	562,421.51
102 First Financial Bank	
102b FFB #4846 DACA	554,067.92
102c FFB #7190 Money Market	35,176,528.29
Total 102 First Financial Bank	35,730,596.21
105 TexStar	7,118,401.68
108 Nursing Home Banks Combined	5,154,227.60
Total Checking/Savings	48,565,647.00
Other Current Assets	
110 Sales Tax Receivable	194,309.82
114 Accounts Receivable NH	88,339,642.46
115 Hosp Uncomp Care Receivable	50,560.62
116 - A/R CHOW - LOC	929,288.10
117 NH - QIPP Prog Receivable	44,352,232.21
119 Prepaid IGT	26,528,156.92
Total Other Current Assets	160,394,190.13
Total Current Assets	208,959,837.13
Fixed Assets	3,883,789.33
Other Assets	
118.01 Prepaid NH Fees	12,806.48
Total Other Assets	12,806.48
TOTAL ASSETS	212,856,432.94
LIABILITIES & EQUITY	
Liabilities	
Current Liabilities	
Other Current Liabilities	
190 NH Payables Combined	5,317,252.71
201 NHP Accounts Payable	31,851,798.27
206 FFB Loan 26	14,644,894.33
206 FFB Loan 27	31,670,100.00
235 Payroll Liabilities	6,804.17
240 Accounts Payable NH Oper.	92,404,694.71
Total Other Current Liabilities	175,895,544.19
Total Current Liabilities	175,895,544.19
Total Liabilities	175,895,544.19
Equity	
300 Net Assets, Capital, net of	121,283.00
310 Net Assets-Unrestricted	11,219,913.13
315 Committed for Capital Proj	450,000.00
Retained Earnings	22,280,986.29
Net Income	2,888,706.33
Total Equity	36,960,888.75
TOTAL LIABILITIES & EQUITY	212,856,432.94

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

	Jan - Sep 25	Budget	\$ Over Budget	% of Budget
Ordinary Income/Expense				
Income				
400 Sales Tax Revenue	684,949.69	850,000.00	-165,050.31	80.6%
405 Investment Income	442,177.61	750,000.00	-307,822.39	59.0%
407 Rental Income	37,000.00	42,000.00	-5,000.00	88.1%
409 Tobacco Settlement	18,002.15	15,000.00	3,002.15	120.0%
415 Nursing Home - QIPP Program	91,688,018.28	123,487,690.00	-31,799,671.72	74.2%
Total Income	92,870,147.73	125,144,690.00	-32,274,542.27	74.2%
Gross Profit	92,870,147.73	125,144,690.00	-32,274,542.27	74.2%
Expense				
500 Admin				
501 Admin-Administrative Salary	56,250.00	75,000.00	-18,750.00	75.0%
502 Admin-Administrative Assnt	21,063.33	46,860.00	-25,796.67	44.9%
503 Admin - Staff Incentive Pay	0.00	8,500.00	-8,500.00	0.0%
504 Admin-Administrative PR Tax	8,201.84	9,500.00	-1,298.16	86.3%
505 Admin-Board Bonds	0.00	250.00	-250.00	0.0%
506 Admin - Emp. Insurance	45,337.61	81,000.00	-35,662.39	56.0%
507 Admin-Retirement	12,795.51	14,000.00	-1,204.49	91.4%
515 Admin-Bank Service Charges	3,881.77	2,000.00	1,881.77	194.1%
521 Professional Fees - Acctntng	6,819.75	12,000.00	-5,180.25	56.8%
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	3,201.48	6,500.00	-3,298.52	49.3%
562 Admin-Travel&Mileage Reimb.	1,420.18	2,500.00	-1,079.82	56.8%
569 Admin-Meals	3,189.00	3,500.00	-311.00	91.1%
570 Admin-District/County Prom	0.00	5,000.00	-5,000.00	0.0%
571 Admin-Office Supp. & Exp.	16,250.92	25,000.00	-8,749.08	65.0%
572 Admin-Web Site	0.00	1,000.00	-1,000.00	0.0%
573 Admin-Copier Lease/Contract	2,906.26	5,000.00	-2,093.74	58.1%
575 Admin-Cell Phone Reimburse	1,350.00	1,800.00	-450.00	75.0%
576 Admin-Telephone/Internet	3,315.96	3,500.00	-184.04	94.7%
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	3,060.00	4,080.00	-1,020.00	75.0%
593 Admin-Utilities	2,930.60	4,000.00	-1,069.40	73.3%
594 Admin-Casualty & Windstorm	0.00	2,800.00	-2,800.00	0.0%
597 Admin-Flood Insurance	1,549.00	1,800.00	-251.00	86.1%
598 Admin-Building Maintenance	9,046.00	15,000.00	-5,954.00	60.3%
Total 500 Admin	228,919.04	439,485.00	-210,565.96	52.1%
600 - IC Healthcare Expenses				
601 IC Provider Expenses				
601.01a IC Pmt to Hosp-Indigent	384,371.65	435,700.00	-51,328.35	88.2%
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%
601.03 IC Special Programs				
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%
Total 601.03 IC Special Programs	35,707.19	92,750.00	-57,042.81	38.5%
Total 601 IC Provider Expenses	737,848.25	871,450.00	-133,601.75	84.7%
602 IC-WCH 1115 Waiver Prog	435,328.70	420,000.00	15,328.70	103.6%
603 IC-Pharmaceutical Costs	31,933.33	80,000.00	-48,066.67	39.9%
605 IC-Office Supplies/Postage	477.27	2,000.00	-1,522.73	23.9%
610 IC-Community Health Prog.	83,919.69	111,893.00	-27,973.31	75.0%
611 IC-Indigent Care Dir Salary	45,000.00	60,000.00	-15,000.00	75.0%
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%
617 Youth Programs				
617.01 Youth Counseling	2,975.00	25,000.00	-22,025.00	11.9%
617.02 Irlen Program	500.00	1,600.00	-1,100.00	31.3%
Total 617 Youth Programs	3,475.00	26,600.00	-23,125.00	13.1%
Total 600 - IC Healthcare Expenses	1,355,402.24	1,602,443.00	-247,040.76	84.6%
620 WSHD - Grants				
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%
Total 620 WSHD - Grants	1,252,263.66	1,490,949.52	-238,685.86	84.0%

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

	Jan - Sep 25	Budget	\$ Over Budget	% of Budget
630 NH Program				
630 NH Program-Mgt Fees	35,060,983.83	44,776,079.56	-9,715,095.73	78.3%
631 NH Program-IGT	44,365,663.01	59,470,097.67	-15,104,434.66	74.6%
632 NH Program-Telehealth Fees	271,356.39	400,000.00	-128,643.61	67.8%
633 NH Program-Acctg Fees	61,377.75	100,000.00	-38,622.25	61.4%
634 NH Program-Legal Fees	128,141.25	350,000.00	-221,858.75	36.6%
635 NH Program-LTC Fees	3,833,000.00	5,118,000.00	-1,285,000.00	74.9%
637 NH Program-Interest Expense	2,475,347.35	4,895,659.55	-2,420,312.20	50.6%
638 NH Program-Loan/Bank Fees	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%
Total 630 NH Program	86,544,109.40	115,881,971.54	-29,337,862.14	74.7%
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%
Total 675 HWY 124 Expenses	36,081.39	52,500.00	-16,418.61	68.7%
Total Expense	89,981,441.40	123,967,349.06	-33,985,907.66	72.6%
Net Ordinary Income	2,888,706.33	1,177,340.94	1,711,365.39	245.4%
Other Income/Expense				
Other Income				
416 Nursing Home Operations	330,569,566.18			
Total Other Income	330,569,566.18			
Other Expense				
640 Nursing Home Oper. Expenses	330,569,566.18			
Total Other Expense	330,569,566.18			
Net Other Income	0.00			
Net Income	2,888,706.33	1,177,340.94	1,711,365.39	245.4%

EXHIBIT “A-2”

WSHD Treasurer's Report

Reporting Date: Wednesday, October 22, 2025					
Pending Expenses		For	Amount	Funds Summary	Totals
Bayside Dental	SP Program		\$4,676.00	Prosperity Operating (Unrestricted)	\$458,115.37
Brookshire Brothers	Indigent Care		\$2,546.85	First Financial DACA (Unrestricted)	\$297,393.00
CABA Therapy Services dba Physio	SP Program		\$641.25	First Financial DACA (Restricted)	\$776,449.43
Coastal Gateway Health Center	Indigent Care		\$1,046.25	First Financial Money Market	\$22,286,507.61
Winnie-Stowell EMS	Indigent Care		\$539.57	TexStar (Restricted)	\$7,118,401.68
Kalos Counseling	Youth Counseling		\$255.00	FFB CD Balance	\$0.00
Thompson Outpatient Clinic, LLC	Indigent Care		\$790.08	Total District Funds	\$30,936,867.09
UTMB at Galveston	Indigent Care		\$59,976.99	Less First Financial (Restricted)	(\$776,449.43)
UTMB Faculty Group Practice	Indigent Care		\$15,698.40	Less TexStar Restricted Amount	(\$500,000.00)
Wilcox Pharmacy	Indigent Care /Charity Care		\$1,441.40	Less LOC Outstanding	\$0.00
Function4	INV1241814		\$135.00	Less First Financial Money Market	\$0.00
Benckenstein & Oxford	Invoice No 51428		\$10,160.00	Less Committed Funds (See Total Commitment)	(\$149,573.90)
Graciela Chavez	Invoice 965989		\$210.00	Cash Position (Less First Financial Restricted)	\$29,510,843.76
US Department of Education	Acct# 1778777782 - Benjamin Odom		\$2,156.68	Pending Expenses	(\$215,495.46)
3Branch & More	Inv # 45943		\$9,324.41	Ending Balance (Cash Position Pending Expenses)	\$29,295,348.30
Felipe Ojeda	Invoice# 1067		\$700.00	*Total Funds (Ending Balance+LOC Outstanding+QIPP Funds Outstanding+Outstanding Chow Loans)	\$30,932,646.11
Technology Solutions	Inv # 1992		\$164.79	Prior Month	
Indigent Healthcare Solutions	Indigent Care		\$2,023.00	Prosperity Operating (Unrestricted)	\$593,802.01
Vidal Accounting Services	Invoice 00112		\$8,225.00	First Financial (Unrestricted)	\$11,994,582.53
Geotech	Grant CGHC Inv# 525348		\$19,500.00	First Financial (Restricted)	\$6,103,701.95
Hubert Oxford	Retainer		\$1,000.00	First Financial Money Market	\$1,578,968.71
The Seabreeze Beacon	INV 8675 Rice Festival Ad		\$600.00	TexStar (Restricted)	\$7,093,837.76
Houston Northwest Radiology	Indigent Care		\$8.29	FFB CD Balance	\$0.00
Coastal Gateway Health Center	Grant Pmt		\$68,644.50	Total District Funds	\$27,364,892.96
Winnie-Stowell EMS	Rice Festival Grant		\$4,932.00	Less First Financial (Restricted)	(\$6,103,701.95)
Todd Sonke Agency	Surety Bond Stramecki & Way Inv#17432 & 17433		\$100.00	Less TexStar Reserve Account	(\$500,000.00)
	Total Expenses:		\$215,495.46	Less LOC Outstanding	\$0.00
				Less First Financial Money Market (Restricted)	\$0.00
				Less Committed Funds (See Total Commitment)	(\$280,612.02)
				Cash Position (Less First Financial Restricted)	\$20,480,578.99
				Pending Expenses	(\$180,071.40)
				Ending Balance (Cash Position Pending Expenses)	\$20,300,507.59
				Total Funds (Ending Balance+LOC Outstanding+QIPP Funds Outstanding+ Committed Funds)	\$32,101,760.52
First Financial Bank Reconciliations					
FFB Balance			\$1,073,842.43		
	Restricted Funds		Total Scheduled Payment	Balance Received	Balance Due
					Due to District
Adjustments					
QIPP YR 6 IGT Refund		\$227,240.83	\$454,481.66	\$454,481.66	\$0.00
					\$0.00
	Total QIPP YR 6	\$227,240.83	\$454,481.66	\$454,481.66	\$0.00
Yr. 8 Q3 (Public & Private)					
Yr. 8, Component Q3		\$549,208.60	\$749,671.58	\$749,671.58	\$0.00
					\$0.00
	Total QIPP YR 8 Q3 Remaining	\$549,208.60	\$749,671.58	\$749,671.58	\$0.00
Non-QIPP Funds					
Restricted		\$776,449.43			
Unrestricted		\$297,393.00			
Total Funds		\$1,073,842.43			
Committed Funds					
	Commitment	Total Initial Commitment	YTD Paid by District	Committed Balance	
1. FQHC Grant Funding-2024		\$823,734.00	\$720,520.94	\$103,213.06	
2. Coastal Marketing Grant		\$276,040.00	\$276,040.00	\$0.00	
3. East Chambers ISD		\$278,165.04	\$231,804.20	\$46,360.84	
4. WSVEMS Grant		\$265,403.04	\$265,403.04	\$0.00	
Total Commitments		\$1,643,342.08	\$1,493,768.18	\$149,573.90	
Hospital - DY 8 Repayment					
	Amount Advanced by District	IC Repayment	Balance Owed by RMC		
Januray 31, 2025	\$0.00	\$33,594.56	\$400,680.66		
February 28, 2025	\$0.00	\$41,471.50	\$359,209.16		
March 31, 2025	\$0.00	\$44,205.50	\$315,003.66		
April 30, 2025	\$0.00	\$48,113.96	\$266,889.70		
May 31, 2025	\$0.00	\$37,682.65	\$229,207.05		
June 30, 2025	\$0.00	\$42,442.19	\$186,764.86		
July 31, 2025	\$0.00	\$46,220.99	\$140,543.87		
August 31, 2025	\$0.00	\$54,845.06	\$85,698.81		
September 30, 2025	\$0.00	\$35,138.19	\$50,560.62		
	\$1,626,429.00	\$1,575,868.38	\$50,560.62		

Hospital - IRS Repayment			
	Amount Advanced by District	Repayment	Balance Owed by RMC
October 2, 2024	\$490,432.95	\$0.00	\$490,432.95
	\$490,432.95	\$0.00	\$490,432.95

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

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	(\$96,819.03)	(\$96,819.03)	\$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
Amount Paid	\$29,324,000.00	(\$29,324,000.00)	(\$1,741,410.76)	(\$31,065,410.76)	

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
Amount Paid	\$31,670,100.00	(\$31,670,100.00)	(\$1,970,584.00)	(\$32,443,692.04)	

	District's Investments				
	Balance	Interest Paid	Reporting Period	Paid this Reporting Period	Interest Paid YTD
*CD at First Financial Bank Bank UPDATE					
Money Market-First Financial Bank	\$22,286,507.61	3.60%	September 2025	\$8,679.41	\$152,110.64
Texstar C.D. #1110	\$7,118,401.68	4.214%	September 2025	\$24,563.92	\$283,513.08

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 amount

EXHIBIT “A-3”

Winnie-Stowell Hospital District
Bank Accounts Register
Sept. 25, 2025 to Oct. 22, 2025

