

# **EXHIBIT “A”**

**Exhibit "B"**

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

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

Date: 01/21/2026

Organization/Individual Requesting Grant Funds: Chambers County Public Hospital District No. 1

Organization/Individual Address: 200 Hospital Dr,  
Anahuac, TX 77514

Contact Person: Elissa Lofgren

Title: Health Center Executive Director

Phone Number: 409-287-4126 Fax Number: \_\_\_\_\_

E-Mail Address: elofgren@chambershealth.org

Name of Project, Program or Event: Chambers Cares - Home Delivered Meals

Date of Program or Event: 10/01/2025 - 09/30/2026

Is your organization (check one):

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

Dollar Amount or In-kind Services Requested: \$50,000.00

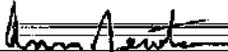
Please provide a comprehensive description of how the District's resources will be used (Please complete below, or you may also attach support material): Supporting Memo Attached

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

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

Please provide a brief description of the request provided how the request will help the District will assist the District in achieving its stated purposes. (Please complete below, or you may also attach support material): The request will help sustain services for the homebound seniors and prevent disruption in critical meal distribution and safety checks while working on long-term sustainability strategies and diversified funding opportunities.

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

Signature 

Name Ann Newton

Title CEO

# Memorandum

**To:** Winnie Stowell Hospital District  
**From:** Elissa Lofgren, Executive Director, Chambers Community Health Centers, Inc.  
**Date:** January 21, 2026  
**Subject:** Chambers Cares – Home Delivered Meals Program for Chambers County Seniors Funding Request

## Purpose

This memo provides an overview of the Chambers Cares program and outlines a critical funding challenge facing our Home Delivered Meals program for Fiscal Year 2026. Due to a 63% reduction in grant funding from the Houston-Galveston Area Council (HGAC), combined with significant program growth, we are seeking County support to continue serving our vulnerable senior population.

**Without additional funding, we will be forced to reduce services or discontinue the program entirely, leaving 142 homebound seniors currently enrolled in the program, without essential meals and wellness checks.**

## What is Chambers Cares?

Chambers Cares started in Spring 2023, and is a program operated by Chambers Community Health Center, a federally qualified health center (FQHC) which is part of Chambers County Public Hospital District No. 1. The Chambers Cares program has a team of four staff members: one Program Manager and three Community Health Workers (CHWs).

## Helping Seniors in Chambers County

Chambers Cares serves Chambers County residents who are 60 years old and older by providing meal programs, social connection opportunities, and assistance with various non-medical drivers of health.

## Meal Programs

Chambers Cares partnered with the Houston-Galveston Area Agency on Aging (HGAC) in Spring 2023 to provide meals for seniors. The program offers two types of meal services:

1. Congregate Meals - The congregate meals program brings Chambers County seniors together to eat meals and spend time with other people, which helps them feel less lonely. To qualify for congregate meals, individuals must be age 60 or older. When seniors attend congregate meals, they can also:
  - Meet with benefit counselors who help them understand Medicare and sign up for benefits
  - Attend presentations about important topics like elder abuse, Medicare enrollment, identity theft, legal planning, power of attorney, safety, applicable health subjects etc.

- Home Delivered Meals - The home delivered meals program serves Chambers County seniors who can't leave their homes. To qualify for home-delivered meals, individuals must be age 60 or older and meet additional requirements based on Consumer Needs Evaluation (CNE), for example: frail, homebound due to illness, incapacitating disability, or unable to attend a congregate meal site due to physical, emotional, or behavioral conditions.

Five meals are delivered once a week to eligible seniors. Additionally, as home delivered meal program participants are home bound, CHWs stay in touch with them three times every week:

- Two phone calls are made by the CHW, each week
- One in-person visit is made each week, during meal delivery
- If a senior doesn't answer the phone, a CHW goes to their home to make sure they're okay

During these check-ins, CHWs have friendly conversations and ask about what the senior needs. If they need help with something, the CHW helps them get connected to the right resources.

### Finding Help for Other Non-Medical Drivers of Health

Chambers Cares collaborates with local, state, and federal organizations to connect individuals with resources for their everyday needs. Individuals struggling with food insecurity can get connected to food resources, such as food pantries, or enrollment into Supplemental Nutrition Assistance Program (SNAP), if eligible. CHWs can also help individuals enroll in other programs they may qualify for, such as Medicaid and Medicare Savings Programs. The program links individuals to utility bill assistance when they're having trouble paying their electric or water bills. Additionally, Chambers Cares connects individuals to clothing resources and Chambers County's transportation services to help them get around town. The program also helps people find assistance with home repairs and personal safety concerns.

### Program Impact

Since Chambers Cares began, the meal program has experienced significant growth, reflecting the substantial need for these services among Chambers County seniors. By addressing non-medical drivers of health and connecting vulnerable older adults with essential resources, Chambers Cares is making a meaningful difference in the lives of Chambers County's senior population. The program continues to strengthen community partnerships and expand access to vital services that help seniors remain healthy, safe, and independent in their homes.

### Meal Program Funding Problem for FY 2026

Houston-Galveston Area Council (HGAC) has funded CCPHD1 meal program since July 2023. For Fiscal Year 2026 (October 1, 2025 - September 30, 2026), HGAC awarded us significantly less funding than last year:

Program	FY 2025 Funding	FY 2026 Funding	Difference
Home Delivered Meals	\$70,260	\$26,199	-63%
Congregate Meals	\$55,047	\$37,148	-33%
<b>Total</b>	<b>\$125,307</b>	<b>\$63,347</b>	<b>-49%</b>

This is an overall 49% cut in total funding. Funding cuts for Home Delivered Meals is significant, at 63%.

## The Program is Growing

Our Home Delivered Meals program has grown significantly since CCPHD1 began operating the program in April 2023:

- April 2023: 41 consumers
- October 2023: 97 consumers
- October 2024: 122 consumers
- October 2025: 142 consumers (today)

We now serve 244% more people than when we started

*\* See attached: Chambers County Home Delivered Meals: Consumer Enrollment by Region*

## What Happened in FY 2025

Last year, we kept all home delivered meal consumers fed even though grant funding didn't cover the full cost:

- HGAC Grant funding received: \$70,260
- What meals actually cost: \$130,475
- CCPHD1 paid: \$60,215

This doesn't include other costs we absorbed like staff time, building expenses, freezers, delivery mileage, and grant paperwork.

*\* See attached: Home Delivered Meals Program Funding Analysis - Chambers County (FY 2025)*

## The Problem for FY 2026

Based on our current 142 consumers, to cover the expense of the home delivered meals only, not taking into consideration additional program expenses:

- $142 \text{ consumers} \times 5 \text{ meals per week} \times 52 \text{ weeks} \times \$4.55 \text{ per meal} = \$167,986 \text{ per year}$
- HGAC Home Delivered Meals Funding: \$26,199
- **Additional Funding Need: \$141,787**

When will grant money run out?

- HGAC funds were exhausted on December 13, 2025
- That's only 8 weeks into the fiscal year

If the program continues growing: Based on regional trends, we anticipate a 15-35% increase in consumers across all three regions of Chambers County. With this growth, annual costs would rise to \$203,713, creating a \$177,514 shortfall.

*\* See attached: Home Delivered Meals Cost Projections - Chambers County (FY 2026)*

**Next Steps:**

Due to our budget allocation from HGAC, we must address the immediate impact on current service levels and participants, explore alternative funding opportunities, make program modification decisions, and create a sustainability plan for future.

**Request:**

To sustain services for homebound seniors and prevent disruption in meals and safety checks, Chambers County Public Hospital District No. 1 respectfully requests an allocation of \$50,000 annually to support the Home Delivered Meals Program.

This investment will allow the district to continue providing critical meal delivery and senior safety checks while working on long-term sustainability strategies and diversified funding opportunities.

With WSHD support, Chambers Cares will:

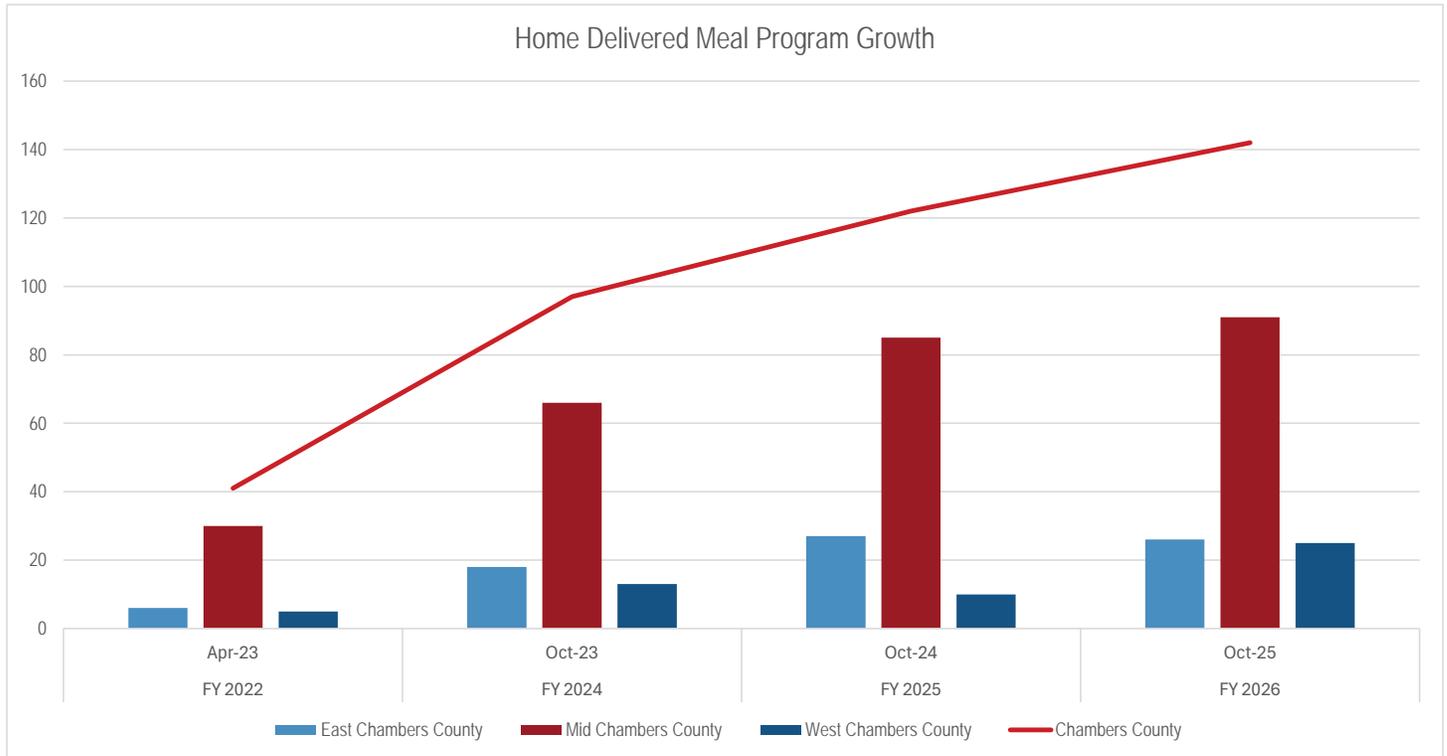
- Maintain uninterrupted meal delivery for current participants
- Stabilize program operations despite grant reductions
- Continue developing alternative funding streams and community partnerships
- Ensure vulnerable seniors can safely age in place with adequate nutrition and support

**Attachments:**

- Chambers County Home Delivered Meals: Consumer Enrollment by Region
- Home Delivered Meals Program Funding Analysis - Chambers County (FY 2025)
- Home Delivered Meals Cost Projections - Chambers County (FY 2026)

## Chambers County Home Delivered Meals: Consumer Enrollment by Region

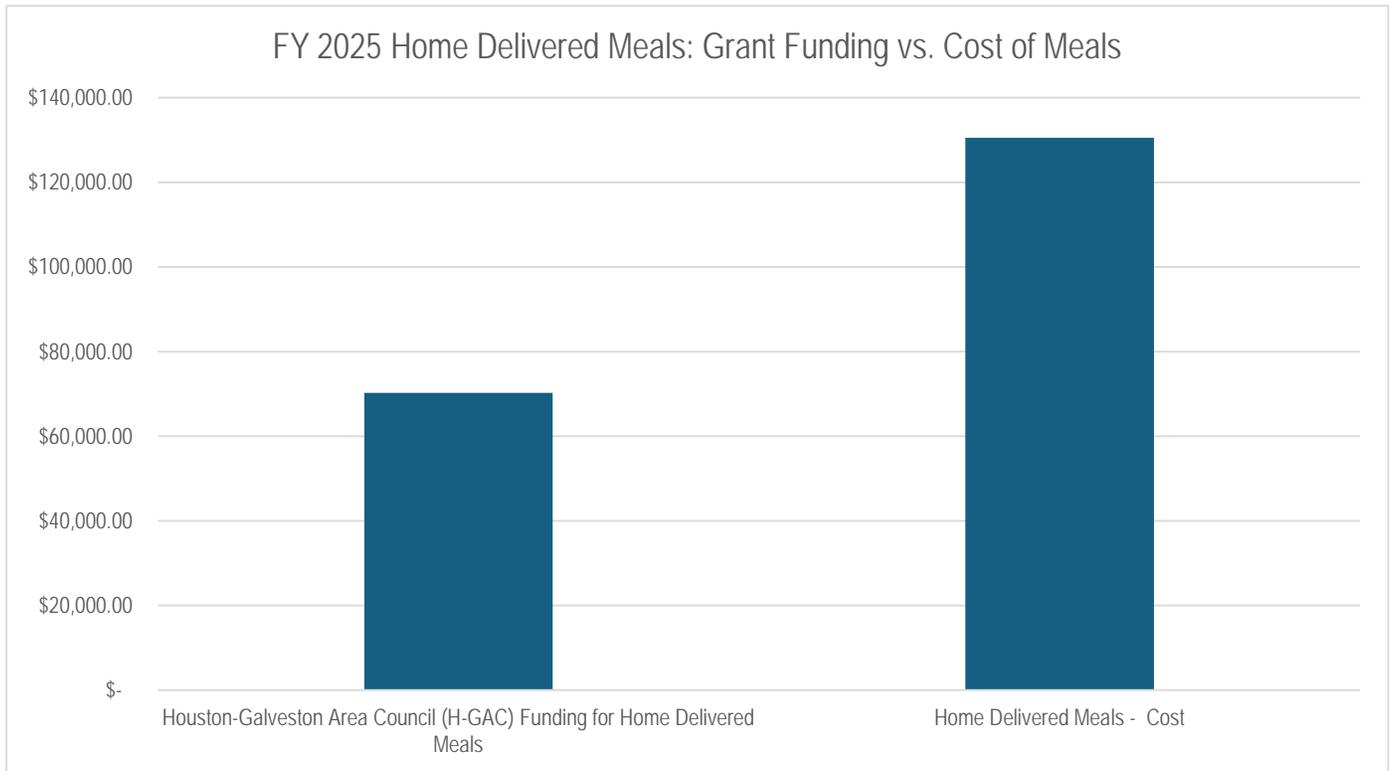
Fiscal Year	Month/Year	East Chambers County	Mid Chambers County	West Chambers County	Chambers County
FY 2022	Apr-23	6	30	5	41
FY 2024	Oct-23	18	66	13	97
FY 2025	Oct-24	27	85	10	122
FY 2026	Oct-25	26	91	25	142



## Home Delivered Meals Program Funding Analysis - Chambers County (FY 2025)

Category	Amount
<i>Funding Sources:</i>	
Houston-Galveston Area Council (H-GAC) Funding for Home Delivered Meals	\$ 70,260.00
 <i>Expenditures:</i>	
Home Delivered Meals - Cost	\$ 130,475.00

*Cost represents invoiced meal expenses only. Operational costs are not included in this amount, e.g., Personnel (staff time, volunteer coordination, grant administration), Facilities (building, utilities, freezer equipment/maintenance), and Transportation (delivery mileage)*



**Home Delivered Meals Cost Projections - Chambers County (FY 2026)**

Consumer - Home Location	Current # of Enrolled Consumers	# of Meals Needed Per Consumer (5 meals per week x 52 weeks)	FY2026 Total Annual Meals Needed	Meal Cost per Meal	Total Annual Meal Cost per Consumer	FY26 Total Annual Meal Cost for (Total) Current Enrolled Consumers	Projected % Increase	FY2026 Projected # of Enrolled Consumers	FY2026 Projected Annual Meals Needed	FY26 Total Annual Meal Cost for Projected Consumers
Anahuac	44	260	11,440	\$ 4.55	\$ 1,183.00	\$ 52,052.00	15%	51	13,156	\$ 59,859.80
Hankamer	27	260	7,020	\$ 4.55	\$ 1,183.00	\$ 31,941.00	15%	31	8,073	\$ 36,732.15
Wallisville	10	260	2,600	\$ 4.55	\$ 1,183.00	\$ 11,830.00	15%	12	2,990	\$ 13,604.50
Double Bayou, Smith Point & Oak Island	10	260	2,600	\$ 4.55	\$ 1,183.00	\$ 11,830.00	15%	12	2,990	\$ 13,604.50
Winnie	26	260	6,760	\$ 4.55	\$ 1,183.00	\$ 30,758.00	30%	34	8,788	\$ 39,985.40
Mont Belvieu	25	260	6,500	\$ 4.55	\$ 1,183.00	\$ 29,575.00	35%	34	8,775	\$ 39,926.25
<b>Chambers County</b>	<b>142</b>	<b>260</b>	<b>36,920</b>	<b>\$ 4.55</b>	<b>\$ 1,183.00</b>	<b>\$ 167,986.00</b>		<b>172</b>	<b>44,772</b>	<b>\$ 203,712.60</b>

Home Delivered Meals Funding	
FY2024 Awarded Funding Amount	\$ 71,340
FY2025 Awarded Funding Amount	\$ 70,260
FY2026 Proposed Funding Amount	\$ 26,199

# **Exhibit “B-1”**

**WSHD Treasurer's Report**

Reporting Date: <b>Tuesday, January 20, 2026</b>					
Pending Expenses		For	Amount	Funds Summary	Totals
Bayside Dental	SP Program		\$1,320.00	Prosperity Operating (Unrestricted)	\$875,282.46
Brookshire Brothers	Indigent Care		\$2,520.16	First Financial DACA (Unrestricted)	\$1,361,883.48
CABA Therapy Services dba Physio	SP Program		\$183.69	First Financial DACA (Restricted)	\$685,799.79
Coastal Gateway Health Center	Indigent Care		\$1,599.05	First Financial Money Market	\$23,946,311.62
Dr. June Stansky	SP Program		\$60.00	TexStar (Restricted)	\$7,189,937.94
Kalos Counseling	Youth Counseling		\$255.00	FFB CD Balance	\$0.00
Thompson Outpatient Clinic, LLC	Indigent Care		\$273.39	Total District Funds	<b>\$34,059,215.29</b>
UTMB at Galveston	Indigent Care		\$21,146.11	Less First Financial (Restricted)	(\$685,799.79)
UTMB Faculty Group Practice	Indigent Care		\$3,881.39	Less TexStar Restricted Amount	(\$500,000.00)
Wilcox Pharmacy	Indigent Care /Charity Care		\$1,367.42	Less LOC Outstanding	\$0.00
\$25 Optical	SP Program		\$150.00	Less First Financial Money Market	\$0.00
Benckenstein & Oxford	Invoice No 51637		\$25,409.00	Less Committed Funds (See Total Commitment)	(\$1,601,763.25)
Graciela Chavez	Invoice 965993		\$160.00	Cash Position (Less First Financial Restricted)	<b>\$31,271,652.25</b>
US Department of Education	Acct# 177877782 - Benjamin Odom		\$1,801.60	Pending Expenses	(\$87,319.12)
3Branch & More	Inv # 46034		\$8,831.67	Ending Balance (Cash Position-Pending Expenses)	\$31,184,333.13
Function4	INV1261746		\$135.00	*Total Funds (Ending Balance+LOC Outstanding+QIPP Funds Outstanding+Outstanding Chow Loans)	<b>\$32,096,823.41</b>
Technology Solutions	Inv # 2007		\$158.15	<b>Prior Month</b>	
Indigent Healthcare Solutions	Indigent Care Inv # 81199		\$2,023.00	Prosperity Operating (Unrestricted)	\$116,395.33
Vidal Accounting Services	Invoice 00124		\$8,925.00	First Financial (Unrestricted)	\$71,641.68
Hubert Oxford	Retainer		\$1,000.00	First Financial (Restricted)	\$249,850.58
The Seabreeze Beacon	Inv# 8798		\$380.00	First Financial Money Market	\$6,928,158.81
Curtis Scott Johnson	Inv # WSHD202511 (1800.00)& WSHI		\$3,300.00	TexStar (Restricted)	\$7,166,658.38
Barrier Reef Emergency Physicians	Indigent Care		\$97.49	FFB CD Balance	\$0.00
The Hometown Press	Inv # 4729 (72.00) & 4757 (375.00)		\$447.00	Total District Funds	<b>\$14,532,704.78</b>
The Organization of Rural & Community Hospitals	Inv# 2239765		\$1,895.00	Less First Financial (Restricted)	(\$249,850.58)
<b>Total Expenses</b>			<b>\$87,319.12</b>	Less TexStar Reserve Account	(\$500,000.00)
				Less LOC Outstanding	\$0.00
				Less First Financial Money Market (Restricted)	\$0.00
				Less Committed Funds (See Total Commitment)	(\$34,668.56)
				Cash Position (Less First Financial Restricted)	<b>\$13,748,185.64</b>
				Pending Expenses	(\$274,993.77)
				Ending Balance (Cash Position-Pending Expenses)	<b>\$13,473,191.87</b>
				Total Funds (Ending Balance+LOC Outstanding+QIPP Funds Outstanding+Committed Funds)	<b>\$33,084,339.47</b>
<b>First Financial Bank Reconciliations</b>					
<b>FFB Balance</b>			<b>\$2,047,683.27</b>		
	<b>Restricted Funds</b>	<b>Total Scheduled Payment</b>	<b>Balance Received</b>	<b>Balance Due</b>	<b>Due to District</b>
<b>QIPP Yr. 8 Q4</b>					
Yr. 8, Q4 - Ennis Facilities	\$479,379.33	\$945,176.12	\$821,053.56	\$124,122.56	\$37,236.77
<b>Total restricted Yr 8 Q4 funds</b>	<b>\$479,379.33</b>	<b>\$945,176.12</b>	<b>\$821,053.56</b>	<b>\$124,122.56</b>	<b>\$37,236.77</b>
<b>Non-QIPP Funds</b>	<b>\$206,420.46</b>				
<b>Restricted</b>	<b>\$479,379.33</b>				
<b>Unrestricted</b>	<b>\$1,361,883.48</b>				
<b>Total Funds</b>	<b>\$2,047,683.27</b>				
<b>Committed Funds</b>					
<b>Commitment</b>	<b>Total Initial Commitment</b>	<b>YTD Paid by District</b>	<b>Committed Balance</b>		
1. FQHC Grant Funding - 2026	\$1,549,185.00	\$316,987.25	\$1,232,197.75		
2. East Chambers ISD	\$278,165.04	\$23,180.34	\$254,984.70		
3. WSVEMS Grant	\$152,774.40	\$38,193.60	\$114,580.80		
<b>Total Commitments</b>	<b>\$1,980,124.44</b>	<b>\$378,361.19</b>	<b>\$1,601,763.25</b>		