Type	Date	Num	Name	Memo	Clr	Amount	Balance
100 Prosperity Bank -Checking							586,166.95
Check	09/26/2025	4711	3Branch & More	Check, Draft, Withdrawal, Processed	X	(9,324.41)	576,842.54
Liability C...	09/29/2025		QuickBooks Payroll Service	Created by Payroll Service on 09/26/2025	X	(5,509.01)	571,333.53
Check	09/29/2025	4717	Graciela Chavez	Check, Draft, Withdrawal, Processed	X	(140.00)	571,193.53
Check	09/29/2025	4715	Felipe Ojeda	Check, Draft, Withdrawal, Processed	X	(350.00)	570,843.53
Paycheck	09/30/2025	DD1450	Carlo, Victoria M	Direct Deposit	X		570,843.53
Paycheck	09/30/2025	DD1451	Davis, Tina R	Direct Deposit	X		570,843.53
Paycheck	09/30/2025	DD1452	Barron, Kiela M	Direct Deposit	X		570,843.53
Check	09/30/2025	4712	Benckenstein & Oxford	Check, Draft, Withdrawal, Processed	X	(7,130.00)	563,713.53
Check	09/30/2025	4710	Wilcox Pharmacy	Check, Draft, Withdrawal, Processed	X	(1,207.47)	562,506.06
Deposit	09/30/2025			Deposit, Processed	X	74.58	562,580.64
Check	09/30/2025	4720	Technology Solutions of Texas, ...	Check, Draft, Withdrawal, Processed	X	(159.13)	562,421.51
Check	10/03/2025	4765	Ethan Kahla	091825	X	(1,000.00)	561,421.51
Liability C...	10/14/2025		QuickBooks Payroll Service	Created by Payroll Service on 10/10/2025		(5,422.61)	555,998.90
Paycheck	10/15/2025	DD1453	Carlo, Victoria M	Direct Deposit	X		555,998.90
Paycheck	10/15/2025	DD1454	Davis, Tina R	Direct Deposit	X		555,998.90
Paycheck	10/15/2025	DD1455	Barron, Kiela M	Direct Deposit	X		555,998.90
Check	10/17/2025	4726	Silsbee Toyota	Grant- Interlocal Agreement -- Rav 4 Chambers County		(34,307.00)	521,691.90
Check	10/22/2025		Brookshire Brothers			(2,546.85)	519,145.05
Check	10/22/2025		CABA Therapy Services dba Ph...			(641.25)	518,503.80
Check	10/22/2025		Coastal Gateway Health Center			(1,046.25)	517,457.55
Check	10/22/2025		Houston Northwest Radiology A...			(8.29)	517,449.26
Check	10/22/2025		Bayside Dental			(4,676.00)	512,773.26
Check	10/22/2025		Benjamin Odom			(255.00)	512,518.26
Check	10/22/2025		Winnie-Stowell Volunteer EMS			(539.87)	511,978.39
Check	10/22/2025		Thompson Outpatient Clinic, LLC			(790.08)	511,188.31
Check	10/22/2025		UTMB Faculty Group Practice			(15,698.40)	495,489.91
Check	10/22/2025		UTMB at Galveston			(59,976.99)	435,512.92
Check	10/22/2025		Wilcox Pharmacy			(1,441.40)	434,071.52
Check	10/22/2025		3Branch & More			(9,324.41)	424,747.11
Check	10/22/2025		Benckenstein & Oxford	INV 51428		(10,160.00)	414,587.11
Check	10/22/2025		Todd Swonke Agency, LLC	Inv 17433 & 17432		(100.00)	414,487.11
Check	10/22/2025		US Department of Education	Acct #1778777792-1		(2,156.68)	412,330.43
Check	10/22/2025		Felipe Ojeda	Inv 1067		(700.00)	411,630.43
Check	10/22/2025		Function 4	3A0064- INV 1241814		(135.00)	411,495.43
Check	10/22/2025		Graciela Chavez	Inv 965990		(210.00)	411,285.43
Check	10/22/2025		Coastal Gateway Health Center	Grant Pmt October		(68,644.50)	342,640.93
Check	10/22/2025		Terracon Consultants, Inc.	Inv TP21349		(19,500.00)	323,140.93
Check	10/22/2025		Winnie-Stowell Volunteer EMS	Grant- 2025 Rice Festival		(4,932.00)	318,208.93
Check	10/22/2025		Hubert Oxford	Retainer		(1,000.00)	317,208.93
Check	10/22/2025		Technology Solutions of Texas, ...	Inv 1992		(164.79)	317,044.14
Check	10/22/2025		The Seabreeze Beacon	Inv 8675		(600.00)	316,444.14
Check	10/22/2025		Vidal Accounting, PLLC	Inv 00112		(8,225.00)	308,219.14
Check	10/22/2025		Indigent Healthcare Solutions, ...	Inv 80723		(2,023.00)	306,196.14
Total 100 Prosperity Bank -Checking						(279,970.81)	306,196.14
102 First Financial Bank							21,983,750.81
102b FFB #4846 DACA							20,404,131.59
Check	09/25/2025			Memo:Transfer from DDA Acct No. 1110214838-D Payee:Transfer fro...	X	2,653.73	20,406,785.32
Check	09/26/2025			Memo:Transfer from DDA Acct No. 1110214838-D Payee:Transfer fro...	X	14,017,167.91	34,423,953.23
Deposit	09/26/2025			Memo:Transfer from XXX4846 to XXX7190: Conf #:27653808 Payee:T...	X	(19,869,885.31)	14,554,067.92
Deposit	09/30/2025			Memo:Transfer from XXX4846 to XXX7190: Conf #:27696146 Payee:T...	M	(14,000,000.00)	554,067.92
Total 102b FFB #4846 DACA						(19,850,063.67)	554,067.92
102c FFB #7190 Money Market							1,579,619.22
Deposit	09/26/2025			Memo:Transfer from XXX4846 to XXX7190: Conf #:27653808 Payee:T...	X	19,869,885.31	21,449,504.53
Deposit	09/30/2025			Memo:Transfer from XXX4846 to XXX7190: Conf #:27696146 Payee:T...		14,000,000.00	35,449,504.53
Check	09/30/2025			Transfer from XXX7190 to XXX1984: Conf #:27698395		(96,819.03)	35,352,685.50
Check	09/30/2025			Transfer from XXX7190 to XXX6881: Conf #:27699447		(184,742.25)	35,167,943.25
Deposit	09/30/2025					715.56	35,168,658.81
Deposit	09/30/2025			Interest	X	7,869.48	35,176,528.29
Total 102c FFB #7190 Money Market						33,596,909.07	35,176,528.29
Total 102 First Financial Bank						13,746,845.40	35,730,596.21
TOTAL						13,466,874.59	36,036,792.35

EXHIBIT “B”



October 22, 2025

WSHD Regular Board Meeting Indigent Care Report

1. Summary:

In September, the Indigent Care Program experienced an increase of eight (8) clients. This is an 8.5% increase.

Budget and Billing Update

As of the current reporting period, the program has utilized **86% of its overall budget**. There are no billing issues to report at this time.

UTMB

UTMB has exceeded its allocated budget by approximately 18%, primarily due to the severity and complexity of illnesses among multiple clients.

- *Six (6) clients have reached their annual benefit maximums, and an additional three (3) are projected to do so once pending billing for recent procedures and treatments is received.*

Riceland Medical Center

Riceland is currently at 88% of its annual budget. The increase is attributed to a rise in emergency room visits and ancillary service charges.

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

Non-Contract Services

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

UTMB has exceeded their budget currently by 18% due to the severity of illnesses multiple

Vendor Update

Winnie Family Dental's contract terminated September 30, 2025.

Indigent Care Department

WSHD will be participating in Trunk or Treat again this year. It was a huge success last year. We will hand out candy and flyers for both the Indigent Care Program and the Community Health Worker Program.



Victoria and I are attending the TIHCA Conference from 10/21 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:

2025 Indigent Care Statistics	July	Aug	Sept	YTD Monthly Average
Indigent Care Clients	97	94	102	94
Youth Counseling	5	5	6	4
Irlen Services	0	0	0	0

3. Renewals & Approvals:

September Client Activity	Total	Approved	Denied	No Show	Withdrew	Pending
Renewals	19	17	0	2	0	0
Late Renewals/Previous Client	6	4	0	2	0	0
New Applicants	10	4	0	4	0	2

Services Usage

Youth Counseling:

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

Dental:

- Thirteen (13) clients used their benefit in September.

Vision Services:

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

4. Indigent Care Vendor Payment Trends:

Service Provider	July	Aug	Sept	YTD Monthly Average
Local Clinics	\$ 2,361.59	\$ 4,869.48	\$ 2,477.58	\$ 2,928.33
UTMB (Includes Charity Care)	\$ 55,163.55	\$ 33,076.44	\$ 75,675.39	\$ 39,454.11
Riceland Medical Center	\$ 46,220.99	\$ 54,845.06	\$ 35,138.19	\$ 42,634.96
Pharmacy Costs (Includes Charity Care)	\$ 4,326.03	\$ 3,312.34	\$ 3,988.25	\$ 3,875.26
Indigent Special Services (Dental & Vision)	\$ 1,040.00	\$ 1,710.00	\$ 4,676.00	\$ 1,538.78
Medical Supplies (C-PAP)	\$ -	\$ -	\$ -	\$ 94.44
Non Contract ER Services (Includes WSEMS)	\$ 725.21	\$ 1,586.17	\$ 547.86	\$ 1,923.20
Other Services				
Irlen Services	\$ -	\$ -	\$ -	\$ 55.56
Youth Counseling	\$ 425.00	\$ 255.00	\$ 255.00	\$ 377.78
Total	\$ 110,262.37	\$ 99,654.49	\$ 122,758.27	\$ 79,990.95



5. YTD Budget Expenditures:

Indigent Service	2025 Budget	YTD Expense	% of Budget
Pharmacy	\$80,000.00	\$34,603.75	43%
WCH	\$435,700.00	\$383,714.60	88%
UTMB	\$300,000.00	\$355,086.99	118%
Youth Counseling	\$25,000.00	\$3,400.00	14%
Irlen	\$1,600.00	\$500.00	31%
Dental	\$28,000.00	\$12,449.00	44%
Vision	\$2,750.00	\$1,400.00	51%
CGHC Clinic	\$25,000.00	\$7,974.82	32%
Thompson Clinic	\$18,000.00	\$8,695.93	48%
Other Non-Contract/Unspecified Services	\$35,000.00	\$27,842.99	80%
Charity Care	\$20,000.00	\$0.00	0%
Charity Care Pharmacy	\$5,000.00	\$273.61	5%
Adjustments & Credits			
TOTALS	\$976,050.00	\$835,941.69	86%

6. Riceland Medical Center 2025 Expenditure Breakdown:

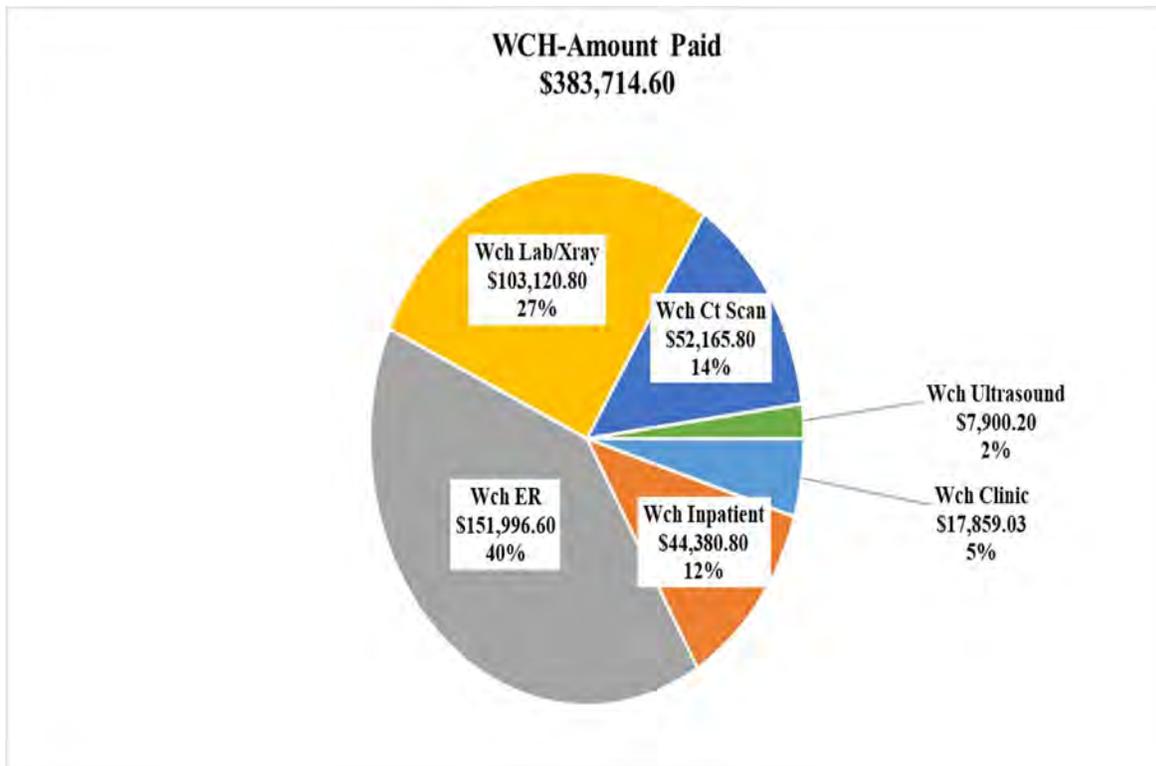


EXHIBIT “C”



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

VEHICLE #1		EAST SIDE VAN #1	
TOTAL MILES DRIVEN			3274
TOTAL HOURS DRIVEN			172.55
TOTAL EXPENSES FOR MONTH			\$631.52
FUEL COST			\$631.52
REPAIRS & MAINTENANCE COST			\$0.00
MISC EXPENSES			\$0.00
TOTAL RIDERS			33
TOTAL WSHD RIDERS			1
TOTAL TRIPS			79
TOTAL TRIPS FOR WSHD RIDERS			1
VEHICLE #2		EAST SIDE VAN #2	
TOTAL MILES DRIVEN			3608
TOTAL HOURS DRIVEN			179.60
TOTAL EXPENSES FOR MONTH			\$504.57
FUEL COST			\$504.57
REPAIRS & MAINTENANCE COST			\$0.00
MISC EXPENSES			\$0.00
TOTAL RIDERS			31
TOTAL WSHD RIDERS			2
TOTAL TRIPS			46
TOTAL TRIPS FOR WSHD RIDERS			2
VEHICLE #3		EAST SIDE VAN #3	
TOTAL MILES DRIVEN			1246
TOTAL HOURS DRIVEN			59.25
TOTAL EXPENSES FOR MONTH			\$0.00
FUEL COST			\$578.84
REPAIRS & MAINTENANCE COST	oil change, labor		\$63.77
MISC EXPENSES			\$0.00
TOTAL RIDERS			26
TOTAL WSHD RIDERS			0
TOTAL TRIPS			62
TOTAL TRIPS FOR WSHD RIDERS			0
VEHICLE #4		RAV 4	
TOTAL MILES DRIVEN			5038
TOTAL HOURS DRIVEN			164.98
TOTAL EXPENSES FOR MONTH			\$553.49
FUEL COST			\$503.61
REPAIRS & MAINTENANCE COST	oil change, labor		\$49.88
MISC EXPENSES			
TOTAL RIDERS			20
TOTAL WSHD RIDERS			1
TOTAL TRIPS			52
TOTAL TRIPS FOR WSHD RIDERS			1
VEHICLE #5			
TOTAL MILES DRIVEN			3127
TOTAL HOURS DRIVEN			152.67
TOTAL EXPENSES FOR MONTH			\$205.38
FUEL COST			\$141.61
REPAIRS & MAINTENANCE COST	oil change, labor		\$63.77
MISC EXPENSES			
TOTAL RIDERS			17
TOTAL WSHD RIDERS			1
TOTAL TRIPS			18
TOTAL TRIPS FOR WSHD RIDERS			1
GRAND TOTALS			
MILES DRIVEN			16293
RIDERS			127
WSHD RIDERS			5
TRIPS			257
WSHD TRIPS			5
EXPENSES			\$1,894.96



Sep-25

MONTHLY CALLS/TRANSPORTS REPORT

Year to Date Details for 2025	Previous Year (2024) End	Jan-25	Feb-25	Mar-25	Apr-25	May-25	Jun-25	Jul-25	Aug-25	Sep-25	YTD DATE
CALL SUMMARY											
CALLS/TRANSPORTS REQUESTED	127	14	9	8	14	5	7	4	9	8	78
CALLS/TRANSPORTS MADE											
INSURED	89	10	7	7	8	5	6	2	8	7	60
SELF-PAY	18	0	0	0	2	0	0	2	0	0	4
TOTAL CALLS MADE	107	10	7	7	10	5	6	4	8	7	64
CALLS/TRANSPORTS DELAYED	5	0	0	0	0	0	0	0	0	0	0
TRANSPORTS NOT MADE	20	4	2	1	4	0	1	0	1	1	14
PERCENTAGE OF CALLS MADE	84.3%	71.4%	77.8%	87.5%	71.4%	100.0%	85.7%	100.0%	88.9%	87.5%	82.1%
INVOICED/BILLED											
Insurance Billed for Services this Month	\$143,279.23	\$13,184.35	\$6,483.59	\$11,204.00	\$12,575.69	\$13,078.20	\$10,696.59	\$2,833.69	\$19,827.96	\$19,624.00	\$109,508.07
Self-Pay Billed for Services this Month	\$14,579.19	\$0.00	\$0.00	\$0.00	\$1,393.42	\$0.00	\$0.00	\$1,661.28	\$0.00	\$0.00	\$3,054.70
Total	\$157,858.42	\$13,184.35	\$6,483.59	\$11,204.00	\$13,969.11	\$13,078.20	\$10,696.59	\$4,494.97	\$19,827.96	\$19,624.00	\$112,562.77
PAYMENTS RECEIVED											
Insurance Payments Rcvd for Services this Month	\$54,039.68	\$4,199.76	\$3,241.59	\$6,646.08	\$4,881.69	\$5,084.52	\$2,402.59	\$609.69	\$679.96	\$0.00	\$27,745.88
Self-Pay Billed Rcvd for Services this Month	\$12,512.33	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Total	\$66,552.01	\$4,199.76	\$3,241.59	\$6,646.08	\$4,881.69	\$5,084.52	\$2,402.59	\$609.69	\$679.96	\$0.00	\$27,745.88
ACCOUNTS RECEIVABLE-FUNDS OWED											
Owed by Insurance for Services this Month	\$21,992.81	\$8,984.57	\$3,242.00	\$4,558.75	\$7,694.00	\$7,993.68	\$8,294.00	\$2,224.00	\$19,148.00	\$19,624.00	\$81,763.00
Owed by Self-Pay for Services this Month	\$2,557.75	\$0.00	\$0.00	\$0.00	\$1,393.42	\$0.00	\$3,010.00	\$1,661.28	\$0.00	\$0.00	\$6,064.70
Total	\$24,550.56	\$8,984.57	\$3,242.00	\$4,558.75	\$9,087.42	\$7,993.68	\$11,304.00	\$3,885.28	\$19,148.00	\$19,624.00	\$87,827.70
STAFFING EXPENSES											
	\$151,378.66	\$12,931.21	\$11,687.66	\$12,896.43	\$12,522.49	\$12,916.08	\$12,470.31	\$12,718.16	\$12,916.78	\$12,492.06	\$113,551.17

CALLS REQUESTED			CALL RESULTS			BILLING DETAILS
DATE	PICK UP LOCATION	DROP OFF LOCATION	MADE: M	DELAYED: D	REASSIGNED: R	WSEMS Incident#
9/4/2025	Riceland ER	Baytown Methodist	M			25-27566
9/4/2025	Riceland ER	UTMB Galveston	M			25-27654
9/8/2025	Riceland ER	Baptist Beaumont	M			25-28090
9/10/2025	Riceland ER	UTMB Galveston, declined due to no truck available			R	
9/16/2025	Riceland ER	Baytown Methodist	M			25-28912
9/23/2025	Riceland ER	Baytown Methodist	M			25-29614
9/25/2025	Riceland ER	Baytown Methodist	M			25-29965
9/27/2025	Riceland ER	Baytown Methodist	M			25-30117
TOTAL CALLS & RESULTS			8	7	0	1

Sep-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)
9/1/2024	Brad Eads	7am - 7am	\$17.39	24	\$417.42	24	0.0	0	\$417.42	\$0.00	\$22.00	\$528.00	(\$110.58)
9/2/2024	Lori Peine	7am - 7am	\$17.39	24	\$417.42	24	0.0	0	\$417.42	\$0.00	\$18.00	\$432.00	(\$14.58)
9/3/2024	Andrew Broussard	7am - 7am	\$17.39	24	\$417.42	24	0.0	0	\$417.42	\$0.00	\$21.00	\$504.00	(\$86.58)
9/4/2024	Ruthann Broussard	7am - 7am	\$17.39	24	\$417.42	24	0.0	0	\$417.42	\$0.00	\$20.00	\$480.00	(\$62.58)
9/5/2024	Brady Kirkgard	7am - 7am	\$17.39	24	\$417.42	24	0.0	0	\$417.42	\$0.00	\$22.00	\$528.00	(\$110.58)
9/6/2024	Austin Isaacks	7am - 7am	\$17.39	24	\$417.42	24	0.0	0	\$417.42	\$0.00	\$17.00	\$408.00	\$9.42
9/7/2024	Haley Bridges	7am - 7am	\$17.39	24	\$417.42	24	0.0	0	\$417.42	\$0.00	\$21.00	\$504.00	(\$86.58)
9/8/2024	Ron Nichols	7am - 6am	\$17.39	24	\$417.42	23	(1.0)	0	\$400.02	(\$17.39)	\$22.00	\$506.00	(\$105.98)
9/9/2024	Brad Eads	7am - 7am	\$17.39	24	\$417.42	24	0.0	0	\$417.42	\$0.00	\$22.00	\$528.00	(\$110.58)
9/10/2024	Haley Bridges	7am - 7am	\$17.39	24	\$417.42	24	0.0	0	\$417.42	\$0.00	\$21.00	\$504.00	(\$86.58)
9/11/2024	Ruthann Broussard	7am - 7am	\$17.39	24	\$417.42	24	0.0	0	\$417.42	\$0.00	\$20.00	\$480.00	(\$62.58)
9/12/2024	Lori Peine	7am - 7am	\$17.39	24	\$417.42	24	0.0	0	\$417.42	\$0.00	\$18.00	\$432.00	(\$14.58)
9/13/2024	Andrew Broussard	7am - 7am	\$17.39	24	\$417.42	24	0.0	0	\$417.42	\$0.00	\$21.00	\$504.00	(\$86.58)
9/14/2024	Hunter Traweek	7am - 7am	\$17.39	24	\$417.42	24	0.0	0	\$417.42	\$0.00	\$17.00	\$408.00	\$9.42
9/15/2024	Brad Eads	7am - 7am	\$17.39	24	\$417.42	24	0.0	0	\$417.42	\$0.00	\$22.00	\$528.00	(\$110.58)
9/16/2024	Lori Peine	7am - 7am	\$17.39	24	\$417.42	24	0.0	0	\$417.42	\$0.00	\$18.00	\$432.00	(\$14.58)
9/17/2024	Ruthann Broussard	7am - 7am	\$17.39	24	\$417.42	24	0.0	0	\$417.42	\$0.00	\$20.00	\$480.00	(\$62.58)
9/18/2024	Andrew Broussard	7am - 7am	\$17.39	24	\$417.42	24	0.0	0	\$417.42	\$0.00	\$21.00	\$504.00	(\$86.58)
9/19/2024	Hunter Traweek	7am - 7am	\$17.39	24	\$417.42	24	0.0	0	\$417.42	\$0.00	\$17.00	\$408.00	\$9.42
9/20/2024	Mark Matak	7am - 7am	\$17.39	24	\$417.42	24	0.0	0	\$417.42	\$0.00	\$19.00	\$456.00	(\$38.58)
9/21/2024	Austin Isaacks	7am - 7am	\$17.39	24	\$417.42	24	0.0	0	\$417.42	\$0.00	\$17.00	\$408.00	\$9.42
9/22/2024	Benjamin Robertson	745am - 7am	\$17.39	24	\$417.42	23.25	(0.75)	0	\$404.37	(\$13.04)	\$22.00	\$511.50	(\$107.13)
9/23/2024	Brad Eads	7am - 7am	\$17.39	24	\$417.42	24	0.0	0	\$417.42	\$0.00	\$22.00	\$528.00	(\$110.58)
9/24/2024	Andrew Broussard	7am - 7am	\$17.39	24	\$417.42	24	0.0	0	\$417.42	\$0.00	\$21.00	\$504.00	(\$86.58)
9/25/2024	Travis Delacerda	7am - 7am	\$17.39	24	\$417.42	24	0.0	0	\$417.42	\$0.00	\$17.00	\$408.00	\$9.42
9/26/2024	Boyd Abshire	7am - 7am	\$17.39	24	\$417.42	24	0.0	0	\$417.42	\$0.00	\$19.00	\$456.00	(\$38.58)
9/27/2024	Lori Peine	7am - 7am	\$17.39	24	\$417.42	24	0.0	0	\$417.42	\$0.00	\$18.00	\$432.00	(\$14.58)
9/28/2024	Haley Bridges	7am - 7am	\$17.39	24	\$417.42	24	0.0	0	\$417.42	\$0.00	\$21.00	\$504.00	(\$86.58)
9/29/2024	Lori Peine	7am - 7am	\$17.39	24	\$417.42	24	0.0	0	\$417.42	\$0.00	\$18.00	\$432.00	(\$14.58)
9/30/2024	Brad Eads	7am - 7am	\$17.39	24	\$417.42	24	0.0	0	\$417.42	\$0.00	\$22.00	\$528.00	(\$110.58)
TOTAL SALARY EXPENSE FOR THE MONTH:			\$17.39	720.00	\$12,522.49	718.25	(1.75)	0	\$12,492.06	(\$30.44)	\$19.87	\$14,265.50	(\$1,773.44)

2025 Rice Festival Outcome						
	26-Sep	27-Sep	1-Oct	2-Oct	3-Oct	4-Oct
Patient Encounters	0	0	0	3	3	4
Patient Refusals	0	0	1	2	2	3
Transport	0	0	1	1	1	1
First Aid Services	0	1	0	8	13	16
Total Services rendered	0	1	2	14	19	24

Community Health Worker Program

	2024 YTD	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	YTD
CLIENTS SERVED											
ICAP	10	15	25	18	29	35	22	16	19	34	213
Non-ICAP	21	23	19	31	27	60	23	30	21	36	270
Total Clients Served	31	38	44	49	56	95	45	46	40	70	483
BENEFIT APPLICATION TYPE											
Indigent Care Assistance Program (ICAP)	3	7	3	5	0	2	0	1	0	2	20
Prescription Assistance Program (PAP)	2	0	17	6	2	0	4	2	6	8	45
Medicaid	17	10	3	12	11	14	3	10	6	11	80
Medicare	1	2	0	2	0	0	0	1	1	0	6
Medicare Savings Plan	2	3	0	3	1	3	2	3	2	5	22
Food Stamps (SNAP)	43	17	22	28	34	47	36	29	24	53	290
Supplemental Security Income (SSI)	8	6	3	1	11	3	4	6	4	4	42
Retirement, Survivor, Disability Income (RSDI)	9	6	5	1	12	5	3	7	4	4	47
Unemployment/Texas Workforce	3	1	0	2	3	2	1	1	0	0	10
Housing	2	0	2	4	0	1	1	2	0	4	14
Utilities	2	0	0	1	0	0	0	1	0	0	2
Legal Aid	0	1	0	0	0	0	0	1	0	0	2
OTHER	2	3	2	1	2	1	2	4	1	1	17
Total Applications Facilitated	94	56	57	66	76	78	56	68	48	92	597
EXPENSES											
Personnel	\$23,811.00	\$6,300.00	\$7,018.75	\$5,731.25	\$6,459.92	\$6,500.00	\$6,500.00	\$8,500.00	\$6,500.00	\$6,375.00	\$59,884.92
Operational	\$2,844.95	\$816.00	\$34.28	\$537.38	\$4.00	\$4.00	\$409.82	\$4.00	\$44.72	\$948.32	\$2,802.52
Total	\$26,655.95	\$7,116.00	\$7,053.03	\$6,268.63	\$6,463.92	\$6,504.00	\$6,909.82	\$8,504.00	\$6,544.72	\$7,323.32	\$62,687.44
BUDGET REMAINING	\$85,237.05	\$104,777.00	\$97,723.97	\$91,455.34	\$84,991.42	\$78,487.42	\$71,577.60	\$63,073.60	\$56,528.88	\$49,205.56	\$49,205.56

EXHIBIT “D”



Report to Winnie-Stowell Hospital District

October 22, 2025

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

- Dr. Lyons and I attended the Heart of Greater Houston Awards Luncheon by the American Heart Association on September 29, 2025 in Houston. This luncheon recognized the health center (and Dr. Lyons) for quality care metrics. The health center received three badges: Blood Pressure (Gold +), Cholesterol (Gold), and Diabetes (Participant).
- Check out Coastal Gateway's LinkedIn page for clips on an interview with Texas HealthConnect (formerly Greater Houston Health Connect), highlighting our collaborative partnership in this regional health exchange.
- 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.
- We are currently hosting another 4th year medical student, Tra'Von Manning from the University of Houston, Tillman Fertitta College of Medicine. He will be here until November 8th.
- Grants
 - **DSHS Incubator Grant.** Funding for FY 2026 is expected to be announced soon. We plan to submit an application for funding.
 - **MD Anderson.** Expected to be announced in the next month. This grant would provide funding for cancer screening initiatives.
- We will be increasing our Rose Mobile Mammo Bus days for CY 2026. The bus will now be onsite every other month (6 times during the year).
- **Upcoming Events/Activities**
 - Miscellaneous community flu clinics are underway.
 - Planning a community-wide Diabetes luncheon on Tuesday, November 18th; details and logistics are underway.
 - Attended the Bolivar Chamber of Commerce annual golf tournament on September 26th.
 - Will be attending the Winnie Area Chamber of Commerce annual golf tournament on Friday, October 17th.
 - Programming is still ongoing with Winnie Square once a month.
 - Twice a month Home Delivery Meals ('Meals on Wheels') delivery.
 - Monthly presence at the Hardin Jefferson Hunger Initiative food distribution in China.
- Statistical report for September is attached for your review; there were 488 patient encounters.

EXHIBIT “E”

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

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

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

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

Q3 Comp 3
% Attained
85.8%

Q3 Comp 4
% Attained
85.6%

Q3 Total
% Attained
73.6%

YTD Total
% Attained
74.9%



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

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

Treasurer: Bobby Way
Dir. Kacey Vratis

Scott Johnson, Nursing Facility Specialist
Winnie-Stowell Hospital District

Crowley Nursing and Rehabilitation

920 East FM 1187
Crowley, TX 76036

September 29, 2025

Facility Administrator: Joe Matlock
Facility BOM: Cindy Bowers

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

Crowley Nursing and Rehabilitation is licensed for 120 beds, and its current census is 95 residents. The facility census has been relatively stable over the last month, but the team is reviewing opportunities to increase admissions.

There are no staff openings, and all department head positions are filled at this time.

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

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

The facility held its monthly QAPI meeting and discussed clinical outcomes observed in August. The facility is maintaining its current performance improvement plans. Discussed continued efforts by the interdisciplinary team to support skins and wound care outcomes.

Infection control efforts are going well with no reported trends or outbreaks. The facility completed a round of vaccinations for residents last week. Discussed plans to offer vaccines to staff members next week. Discussed the facility's process of providing vaccination education and awareness in the building.

There are no reported trends related to grievances. Discussed addressing all issues and ensuring they are properly resolved.

The facility's Wi-Fi system is being updated today and is expected to provide better coverage throughout the facility once complete.



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

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

Treasurer: Bobby Way
Dir. Kacey Vratis

Scott Johnson, Nursing Facility Specialist
Winnie-Stowell Hospital District

Green Oaks Nursing and Rehabilitation

3033 Green Oaks Blvd.
Arlington, TX 76016

September 26, 2025

Facility Administrator: Eric Johnan

Green Oaks Nursing & Rehabilitation is licensed for 142 beds, and its current census is 92 residents including 19 skilled patients. There have been some unexpected deaths, but the overall admissions have increased and the facility reports some steady census growth compared to last month.

The facility is seeking one LVN and all other positions are filled at this time.

A state surveyor visited the facility earlier this month to investigate a complaint. The complaint was unsubstantiated, but the surveyor cited a finding regarding an observation of a resident who was wearing an iced knee brace which they brought from home. The facility didn't have an order for the brace, and the surveyor cited a D-tag. The facility is submitting its POC for the deficiency this weekend.

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

The facility held its monthly QAPI meeting and the interdisciplinary team discussed clinical outcomes and QIPP measures. The team is focusing on falls again as it reported an increase in falls experienced by skilled patients. Discussed fall interventions and communicating with skilled patients about their limitations and asking for assistance. The facility has been preparing for Medicaid PDPM implementation and is expecting to see improvements in the facility's Medicaid rate.

Infection control efforts have been successful and there are no outbreaks or trends at this time. The facility recently held a vaccination clinic for flu shots. Discussed providing vaccination education and awareness to support residents and staff making informed decisions.

The administrator has requested some pellet warmers and additional beds. The pellet warmers will support maintaining warm plates during meal service, particularly during breakfast. The team has been renting the needed beds until new beds can be purchased.

Sonderbloom housekeeping and dietary services started in the facility on September 1. The implementation has been going well so far and the staff on those teams are pleased with the new management.



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

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

Treasurer: Bobby Way
Dir. Kacey Vratis

Scott Johnson, Nursing Facility Specialist
Winnie-Stowell Hospital District

Hewitt Nursing and Rehabilitation
8836 Mars Drive
Hewitt, TX 76643

September 19, 2025

Facility Administrator: Chris Gallardo

Hewitt Nursing and Rehabilitation is licensed for 140 beds, and its current census is 72 residents including 15 skilled patients. The census has dropped slightly, and the administrator discussed challenges due to being a 1-star facility. The team expects the star ratings to start improving next month. The hospital has begun using a program where facilities are listed in order of their star ratings which seems to drive some referrals away from the facility. Discussed advocating and marketing the changes the facility has made and the success stories in the building.