Hospital - DY 8/IRS Repayment			
	Amount Advanced by District	IC Repayment	Balance Owed by RMC
January 31, 2025	\$0.00	\$33,594.56	\$401,683.07
February 28, 2025	\$0.00	\$41,471.50	\$360,211.57
March 31, 2025	\$0.00	\$44,205.50	\$316,006.07
April 30, 2025	\$0.00	\$48,113.96	\$267,892.11
May 31, 2025	\$0.00	\$37,682.65	\$230,209.46
June 30, 2025	\$0.00	\$42,442.19	\$187,767.27
July 31, 2025	\$0.00	\$46,220.99	\$141,546.28
August 31, 2025	\$0.00	\$54,845.06	\$86,701.22
September 30, 2025	\$0.00	\$35,138.19	\$51,563.03
October 2, 2025	\$490,432.95	\$0.00	\$541,995.98
October 31, 2025	\$0.00	\$33,392.75	\$508,603.23
November 30, 2025	\$0.00	\$22,620.63	\$485,982.60
December 31, 2025	\$0.00	\$14,017.19	\$471,965.41
	<b>\$2,116,856.95</b>	<b>\$1,644,891.54</b>	<b>\$471,965.41</b>

CHOW Interim Working Capital Loan					
	Initial Advance Allowed	Total Amount Advanced	Advance Remaining	Amount Paid Back to Date	Amount Due to District
<b>Golden Triangle (10 Months - December 31, 2025)</b>					
RS Golden Triangle - Oak Grove	\$1,360,000.00	\$1,194,133.90	\$165,866.10	\$816,845.80	\$377,288.10
Balance Owed by Oak Grove	<b>\$1,360,000.00</b>	<b>\$1,194,133.90</b>	<b>\$165,866.10</b>	<b>\$816,845.80</b>	<b>\$377,288.10</b>
<b>Total CHOW Loan Outstanding</b>	<b>\$1,360,000.00</b>	<b>\$1,194,133.90</b>	<b>\$165,866.10</b>	<b>\$816,845.80</b>	<b>\$377,288.10</b>

First Financial Bank-11 Month Outstanding Short Term Revenue Note-Loan 27 (July 31, 2025 - July 25, 2026) 1st Half of Year 9					
Annual Interest Rate:	7.00%	Payments Per Year:	12	Origination Fee:	\$323,700.00
Years:	1	Amount:	\$31,670,100.00		
Amortization Table	Component Payment	Principle	Interest	Payment	Balance
1-August 25, 2025			(\$215,532.62)	(\$215,532.62)	\$31,670,100.00
2-September 25, 2025			(\$184,742.25)	(\$184,742.25)	\$31,670,100.00
3-October 25, 2025			(\$190,900.33)	(\$190,900.33)	\$31,670,100.00
4-November 25, 2025			(\$184,742.25)	(\$184,742.25)	\$31,670,100.00
5-December 25, 2025			(\$184,742.25)	(\$184,742.25)	\$31,670,100.00
6-January 25, 2026			(\$184,742.25)	(\$184,742.25)	\$31,670,100.00
7-February 25, 2026			(\$184,742.25)	(\$184,742.25)	\$31,670,100.00
8-March 25, 2026			(\$184,742.25)	(\$184,742.25)	\$31,670,100.00
9-April 25, 2026 (YR9 Q1)	\$15,835,050.00	(\$15,835,050.00)	(\$184,742.25)	(\$16,019,792.25)	\$15,835,050.00
10-May 25, 2026	\$0.00	\$0.00	(\$92,371.13)	(\$92,371.13)	\$15,835,050.00
11-June 25, 2026	\$0.00	\$0.00	(\$92,371.13)	(\$92,371.13)	\$15,835,050.00
12-July 25, 2026 (YR9 Q2)	\$15,835,050.00	(\$15,835,050.00)	(\$92,371.13)	(\$14,730,429.17)	\$0.00
<b>Amount Paid</b>	<b>\$31,670,100.00</b>	<b>(\$31,670,100.00)</b>	<b>(\$1,976,742.08)</b>	<b>(\$32,449,850.12)</b>	

First Financial Bank-11 Month Outstanding Short Term Revenue Note-Loan 28 (January 5, 2026 - January 1, 2027) 2nd Half of Year 9					
Annual Interest Rate:	7.00%	Payments Per Year:	12	Origination Fee:	\$319,768.00
Years:	1	Amount:	\$31,276,800.00		
Amortization Table	Component Payment	Principle	Interest	Payment	Balance
February 1, 2026			(\$182,448.00)	(\$182,448.00)	\$31,276,800.00
March 1, 2026			(\$182,448.00)	(\$182,448.00)	\$31,276,800.00
April 1, 2026			(\$182,448.00)	(\$182,448.00)	\$31,276,800.00
May 1, 2026			(\$182,448.00)	(\$182,448.00)	\$31,276,800.00
June 1, 2026			(\$182,448.00)	(\$182,448.00)	\$31,276,800.00
July 1, 2026			(\$182,448.00)	(\$182,448.00)	\$31,276,800.00
August 1, 2026			(\$182,448.00)	(\$182,448.00)	\$31,276,800.00
September 1, 2026			(\$182,448.00)	(\$182,448.00)	\$31,276,800.00
October 1, 2026	\$15,638,400.00	(\$15,638,400.00)	(\$182,448.00)	(\$15,820,848.00)	\$15,638,400.00
November 1, 2026	\$0.00	\$0.00	(\$91,224.00)	(\$91,224.00)	\$15,638,400.00
December 1, 2026	\$0.00	\$0.00	(\$91,224.00)	(\$91,224.00)	\$15,638,400.00
January 1, 2027	\$15,638,400.00	(\$15,638,400.00)	(\$91,224.00)	(\$14,727,373.56)	\$0.00
<b>Amount Paid</b>	<b>\$31,276,800.00</b>	<b>(\$31,276,800.00)</b>	<b>(\$1,915,704.00)</b>	<b>(\$32,190,253.56)</b>	

District's Investments					
	Balance	Interest Paid	Reporting Period	Paid this Reporting Period	Interest Paid YTD
*CD at First Financial Bank Bank UPDATE					
Money Market-First Financial Bank	\$23,946,311.62	3.320%	December 2025	\$17,522.77	\$294,847.26
Texstar C.D. #1110	\$7,189,937.94	3.690%	December 2025	\$23,279.56	\$355,049.34

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

Edward Murrell,  
President

Robert "Bobby" Way  
Treasurer/Investment

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

\*Italics are Estimated amounts

# **Exhibit “B-2”**

**Winnie-Stowell Hospital District**  
**Bank Accounts Register**  
**December 17, 2025 to January 21, 2026**

Type	Date	Num	Name	Memo	Clr	Amount	Balance
<b>100 Prosperity Bank -Checking</b>							<b>(43,857.51)</b>
Check	12/18/2025	4809	Coastal Gateway Health Center	Funding Req 11/30/25 Outreach & Enrollment Grant	X	(31,997.00)	(75,854.51)
Check	12/18/2025	4810	Coastal Gateway Health Center	Funding Request 11/30/25 Base Grant	X	(137,229.00)	(213,083.51)
Deposit	12/18/2025			Memo:Outbound Wire - WINNIE STOWELL HOSPITAL DISTRI Payee:O...	X	500,000.00	286,916.49
Liability C...	12/19/2025		QuickBooks Payroll Service	Created by Payroll Service on 12/18/2025	X	(14,140.51)	272,775.98
Paycheck	12/22/2025	DD1468	Barron, Kiela M	Direct Deposit	X		272,775.98
Paycheck	12/22/2025	DD1469	Carlo, Victoria M	Direct Deposit	X		272,775.98
Paycheck	12/22/2025	DD1470	Davis, Tina R	Direct Deposit	X		272,775.98
Check	12/22/2025		Entergy	ACH, Withdrawal, Processed	X	(197.91)	272,578.07
Check	12/22/2025		Entergy	ACH, Withdrawal, Processed	X	(46.94)	272,531.13
Check	12/22/2025		Entergy	ACH, Withdrawal, Processed	X	(2,058.02)	270,473.11
Deposit	12/24/2025			Deposit, Processed		21,336.00	291,809.11
Deposit	12/24/2025			Deposit, Processed		4,190.00	295,999.11
Check	12/24/2025	995289	Riceland Medical Center	Check, Draft, Withdrawal, Processed	X	(340.00)	295,659.11
Deposit	12/26/2025			Deposit, Processed	X	340.00	295,999.11
Liability C...	12/30/2025		QuickBooks Payroll Service	Created by Payroll Service on 12/29/2025	X	(5,475.36)	290,523.75
Check	12/30/2025	4811	Benckenstein & Oxford	Inv# # 51611 - Positive Pay Issue		(4,190.00)	286,333.75
Check	12/30/2025	4812	Benckenstein & Oxford	Invoice # 51573- Positive Pay Issue		(21,336.00)	264,997.75
Check	12/30/2025	4813	AEJ Construction	122025-2		(2,850.00)	262,147.75
Paycheck	12/31/2025	DD1471	Carlo, Victoria M	Direct Deposit	X		262,147.75
Paycheck	12/31/2025	DD1472	Davis, Tina R	Direct Deposit	X		262,147.75
Paycheck	12/31/2025	DD1473	Barron, Kiela M	Direct Deposit	X		262,147.75
Check	12/31/2025		Blue Cross Blue Shield of Texas	ACH, Withdrawal, Processed	X	(2,511.49)	259,636.26
Deposit	12/31/2025			Deposit, Processed	X	41.51	259,677.77
Check	01/05/2026	4814	Ethan Kahla	# 1202226-R-0001		(1,000.00)	258,677.77
Check	01/05/2026	4815	UTMB at Galveston	Reissuance of Check 4764		(42,534.21)	216,143.56
Check	01/05/2026	4816	Laurie G Payton, Chambers Cty...	Acct: 34544		(215.77)	215,927.79
Check	01/05/2026	4817	Laurie G Payton, Chambers Cty...	Acct: 8789		(5,115.19)	210,812.60
Check	01/05/2026	4818	Laurie G Payton, Chambers Cty...	Acct: 34542		(1,964.03)	208,848.57
Check	01/05/2026	4819	Laurie G Payton, Chambers Cty...	Acct: 16879		(5,974.11)	202,874.46
Check	01/05/2026	4820	Stone Hilton PLLC	Engagement - Legal Rep re QIPP		(50,000.00)	152,874.46
Check	01/06/2026	4821	Coastal Gateway Health Center	2026 Qtr1 Pmt		(316,987.25)	(164,112.79)
Check	01/06/2026	4822	Winnie-Stowell Volunteer EMS	2026 Qtr 1 Pmt		(38,193.60)	(202,306.39)
Liability C...	01/14/2026		QuickBooks Payroll Service	Created by Payroll Service on 01/07/2026		(6,123.60)	(208,429.99)
Paycheck	01/15/2026	DD1474	Carlo, Victoria M	Direct Deposit	X		(208,429.99)
Paycheck	01/15/2026	DD1475	Davis, Tina R	Direct Deposit	X		(208,429.99)
Paycheck	01/15/2026	DD1476	Barron, Kiela M	Direct Deposit	X		(208,429.99)
Check	01/20/2026	4823	Bayside Dental			(1,320.00)	(209,749.99)
Check	01/20/2026	4824	Brookshire Brothers			(2,520.16)	(212,270.15)
Check	01/20/2026	4825	CABA Therapy Services dba Ph...			(183.69)	(212,453.84)
Check	01/20/2026	4826	Coastal Gateway Health Center			(1,599.05)	(214,052.89)
Check	01/20/2026	4827	Dr. June Stansky, Optometrist			(60.00)	(214,112.89)
Check	01/20/2026	4828	Benjamin Odum			(255.00)	(214,367.89)
Check	01/20/2026	4829	Thompson Outpatient Clinic, LLC			(273.39)	(214,641.28)
Check	01/20/2026	4830	UTMB at Galveston			(21,146.11)	(235,787.39)
Check	01/20/2026	4831	UTMB Faculty Group Practice			(3,881.39)	(239,668.78)
Check	01/20/2026	4832	Wilcox Pharmacy			(1,367.42)	(241,036.20)
Check	01/20/2026	4833	\$25 Optical			(150.00)	(241,186.20)
Check	01/20/2026	4834	Benckenstein & Oxford			(25,409.00)	(266,595.20)
Check	01/20/2026	4835	Graciela Chavez			(160.00)	(266,755.20)
Check	01/20/2026	4836	US Department of Education	Acct #1778777792-1		(1,801.60)	(268,556.80)
Check	01/20/2026	4837	3Branch & More	Inv# 46034		(8,831.67)	(277,388.47)
Check	01/20/2026	4838	Function 4	3A0064 INV1261746		(135.00)	(277,523.47)
Check	01/20/2026	4839	Technology Solutions of Texas, ...	Inv# 2007		(158.15)	(277,681.62)
Check	01/20/2026	4840	Indigent Healthcare Solutions, ...	Inv# 81199		(2,023.00)	(279,704.62)
Check	01/20/2026	4841	Vidal Accounting, PLLC	Inv# 00124		(8,925.00)	(288,629.62)
Check	01/20/2026	4842	Hubert Oxford	Retainer		(1,000.00)	(289,629.62)
Check	01/20/2026	4843	The Seabreeze Beacon	Inv# 8789		(380.00)	(290,009.62)
Check	01/20/2026	4844	Curtis Scott Johnson	WSHD202511 WSHD202512		(3,300.00)	(293,309.62)
Check	01/20/2026	4845	Barrier Reef Emergency Physican			(97.49)	(293,407.11)
Check	01/20/2026	4846	Hometown Press	Inv# 4729 & 4757		(447.00)	(293,854.11)
Check	01/20/2026	4847	TORCH	Inv# 2239765		(1,895.00)	(295,749.11)
<b>Total 100 Prosperity Bank -Checking</b>						<b>(251,891.60)</b>	<b>(295,749.11)</b>
<b>102 First Financial Bank</b>							<b>7,286,561.74</b>
<b>102b FFB #4846 DACA</b>							<b>358,392.27</b>
Deposit	12/18/2025			Memo:Outbound Wire - WINNIE STOWELL HOSPITAL DISTRI Payee:O...	M	(500,000.00)	(141,607.73)
Check	12/18/2025			Memo:Transfer from DDA Acct No. 1110214838-D Payee:Transfer fro...	M	192,475.00	50,867.27
Deposit	12/18/2025			Memo:Transfer from XXX7190 to XXX4846: Conf #:28704468 Payee:T...	M	1,000,000.00	1,050,867.27
Check	12/18/2025			Y6 IGT Winnie-Stowell HCCD 1611500560	M	(860.77)	1,050,006.50
Check	12/18/2025			Y6IGT Winnie-Stowell HCCD 1611500560	M	(2,702.28)	1,047,304.22
Check	12/18/2025			Y6 IGT Winnie-Stowell HCCD 1611500560	M	(25,540.94)	1,021,763.28
Check	12/18/2025			Y6IGT Winnie-Stowell HCCD 1611500560	M	(47,170.47)	974,592.81
Check	12/18/2025			Y6 IGT WINNIEMONEYMRKT CCD B611500560	M	(145,946.97)	828,645.84
Check	12/19/2025			Memo:Transfer from DDA Acct No. 1110214838-D Payee:Transfer fro...	M	8,743,280.62	9,571,926.46
Check	12/24/2025			Memo:Transfer from DDA Acct No. 1110214838-D Payee:Transfer fro...	M	20,242,893.94	29,814,820.40
Check	12/24/2025			Y6IGT Winnie-Stowell HCCD 1611500560	M	(1,205.08)	29,813,615.32
Check	12/24/2025			Y6IGT Winnie-Stowell HCCD 1611500560	M	(7,628.61)	29,805,986.71
Check	12/29/2025			Memo:Transfer from DDA Acct No. 1110214838-D Payee:Transfer fro...	M	2,207,509.50	32,013,496.21
Check	12/29/2025			Transfer from XXX4846 to XXX6881: Conf #:28822714	M	(190,900.32)	31,822,595.89
Check	12/30/2025			Memo:Transfer from DDA Acct No. 1110214838-D Payee:Transfer fro...	M	6,050.00	31,828,645.89
Check	12/31/2025			Q2Q1 UHC Winnie-Stowell HCCD 1611500560	M	(616.00)	31,828,029.89
Check	12/31/2025			NONQIPPCAPWinnie-Stowell HCCD 1611500560	M	(1,000.00)	31,827,029.89
Check	12/31/2025			Q2Q1 UHC Winnie-Stowell HCCD 1611500560	M	(1,750.00)	31,825,279.89
Check	12/31/2025			Q2Q1 UHC Winnie-Stowell HCCD 1611500560	M	(4,011.00)	31,821,268.89
Check	12/31/2025			Q2Q1 UHC Winnie-Stowell HCCD 1611500560	M	(4,431.00)	31,816,837.89
Check	12/31/2025			nonQIPQ2Q1Winnie-Stowell HCCD 1611500560	M	(9,408.00)	31,807,429.89
Check	12/31/2025			NONQIPPCAPWinnie-Stowell HCCD 1611500560	M	(14,175.00)	31,793,254.89
Check	12/31/2025			NONQIPQ2Q1WINNIEMONEYMRKT CCD B611500560	M	(16,212.00)	31,777,042.89
Check	12/31/2025			QIPPy8Q4 Winnie-Stowell HCCD 1611500560	M	(18,851.85)	31,758,191.04
Check	12/31/2025			QIPPy8Q4 Winnie-Stowell HCCD 1611500560	M	(79,063.89)	31,679,127.15
Check	12/31/2025			QIPPy8Q4 Winnie-Stowell HCCD 1611500560	M	(119,404.56)	31,559,722.59
Check	12/31/2025			Y8Q4Q1PP Winnie-Stowell HCCD 1611500560	M	(179,773.25)	31,379,949.34
Check	12/31/2025			NONQIPPCAPWINNIEMONEYMRKT CCD B611500560	M	(189,900.00)	31,190,049.34
Check	12/31/2025			QIPPy8Q4 Winnie-Stowell HCCD 1611500560	M	(391,403.84)	30,798,645.50
Check	12/31/2025			QIPPy8Q2 Winnie-Stowell HCCD 1611500560	M	(546,459.44)	30,252,186.06
Check	12/31/2025			Y8Q4Q1PP Winnie-Stowell HCCD 1611500560	M	(608,411.75)	29,643,774.31
Check	12/31/2025			QIPPy8Q4 Winnie-Stowell HCCD 1611500560	M	(907,328.01)	28,736,446.30
Check	12/31/2025			QIPPy8Q4 Winnie-Stowell HCCD 1611500560	M	(988,333.97)	27,748,112.33
Check	12/31/2025			QIPPy8Q4 Winnie-Stowell HCCD 1611500560	M	(1,492,002.59)	26,256,109.74
Check	12/31/2025			QIPPy8Q4 WINNIEMONEYMRKT CCD B611500560	M	(4,963,868.78)	21,292,240.96
<b>Total 102b FFB #4846 DACA</b>						<b>20,933,848.69</b>	<b>21,292,240.96</b>

**Winnie-Stowell Hospital District**  
**Bank Accounts Register**  
**December 17, 2025 to January 21, 2026**

<i>Type</i>	<i>Date</i>	<i>Num</i>	<i>Name</i>	<i>Memo</i>	<i>Clr</i>	<i>Amount</i>	<i>Balance</i>
<b>102c FFB #7190 Money Market</b>							
Deposit	12/18/2025			Memo:Transfer from XXX7190 to XXX4846: Conf #:28704468 Payee:T...	M	(1,000,000.00)	6,928,169.47
							5,928,169.47
Total 102c FFB #7190 Money Market						(1,000,000.00)	5,928,169.47
Total 102 First Financial Bank						19,933,848.69	27,220,410.43
<b>TOTAL</b>						<b>19,681,957.09</b>	<b>26,924,661.32</b>

# **Exhibit “C”**



January 21, 2025

WSHD Regular Board Meeting Indigent Care Report

1. Summary:

In December, the Indigent Care Program decreased by 1 client. December had 93 active clients.

Budget and Billing Update

As of the current reporting period, the program has utilized 83% of its overall amended budget.

There are no billing issues to report currently.

The year ended with eleven (11) clients who have maxed out their yearly benefit.

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

2. Active Client Trends:

Table with 5 columns: 2025 Indigent Care Statistics, Oct, Nov, Dec, YTD Monthly Average. Rows include Indigent Care Clients, Youth Counseling, and Irlen Services.