The facility's social worker submitted notice of resignation, and the team is recruiting a replacement. The team is also seeking an admissions director. There are a few nurse and CNA openings as well.

The state visited the facility recently to investigate some outstanding complaints. All reasons for investigation were unsubstantiated.

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 efforts to improve the facility's quality measures star rating.

The facility held its monthly QAPI meeting and discussed clinical outcomes and quality measures. The team is maintaining ongoing performance improvement plans with no changes reported.

Infection control efforts have been successful and there are no trends or outbreaks at this time.

The facility is managing grievances promptly and there have not been any trending issues. Discussed working to provide residents with a safe environment where they are comfortable and trust the staff.

The facility is preparing for an open house it will host next month. Discussed plans to extend its community outreach and marketing efforts through this event. The maintenance department has been working to beautify the building. They have repainted the offices in the front of the building. Touch-up repairs have also been completed in the hallways and in the front of the building. A new front door for the facility has been installed as well.



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

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

Treasurer: Bobby Way
Dir. Kacey Vratis

Scott Johnson, Nursing Facility Specialist
Winnie-Stowell Hospital District

Holland Lake Rehabilitation and Wellness Center

1201 Holland Lake Drive
Weatherford, TX 76086

September 22, 2025

Facility Administrator: Donna Tillman

Holland Lake Rehabilitation and Wellness Center is licensed for 120 beds, and its current census is 100 residents including 35 skilled patients. The census has grown significantly and the facility reported there have been fifteen admissions and five discharges in the last week. There are four upcoming discharges, and three more planned admissions. The facility has had to order new beds and other equipment due to the census increase. The team is renting needed equipment until purchase orders are delivered. The facility will do a staff and resident appreciation day on Friday with plans to have a barbecue truck cater to the building. There have been 39 admissions and 23 discharges so far in September.

The facility has been increasing some staff due to the census growth. The team is currently recruiting a nightshift nurse. There are four candidates interviewing today. Discussed the facility's new concierge staff member who is onboarding. The administrator completed her AIT preceptor training and is now an approved preceptor. Discussed monthly staff meetings where the facility gives feedback, education, and in-servicing to team members.

The facility has not had any recent state visits or self-reports. The state came last year for the building's annual survey in October. Discussed ongoing survey readiness efforts and preparation.

Holland Lake Rehabilitation and Wellness Center has a 5-star overall rating. The facility has a 5-star rating in Health Inspections, a 3-star rating in Staffing, and a 4-star rating in Quality Measures. The facility's health inspections star rating increased from a 4-star rating. The quality measures star rating decreased from a 5-star rating.

The facility held its monthly QAPI meeting and reported on clinical outcomes and quality measures from the month of August. Discussed efforts to maintain current focus areas. The facility recently had a mock survey and reported good outcomes and feedback from the survey team. Discussed the importance of documentation throughout many of the facility's processes.

Infection control efforts are going well with no trends or outbreaks reported. Discussed the facility's efforts to safely manage residents who are admitted with an active infection. The facility is planning to host its annual shot clinic next month. Discussed providing vaccination education and awareness to staff and residents.

The facility will begin utilizing Sonderbloom for its housekeeping and dietary services next month. The team has also brought in part-time support in the maintenance department to provide assistance turning rooms over quickly due to the recent census growth.



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

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

Treasurer: Bobby Way
Dir. Kacey Vratis

Scott Johnson, Nursing Facility Specialist
Winnie-Stowell Hospital District

Mission Nursing and Rehabilitation Center

1013 S. Bryan Road
Mission, TX 78572

September 25, 2025

Facility Administrator: Daniel Rodriguez

Mission Nursing and Rehabilitation Center is licensed for 170 beds, and its current census is 84 residents. The facility's secure unit has six residents now and the business development team is working to market the remaining availability to the community.

The facility is only seeking one CNA at this time. Discussed adjusting staffing to maintain appropriate ratios according to the current census level.

The facility has not had any recent visits 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 interdisciplinary team will hold its monthly QAPI meeting tomorrow. The administrator reported the team has been addressing falls. The building saw an increase in falls last month and is looking into fall prevention efforts and interventions. The team is also reviewing antipsychotic medication utilization amongst short-term patients and return to acute rates.

Infection control efforts have been successful in recent weeks and there are no reported trends or outbreaks at this time.

The administrator reported there have been more grievances on the short-term care hall of the facility recently. Discussed efforts of the team to address customer service opportunities and provide staff with in-servicing and education.

The renovation work has continued in the dining room and the 400-hall. The administrator reported there have been some leaks and termite damage resolved in the kitchen as well. The

project is also renovating the facility's southside nursing station as well. The 700-hall will be addressed next.



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

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

Treasurer: Bobby Way
Dir. Kacey Vratis

Scott Johnson, Nursing Facility Specialist
Winnie-Stowell Hospital District

Pecan Bayou Nursing and Rehabilitation

2700 Memorial Park Drive
Brownwood, TX 76801

September 30, 2025

Facility Administrator: Josie Pebsworth

Pecan Bayou Nursing and Rehabilitation is licensed for 90 beds, and its current census is 58 residents including 10 skilled patients. The facility has two planned admissions today. There is one more referral under review for potential admission later this week. The hospital census in the community is low, and the facility is discussing other avenues to support census development.

The facility will be seeking a fulltime dayshift nurse soon. There are also three CNA openings at this time.

The facility was visited by the state for its annual fullbook survey. The facility received two low-level deficiencies under its health survey regarding refrigerator logs and dietary services. There were also two findings under the life safety survey regarding caulking on a kitchen vent hood, and fire-retardant caulking needed in other parts of the building. All these issues have been addressed and resolved. The POCs have been completed and accepted by 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 held its monthly QAPI meeting and discussed clinical outcomes in August. The interdisciplinary team reviewed activity from the recent fullbook survey to make sure changes and logs are still being monitored according to the POCs. The facility discussed plans to change its pharmacy service provider to Medicine Chest. It is also switching to Sonderbloom services tomorrow for its housekeeping, laundry, and dietary services provider.

Infection control efforts have been successful with no reported trends and outbreaks. The facility has begun to administer flu shots to those who have provided consent.

Discussed a few grievances earlier this month due to some meals which were delivered late. The facility has begun assigning department heads to dining duty in order to monitor this process and ensure mealtimes are on track.



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

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

Treasurer: Bobby Way
Dir. Kacey Vratiss

Scott Johnson, Nursing Facility Specialist
Winnie-Stowell Hospital District

Stephenville Rehabilitation and Wellness Center

2601 Northwest Loop
Stephenville, TX 76401

September 30, 2025

Facility Administrator: Jana Sanders

Stephenville Rehabilitation and Wellness Center is licensed for 122 beds, and its current census is 83 residents including 15 skilled patients. There are two pending admissions today, but also two planned discharges. The facility has three referrals under review. Discussed efforts to build relationships in the community and steadily grow the census.

There are no staff vacancies reported and all department heads are in place at this time.

The facility had its annual fullbook survey at the beginning of September. The facility received three tags under its health survey and six findings under life safety. Under the health survey, an E-tag was cited under dietary services, a D-tag cited related to call lights, and another D-tag related to completion of EMR data. All findings were minor issues and have been addressed. Discussed completion and submission of the plans of correction for these findings.

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

The facility held its monthly QAPI meeting and discussed clinical outcomes reported in August. The interdisciplinary team also reviewed the recent survey activity and findings by the state. Discussed the monitoring of POCs and new PIPs addressing criminal history checks, hiring processes, and the dietary department.

There are no reported trends or outbreaks related to infection control. Discussed providing vaccination education and awareness to residents and staff members. The residents who provided consent have already received updated vaccinations and staff vaccinations are currently in process.

The administrator reported there have been some grievances related to the dietary department and meal services. Some issues have included meal temperature, availability of alternatives, and timing of meal service. Discussed efforts to improve these processes and outcomes. The facility will have its dietary service provided change from HCSG to Sonderbloom beginning tomorrow on October 1.



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

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

Treasurer: Bobby Way
Dir. Kacey Vratis

Scott Johnson, Nursing Facility Specialist
Winnie-Stowell Hospital District

Stonegate Nursing and Rehabilitation

4201 Stonegate Blvd.
Fort Worth, TX 76109

September 19, 2025

Facility Administrator: Scott Barrick

Stonegate Nursing and Rehabilitation is licensed for 134 beds, and its current census is 81 residents including 18 skilled patients. The facility reported the team is starting to see more referrals and census growth. Discussed ongoing marketing efforts to maintain community relationships.

The facility is seeking one double weekend CMA and there are no other open positions at this time. The team has been working to keep staffing stabilized and has seen good results with manageable turnover. Discussed transitioning staff to PRN from full-time if they are not meeting expectations.

The facility reported there have not been any recent visits by state surveyors. There was a self-report regarding an allegation of verbal abuse. The facility has investigated the incident internally and found the allegation to be unfounded. Discussed in-servicing provided to staff members in response to this incident.

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 month and discussed clinical systems and ongoing performance improvement plans. The team has made significant strides addressing staffing challenges and stabilizing its workforce. Discussed survey readiness efforts including review of assessments, activities, care plans and other systems.

There are no reported issues or outbreaks related to infection control. The facility recently held a vaccine clinic where residents and staff were offered vaccines for flu, RSV, and COVID. Vaccinations were administered for many of the residents and staff who were ready to participate. The facility will schedule another vaccine clinic soon and allow remaining or new staff and residents to participate.



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

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

Treasurer: Bobby Way
Dir. Kacey Vratiss

Scott Johnson, Nursing Facility Specialist
Winnie-Stowell Hospital District

Cimarron Place Health & Rehabilitation

3801 Cimarron Blvd.
Corpus Christi, TX 78414

September 19, 2025

Facility Administrator: Jennifer Steele

Cimarron Place Health & Rehabilitation Center is licensed for 120 beds, and its current census is 72 residents. There are six referrals under review and there are four residents pending discharge next week. The facility's census has been slowly increasing in recent months, and the administrator expects to see more growth this fall and winter.

The facility is seeking an assistant maintenance director, a second MDS nurse, and two LVNs. There is a new maintenance director as well who is scheduled to start employment soon. Discussed increasing the sign-on bonuses for the LVNs since those positions have been open for two months. Discussed filling current vacancies with shift bonuses and overtime to current staff members. The facility also has a new DON in place who started recently.

The facility had a federal lookback for life safety code last month. An issue was identified related to a sprinkler. The facility already addressed the finding and has submitted its POC. The facility submitted a new self-report due to an allegation of abuse. A resident stated they felt like they were violated during an assessment. Discussed actions taken to ensure all residents are safe. Discussed interviewing the resident involved and in-servicing provided to staff members. There are only two outstanding self-reports at this time.

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 held its monthly QAPI meeting and discussed ongoing focus areas. Discussed maintaining audits from recent survey activity. The facility is also working to revamp its falling stars program. Discussed efforts of the interdisciplinary team to improve pain management as well. The interdisciplinary team also reviewed the changes under PDPM with Medicaid.

Infection control efforts are going well overall. The facility is scheduling a vaccination clinic later this month for flu, pneumonia, and COVID vaccines. These will be available for the residents and staff. Discussed providing education and awareness regarding vaccinations to support residents and staff making informed decisions.

There were some grievances reported by residents and families about infection control and PPE utilization. The facility has provided additional in-servicing and training to staff. Nurse managers are also completing spot checks to ensure protocol is followed correctly.

The facility is near the completion of its renovations. Old furniture is being removed and the final pieces are coming together. The new fish tank should be up and running within the next month as well.



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

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

Treasurer: Bobby Way
Dir. Kacey Vratis

Scott Johnson, Nursing Facility Specialist
Winnie-Stowell Hospital District

Harbor Lakes Nursing and Rehabilitation Center

1300 2nd Street
Granbury, TX 76048

September 12, 2025

Facility Administrator: Calvin Crosby

At the facility QAPI meeting on 9/12/25, the administrator and other attendees discussed the facility's outcomes from August 2025.

Harbor Lakes Nursing and Rehabilitation Center is licensed for 142 beds, and its current census is 92 residents. Discussed recent census growth into the 90s and plans to continue capturing referrals and admissions.

The facility was visited by state surveyors this week who conducted the building's annual fullbook survey. The state completed this survey and exited yesterday. The facility is still waiting to receive its 2567, but there was one deficiency stated during the exit conference. The deficiency was related to documentation and is expected to be a low-level tag. Discussed the adjustments discussed to documentation processes to address this opportunity. The surveyors were very complimentary during their visit about the facility, staff, and processes in place. One surveyor stated this was the best facility they've been to in a long time. There was also a complaint which was investigated and unsubstantiated during the fullbook 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 interdisciplinary team discussed recent clinical outcomes and ongoing performance improvement plans. There are currently two PIPs within the nursing department which are related to pressure ulcers and falls. Reviewed current wounds and recent falls as well as interventions being utilized. The facility reported there were improvements in the number of wounds and falls compared to the prior month.

Reviewed plans to integrate Sonderbloom for housekeeping and dietary services next month. Discussed expectations with staff and supporting the needs of the residents.



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

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

Treasurer: Bobby Way
Dir. Kacey Vratis

Scott Johnson, Nursing Facility Specialist
Winnie-Stowell Hospital District

Red Oak Health and Rehabilitation Center

101 Reese Drive
Red Oak, TX 74154

September 18, 2025

Facility Administrator: Lee Richard

Red Oak Health and Rehabilitation Center is licensed for 144 beds, and its current census is 99 residents including 4 skilled patients. There are two admissions scheduled today for a long-term care resident and a respite patient. The facility's census has been trending positively and the administrator and the director of business development are marketing the building today around the community. The facility is targeting a census of 106 residents.

The facility recently filled some nurse openings. Discussed the onboarding process and continuing to recruit direct-care staff until hires have completed onboarding and are showing up to work their shifts. The facility recently hired a new staffing coordinator. The team is seeking one CMA at this time.

There have not been any recent visits to the facility by state surveyors. 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 held its monthly QAPI meeting yesterday. Discussed clinical outcomes and preparation for survey. Discussed assigning and completing various audits each week and then reviewing the outcomes of each audit on Friday during the standards of care meeting. Discussed assigning further action as needed to reach the appropriate outcomes for each audit.

Infection control efforts are going well with no reported trends or outbreaks at this time.

There were only nine grievances in the month of August. The administrator shared the facility's efforts to promptly address all issues and focus on customer service to create a positive living environment for residents. The facility also has a goal to encourage residents

and family members to leave reviews of the building on social media. Discussed goals to have at least two satisfaction surveys completed each week.

The flooring project has started and is roughly 90% complete at this time. Discussed the positive impact the environment has had after removing the remaining carpet. The facility reportedly feels cleaner, fresher, and the lighting appears brighter.



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

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

Treasurer: Bobby Way
Dir. Kacey Vratis

Scott Johnson, Nursing Facility Specialist
Winnie-Stowell Hospital District

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

September 17, 2025

Facility Administrator: Bobby Simpkins

Silver Spring is licensed for 120 beds, and its current census is 85 residents including 11 skilled patients. There are two residents in the hospital who are expected to return to the facility soon, and there are three more referrals pending insurance authorization. The local hospital has a skilled hall and also offers inpatient hospice services. The hospital's team strives to retain patients as often as they can under these services. Discussed preparing and equipping the facility to receive whichever referrals are sent from the hospital.

The facility recently hired an RN supervisor who is doing great. The team is seeking one more RN supervisor so these two can alternate weekends. Discussed the importance of finding the right people to join the team who are qualified and dedicated to the work. Reviewed some staff members transitioning between fulltime and PRN employment. Discussed completing trainings and onboarding for recent hires.

The facility reported submitting three self-reports. There were two allegations of abuse and a resident-to-resident incident. Discussed in-servicing provided to direct care staff and others on customer service and handling residents. The state came to the facility to investigate these three self-reports as well as three complaints. All reasons for investigation during the visit were unsubstantiated.

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.

Discussed the facility's recent monthly QAPI meeting. The facility is watching falls which have slightly increased compared to the prior month. RTAs have seen some improvements recently. Discussed communication in place to ensure readmissions are appropriate and avoided whenever appropriate. Reviewed the facility's process for staff to call the DON when discussing changes in condition.

Infection control efforts are going well and there are no trends or outbreaks at this time. There is a resident who has shingles and is under proper precautions at this time.