3. Renewals & Approvals:

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

Services Usage

Youth Counseling:

- Two (2) clients used their benefit in December

Dental:

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

Vision Services:

- One (1) client used their benefit in December.



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

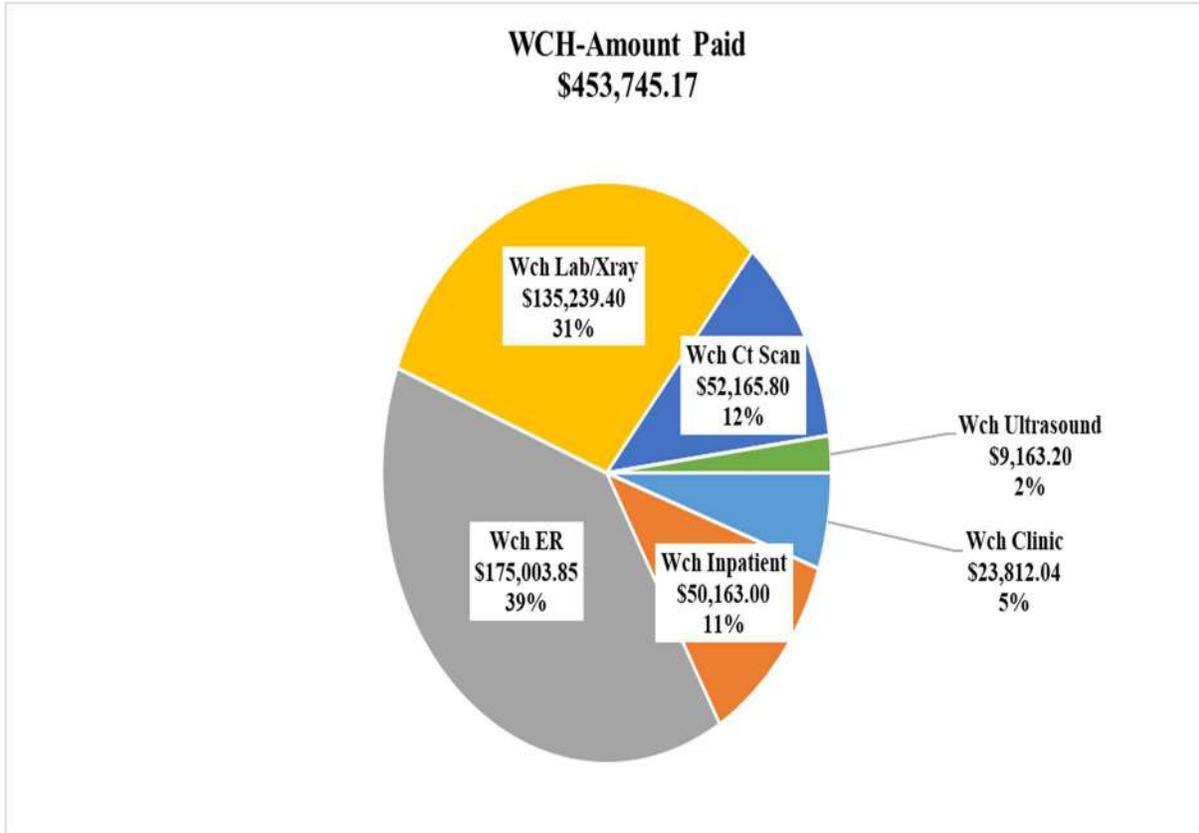
	<b>Oct</b>	<b>Nov</b>	<b>Dec</b>	<b>YTD Totals</b>
<b>Service Provider</b>	<b>Paid Amount</b>	<b>Paid Amount</b>	<b>Paid Amount</b>	<b>Paid Amount</b>
Winnie Community Hospital	\$33,392.75	\$22,620.63	\$14,017.19	<b>\$453,745.17</b>
Local Community Clinics	\$3,694.19	\$2,269.35	\$2,056.13	<b>\$34,374.64</b>
Pharmacy Total	\$3,670.86	\$4,000.04	\$3,887.58	<b>\$46,435.84</b>
UTMB Total	\$49,012.87	\$52,097.81	\$25,124.99	<b>\$481,322.66</b>
Youth Counseling	\$425.00	\$340.00	\$255.00	<b>\$4,420.00</b>
Irlen Services	\$0.00	\$500.00	\$0.00	<b>\$1,000.00</b>
Dental & Vision Services	\$2,011.00	\$540.00	\$1,530.00	<b>\$17,930.00</b>
Non-Contracted Emergency Services	\$0.00	\$0.00	\$0.00	<b>\$17,308.77</b>
Medical Supplies	\$0.00	\$0.00	\$0.00	<b>\$850.00</b>
Reimbursement/Adjustment	\$0.00	\$0.00	\$0.00	<b>\$0.00</b>
<b>YTD TOTAL</b>	<b>\$92,206.67</b>	<b>\$82,367.83</b>	<b>\$46,870.89</b>	<b>\$1,057,387.08</b>

**5. YTD Budget Expenditures:**

<b>Indigent Service</b>	<b>2026 Budget</b>	<b>YTD Expense</b>	<b>% of Budget</b>
Pharmacy	\$80,000.00	\$45,837.90	57%
WCH	\$500,000.00	\$453,745.17	91%
UTMB	\$525,000.00	\$481,322.66	92%
Youth Counseling	\$25,000.00	\$4,420.00	18%
Irlen	\$1,600.00	\$1,000.00	63%
Dental	\$30,000.00	\$16,140.00	54%
Vision	\$2,750.00	\$1,790.00	65%
CGHC Clinic	\$25,000.00	\$11,554.84	46%
Thompson Clinic	\$18,000.00	\$10,981.40	61%
Other Non-Contract/Unspecified Services	\$35,000.00	\$29,997.17	86%
Charity Care	\$20,000.00	\$0.00	0%
Charity Care Pharmacy	\$5,000.00	\$597.94	12%
Adjustments & Credits			
<b>TOTALS</b>	<b>\$1,267,350.00</b>	<b>\$1,057,387.08</b>	<b>83%</b>



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



# **Exhibit “D”**



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

Dec. 25

<b>VEHICLE #1</b>		<b>EAST SIDE VAN #1</b>	
TOTAL MILES DRIVEN			2954
TOTAL HOURS DRIVEN			164.50
TOTAL EXPENSES FOR MONTH			\$650.72
FUEL COST			\$482.72
REPAIRS & MAINTENANCE COST	tire		\$168.00
MISC EXPENSES			\$0.00
TOTAL RIDERS			27
TOTAL WSHD RIDERS			1
TOTAL TRIPS			65
TOTAL TRIPS FOR WSHD RIDERS			1
<b>VEHICLE #2</b>		<b>EAST SIDE VAN #2</b>	
TOTAL MILES DRIVEN			3310
TOTAL HOURS DRIVEN			163.20
TOTAL EXPENSES FOR MONTH			\$887.98
FUEL COST			\$553.81
REPAIRS & MAINTENANCE COST	oil change, labor		\$54.17
MISC EXPENSES	wrecker service		\$280.00
TOTAL RIDERS			17
TOTAL WSHD RIDERS			0
TOTAL TRIPS			57
TOTAL TRIPS FOR WSHD RIDERS			0
<b>VEHICLE #3</b>		<b>EAST SIDE VAN #3</b>	
TOTAL MILES DRIVEN			4261
TOTAL HOURS DRIVEN			176.25
TOTAL EXPENSES FOR MONTH			\$702.38
FUEL COST			\$615.36
REPAIRS & MAINTENANCE COST	oil change, labor, wipers		\$87.02
MISC EXPENSES			\$0.00
TOTAL RIDERS			30
TOTAL WSHD RIDERS			2
TOTAL TRIPS			45
TOTAL TRIPS FOR WSHD RIDERS			4
<b>VEHICLE #4</b>		<b>RAV 4</b>	
TOTAL MILES DRIVEN			3812
TOTAL HOURS DRIVEN			141.42
TOTAL EXPENSES FOR MONTH			\$407.51
FUEL COST			\$395.51
REPAIRS & MAINTENANCE COST	parking fee		\$12.00
MISC EXPENSES			
TOTAL RIDERS			19
TOTAL WSHD RIDERS			1
TOTAL TRIPS			42
TOTAL TRIPS FOR WSHD RIDERS			1
<b>VEHICLE #5</b>			
TOTAL MILES DRIVEN			1591
TOTAL HOURS DRIVEN			120.67
TOTAL EXPENSES FOR MONTH			\$175.05
FUEL COST			\$175.05
REPAIRS & MAINTENANCE COST			\$0.00
MISC EXPENSES			
TOTAL RIDERS			21
TOTAL WSHD RIDERS			1
TOTAL TRIPS			28
TOTAL TRIPS FOR WSHD RIDERS			2
<b>GRAND TOTALS</b>			
MILES DRIVEN			15928
RIDERS			114
WSHD RIDERS			5
TRIPS			237
WSHD TRIPS			8
EXPENSES			\$2,823.64