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

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

Treasurer: Bobby Way
Dir. Kacey Vratiss

Scott Johnson, Nursing Facility Specialist
Winnie-Stowell Hospital District

Gulf Pointe Plaza
1008 Enterprise Blvd.
Rockport, TX 78382

September 26, 2025

Facility Administrator: Michael Higgins

Gulf Pointe Plaza is licensed for 120 beds, and its current census is 66 residents including 4 skilled patients. The facility has reported sixteen deaths of long-term care residents since January. Discussed challenges with census changes due to residents passing away. The administrator also reviewed challenges when patients are discharged from the hospital before they are stable.

The nursing department is recruiting applicants to fill three CNA openings. Discussed adjusting staffing as census has fluctuated during recent months.

There have not been any visits to the facility by state surveyors, and there are no new self-reports at this time. The facility has entered its annual fullbook survey window. Discussed survey readiness efforts and ensuring audits and care plans are in place.

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 held its QAPI meeting earlier this month. Discussed efforts to continue following the performance improvement plan addressing falls. The facility's target for falls with major injury is 6% and the results are slightly over target. Reviewed the timing of incidents triggering this metric and expectations for these to fall off over the next year.

There are no trends or outbreaks related to infection control at this time. Discussed providing vaccination education and awareness to residents and staff members. All vaccinations this season are planned to be available and administered by October 1.

There have not been any trends or significant issues related to grievances. Discussed efforts to ensure medical records are prepared timely when requested. Discussed utilizing the ombudsman as another advocate and aide to the residents.

The facility transitioned to Sonderbloom services this month for its housekeeping, laundry, and dietary services. The administrator reports the transition has gone well so far and the respective teams have been able to retain the majority of its members.

The administrator's office will have a double-paned window replaced soon due to moisture being trapped in between the panes. The maintenance department is seeing if there are any other windows which have this same issue.



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

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

Treasurer: Bobby Way
Dir. Kacey Vratis

Scott Johnson, Nursing Facility Specialist
Winnie-Stowell Hospital District

Arbrook Plaza
401 West Arbrook Blvd.
Arlington, TX 76014

September 18, 2025

Facility Administrator: Jodi Scarbro

Arbrook Plaza is licensed for 120 beds, and its current census is 91 residents including 30 skilled patients. The facility has five residents planned to be admitted today and there are no planned discharges at this time.

Staffing has improved with several fulltime and PRN staff hired recently. The team is seeking one CNA, one double weekend nurse, and one part-time weekend nurse. The team recently added one additional CNA due to census growth. The facility reported its new DON and social worker started about a month ago and have been doing great in their roles. The social worker was employed at the facility several years ago and was very pleased to return.

There have not been any recent visits by state surveyors to Arbrook Plaza. There was one new self-report regarding a resident with dementia who fell and had a fracture. The resident went to the hospital for surgery and has since returned. Discussed adjusting this resident's plan of care and working with therapy services.

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

The facility's monthly QAPI meeting was held earlier this week on Monday. The facility reported strong results and no new performance improvement plans. Discussed successful outcomes meeting clinical targets this period. The new social worker is working to complete all outstanding work and support processes to ensure work is completed timely.

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

The administrator has been working with the facility's managers to improve the grievance procedures. Discussed ensuring staff write out all grievances to ensure they are documented

and addressed completely. The team also discussed how this process helps the team know the residents better and supports creating personalized care plans.

The facility's maintenance director updated many rooms due for updates including patching and painting walls, and then stripping and waxing the floors. The facility also put new decor in these rooms. The maintenance director will continue to complete this work in the remaining rooms over time. The facility installed a new front door last week. The new door has a large glass panel which has added to the lighting and positive feeling in the front lobby.



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

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

Treasurer: Bobby Way
Dir. Kacey Vratis

Scott Johnson, Nursing Facility Specialist
Winnie-Stowell Hospital District

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

September 29, 2025

Facility Administrator: Matt Mewborn

Treviso Transitional Care Center is licensed for 140 beds, and its current census is 94 residents including 23 skilled patients. The facility has seven referrals under review for admission.

Most of the staffing positions are filled at this time. The administrator reports the team is interviewing for two nurse openings and two CNA openings.

State surveyors entered the facility on August 24 to begin its annual fullbook survey. The survey resulted in fifteen tags, all of which were D-tags. The facility reviewed all findings and the submitted POCs were accepted.

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 held its monthly QAPI meeting and reviewed clinical outcomes and quality measures reported in August. The facility has a new medical director who will begin working with the facility this Wednesday.

Infection control efforts have been successful with no trends or outbreaks reported. The facility has started administering new vaccinations to residents. Discussed the team's efforts to provide education and awareness of available vaccinations to residents and staff members.

Grievances have been improving recently as there have been positive changes in the dietary department. Discussed working closely with the resident council to address feedback and improve the patient experience. The facility will change its dietary service provider from HCSG to Sonderbloom effective October 1.

The facility is making plans to have some of its flooring replaced. This project is expected to start soon and will hopefully be completed around Thanksgiving.



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

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

Treasurer: Bobby Way
Dir. Kacey Vratis

Scott Johnson, Nursing Facility Specialist
Winnie-Stowell Hospital District

Forum Parkway Health & Rehabilitation

2112 Forum Parkway
Bedford, TX 76021

September 29, 2025

Facility Administrator: Dylan Gadberry

Forum Parkway Health & Rehabilitation is licensed for 139 beds, and its current census is 89 residents including 23 skilled patients. The facility's census has been in the low 90s recently and is averaging 93-94 residents this month.

The facility is seeking a new respiratory therapist and a payroll coordinator. Discussed interviewing candidates for these openings and challenges identified with training and wage gaps. Discussed options to fill the payroll coordinator position and ensuring the duties and training of this individual are clearly communicated and supported.

The state visited the facility to investigate a complaint which was unsubstantiated. However, during the visit the surveyor cited an issue in the dietary department due to a resident's meal preference which wasn't followed. The staff member involved in this incident has had a history of making this mistake and was terminated. Discussed the implementation of a POC and recent changes in the dietary department under Sonderbloom.

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 reported on clinical outcomes and quality measures. The facility reported it is now meeting its projections for its adjusted staffing ratios for QIPP Year 9. The team has also been focusing on addressing antipsychotic medication utilization in short-term patients.

The plumbing issues previously reported have been resolved. The administrator is now looking into developing a storage building to be established near the parking lot.



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

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

Treasurer: Bobby Way
Dir. Kacey Vratis

Scott Johnson, Nursing Facility Specialist
Winnie-Stowell Hospital District

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

September 18, 2025

Facility Administrator: Nadeline Greene

Copperas Cove LTC is licensed for 124 beds, and its current census is 73 residents including 3 skilled patients. The facility is expecting one more skilled admission tomorrow pending insurance authorization. There are another six referrals under review at this time. Discussed an influx in VA admissions and contracts recently.

There has been some turnover of a van driver who is moving out of town. The replacement was hired and worked for a few days but then didn't return to work again. The facility is currently recruiting a new van driver and one nightshift charge nurse.

The facility submitted a self-report related to an unwitnessed fall which occurred on the secure unit. The state came to the facility to investigate this self-report which was unsubstantiated. The facility is in its annual fullbook survey window and expects the state to return in the next few weeks. Discussed review of previous survey activity and ongoing survey readiness efforts. Reviewed improvements in the physical plant compared to last year due to the new maintenance director.

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

The facility's monthly QAPI meeting will be held next week. The facility implemented a new performance improvement plan addressing bowel and bladder incontinence. Discussed best practices and interventions to support this program.

There are no outbreaks at this time. There was a minor COVID outbreak earlier this month, but affected individuals reported mild symptoms and all have since recovered.

There haven't been very many grievances recently. Discussed maintaining a safe environment focused on customer service.

The facility is planning to participate in the Senior Expo next week which will have a military theme this year. Discussed plans to host a trunk or treat in October. The administrator emphasized the importance of offering meaningful activities and events to the residents in the building.

The Dozee system has been an effective addition and is working well to monitor vitals and complete neuro checks. Discussed expectations of this service and the administrator stated this program is not a replacement for ongoing monitoring of residents.



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

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

Treasurer: Bobby Way
Dir. Kacey Vratis

Scott Johnson, Nursing Facility Specialist
Winnie-Stowell Hospital District

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

September 25, 2025

Facility Administrator: Brittany Smith

At the facility QAPI meeting on 9/25/25, the Administrator and other attendees discussed the facility's outcomes from August 2025.

Winnie L LTC is licensed for 105 beds, and its current census is 39 residents. For the month of August, the facility averaged a census of 40 residents.

The facility reported 53 total employees and a turnover rate of 0% during the reporting period.

The facility reported there were two self-reports which were investigated during August. All investigations related to the self-reports were unsubstantiated, but during the visit surveyors cited an issue due to a nurse who didn't follow proper fall protocol. The management team provided one-on-one training for the staff member involved in the issue.

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 there were eighteen total falls and six residents who experienced repeat falls. Discussed fall interventions and review of residents needs to ensure their plan of care is personalized. The team has reported there have been improvements in falls and staff have been in-serviced on falls and fall prevention. The interdisciplinary team also reported improvements in weight loss.

The facility met all its indicator targets under Component 1 except for urinary tract infections. Discussed efforts to prevent infections by using proper precautions, maintaining hygiene standards, and providing sufficient hydration and nutrition to residents. The facility only had one UTI during the reporting period.

The facility did not meet any of the indicators under Component 2. Discussed recent improvements in CNA hours and efforts by nurse management to cover licensed nurse shifts when needed.

Under Component 3, the facility met all indicators except new/worsened bowel/bladder incontinence. The target is 16.77 and the facility's results exceeded the target by .63 according to its reporting platform. The facility met all targets under Component 4.



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

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

Treasurer: Bobby Way
Dir. Kacey Vratis

Scott Johnson, Nursing Facility Specialist
Winnie-Stowell Hospital District

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

September 17, 2025

Facility Administrator: Lorraine Haynes

The Villa at Texarkana is licensed for 120 beds, and its current census is 91 residents. Discussed recent census growth bringing the census back to the 90s. The facility has six pending admissions under review at this time.

Staffing efforts are stable and there is no agency utilization. Discussed recent interviews for an ADON opening. The administrator shared the facility's efforts to ensure it is hiring the right person for each role, not just the first person to apply.

The facility is expecting the state to visit soon to investigate some outstanding intakes. The facility has submitted some self-reports including two falls with injury, an allegation of misappropriation, two allegations of abuse, and a resident-to-resident altercation. The allegations of abuse were investigated internally and neither had details of identifiable offenders or events. Discussed in-servicing provided to staff and surveys with residents to ensure they are safe.

The facility's annual survey last year was on December 9, and the facility has now entered its fullbook window. The administrator shared a program she recently implemented for supporting 5-Star mentality and survey readiness. The facility has High-5 posters on display throughout the building, and she has begun passing out focus flash cards to staff members. The flashcards will have a reminder listed on it of something the staff member should be doing. Examples include knocking on residents' doors, greeting residents, using gloves when providing related care, completing ADL books, knowing residents' rights, using gait belts, changing bedsheets as needed, ensuring call lights are in reach, and engaging residents in conversation. The administrator is targeting everyday activities which can be quickly cited by surveyors when not completed. Discussed keeping floor staff involved in the survey preparedness efforts. The administrator also hands out a card on occasion which says 'Golden'. If staff bring the golden card to the administrator, they receive a small gift card or prize. Discussed positive feedback received from this initiative.

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.

Discussed the facility's monthly QAPI meetings and efforts by the interdisciplinary team to direct the facility and meet the needs of the residents. The team has been focusing on survey readiness efforts as previously mentioned. Discussed implementing a PIP addressing abuse due to the recent self-reports on this topic. The facility is adding more training on this topic during onboarding and has also provided different methods to deliver this education to all staff members.

Infection control efforts are going well in the facility with no reported trends or outbreaks. There is no COVID in the facility at this time.

The administrator confirmed the building renovations are planned to start next month. This project will likely take a few months to complete. Discussed plans to renovate some of the bathrooms and coordinating efforts while these rooms aren't available due to renovations.



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

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

Treasurer: Bobby Way
Dir. Kacey Vratis

Scott Johnson, Nursing Facility Specialist
Winnie-Stowell Hospital District

Parkview Manor Nursing & Rehabilitation

206 N. Smith St.
Weimar, TX 78962

September 15, 2025

Facility Administrator: Darlene Blount
Facility DON: Carol Rapalo

At the facility QAPI meeting on 9/15/25, the Administrator and other attendees discussed the facility's outcomes from August 2025.

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

The facility has hired a new manager for HR and the business office. Discussed onboarding processes and ensuring these team members receive proper training for their roles.

The state visited the facility earlier this month for its annual fullbook survey on September 2. The facility did not receive any harm tags or any related to abuse, neglect, or exploitation. Discussed four tags received under the health survey, and four under life safety. There were two nursing tags, one regarding a care plan, and one under food and nutrition. Discussed additional visits to the building by surveyors to investigate some complaints which were unsubstantiated. There are no new self-reports at this time.

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

Discussed clinical outcomes and quality measures observed during the reporting period. There were sixty falls and five residents who experienced repeat falls. Discussed the timing and location of falls to identify any trends and opportunities for additional training. The team reviewed fall prevention efforts and ongoing interventions.

There were seven urinary infections, but no other infections during the reporting period. There were also seven pressure ulcers and six residents who experienced weight loss.

The facility met its targets for urinary tract infections and locomotion independently worsened under Component 1. Discussed ongoing PIPs addressing the other three indicators. However, it did not meet either indicator under Component 3. The facility met its target for catheter left in bladder under Component 4.



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

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

Treasurer: Bobby Way
Dir. Kacey Vratis

Scott Johnson, Nursing Facility Specialist
Winnie-Stowell Hospital District

Gracy Woods Nursing Center
12021 Metric Blvd
Austin, TX 78758

September 30, 2025

Facility Administrator: Heather Devine

Gracy Woods Nursing Center is licensed for 122 beds, and its current census is 93 residents including 5 skilled patients. The facility had two admissions yesterday and there are several referrals under review at this time.

The facility is seeking three nurses and three CNAs. The dietary department is recruiting one dietary aide and one cook. All coverage needs are being filled by fulltime and PRN staff and there is no agency staffing utilization.

The facility had a state surveyor visit to investigate an elopement. The facility received an IJ due to the elopement. The resident involved was admitted to the facility and there was no known elopement risk. The resident unfortunately had a history of drug use, and they kicked the screen out of a window and exited the facility without telling anyone. The individual expressed no desire to return when confronted by law enforcement. The facility completed a POC for this issue and has made changes to its process of taking report and completing the report sheet. Taking report is a mandatory process and the facility is also requiring updated clinicals are received within 48 hours of admission. Additionally, this process now includes inquiring about supervision status and any history of elopement risk.

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 infection control efforts are going well with no trends or outbreaks reported. The facility is working on providing vaccinations to residents and staff members.

Discussed recent grievances and the process for managing and reporting issues until they are resolved. There are occasional issues regarding missing laundry, but the facility works to find missing items or replaces them when needed.



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

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

Treasurer: Bobby Way
Dir. Kacey Vratis

Scott Johnson, Nursing Facility Specialist
Winnie-Stowell Hospital District

Garland Nursing and Rehabilitation

321 N Shiloh Rd
Garland, TX 75042

September 19, 2025

Facility Administrator: Wanda Ledford

Garland Nursing and Rehabilitation is licensed for 122 beds, and its current census is 69 residents including 2 skilled patients. There is one resident in the hospital expected to return to the facility soon. There are four referrals under review for admission at this time.

The administrator reported her first month back in the facility has been going well. Discussed reviewing processes and evaluating further opportunities for improvement. Staffing is going well in the building with no significant openings and there is no agency utilization.

The state investigated three self-reports and all reasons for investigation were not cited. There was one allegation of misappropriation of funds which the state substantiated but did not cite. Discussed a self-report submitted at the beginning of the month regarding an allegation of neglect. Discussed the facility's investigation and ensuring residents needs and preferences are met. The allegation of neglect was unfounded internally after investigation.

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

The facility held its monthly QAPI meeting and the interdisciplinary team reviewed clinical systems and quality measures. Discussed maintaining focus areas and ongoing performance improvement plans.

Infection control efforts are working well with no reported trends or outbreaks at this time. The facility has had a vaccination clinic for residents and will hold another soon for the staff members. Discussed provided vaccination education and awareness to support individuals making informed decisions.

There are no trends in grievances reported at this time. Discussed working with residents to ensure all issues are addressed and resolved.