Year to Date Details for 2025	Previous Year (2024) End	Jan-25	Feb-25	Mar-25	Apr-25	May-25	Jun-25	Jul-25	Aug-25	Sep-25	Oct-25	Nov-25	Dec-25	YTD DATE
<b>CALL SUMMARY</b>														
CALLS/TRANSPORTS REQUESTED	127	14	9	8	14	5	7	4	9	8	11	6	5	100
CALLS/TRANSPORTS MADE														
INSURED	89	10	7	7	8	5	6	2	8	7	10	4	4	78
SELF-PAY	18	0	0	0	2	0	0	2	0	0	1	2	0	7
TOTAL CALLS MADE	107	10	7	7	10	5	6	4	8	7	11	6	4	85
CALLS/TRANSPORTS DELAYED	3	0	0	0	0	0	0	0	0	0	0	0	0	0
TRANSPORTS NOT MADE	20	4	2	1	4	0	1	0	1	0	0	0	1	15
PERCENTAGE OF CALLS MADE	84.3%	71.4%	77.8%	87.5%	71.4%	100.0%	85.7%	100.0%	88.9%	87.5%	100.0%	100.0%	80.0%	85.0%
<b>INVOICED/BILLED</b>														
Insurance Billed for Services this Month	\$143,279.23	\$13,184.35	\$6,483.59	\$11,204.00	\$12,575.69	\$11,003.64	\$10,696.59	\$1,158.76	\$18,566.67	\$10,111.13	\$16,481.31	\$9,027.32	\$9,093.00	\$129,586.05
Self-Pay Billed for Services this Month	\$14,579.19	\$0.00	\$0.00	\$0.00	\$1,393.42	\$0.00	\$0.00	\$2,011.28	\$0.00	\$3,010.00	\$2,507.42	\$2,224.00	\$0.00	\$11,146.12
<b>Total</b>	<b>\$157,858.42</b>	<b>\$13,184.35</b>	<b>\$6,483.59</b>	<b>\$11,204.00</b>	<b>\$13,969.11</b>	<b>\$11,003.64</b>	<b>\$10,696.59</b>	<b>\$3,170.04</b>	<b>\$18,566.67</b>	<b>\$13,121.13</b>	<b>\$18,988.73</b>	<b>\$11,251.32</b>	<b>\$9,093.00</b>	<b>\$140,732.17</b>
<b>PAYMENTS RECEIVED</b>														
Insurance Payments Rcvd for Services this Month	\$54,039.68	\$4,199.76	\$3,341.59	\$6,646.08	\$4,881.69	\$5,469.96	\$2,402.59	\$1,158.76	\$1,778.67	\$1,996.93	\$3,090.58	\$982.65	\$0.00	\$35,949.26
Self-Pay Billed Rcvd for Services this Month	\$12,512.33	\$0.00	\$0.00	\$0.00	\$1,393.42	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$1,356.31	\$2,399.00	\$0.00	\$5,148.73
<b>Total</b>	<b>\$66,552.01</b>	<b>\$4,199.76</b>	<b>\$3,341.59</b>	<b>\$6,646.08</b>	<b>\$6,275.11</b>	<b>\$5,469.96</b>	<b>\$2,402.59</b>	<b>\$1,158.76</b>	<b>\$1,778.67</b>	<b>\$1,996.93</b>	<b>\$4,446.89</b>	<b>\$3,381.65</b>	<b>\$0.00</b>	<b>\$41,097.99</b>
<b>ACCOUNTS RECEIVABLE-FUNDS OWED</b>														
Owed by Insurance for Services this Month	\$21,992.81	\$8,984.57	\$3,142.00	\$4,558.75	\$7,694.00	\$5,533.68	\$8,294.00	\$0.00	\$16,788.00	\$8,114.20	\$13,390.79	\$8,044.67	\$9,093.00	\$93,637.66
Owed by Self-Pay for Services this Month	\$2,557.75	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$3,010.00	\$2,911.28	\$0.00	\$3,010.00	\$1,151.11	\$2,224.00	\$0.00	\$12,306.39
<b>Total</b>	<b>\$24,550.56</b>	<b>\$8,984.57</b>	<b>\$3,142.00</b>	<b>\$4,558.75</b>	<b>\$7,694.00</b>	<b>\$5,533.68</b>	<b>\$11,304.00</b>	<b>\$2,911.28</b>	<b>\$16,788.00</b>	<b>\$11,244.20</b>	<b>\$14,541.90</b>	<b>\$10,268.67</b>	<b>\$9,093.00</b>	<b>\$105,944.05</b>
<b>STAFFING EXPENSES</b>														
	\$151,378.66	\$12,931.21	\$11,687.66	\$12,896.43	\$12,522.49	\$12,916.08	\$12,470.31	\$12,718.16	\$12,916.78	\$12,492.06	\$12,748.59	\$12,226.82	\$12,870.34	\$151,396.93

Dec-25

**MONTHLY CALLS/TRANSPORTS REPORT**

CALLS REQUESTED			CALL RESULTS			BILLING DETAILS
DATE	PICK UP LOCATION	DROP OFF LOCATION	MADE: M	DELAYED: D	REASONED: R	WSEMS Incident#
12/8/2025	RiceLand ER	Baytown Methodist (Turned down, no medc available)			R	
12/15/2025	RiceLand ER	UTMB Galveston	M			25-30729
12/15/2025	RiceLand ER	Baytown Methodist	M			25-38637
12/19/2025	RiceLand ER	Herrmann TMC	M			25-39902
12/21/2025	RiceLand ER	Baytown Methodist	M			25-39905
<b>TOTAL CALLS &amp; RESULTS</b>			<b>5</b>	<b>4</b>	<b>0</b>	<b>1</b>

**Dec-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)
12/1/2025	Lori Peine	7am - 7am	\$17.39	24.0	\$417.42	24	0.0	0	\$417.42	\$0.00	\$18.00	\$432.00	(\$14.58)
12/2/2025	Benjamin Robertson	7am - 7am	\$17.39	24.0	\$417.42	24	0.0	0	\$417.42	\$0.00	\$24.00	\$576.00	(\$158.58)
12/3/2025	Ruthann Broussard	7am - 7am	\$17.39	24.0	\$417.42	24	0.0	0	\$417.42	\$0.00	\$20.00	\$480.00	(\$62.58)
12/4/2025	Nicole Silva	7am - 7am	\$17.39	24.0	\$417.42	24	0.0	0	\$417.42	\$0.00	\$24.00	\$576.00	(\$158.58)
12/5/2025	Brady Kirkgard	7am - 7am	\$17.39	24.0	\$417.42	24	0.0	0	\$417.42	\$0.00	\$22.00	\$528.00	(\$110.58)
12/6/2025	Haley Bridges	7am - 7am	\$17.39	24.0	\$417.42	24	0.0	0	\$417.42	\$0.00	\$21.00	\$504.00	(\$88.58)
12/7/2025	Austin Isaacks	7am - 7am	\$17.39	24.0	\$417.42	24	0.0	0	\$417.42	\$0.00	\$17.00	\$408.00	\$9.42
12/8/2025	Brad Eads	7am - 7am	\$17.39	24.0	\$417.42	24	0.0	0	\$417.42	\$0.00	\$22.00	\$528.00	(\$110.58)
12/9/2025	Lori Peine	7am - 7am	\$17.39	24.0	\$417.42	24	0.0	0	\$417.42	\$0.00	\$18.00	\$432.00	(\$14.58)
12/10/2025	Olivia Kitzmiller	7am - 7am	\$17.39	24.0	\$417.42	24	0.0	0	\$417.42	\$0.00	\$22.00	\$528.00	(\$110.58)
12/11/2025	Andrew Broussard	7am - 1pm	\$17.39	7.0	\$121.75	6	(1.0)	0	\$104.35	(\$17.39)	\$21.00	\$126.00	(\$21.65)
12/11/2025	Andrew Broussard	2pm - 7am	\$17.39	17.0	\$295.67	17	0.0	0	\$295.67	\$0.00	\$21.00	\$357.00	(\$61.33)
12/12/2025	Austin Isaacks	7am - 7pm	\$17.39	12.0	\$208.71	12	0.0	0	\$208.71	\$0.00	\$17.00	\$204.00	\$4.71
12/12/2025	Haley Bridges	9pm - 7am	\$17.39	12.0	\$208.71	10	(2.0)	0	\$173.92	(\$34.78)	\$21.00	\$210.00	(\$36.08)
12/13/2025	Haley Bridges	7am - 7am	\$17.39	24.0	\$417.42	24	0.0	0	\$417.42	\$0.00	\$24.00	\$576.00	(\$158.58)
12/14/2025	Nicole Silva	7am - 7am	\$17.39	24.0	\$417.42	24	0.0	0	\$417.42	\$0.00	\$24.00	\$576.00	(\$158.58)
12/15/2025	Brad Eads	7am - 7am	\$17.39	24.0	\$417.42	24	0.0	0	\$417.42	\$0.00	\$22.00	\$528.00	(\$110.58)
12/16/2025	Lori Peine	7am - 7am	\$17.39	24.0	\$417.42	24	0.0	0	\$417.42	\$0.00	\$18.00	\$432.00	(\$14.58)
12/17/2025	Andrew Broussard	7am - 7am	\$17.39	24.0	\$417.42	24	0.0	0	\$417.42	\$0.00	\$21.00	\$504.00	(\$88.58)
12/18/2025	Nicole Silva	7am - 7am	\$17.39	24.0	\$417.42	24	0.0	0	\$417.42	\$0.00	\$24.00	\$576.00	(\$158.58)
12/19/2025	Ruthann Broussard	7am - 7am	\$17.39	24.0	\$417.42	24	0.0	0	\$417.42	\$0.00	\$20.00	\$480.00	(\$62.58)
12/20/2025	Kayla Calleso	7am - 7am	\$17.39	24.0	\$417.42	24	0.0	0	\$417.42	\$0.00	\$18.00	\$432.00	(\$14.58)
12/21/2025	Haley Bridges	7am - 7am	\$17.39	24.0	\$417.42	24	0.0	0	\$417.42	\$0.00	\$21.00	\$504.00	(\$88.58)
12/22/2025	Brad Eads	7am - 7am	\$17.39	24.0	\$417.42	24	0.0	0	\$417.42	\$0.00	\$22.00	\$528.00	(\$110.58)
12/23/2025	Lori Peine	7am - 7am	\$17.39	24.0	\$417.42	24	0.0	0	\$417.42	\$0.00	\$18.00	\$432.00	(\$14.58)
12/24/2025	Benjamin Robertson	7am - 7am	\$17.39	24.0	\$417.42	24	0.0	0	\$417.42	\$0.00	\$24.00	\$576.00	(\$158.58)
12/25/2025	Ruthann Broussard	7am - 7am	\$17.39	24.0	\$417.42	24	0.0	0	\$417.42	\$0.00	\$20.00	\$480.00	(\$62.58)
12/26/2025	Travis Delacerda	7am - 7am	\$17.39	24.0	\$417.42	24	0.0	0	\$417.42	\$0.00	\$17.00	\$408.00	\$9.42
12/27/2025	Ruthann Broussard	7am - 7am	\$17.39	24.0	\$417.42	24	0.0	0	\$417.42	\$0.00	\$20.00	\$480.00	(\$62.58)
12/28/2025	Austin Isaacks	7am - 7am	\$17.39	24.0	\$417.42	24	0.0	0	\$417.42	\$0.00	\$17.00	\$408.00	\$9.42
12/29/2025	Austin Isaacks	7am - 11am	\$17.39	4.0	\$69.57	3	(1.0)	0	\$52.18	(\$17.39)	\$17.00	\$51.00	\$1.18
12/29/2025	Lori Peine	11am - 7am	\$17.39	20.0	\$347.85	20	0.0	0	\$347.85	\$0.00	\$18.00	\$360.00	(\$12.15)
12/30/2025	Brad Eads	7am - 7am	\$17.39	24.0	\$417.42	24	0.0	0	\$417.42	\$0.00	\$22.00	\$528.00	(\$110.58)
12/31/2025	Austin Isaacks	7am - 7am	\$17.39	24.0	\$417.42	24	0.0	0	\$417.42	\$0.00	\$17.00	\$408.00	\$9.42
<b>TOTAL SALARY EXPENSE FOR THE MONTH:</b>			<b>\$17.39</b>	<b>744.0</b>	<b>\$12,939.91</b>	<b>740.00</b>	<b>(4.0)</b>	<b>0</b>	<b>\$12,870.34</b>	<b>(\$69.57)</b>	<b>\$20.35</b>	<b>\$15,156.00</b>	<b>(\$2,285.66)</b>