The facility's new refrigerator was delivered and installed. The building has some plumbers on site who are working on replacing some pipes.



Administrator: Chad Mohammed, MHA, LNFA
DON: Chelsea Oduro, RN

FACILITY INFORMATION

Highland Park is a 120-bed facility with a current Overall Star Rating of 3 and a Quality Measures star rating of 4 but it may change due to the facility receiving 2 IJs. The census given on the date of this report was 108.

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

The Administrator believes the facility met their QIPP measures for QTR 4, year eight.

The facility continues with outings, and they continue with Bingo and regular holiday celebrations, including a back-to-school drive with school supplies. The Administrator reports the facility had a Labor Day celebration. The facility is planning some fall festivities.

The Administrator reports the facility recently had a Labor Day celebration and they try to do something for the staff every month.

SURVEY INFORMATION

The state came to the facility for their full book survey in June. The Administrator reports they received 2 IJ tags, for weight loss at 14 % and Respiratory (O2).

EDUCATION PROVIDED

Reviewed QIPP year 9 – The First QTR started 9/1/25 but data collection started 7/1/25 and will end as of 9/30/25. Discussed QTR 4 year 8 and the Administrator reported he believes they met all 4 components.

Final Rule – Five Star Rating Update:



- Health Inspection – Updated
 - Shifting from three standard health inspection surveys to two most recent standard health inspection surveys
 - **36-month review** of complaint investigations and focused infection control surveys
 - **Number of revisits** to ensure deficiencies are corrected
- Staffing
 - Based on 6 measures
 - 3 are **staffing level measures** and 3 are **staffing turnover measures**
- Quality Measures
 - 15 quality measures
 - 9 **Long-stay quality measures** and 6 **short-stay quality measures**
- Annual Unannounced Visits
 - A team of health care professionals spend several days in the nursing home to make compliance determinations
 - Review Facility Policies and Practice
 - **Resident Rights**
 - **Quality of Life**
 - **Medication Management**
 - **Skin Care**
 - **Resident Assessment**
 - **Nursing Home Administration**
 - **Environment**
 - **Kitchen/Food Service**
 - Points assigned based on scope and severity
 - Citations that are under dispute are displayed but not calculated in the scoring
- Abuse Icon
 - Nursing homes who have been cited for Abuse
 - **Capped at a 2-star rating for Health Inspection**
- Staffing and Turnover
 - Studies demonstrate poor staffing ratios and high turnover result in lower quality of care
 - Source of Staffing Hours is the **Payroll-Based Journal (PBJ)** system
 - Only data submitted and accepted by the deadline are used in the rating system
 - Resident data is based on daily resident census measure that is calculated by CMS using **Minimum Data Set (MDS)** assessments.
 - Case-mix adjusted hours are included per resident day
- Quality Measures
 - Differ based on **Long-term stay** vs **Short-term stay**
 - Combination of **Minimum Data Set (MDS)** and **Medicare Claims data**
 - Summation of various weighted quality measure scores
 - **Quality Measure Value** multiplied by the number of eligible residents for the measure
- Star Ratings based on Scoring
 - Higher the score on Quality Measures the higher the star rating





REPORTABLE INCIDENTS

The facility has 5 pending self-reports.

CLINICAL TRENDING

Incidents/Falls:

Information was not provided.

Infection Control:

Information was not provided.

Weight loss:

Information was not provided.

Pressure Ulcers:

Information was not provided.

Restraints:

Highland Park does not use restraints.

Staffing:

Staffing needs - need CNAs.

QIPP SCORECARD: Information not provided



Administrator: Julie Johnson, LNFA
DON: Amber Manning, RN

FACILITY INFORMATION

Garrison Nursing and Rehabilitation is a 93 bed SNF in a rural area. The census is at 76 residents with a skill mix of 8. The facility has an overall star rating of 5 and a star rating in Quality Measures of 5.

The QIPP site visit call was conducted in person with the Administrator. The facility is currently COVID_19 free.

The Administrator reports the facility had a 4th of July and Labor Day celebration. They also participated in a back-to-school supply drive and they are planning a fall/Halloween festival in October and a Thanksgiving dinner to include families. The facility continues to provide outings to Walmart, and to Nacogdoches to the senior citizen center.

The Administrator reports the facility has an employee of the month celebration, random drawings for gifts and treats weekly and they try to feed the staff at least monthly. The Administrator reports the facility is already planning their staff Christmas party.

QIPP SCORECARD:

The Administrator reports the facility is meeting all 4 QIPP components in quarter 1 year 9.

SURVEY INFORMATION

The facility had state in the building in June for their full book and LSC survey resulting in 3 low level tags that have been cleared. The state did come back in August with some of their trainees.

REPORTABLE INCIDENTS

Administrator reports there are 4 pending SRIs.

EDUCATION PROVIDED

- Reviewed QIPP year 9 - QIPP year 9 starts 9/1/2025 and data collection for QTR 1 began 7/1/2025. No change in the metrics being measured but the weighting for component 2 has changed. Slides from HHSC 9/10/25 webinar provided. The facility is currently meeting all 4 components.
- Final Rull 2026 updates - Administrator educated on highlights of final rule, including the change in how Star rating is to be calculated. Slides from Simple webinar provided.

The inside entrance/lounge of the facility was clean and tastefully decorated with a fireplace, older but nice furniture and fall decorations. The facility has a staff member at



the front entrance to ensure each visitor logs in. A box of masks and a bottle of hand sanitizer were available. The September calendar was posted and residents were gathered in the dining room with school children who were reading to them as per the schedule.

Multiple fire extinguishers checked throughout facility and had current inspections except for the one in the kitchen. The facility floors were clean and well maintained. There were no odors detected throughout the facility. Means of egress were clear for all hallways.

The resident rooms and bathrooms observed were clean with no odors or safety concerns identified and all resident equipment observed was clean and in working order. The shower room observed was clean with no odors. The central supply room was clean and organized but 1 box was directly on the floor.

The medication room was clean and organized and the medication kit and current license (July 2026) were in place, and the refrigerator logs were current. Of the audited OTCs, all were noted to be in order of expiration date, and no expired OTCs were noted. The O2 closet was clean, and organized with all canisters in a rack and signs posted but the floor needed to be swept and the Administrator notified housekeeping during the tour.

The laundry room was clean and organized but there were no lint trap logs (staff said they clean the traps after each load). One of the washers is not working but the part is on order.

The dining room was clean, and the menu was posted for the day/month. The kitchen counters and equipment were all clean and all cooler and freezer temperature logs were up to date. The area behind the stove was clean. The chemical logs were all current. The dry and emergency food storage areas were well organized with nothing stored above regulated height or out of date, cans rotated, and ceiling height met. All items checked in the cooler had a label and date.

CLINICAL TRENDING

Incidents/Falls:

Information was not provided.

Infection Control:

Information was not provided.



Weight loss:

Information was not provided.

Pressure Ulcers:

Information was not provided.

Restraints:

Information was not provided.

Staffing:

Administrator reports the facility is able to staff the building without use of agency.

PHARMACY: No concerns, comes monthly and med destruction completed

NURSING/MDS: None

DIETARY/KITCHEN: None, Dietician comes monthly

HOUSEKEEPING/LAUNDRY: None

CENTRAL SUPPLY/MEDICAL RECORDS: Facility transitioning to EMR charting effective in September

MAINTENANCE: Working on re-doing some of the resident rooms and they will be replacing all the floor trim soon

ACTIVITIES: None



Administrator: Michael Herring, LNFA
DON: Jerold Hindsman, RN

FACILITY INFORMATION

Golden Villa is a 110 Medicaid/Medicare & 10 Medicare-bed facility with a current overall star rating of 1 (due to full book survey results) and a Quality Measures star rating of 4. The census on the date of this call was 98 with a skill mix of 23.

The QIPP site visit was conducted in person with the DON and the Administrator, who were both very helpful. The facility is a certified CNA facility but due to IJ they received they are not able to run a class. Their sister facility is still running classes. The Administrator reports the facility now has a full time NP in house.

The overall general appearance of the entrance was well groomed and inviting. The parking lot was well maintained with no trash/debris noted. The facility also has a nice pavilion in back that residents do enjoy weather permitting and they will be putting a new roof on soon.

The inside entrance/lounge of the facility was clean and tastefully decorated. The facility has a staff member at the front entrance to ensure each visitor logs in and they also man the snack store for residents, staff and visitors to purchase (proceeds go to the Christmas party).

Multiple fire extinguishers checked throughout facility and had current inspections. The facility floors were clean and well maintained. There were no odors detected throughout the facility. Means of egress were clear for all hallways.

The residents' rooms observed were clean with no odors or safety concerns identified and all resident equipment observed was clean and in working order. Resident activity calendar posted for September. There were several residents gathered around the nurse's station. The shower room was checked, and it was clean with no odors.

The medication room observed was organized but the floor needs to be swept. The medication kit had a current certificate. Refrigerator logs were current. No expired OTCs were noted upon spot inspection, and all were noted to be in date order according to expiration date. Two medication carts were checked and they were locked, and they were in the process of labeling all the water pitchers. The O2 closet was clean and organized and all cannisters were in a rack with signs posted.

The laundry room was clean and organized but there were several chemical containers on the floor. The lint trap logs were current. Central supply was clean and organized but there were 3 boxes on the floor.



The dining room was clean, and the menu was posted for the day/month. The kitchen counters and equipment were all clean and all cooler and freezer temperature logs had no entry for the day of the tour. The chemical logs were all current. The dry and emergency food storage areas were well organized with nothing stored above regulated height or out of date, cans rotated, and ceiling height met but the floor needed to be mopped. Noted one small bowl of soup in the cooler without a label/date. Education provided regarding ensuring items are dated when opened and/or no longer in original packaging. Can opener/plate needed to be cleaned.

The Administrator reports they had a 4th of July cookout, and they are planning to take residents who are able (sharing transportation with sister facility Rose Haven) to the Texarkana Senior Day in October and well as taking them to Spring Lake for outing and lastly they are planning a fall/Halloween festival and health fair for October to include the community.

The Administrator reports the facility continues to celebrate employee of the month and each department's week throughout the year. If an employee goes above and beyond, they get handwritten notes and gift cards and meals are offered at a discounted rate. The facility also has a covered patio with a fan for staff to enjoy on their breaks, weather permitting and they are planning a luncheon for staff soon.

QIPP SCORECARD:

The Administrator reports they are meeting all 4 QIPP components for quarter two of year 8.

SURVEY INFORMATION

The Administrator reports the state came in April for their full book survey, resulting in only low-level tags and they came again in June for a complaint investigation that was substantiated with 1 E level tag that has been cleared.

REPORTABLE INCIDENTS

The Administrator reports the facility has 1 pending self-report.

EDUCATION PROVIDED

- Reviewed QIPP year 9 - QIPP year 9 starts 9/1/2025 and data collection for QTR 1 began 7/1/2025. No change in the metrics being measured but the weighting for component 2 has changed. Slides from HHSC 9/10/25 webinar provided. The facility is currently meeting all 4 components.
- Final Rull 2026 updates - Administrator educated on highlights of final rule, including the change in how Star rating is to be calculated. Slides from Simple webinar provided.



PHARMACY: No concerns, comes monthly, gave education on labeling

NURSING/MDS: None

DIETARY/KITCHEN: No concerns, Dietician comes monthly

HOUSEKEEPING/LAUNDRY: No concerns

CENTRAL SUPPLY/MEDICAL RECORDS: No concerns

MAINTENANCE: Just completed upgrading several resident rooms

ACTIVITIES: No concerns

CLINICAL TRENDING

Incidents/Falls:

Facility information not provided

Infection Control:

Facility information not provided

Weight loss:

Facility information not provided

Pressure Ulcers:

Facility information not provided

Restraints:

Facility information not provided

Staffing:

Facility currently has open CNA positions



Administrator: Greg Sechrist, LNFA
DON: Robin Sharp, RN

FACILITY INFORMATION

Marshall Manor Nursing and Rehab is a 169-bed facility with a current overall star rating of 2 (from a past non-compliance for abuse) and a Quality Measures rating of 4. The census on the date of this call was 92 with a skill mix of 12.

The QIPP site visit was conducted in person. The Administrator was available and very helpful during the site visit.

The overall general appearance of the entrance was well groomed. The parking lot was well maintained with no trash/debris noted. Front gate noted to have signage stating to ensure it stays closed for the safety of the residents.

The inside entrance/lounge of the facility was clean and tastefully decorated with older furniture with fall decorations throughout. A bottle of hand sanitizer was available.

Various fire extinguishers checked throughout facility and noted to have August inspections. The facility floors were older vinyl but clean. There were no odors detected throughout the facility. Means of egress were clear for all hallways. The September calendar was posted and well decorated.

The resident rooms and bathrooms observed were clean with no odors or safety concerns identified and all resident equipment observed was clean and in working order. Multiple rooms as well as various walls in halls noted to have scratches/scuff marks and in need of painting. The shower room on B-wing was checked, and it appeared a shower had just been given with dirty wet washcloth and towel laying on the floor and a large bottle of soap on the floor.

The medication room checked was clean and the E-Kit certificate was current (exp date 7/31/2026). Two med carts were checked, and they were unlocked, and the water pitchers did not have date/label. The OTCs checked were not in the correct date order of expiration and the DON was notified by the Administrator during the tour. The central supply room had multiple boxes on floor in various areas in room (some of them were from a shipment the day of the tour but others appeared to have been there longer than a few days).

The laundry room was clean and organized, but the lint trap logs were behind one day. No boxes or chemicals on the floor. The oxygen storage was outside, and it was organized with all cannisters in a rack and signs posted.



The dining room was clean, and the menu was posted for the day/month. The kitchen counters and equipment were all clean and all cooler and freezer temperature logs current. The area behind the stove was clean. The chemical logs were all current. The dry and emergency food storage areas were well organized with all boxes stored at or below regulated height and cans rotated. All items checked in the cooler had a label and date.

The facility has regular outings. The facility had a 4th of July and Labor Day celebration, and they are planning something for the fall.

The Administrator reports the facility continues anniversary recognitions, giveaways at staff meetings, and they also have an employee of the month program. The facility had a summer cookout for all the staff.

QIPP SCORECARD:

The Administrator reports the facility is meeting all 4 QIPP components in quarter one of year 9.

SURVEY INFORMATION

The state came for the facility's full book survey in August, and they have not returned since then.

REPORTABLE INCIDENTS

The facility has one pending self-report.

EDUCATION PROVIDED

- Reviewed QIPP year 9 - QIPP year 9 starts 9/1/2025 and data collection for QTR 1 began 7/1/2025. No change in the metrics being measured but the weighting for component 2 has changed. Slides from HHSC 9/10/25 webinar provided. The facility is currently meeting all 4 components.
- Final Rull 2026 updates - Administrator educated on highlights of final rule, including the change in how Star rating is to be calculated. Slides from Simple webinar provided.



PHARMACY: No concerns, comes once per month and med destruction completed

NURSING/MDS: None

DIETARY/KITCHEN: None

HOUSEKEEPING/LAUNDRY: None

CENTRAL SUPPLY/MEDICAL RECORDS: None

MAINTENANCE: None

ACTIVITIES: None

CLINICAL TRENDING

Incidents/Falls:

Facility information not provided

Infection Control:

Facility information not provided

Weight loss:

Facility information not provided

Pressure Ulcers:

Facility information not provided

Restraints:

Facility information not provided

Staffing:

The Administrator reports they have open positions for CNAs and nurses but are able to staff the building without use of agency.



Administrator: Ken Kale, LNFA
DON: Lakeisha Owens, RN

FACILITY INFORMATION

Marshall Manor West is an 118-bed facility with a current overall star rating of 5 and a Quality Measures rating of 5. The census on the date of this visit was 46 (5 skill mix) with 15 in memory care.

The QIPP site visit was conducted in person, and the Administrator was available and very helpful.

The overall general appearance of the entrance was well groomed and inviting. The parking lot was well maintained with no trash/debris noted.

The inside entrance/lounge of the facility was clean and tastefully decorated for fall. The facility has a staff member at the front entrance to ensure each visitor logs in. A bottle of hand sanitizer was available. The September calendar was posted and nicely decorated. The facility is an older building but well-maintained.

Various fire extinguishers checked throughout facility, and all observed were noted to have current September inspections. The facility floors were older but shiny/clean and well maintained. There were no odors detected throughout the facility. Means of egress were clear for all hallways.

The residents' rooms observed were clean with no odors or safety concerns identified and all resident equipment observed was clean and in working order. The shower room had dirty linen on a table and a wet washcloth on the shower handrail. Central supply was clean and organized but there were 3 boxes directly on floor and one top shelf had boxes stacked too high.

The medication room was clean and organized and the medication kit certificate was current (expiration date 7/31/2026). The refrigerator logs were current. Two medication carts were checked, and they were locked, and the water pitchers were labeled/dated. The oxygen room was clean and organized with all canisters separated appropriately and, in a rack, but no signs were posted.

The laundry room was clean and organized. Lint trap logs were current. All chemicals off the floor, and machines were working.

The dining room was clean, but the menu was not posted for the day/month. Residents noted leaving dining room at time of tour as they had just finished breakfast. The kitchen counters and equipment were all clean and all cooler and freezer temperature logs were



behind 1 day. The area behind the stove was clean. The chemical logs for the dish machine were behind 1 day and the 3-compartment sink log could not be located. The dry and emergency food storage areas were well organized, but the dry ingredient bins did not have label/date. Upon looking in cooler, several items were not labeled and there was a personal beverage observed. The Administrator notified the Dietary Manager.

The facility has regular outings to the store and for Bingo and they had a casino boats trip this summer, and they will have another one this fall. The Administrator reports they celebrated 4th of July and Labor Day and they will be having a fall festival and cookout that will include the community and staff.

The Administrator reports the facility continues birthdays, weekly meal provisions and they also have an employee of the month program and each month a different department.

EDUCATION PROVIDED

- Reviewed QIPP year 9 - QIPP year 9 starts 9/1/2025 and data collection for QTR 1 began 7/1/2025. No change in the metrics being measured but the weighting for component 2 has changed. Slides from HHSC 9/10/25 webinar provided. The facility is currently meeting all 4 components.
- Final Rull 2026 updates - Administrator educated on highlights of final rule, including the change in how Star rating is to be calculated. Slides from Simple webinar provided.

QIPP SCORECARD:

The facility is currently meeting all 4 QIPP components for quarter one year 9.

SURVEY INFORMATION

Administrator reports the state has not been in the facility since November for their full book.

REPORTABLE INCIDENTS

One pending self-report.



PHARMACY: No concerns, comes monthly and med destruction completed

NURSING/MDS: None

DIETARY/KITCHEN: None

HOUSEKEEPING/LAUNDRY: None

CENTRAL SUPPLY/MEDICAL RECORDS: None

MAINTENANCE: New Director

ACTIVITIES: None

CLINICAL TRENDING

Incidents/Falls:

Information not provided

Infection Control:

Information not provided

Weight loss:

Information not provided

Pressure Ulcers:

Information not provided

Restraints:

Information not provided

Staffing:

Administrator reports ability to staff facility without use of Agency, low overtime but they do have nurse open positions.



Administrator: Jimmy Sanders, LNFA
DON: Rhonda Benevides, RN

FACILITY INFORMATION

Willowbrook-Nacogdoches is a licensed 161- bed facility with an overall star rating of 2 and a rating of 5 stars in Quality Measures. The facility reports census of 111: 15 PP; 4 Skilled; 63 MCD +5 pending; 13 HMO; 12 Hospice and 15 in Memory Care.

The QIPP site visit was conducted in person with the Administrator and DON. The Administrator reports the facility is currently COVID_19 free.

The overall general appearance of the entrance was well groomed and inviting. The parking lot was well maintained with no trash/debris noted and the front entrance/breezeway was inviting with nice fall decorations and well-groomed grounds.

The inside entrance/lounge of the facility was clean and tastefully decorated. The facility is an older but well-maintained building with some older vinyl floors, and some newer hardwood vinyl floors but all were clean and well-maintained. The September activity calendar was posted and well decorated.

Multiple fire extinguishers checked throughout building and all observed had current inspections. There were no odors detected throughout the facility. Means of egress were clear for all hallways.

The resident rooms and bathrooms observed were clean with no odors or safety concerns identified and all resident equipment observed was clean and in working order. The shower room on hall 100 was checked and it was clean with no odors. Central supply was clean and organized and the OTCs were all current and stored in the correct order of expiration.

The medication room was clean and organized, and the medication kit certificate was current (expiration date: 3/31/2026). The refrigerator logs did not have entries since 9/23/25. The O2 closet was organized with all cannisters in a rack and the empty and full signs posted. The laundry room was clean and organized, lint trap logs current, but there were 2 chemical containers directly on the floor.

The dining room was very spacious and clean, and the menu was posted for the day/month. The kitchen counters and equipment were all clean and all cooler and freezer temperature logs were up to date. The area behind the stove was clean. The chemical logs were all current. The dry and emergency food storage areas were well organized



with nothing stored above regulated height or out of date, cans rotated, and ceiling height met. Items checked in the cooler were labeled and dated.

The facility has been able to offer more outings because they have a new van, but they are still limited with the county transportation. The Administrator reports the facility had a celebration for 4th of July and Labor Day. The facility is planning something for fall.

The Administrator reports the facility continues with a thankful Thursday for all staff, Mad Genius program (turn poker chips in for prizes). The company has a star of the month program, and all those names go into a drawing for a car at the end of the year. If an employee writes an accepted essay about why they want to further their education, the company will pay for their education.

SURVEY INFORMATION

The facility had their full book survey in July with 6 low level health tags and 1 LSC tag and the POC has been cleared. The state was in the building in August to clear 4 SRIs that were all unsubstantiated, no citations.

REPORTABLE INCIDENTS

During **June/July/August 2025** the facility had 4 self-reports that have been cleared.

EDUCATION PROVIDED

- Reviewed QIPP year 9 - QIPP year 9 starts 9/1/2025 and data collection for QTR 1 began 7/1/2025. No change in the metrics being measured but the weighting for component 2 has changed. Slides from HHSC 9/10/25 webinar provided. The facility is currently meeting all 4 components.
- Final Rull 2026 updates - Administrator educated on highlights of final rule, including the change in how Star rating is to be calculated. Slides from Simple webinar provided.

CLINICAL TRENDING FOR JUNE/JULY/AUGUST 2025

Incidents/Falls:

Willowbrook had 59 falls without injury (27 repeat) and 0 falls with injury. The facility also reported 0 Fractures, 15 Skin Tears, 0 Lacerations, 0 Elopements, 2 Behaviors and 8 Bruises. PIP in place for falls.

Infection Control:

Willowbrook reports 92 total infections 55 UTI's; 7 Respiratory infections, 12 EENT infections, 13 Wound infections, 3 Blood infections, 2 GI infections, 0 Genital infections and 0 Other infections.

Weight loss:



Willowbrook reported Weight loss 5 residents with 5-10% and 7 residents with > 10% loss.

Pressure Ulcers:

Willowbrook had 11 residents with 13 pressure ulcer sites and 4 were acquired in house.

Restraints:

Willowbrook is a restraint free facility.

Staffing:

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

Total number employees: 121 _____ Turnover rate%: _78_____

CASPER REPORT

Indicator	Current %	State %	National %	Comments/PIPs
Percent of residents who used antianxiety or hypnotic medication (L)	3.7%	7.6%	7.4%	
Fall w/Major Injury (L)	3.2%	3.3%	3.4%	
UTI (L)	0.0%	1.0%	1.9%	
High risk with pressure ulcers (L)	3.4%	5.7%	6.7%	
Loss of Bowel/Bladder Control(L)	12.0%	16.3%	20.9%	
Catheter(L)	0.0%	0.7%	1.4%	
Physical restraint(L)	0.0%	0.0%	0.1%	
Residents whose ability to walk independently worsened (L)	4.2%	18.3%	19.5%	
Excessive Weight Loss(L)	3.9%	3.8%	6.1%	PIP in place
Depressive symptoms(L)	3.4%	2.9%	11.2%	
Antipsychotic medication (L)	14.3%	8.3%	14.6%	PIP in place

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

of GDR ATTEMPTS in the month: How many successful?
 # of Anti-anxiety (attempts_4_ successful_4_ failed_0_)
 # of Antidepressants (attempts_5_ successful_3_ failed_0_)
 # of Antipsychotic (attempts_7_ successful_5_ failed_2_)
 # of Sedatives (attempts_0_ successful_0_ failed_0_)

DIETICIAN Recommendation concerns/Follow Up? Comes weekly no concerns



SOCIAL SERVICES NUMBER/TYPE OF GRIEVANCES (RESOLVED OR NOT)- 8, all resolved_

TRAUMA INFORMED CARE IDENTIFIED: None_

ACTIVITIES PIP/CONCERNS: None

DIETARY PIP/CONCERNS: New company and residents report they are enjoying the new menu

ENVIRONMENTAL SERVICES PIP/CONCERNS: None

MAINTENANCE PIP/CONCERNS: None

MEDICAL RECORDS/ CENTRAL SUPPLY PIPS/CONCERNS: None

MDS PIPS/CONCERNS: None

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

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

Indicator	State Benchmark	Baseline Target	Results	Met (5% improvement) Y/N	Comments
Metric 1: (CMS N013.02) Percent of residents experiencing one or more falls with major injury	3.4%	3.4%	3.2%	Y	
Metric 2: (CMS N024.02) Percent of residents with a urinary tract infection	1.9%	1.9%	0.0%	Y	
Metric 3: (CMS N029.03) Percent of residents who lose too much weight	6.1%	6.1%	3.9%	Y	
Metric 4: (CMS N031.04) Percent of residents who received an antipsychotic medication	14.6%	14.6%	14.3%	Y	
Metric 5: (CMS N035.04) Percent of residents whose ability to walk independently worsened	19.5%	19.5%	4.2%	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 Met Y/N	Baseline Target	Performance Target of 1% improvement	Results	Met Y/N	Comments
Payroll Based Journal (PBJ) - Staffing Measure in Hours Per Resident Day (HPRD)						
Metric 1: Reported Certified Nursing Assistant (CNA) HPRD	Y	1.61	1.63	1.97	Y	
Metric 2: Reported Licensed Nursing HPRD	Y	1.30	1.31	119	Y	



Metric 3: Reported Total Nursing Staff HPRD	Y	2.91	2.94	3.16	Y	
In case of audit: Did NF maintain 4 additional hours (<i>non-managerial</i>) of RN staffing coverage per day, beyond the CMS mandate?						
<ul style="list-style-type: none"> Additional hours provided by direct care staff? 						
Did NF maintain 8 additional hours (<i>non-managerial</i>) of RN staffing coverage per day, beyond the CMS mandate?						
<ul style="list-style-type: none"> 8 additional hours non-concurrently scheduled? 						
<ul style="list-style-type: none"> Additional hours provided by direct care staff? 						
<ul style="list-style-type: none"> Telehealth used? 						
NFs provided in total 12 or 16 hours of RN coverage, respectively, on at least 90 percent of the days within the reporting period?						
<ul style="list-style-type: none"> Agency usage or need d/t critical staffing levels 						

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

Indicator	National Benchmark	Baseline Target	Results	Met (5% Improvement) Y/N	Comments
Metric 1: (CMS N030.03) Percent of residents who have depressive symptoms	11.2%	11.2%	3.4%	Y	
Metric 2: (CMS N036.03) Percent of residents who used antianxiety or hypnotic medication	7.4%	7.4%	3.7%	Y	
Metric 3: (CMS N046.01) Percent of residents with new or worsened bowel or bladder incontinence	20.9%	20.9%	12.0%	Y	

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

Indicator	State Benchmark	Baseline Target	Results	Met (5% Improvement) Y/N	Comments
Metric 1: (CMS N045.01) Percent of residents with pressure ulcers	5.7%	5.7%	3.4%	Y	



Metric 2: (CMS N026.03) Percent of residents who have/had a catheter inserted and left in their bladder	0.7%	0.7%	0.0%	Y	
--	------	------	------	---	--



Administrator: Dr. Kera Gored, LNFA
DON: Tara Murphy, RN

FACILITY INFORMATION

Rose Haven Retreat is a licensed 108- bed facility with an overall star rating of 3 and a rating of 5 stars in Quality Measures. The current census on the date of the call was 51 and 22 in the unit.

The Administrator was available and very helpful during the visit. The Administrator reports the facility is focusing on Antipsychotic use reduction, ADL loss, and trauma informed care training.

The overall general appearance of the entrance was very sparse, with an overgrown garden under the flagpole and the flag was starting to fray. The parking lot lines are still faded, including the fire lanes.

The building is older with old worn furniture throughout, but they did get new light wood colored vinyl flooring. The inside entrance/lounge of the facility was clean and tastefully decorated for fall. The facility is undergoing a facelift with a new roof, the walls being painted and some new furniture to come and they still have to touch up the doors.

Multiple fire extinguishers checked throughout facility and noted to have current inspections. The facility floors were clean and well maintained. There were no odors detected throughout the facility. Means of egress were clear for all hallways. The September calendar was posted and nicely decorated.

The resident rooms and bathrooms observed were clean with no odors or safety concerns identified and all resident equipment observed was clean and in working order. Shower room on hall 4 noted to be clean and organized, cabinet noted to be unlocked but there were no chemicals found. Central supply was clean and organized, but there were several boxes on the floor, again, due to all the painting and facelift activities.

The medication room was clean and organized and the medication kit certificate was current. Two medication carts were checked, and they were locked, and the water pitcher was dated/labeled. The O2 closet was being painted so all O2 canisters were stored in central supply (no signs posted).

The laundry room was very cramped but clean and organized. The lint trap logs had no entries for day of tour, and no items noted being stored directly on floor. The facility currently only has 1 washer and 1 dryer working with no plans on getting them fixed in the near future, but they can use their sister facility Golden Villa's machines when available.



The dining room was clean, but the menu was not posted for the day/month (poster board taken down during painting and not back up yet). The kitchen counters and equipment were all clean. Cooler & freezer temperature and chemical logs were behind for 2 days. The dry and emergency food storage areas were well organized with nothing stored above regulated height or out-of-date and no boxes directly on the floor. Items checked in the cooler were all dated/labeled.

The Administrator reports the facility had a cookout for 4th of July and they are planning on taking residents to Texarkana for senior day with Golden Villa. The facility is also planning to participate in the community health fair, and they will have a fall festival with a photo booth in October.

The Administrator reports the facility offers lunches every quarter and when staff go above and beyond, they get a ticket to turn in for prizes. The facility also provides regular cookouts for the staff, and they had a “stuff the bus” back to school drive for staff children. The facility started an employee emergency fund mostly by selling food items.

EDUCATION PROVIDED

- Reviewed QIPP year 9 - QIPP year 9 starts 9/1/2025 and data collection for QTR 1 began 7/1/2025. No change in the metrics being measured but the weighting for component 2 has changed. Slides from HHSC 9/10/25 webinar provided. The facility is currently meeting all 4 components but they do have a PIP in place for anti-psychotics.
- Final Rull 2026 updates - Administrator educated on highlights of final rule, including the change in how Star rating is to be calculated. Slides from Simple webinar provided.

SURVEY INFORMATION

Administrator reports the facility had their full book in May resulting in low level tags that were cleared by desk review and they have not been back since.

REPORTABLE INCIDENTS

The Administrator reports the facility has 4 pending SRIs.

Pharmacy: No concerns, comes monthly and medication destruction completed

Nursing/MDS: No concerns, PDPM training

Dietary/Kitchen: The day after the new roof was put on, half the ceiling in the pantry fell in. The roofing contractor will be returning soon to fix it. There were no injuries and all items on that side of the room were removed before the full cave in occurred (dinner was served on time).

Housekeeping/laundry: No concerns



Central supply/medical records: No Concerns

Maintenance: No Concerns

Activities: No concerns

CLINICAL TRENDING

Incidents/Falls:

Facility information not provided

Infection Control:

Facility information not provided

Weight loss:

Facility information not provided

Pressure Ulcers:

Facility information not provided

Restraints:

Facility information not provided

Staffing:

Facility is currently fully staffed.

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

FACILITY INFORMATION

Park Manor of Quail Valley is a 125 -bed facility with a current census of 106 with a skill mix of 20: 17 PP, 5 MCR, 59 MCD, 21 HMO, 4 Hospice. They have an overall star rating of 4 and a Quality Measures rating of 4.

The QIPP site visit was conducted over the phone with the Administrator and DON. The facility is currently COVID_19 free. Currently, the residents are at 6% vaccinated and staff are at 5% for COVID_19 and this information is reported to NSHN weekly.

The Administrator reports the facility had a July 4th and Labor Day celebration. The Administrator reports they had a back-to-school party for staff with resident involvement, and they are planning a fall celebration as well.