# Community Health Worker Program

	2024 YTD	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	2025 YTD
<b>CLIENTS SERVED</b>														
ICAP	10	15	25	18	29	35	22	16	19	34	35	16	14	278
Non-ICAP	21	23	19	31	27	60	23	30	21	36	25	8	16	319
<b>Total Clients Served</b>	<b>31</b>	<b>38</b>	<b>44</b>	<b>49</b>	<b>56</b>	<b>95</b>	<b>45</b>	<b>46</b>	<b>40</b>	<b>70</b>	<b>60</b>	<b>24</b>	<b>30</b>	<b>597</b>
<b>BENEFIT APPLICATION TYPE</b>														
Indigent Care Assistance Program (ICAP)	3	7	3	5	0	2	0	1	0	2	2	0	0	22
Prescription Assistance Program (PAP)	2	0	17	6	2	0	4	2	6	8	8	3	1	57
Medicaid	17	10	3	12	11	14	3	10	6	11	11	4	3	98
Medicare	1	2	0	2	0	0	0	1	1	0	0	1	0	7
Medicare Savings Plan	2	3	0	3	1	3	2	3	2	5	5	1	2	30
Food Stamps (SNAP)	43	17	22	28	34	47	36	29	24	53	53	10	24	377
Supplemental Security Income (SSI)	8	6	3	1	11	3	4	6	4	4	4	7	3	56
Retirement, Survivor, Disability Income (RSDI)	9	6	5	1	12	5	3	7	4	4	4	0	0	51
Unemployment/Texas Workforce	3	1	0	2	3	2	1	1	0	0	0	0	0	10
Housing	2	0	2	4	0	1	1	2	0	4	4	0	0	18
Utilities	2	0	0	1	0	0	0	1	0	0	0	0	0	2
Legal Aid	0	1	0	0	0	0	0	1	0	0	0	0	0	2
OTHER	2	3	2	1	2	1	2	4	1	1	1	0	0	18
<b>Total Applications Facilitated</b>	<b>94</b>	<b>56</b>	<b>57</b>	<b>66</b>	<b>76</b>	<b>78</b>	<b>56</b>	<b>68</b>	<b>48</b>	<b>92</b>	<b>92</b>	<b>26</b>	<b>33</b>	<b>748</b>
<b>EXPENSES</b>														
										\$65.32 FRAUD PURCHASE				
Personnel	\$23,811.00	\$6,300.00	\$7,018.75	\$5,731.25	\$6,459.92	\$6,500.00	\$6,500.00	\$8,500.00	\$6,500.00	\$6,375.00	\$6,381.25	\$6,587.50	\$10,300.00	\$83,153.67
Operational	\$2,844.95	\$816.00	\$34.28	\$537.38	\$4.00	\$4.00	\$409.82	\$4.00	\$382.12	\$948.32	\$14.04	\$4.00	\$23,370.97	\$26,528.93
<b>Total</b>	<b>\$26,655.95</b>	<b>\$7,116.00</b>	<b>\$7,053.03</b>	<b>\$6,268.63</b>	<b>\$6,463.92</b>	<b>\$6,504.00</b>	<b>\$6,909.82</b>	<b>\$8,504.00</b>	<b>\$6,882.12</b>	<b>\$7,323.32</b>	<b>\$6,395.29</b>	<b>\$6,591.50</b>	<b>\$33,670.97</b>	<b>\$109,682.60</b>
<b>BUDGET REMAINING</b>	<b>\$85,237.05</b>	<b>\$104,777.00</b>	<b>\$97,723.97</b>	<b>\$91,455.34</b>	<b>\$84,991.42</b>	<b>\$78,487.42</b>	<b>\$71,577.60</b>	<b>\$63,073.60</b>	<b>\$56,191.48</b>	<b>\$48,868.16</b>	<b>\$42,472.87</b>	<b>\$35,881.37</b>	<b>\$2,210.40</b>	<b>\$2,210.40</b>

# **Exhibit “E”**



## Report to Winnie-Stowell Hospital District January 21, 2026

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

- As an official designated Federally Qualified Health Center Look Alike (FQHCLAL) the health center must submit an annual report to HRSA known as the **Uniform Data Systems (UDS)** Report. This report opens every January, with the report submitted by February 15<sup>th</sup>, for data from the previous calendar year (so we will be submitting calendar year data for 2025). This report incorporates various data components, including: various patient demographic data (zip code, poverty level, race/ethnicity, etc.), payor information, diagnosis codes, clinical quality metrics, and financial data.
- **340B Program.** Will be officially going live with both pharmacies (Wilcox Pharmacy in Winnie and Brookshire Brothers in Winnie) on April 1, 2026.
- A way of receiving future **Rural Health Transformation (RHT) funds** is for Coastal Gateway Health Center to join the Texas Association of Community Health Center's (TACHC) Clinically integrated (CIN)—we officially joined last week. A CIN is a formal collaboration among healthcare providers that aims to deliver efficient and coordinated care to patients. It is very similar to our work with our Accountable Care Organization (ACO) participation.
- **Grants**
  - **United Way of Greater Baytown and Chambers County.** Applications to apply for funding for FY 2027 will be available in early January, 2026. We will apply again; this funding covers our Eligibility Specialist position.
  - **Rural Health Transformation Funds.** See above regarding joining TACHCs CIN as a way to receive some of this funding. TACHC is also hosting a webinar on January 20<sup>th</sup> with more information on ways FQHCs in Texas will be eligible.
  - **DSHS Incubator Grant.** Funding announcement for FY 2026 was released this past week. Health Centers are eligible to apply for up to \$1,000,000 in funding, but must open a new health center site.
  - **MD Anderson.** Received word a couple of weeks ago that funding was approved by CPRIT, waiting on the funding package to apply with MD Anderson. This grant would provide funding for cancer screening initiatives. Recently attended the HPV Coalition meeting in Houston, this group will cross paths with this funding initiative.
  - **Episcopal Health Foundation.** Submitted a Letter of Intent to apply for a grant.
  - **Small Grants:** Will be applying for small grants (under \$5,000) from Beaumont Junior League and Southeast Texas Foundation.
- **Upcoming Events/Activities**
  - Serving on the committee again for the 4<sup>th</sup> Annual Chambers County Back-to-School Bash, which is a collaboration of multiple agencies in Chambers County.
  - 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 December is attached for your review; there were **607** patient encounters.

# **Exhibit “F”**

Facility ID	Operator	Facility Name	Q4 Comp 1		Q4 Comp 2		Q4 Comp 3	Q4 Comp 4	Total Q4	Total YTD
			% Metrics Attained	Payout % Earned	% Metrics Attained	Payout % Earned	% Metrics Attained	% Metrics Attained	% Metrics Attained	% Metrics Attained
4154	Caring	Garrison Nursing Home & Rehabilitation Center	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%
4376	Caring	Golden Villa	80.00%	100.00%	100.00%	100.00%	100.00%	100.00%	92.31%	94.23%
110098	Caring	Highland Park Rehabilitation & Nursing Center	100.00%	100.00%	33.33%	70.00%	100.00%	50.00%	76.92%	66.67%
4484	Caring	Marshall Manor Nursing & Rehabilitation Center	60.00%	100.00%	100.00%	100.00%	66.67%	100.00%	76.92%	76.47%
4730	Caring	Marshall Manor West	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	96.15%
4798	Caring	Rose Haven Retreat	80.00%	100.00%	66.67%	100.00%	66.67%	100.00%	76.92%	82.35%
5182	Caring	The Villa at Texarkana	60.00%	100.00%	66.67%	100.00%	100.00%	100.00%	76.92%	69.23%
5250	Caring	Oak Brook Health Care Center	100.00%	100.00%	66.67%	100.00%	100.00%	100.00%	92.31%	90.38%
5261	Caring	Gracy Woods Nursing Center	40.00%	100.00%	100.00%	100.00%	66.67%	100.00%	69.23%	76.92%
5322	Cascades	Cascades at Port Arthur	75.00%	100.00%	100.00%	100.00%	66.67%	50.00%	75.00%	70.83%
4747	Creative Solutions	Parkview Manor Nursing & Rehabilitation	80.00%	100.00%	33.33%	70.00%	100.00%	100.00%	76.92%	65.31%
5289	Creative Solutions	Winnie L Nursing & Rehabilitation	75.00%	100.00%	0.00%	0.00%	100.00%	100.00%	66.67%	58.33%
106784	Fundamental	Sterling Oaks Rehabilitation	100.00%	100.00%	66.67%	100.00%	66.67%	100.00%	84.62%	80.77%
5369	Gulf Coast	Oak Village Healthcare	25.00%	90.00%	0.00%	0.00%	66.67%	100.00%	41.67%	50.00%
5193	Gulf Coast	Corigan LTC Nursing & Rehabilitation	50.00%	100.00%	66.67%	100.00%	66.67%	100.00%	66.67%	60.42%
5154	Gulf Coast	Copperas Cove Nursing & Rehabilitation	50.00%	100.00%	0.00%	0.00%	33.33%	50.00%	33.33%	47.92%
5240	Gulf Coast	Hemphill Care Center	50.00%	100.00%	0.00%	0.00%	100.00%	50.00%	50.00%	58.70%
4340	Gulf Coast	Woodlake Nursing Center	25.00%	90.00%	100.00%	100.00%	100.00%	50.00%	66.67%	66.67%
4663	Gulf Coast	Creekside Village	60.00%	100.00%	100.00%	100.00%	100.00%	50.00%	76.92%	76.92%
5169	Gulf Coast	Wells LTC Nursing & Rehabilitation	50.00%	100.00%	100.00%	100.00%	100.00%	100.00%	83.33%	66.67%
5350	Gulf Coast	Woodland Park Nursing & Rehab	50.00%	100.00%	33.33%	70.00%	100.00%	0.00%	50.00%	70.83%
100790	HMG	Park Manor of Conroe	100.00%	100.00%	0.00%	0.00%	100.00%	100.00%	76.92%	86.54%
4456	HMG	Park Manor of Cyfair	75.00%	100.00%	0.00%	0.00%	100.00%	50.00%	58.33%	64.58%
101489	HMG	Park Manor of Cypress Station	60.00%	100.00%	100.00%	100.00%	100.00%	100.00%	84.62%	75.00%
101633	HMG	Park Manor of Humble	80.00%	100.00%	0.00%	0.00%	100.00%	100.00%	69.23%	70.00%
102417	HMG	Park Manor of Quail Valley	25.00%	90.00%	33.33%	70.00%	100.00%	100.00%	58.33%	64.58%
102294	HMG	Park Manor of Westchase	100.00%	100.00%	66.67%	100.00%	100.00%	100.00%	91.67%	83.33%
104661	HMG	Park Manor of The Woodlands	50.00%	100.00%	100.00%	100.00%	100.00%	100.00%	83.33%	85.42%
103191	HMG	Park Manor of Tomball	80.00%	100.00%	0.00%	0.00%	100.00%	50.00%	61.54%	65.38%
5400	HMG	Park Manor of Southbelt	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	90.00%
104541	HMG	Deerbrook Skilled Nursing and Rehab Center	100.00%	100.00%	0.00%	0.00%	100.00%	100.00%	76.92%	76.47%
4286	HMG	Friendship Haven Healthcare & Rehab Center	60.00%	100.00%	100.00%	100.00%	100.00%	100.00%	84.62%	92.31%
5225	HMG	Willowbrook Nursing Center	80.00%	100.00%	33.33%	70.00%	100.00%	100.00%	76.92%	86.54%
106988	HMG	Accel at College Station	75.00%	100.00%	66.67%	100.00%	100.00%	100.00%	83.33%	90.00%
102375	HMG	Cimarron Place Health & Rehabilitation	75.00%	100.00%	0.00%	0.00%	100.00%	0.00%	50.00%	77.08%
106050	HMG	Silver Spring	75.00%	100.00%	33.33%	70.00%	100.00%	100.00%	75.00%	77.78%
4158	HMG	Red Oak Health and Rehabilitation Center	100.00%	100.00%	66.67%	100.00%	100.00%	100.00%	92.31%	82.69%
5255	HMG	Mission Nursing and Rehabilitation Center	100.00%	100.00%	0.00%	0.00%	100.00%	100.00%	75.00%	70.83%
4053	HMG	Stephenville Rehabilitation and Wellness Center	50.00%	100.00%	100.00%	100.00%	66.67%	100.00%	75.00%	85.42%
103743	HMG	Hewitt Nursing and Rehabilitation	100.00%	100.00%	100.00%	100.00%	66.67%	100.00%	91.67%	79.17%