The Administrator reported the facility still has star of the month and MAD genius programs (poker chips worth \$ value to purchase merchandise). The facility continues to have snack attacks to pass out snacks to all staff as well as employee birthdays. The facility provides different food that the staff pay for, and it is going into their Christmas party fund (burgers this week).

EDUCATION PROVIDED

- Reviewed QIPP year 8 & 9- The QIPP year 8 ended 8/31/25 and year 9 started 9/1/25 with data collection for QTR 1 starting 7/1/25 and ending on 9/30/25. The Administrator believes the facility will meet at least 3 of the 4 components in QTR 1, they do have PIPs in place for the metrics not being met in component 1 and they are working on measures to meet all metrics in component 2. There is also a PIP for pressure ulcers for component 4.
- 5 Star Updates Final Rule 2026 -

- **Health Inspection – Updated**
 - Shifting from three standard health inspection surveys to two most recent standard health inspection surveys
 - **36-month review** of complaint investigations and focused infection control surveys
 - **Number of revisits** to ensure deficiencies are corrected
- **Staffing**
 - Based on 6 measures
 - 3 are **staffing level measures** and 3 are **staffing turnover measures**
- **Quality Measures**
 - 15 quality measures
 - 9 **Long-stay quality measures** and 6 **short-stay quality measures**
- **Annual Unannounced Visits**
 - A team of health care professionals spend several days in the nursing home to make compliance determinations
 - Review Facility Policies and Practice
 - **Resident Rights**
 - **Quality of Life**
 - **Medication Management**
 - **Skin Care**
 - **Resident Assessment**
 - **Nursing Home Administration**
 - **Environment**
 - **Kitchen/Food Service**
 - Points assigned based on scope and severity
 - Citations that are under dispute are displayed but not calculated in the scoring
- **Abuse Icon**
 - Nursing homes who have been cited for Abuse
 - **Capped at a 2-star rating for Health Inspection**
- **Staffing and Turnover**
 - Studies demonstrate poor staffing ratios and high turnover result in lower quality of care
 - Source of Staffing Hours is the **Payroll-Based Journal (PBJ)** system
 - Only data submitted and accepted by the deadline are used in the rating system
 - Resident data is based on daily resident census measure that is calculated by CMS using **Minimum Data Set (MDS)** assessments.
 - Case-mix adjusted hours are included per resident day
- **Quality Measures**
 - Differ based on **Long-term stay** vs **Short-term stay**
 - Combination of **Minimum Data Set (MDS)** and **Medicare Claims data**
 - Summation of various weighted quality measure scores
 - **Quality Measure Value** multiplied by the number of eligible residents for the measure
- **Star Ratings based on Scoring**
 - Higher the score on Quality Measures the higher the star rating



SURVEY INFORMATION

The facility had their full book in June resulting in 10 health tags including an IJ that they came back in August to clear and 2 LSC tags.

REPORTABLE INCIDENTS

June/July/August 2025 -Park Manor of Quail Valley had 0 complaints and 0 self-reports.

CLINICAL TRENDING – June/July/August 2025_

Incidents/Falls:

Park Manor of Quail Valley had 63 total falls and 3 falls with injury, and 8 repeat falls. They reported 9 skin tears, 1 fracture, 0 bruises and 0 lacerations. The facility does have a PIP in place for falls.

Infection Control:

Facility reports 105 total infections – 38 UTI’s; 20 Respiratory infections, 7 wound infections, 3 Blood infections, 0 EENT infections, 0 GI infections, 1 Genital infection and 36 Other infections (no details). The facility does have a PIP in place for UTIs.

Weight loss:

Weight loss information includes 5 residents with 5-10% loss and 6 with > 10% loss. The facility has a PIP in place for weight loss.

Pressure Ulcers:

The facility reports 21 residents with 35 pressure ulcer sites – 2 acquired in house. The facility has a wound care physician who rounds weekly and there is a PIP in place.

Restraints:

The facility had 0 residents with restraints.

Staffing:

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

Total number employees: 103 **Turnover rate%:** 15.7 quarterly

CASPER REPORT

Indicator	Current %	State %	National %	Comments/PIPs
-----------	-----------	---------	------------	---------------

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

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

of GDR ATTEMPTS in the month: How many successful?
 # of Anti-anxiety (attempts_0_ successful_ failed_)
 # of Antidepressants (attempts_0_ successful_ failed_)
 # of Antipsychotic (attempts_2_ successful_2_ failed_0_)
 # of Sedatives (attempts_0_ successful_ failed_)

DIETICIAN Recommendation concerns/Follow Up? Some assessments late, working to ensure corrected

SOCIAL SERVICES: NUMBER/TYPE OF GRIEVANCES (RESOLVED OR NOT) - None

TRAUMA INFORMED CARE IDENTIFIED: None identified

ACTIVITIES PIP/CONCERNS: No issues identified

DIETARY PIP/CONCERNS: None

ENVIRONMENTAL SERVICES PIP/CONCERNS: None

MAINTENANCE PIP/CONCERNS: New flooring installation in process, working on rooms

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	Baselin	Result	Met (5%	Comment
-----------	-------	---------	--------	---------	---------

	Benchmark	Target	Actual	Improvement) Y/N	Notes
Metric 1: (CMS N013.02) Percent of residents experiencing one or more falls with major injury	3.08%	2.85%	2.66%	Y	
Metric 2: (CMS N024.02) Percent of residents with a urinary tract infection	0.97%	1.22%	2.74%	N	PIP
Metric 3: (CMS N029.03) Percent of residents who lose too much weight	4.5%	5.78%	5.63%	N/Y	PIP
Metric 4: (CMS N031.04) Percent of residents who received an antipsychotic medication	8.13%	12.50%	.70%	Y	
Metric 5: (CMS N035.04) Percent of residents whose ability to walk independently worsened	6.78%	13.31%	2.09%	Y	

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

Indicator	National Benchmark Met Y/N	Baseline Target	Performance Target of 1% improvement	Results	Met Y/N	Comments
Payroll Based Journal (PBJ) - Staffing Measure in Hours Per Resident Day (HPRD)						
Metric 1: Reported Certified Nursing Assistant (CNA) HPRD	2.24%	1.89%	1.85%	1.96%	Y	
Metric 2: Reported Licensed Nursing HPRD	1.54%	1.46%	1.43%	1.36%	N	
Metric 3: Reported Total Nursing Staff HPRD	3.78%	3.35%	3.28%	3.32%	N	PIP in place
In case of audit: Did NF maintain 4 additional hours (<i>non-managerial</i>) of RN staffing coverage per day, beyond the CMS mandate?					Y	
• Additional hours provided by direct care staff?						N
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?					N	
• 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	
<ul style="list-style-type: none"> Agency usage or need d/t critical staffing levels 					N	

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

Indicator	National Benchmark	Baseline Target	Results	Met (5% Improvement) Y/N	Comments
Metric 1: (CMS N030.03) Percent of residents who have depressive symptoms	2.95%	16.54%	0%	Y	
Metric 2: (CMS N036.03) Percent of residents who used antianxiety or hypnotic medication	6.93%	5.84%	0.37%	Y	
Metric 3: (CMS N046.01) Percent of residents with new or worsened bowel or bladder incontinence	16.72%	19.27%	1.54%	Y	

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

Indicator	State Benchmark	Baseline Target	Results	Met (5% Improvement) Y/N	Comments
Metric 1: (CMS N045.01) Percent of residents with pressure ulcers	4.56%	5.29%	5.53%	N	PIP in place
Metric 2: (CMS N026.03) Percent of residents who have/had a catheter inserted and left in their bladder	0.54%	0.87%	.30%	Y	



Administrator: Vincent Mitchell
DON: Adebukola Adelekan, RN

FACILITY INFORMATION

Park Manor Cypress Station is a 125-bed facility with a current census of 105: 5 PP; 1 MC; 69 MCD; 16 HMO; 10 Hospice. They have an overall star rating of 2 and a Quality Measure rating of 5.

The QIPP site visit was conducted over the phone with the Administrator, DON, Social Worker and Activities Director. The DON reports the facility is currently COVID_19 free.

The DON reports the facility had a July 4th and back to school event for residents. Planning an Fall Fest for this month and a Halloween party for October 31.

The DON reports the facility continues with a star of the month and weekly drawing for prizes. The facility also provides food at least monthly.

EDUCATION PROVIDED

Reviewed QIPP year 8 & 9 – Year 9 started 9/1/25 and the data collection for QTR 1 started 7/1/25 and will end 9/30/25. The DON reports the facility is meeting 2 of the 4 components with a PIP in place for bowel and bladder incontinence as well as opening new positions to help cover the increased census and achieve improvement in their workforce development goals.

Star 5 Updates Final Rule 2026 -

- Health Inspection – Updated
 - Shifting from three standard health inspection surveys to two most recent standard health inspection surveys
 - 36-month review of complaint investigations and focused infection control surveys
 - Number of revisits to ensure deficiencies are corrected
- Staffing
 - Based on 6 measures
 - 3 are staffing level measures and 3 are staffing turnover measures
- Quality Measures
 - 15 quality measures
 - 9 Long-stay quality measures and 6 short-stay quality measures





- Annual Unannounced Visits

- A team of health care professionals spend several days in the nursing home to make compliance determinations

- Review Facility Policies and Practices

- Resident Rights
- Quality of Life
- Medication Management
- Skin Care
- Resident Assessment
- Nursing Home Administration
- Environment
- Kitchen/Food Service

- Points assigned based on scope and severity

- Citations that are under dispute are displayed but not calculated in the scoring

- Abuse Icon

- Nursing homes who have been cited for Abuse

- Capped at a 2-star rating for Health Inspection

- Staffing and Turnover

- Studies demonstrate poor staffing ratios and high turnover result in lower quality of care

- Source of Staffing Hours is the **Payroll-Based Journal (PBJ)** system

- Only data submitted and accepted by the deadline are used in the rating system

- Resident data is based on daily resident census measure that is calculated by CMS using **Minimum Data Set (MDS)** assessments

- Case-mix adjusted hours are included per resident day

- Quality Measures

- Differ based on **Long-term stay** vs **Short-term stay**

- Combination of **Minimum Data Set (MDS)** and **Medicare Claims data**

- Summation of various weighted quality measure scores

- **Quality Measure Value** multiplied by the number of eligible residents for the measure

- Star Ratings based on Scoring

- Higher the score on Quality Measures the higher the star rating

SURVEY INFORMATION

The facility had their full book survey in June and no state visits since then.

REPORTABLE INCIDENTS

The facility had 2 self-reports still pending and no complaints for **June/July/August 2025**.

CLINICAL TRENDING FOR JUNE/JULY/AUGUST 2025

Incidents/Falls:

Park Manor Cypress Station reported 38 falls without injury (5 repeat) and 2 falls with injury, 9 skin tears, 1 Fracture, 3 Behaviors, 0 Bruises, 1 Laceration and 0 Elopements.



Infection Control:

Administrator reported 69 total infections: 26 UTIs, 3 respiratory infections, 15 wound infections (admitted with), 11 EENT infections, 2 Blood infections, 1 GI infection and 11 other infections.

Weight Loss:

Park Manor Cypress Station reported 14 residents with 5-10% weight loss and 0 with weight loss >10%.

Pressure Ulcers:

Park Manor Cypress Station reports 17 residents with a total of 34 pressure ulcers and 3 in house acquired. The facility does have a PIP in place for this metric. One resident was admitted with 12.

Restraints:

Park Manor of Cypress Station is a restraint free facility.

Staffing:

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

Total number employees: 126 Turnover rate%: 6

CASPER REPORT

Indicator	Current %	State %	National %	Comments/PIPs
Percent of residents who used antianxiety or hypnotic medication (L)	13.7	18.5	19.6	
Fall w/Major Injury (L)	4.9%	3.4%	3.4%	PIP in place
UTI (L)	0%	0.9%	1.8%	
High risk with pressure ulcers (L)	3.7%	5.3%	6.3%	
Loss of Bowel/Bladder Control(L)	1.4%	15%	20.2%	
Catheter(L)	0%	0.6%	1.3%	
Physical restraint(L)	0%	0%	0.1%	
Residents whose ability to walk independently worsened (L)	0%	16.1%	17.5%	
Excessive Weight Loss(L)	0%	3.6%	5.9%	
Depressive symptoms(L)	0%	2.8%	11.6%	



Antipsychotic medication (L)	12.9%	8.3%	14.4%	Continuing to meet with the Pharmacist for GDR's
------------------------------	-------	------	-------	--

PHARMACY Consultant reports/visit/ med destruction? Yes, monthly destruction and visits and medication administration was one of the potential survey tags

of GDR ATTEMPTS in the month: 11 How many successful? 9

of Anti-anxiety (attempts__successful 9__failed__2__)

of Antidepressants (attempts__15__successful 15__failed_0__)

of Antipsychotic (attempts__4__successful_4__failed_0__)

of Sedatives (attempts__7__successful__7__failed__0__)

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

SOCIAL SERVICES NUMBER/TYPE OF GRIEVANCES (RESOLVED OR NOT)- 19 Grievances, all resolved.

TRAUMA INFORMED CARE IDENTIFIED: 0

ACTIVITIES PIP/CONCERNS: Outside events, 4th of July event, back to school with staff and their kids

DIETARY PIP/CONCERNS: New Menu's implemented, New Dietary Manager

ENVIRONMENTAL SERVICES PIP/CONCERNS: Deep cleaning schedule and changing hours on the weekend to allow someone to be at the facility after 3pm for housekeeping. Laundry tech takes over after.

MAINTENANCE PIP/CONCERNS: None

MEDICAL RECORDS/ CENTRAL SUPPLY PIPS/CONCERNS: None

MDS PIPS/CONCERNS: None

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

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

Indicator	State Benchmark	Baseline Target	Results	Met (5% improvement) Y/N	Comments
Metric 1: (CMS N013.02) Percent of residents experiencing one or more falls with major injury	3.43%	3.41%	5.06%	N	
Metric 2: (CMS N024.02) Percent of residents with a urinary tract infection	1.17%	0%	0%	Y	
Metric 3: (CMS N029.03) Percent of residents who lose too much weight	2.40%	0.32%	0%	Y	
Metric 4: (CMS N031.04) Percent of residents who received an antipsychotic	9.14%	8.03%	10.77%	N	We still have many residents



medication						from a psych facility
Metric 5: (CMS N035.04) Percent of residents whose ability to walk independently worsened	4.21%	1.77%	0%	Y		

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

Indicator	National Benchmark	Baseline Target	Performance Target of 1% improvement	Results	Met Y/N	Comments
Payroll Based Journal (PBJ) - Staffing Measure in Hours Per Resident Day (HPRD)	Met Y/N					
Metric 1: Reported Certified Nursing Assistant (CNA) HPRD	N	1.87		1.69	N	Increased census and open positions
Metric 2: Reported Licensed Nursing HPRD	N	1.09		1.05	N	
Metric 3: Reported Total Nursing Staff HPRD	N	2.92		2.74	N	Increased census, but hired more staff to cover
In case of audit: Did NF maintain 4 additional hours (<i>non-managerial</i>) of RN staffing coverage per day, beyond the CMS mandate?					Y	
<ul style="list-style-type: none"> Additional hours provided by direct care staff? 						
Did NF maintain 8 additional hours (<i>non-managerial</i>) of RN staffing coverage per day, beyond the CMS mandate?					Y	
<ul style="list-style-type: none"> 8 additional hours non-concurrently scheduled? 					Y	
<ul style="list-style-type: none"> Additional hours provided by direct care staff? 					Y	
<ul style="list-style-type: none"> Telehealth used? 					Y	
NFs provided in total 12 or 16 hours of RN coverage, respectively, on at least 90 percent of the days within the reporting period?					Y	



<ul style="list-style-type: none"> Agency usage or need d/t critical staffing levels 						N	
---	--	--	--	--	--	---	--

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

Indicator	National Benchmark	Baseline Target	Results	Met (5% Improvement) Y/N	Comments
Metric 1: (CMS N030.03) Percent of residents who have depressive symptoms	7.33%	5.33%	0%	Y	
Metric 2: (CMS N036.03) Percent of residents who used antianxiety or hypnotic medication	19.55%	22.62%	13.89%	Y	
Metric 3: (CMS N046.01) Percent of residents with new or worsened bowel or bladder incontinence	2%	0%	1.37%	N	Review for PIP

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

Indicator	State Benchmark	Baseline Target	Results	Met (5% Improvement) Y/N	Comments
Metric 1: (CMS N045.01) Percent of residents with pressure ulcers	4.59	3.95	3.8	Y	
Metric 2: (CMS N026.03) Percent of residents who have/had a catheter inserted and left in their bladder	1.01	.96	0	Y	