103011	HMG	Stallings Court Nursing and Rehabilitation	100.00%	100.00%	66.67%	100.00%	100.00%	100.00%	91.67%	85.42%
104537	HMG	Pecan Bayou Nursing and Rehabilitation	75.00%	100.00%	100.00%	100.00%	100.00%	100.00%	91.67%	89.58%
5372	HMG	Holland Lake Rehabilitation and Wellness Center	75.00%	100.00%	66.67%	100.00%	100.00%	50.00%	75.00%	72.92%
5387	HMG	Stonegate Nursing and Rehabilitation	100.00%	100.00%	66.67%	100.00%	100.00%	100.00%	91.67%	77.08%
102993	HMG	Green Oaks Nursing and Rehabilitation	100.00%	100.00%	33.33%	70.00%	100.00%	100.00%	83.33%	81.25%
103223	HMG	Crowley Nursing and Rehabilitation	80.00%	100.00%	66.67%	100.00%	100.00%	100.00%	84.62%	86.00%
103435	HMG	Harbor Lakes Nursing and Rehabilitation Center	80.00%	100.00%	0.00%	0.00%	66.67%	50.00%	53.85%	62.75%
105966	HMG	Treviso Transitional Care	100.00%	100.00%	66.67%	100.00%	100.00%	100.00%	92.31%	94.00%
100806	HMG	Gulf Pointe Plaza	75.00%	100.00%	66.67%	100.00%	100.00%	100.00%	83.33%	85.42%
101157	HMG	Arbrook Plaza	100.00%	100.00%	33.33%	70.00%	100.00%	100.00%	83.33%	91.67%
106566	HMG	Forum Parkway Health & Rehabilitation	75.00%	100.00%	0.00%	0.00%	66.67%	100.00%	58.33%	66.67%
4379	HSM	Cleveland Health Care Center	60.00%	100.00%	0.00%	0.00%	66.67%	100.00%	53.85%	48.08%
5135	HSM	Lawrence Street Healthcare Center	100.00%	100.00%	66.67%	100.00%	100.00%	50.00%	84.62%	80.77%
4355	HSM	West Janisch Health Care Center	100.00%	100.00%	66.67%	100.00%	66.67%	100.00%	83.33%	68.75%
4306	HSM	Beaumont Health Care Center	75.00%	100.00%	33.33%	70.00%	66.67%	100.00%	66.67%	62.50%
4500	HSM	Conroe Health Care Center	50.00%	100.00%	100.00%	100.00%	33.33%	50.00%	58.33%	59.18%
4439	HSM	Huntsville Healthcare Center	75.00%	100.00%	33.33%	70.00%	66.67%	100.00%	66.67%	58.33%
5067	HSM	Liberty Health Care Center	100.00%	100.00%	100.00%	100.00%	66.67%	100.00%	91.67%	84.00%
4511	HSM	Richmond Health Care Center	60.00%	100.00%	0.00%	0.00%	33.33%	100.00%	46.15%	60.78%
5145	HSM	Sugar Land Healthcare Center	60.00%	100.00%	33.33%	70.00%	100.00%	100.00%	69.23%	75.00%
5166	Nexion	Flatonia Nursing Center	75.00%	100.00%	66.67%	100.00%	100.00%	100.00%	83.33%	83.33%
110342	Pillar Stone	Mont Belvieu Rehabilitation & Healthcare Center	75.00%	100.00%	0.00%	0.00%	100.00%	100.00%	66.67%	58.33%
5256	Regency	Spindletop Hill Nursing and Rehabilitation Center	60.00%	100.00%	0.00%	0.00%	66.67%	100.00%	53.85%	67.31%
5297	Regency	Hallettsville Nursing and Rehabilitation Center	60.00%	100.00%	0.00%	0.00%	66.67%	100.00%	53.85%	63.46%
5234	Regency	Monument Hill Nursing and Rehabilitation Center	50.00%	100.00%	66.67%	100.00%	100.00%	100.00%	75.00%	62.50%
5203	Regency	The Woodlands Nursing and Rehabilitation Center	100.00%	100.00%	0.00%	0.00%	66.67%	100.00%	69.23%	69.23%
5307	SLP	Oakland Manor Nursing Center	80.00%	100.00%	100.00%	100.00%	100.00%	0.00%	76.92%	86.00%
4807	SLP	Seabreeze Nursing and Rehabilitation	75.00%	100.00%	100.00%	100.00%	100.00%	50.00%	83.33%	75.00%
4584	SLP	Palestine Healthcare Center	75.00%	100.00%	100.00%	100.00%	100.00%	100.00%	91.67%	86.96%
4586	SLP	Paris Healthcare Center	100.00%	100.00%	33.33%	70.00%	66.67%	100.00%	75.00%	74.47%
4996	SLP	Overton Healthcare Center	60.00%	100.00%	66.67%	100.00%	66.67%	100.00%	69.23%	78.43%
4028	SLP	Coronado Nursing Center	80.00%	100.00%	33.33%	70.00%	66.67%	50.00%	61.54%	71.15%
4436	SLP	Garland Nursing & Rehabilitation	60.00%	100.00%	66.67%	100.00%	66.67%	100.00%	69.23%	69.23%
5379	Trident	Bayou Pines Care Center	60.00%	100.00%	0.00%	0.00%	66.67%	100.00%	53.85%	58.00%

YTD	Q4 Comp 1 Metrics Met		Q4 Comp 2 Metrics Met		Q4 Comp 3	Q4 Comp 4	Q4 Total	YTD Total
	% Attained	Avg Payout Earned	% Attained	Avg Payout Earned	% Attained	% Attained	% Attained	% Attained
	75.3%	99.6%	52.3%	67.7%	86.5%	86.5%	74.2%	74.7%



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### **Crowley Nursing and Rehabilitation**

920 East FM 1187  
Crowley, TX 76036

December 16, 2025

Facility Administrator: Cody Bedford

Crowley Nursing and Rehabilitation is licensed for 120 beds, and its current census is 94 residents. The census has seen some fluctuations due to the holiday season. Discussed recent census growth reaching near 100 residents.

The facility is seeking a weekend supervisor, and there are a few CNA openings as well. There is an orientation planned and the administrator expects all the CNA openings will be filled. Discussed staffing efforts in dietary, housekeeping, and laundry departments under Sonderbloom which have been going well.

The last visit by state surveyors was on November 19. The surveyor investigated a complaint and a self-report which were both unsubstantiated. During the investigations, however, the surveyor cited the facility related to completion of resident inventories within 72-hours of admission. The facility already fixed the issue and submitted the POC for the finding.

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

The facility will hold its monthly QAPI meeting later this week. The administrator reported falls have improved and are still trending down this month. Discussed positive results from fall prevention efforts and recent interventions. Discussed working with residents who experience repeat falls.

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

Discussed some recent grievances related to resident transportation. Some residents have been picked up late after their offsite appointments are completed. The transportation is contracted so the administrator has addressed the issues with the transportation company.

The facility has a Christmas party planned for the residents and their families this Thursday night. There will be a desert bar and entertainment for the guests.



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### **Green Oaks Nursing and Rehabilitation**

3033 Green Oaks Blvd.  
Arlington, TX 76016

December 19, 2025

Facility Administrator: Eric Johnan

Green Oaks Nursing & Rehabilitation is licensed for 142 beds, and its current census is 99 residents including 31 skilled patients. The census has grown significantly over recent weeks. There are a few admissions today, and a few planned discharges this weekend. The administrator discussed recent star rating improvements which has supported increased referrals from referral sources.

The facility is seeking an activity director, a double weekend nurse, and an evening shift nurse. The team will also be adding a new position of an overnight nurse due to census growth. Discussed flexing staff schedules and adding new positions in order to maintain staffing ratios relative to the census.

The state visited the facility last week to investigate a self-report regarding an allegation of abuse. All reasons for investigation were unsubstantiated. There are no new self-reports at this time.

Green Oaks Nursing & Rehabilitation has a 3-star rating overall. It has a 2-star rating in Health Inspections, a 2-star rating in Staffing, and a 5-star rating in Quality Measures. The facility's overall, staffing, and quality measures star ratings increased from 1-star, 1-star, and 4-star ratings respectively.

The interdisciplinary team held the facility's monthly QAPI meeting and discussed clinical systems and outcomes reported in November. The team is maintaining focus areas and discussed updates on falls. The building didn't trigger for falls in November, but the team has seen an increase so far in December. Discussed maintaining focus on fall prevention to ensure December moves in the right direction. Weight loss is being monitored and the team reported successful weight gains for some targeted residents.

There are no outbreaks or trends related to infection control at this time. Discussed maintaining strong infection control protocol through the holiday season when there are increased visitors.

The facility completed replacing the carpet flooring last week with new laminate. The lighting and painting will be finished in January.

There were Christmas parties yesterday for both residents and staff. Discussed additional activities planned this month and the importance of showing appreciation for residents and staff.



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

December 18, 2025

Facility Administrator: Chris Gallardo

Hewitt Nursing and Rehabilitation is licensed for 140 beds, and its current census is 79 residents including 22 skilled patients. The facility has three pending admissions and there are more referrals under review. Discussed maintaining strong communication with referring partners during the recent census growth. Census growth is a priority of the facility at this time.

There are no staff openings reported at this time. The facility hired a new social worker who started employment at the facility earlier this month.

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

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

The facility held its monthly QAPI meeting recently and reported observations and outcomes in November. The interdisciplinary team discussed targets related to clinical systems and quality measures. There are no new performance improvement plans at this time.

Infection control efforts have been successful with no reported trends or outbreaks at this time.

The administrator reported there have been some additional grievances recently regarding call light response time. Discussed the impact census growth has played on staffing ratios and the need of the building to flex staff based on the current census level. The facility will be holding a staffing meeting this afternoon to discuss any further staffing adjustments or needs.

The facility will have a resident Christmas party next week on December 23. Discussed the importance of celebrating with the residents and creating meaningful experiences and activities.



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

1201 Holland Lake Drive  
Weatherford, TX 76086

December 18, 2025

Facility Administrator: Donna Tillman

Holland Lake Rehabilitation and Wellness Center is licensed for 120 beds, and its current census is 97 residents including 32 skilled patients. There have been several skilled patients who have transitioned to long-term care services. Discussed offering long-term services when there are available beds for these services.

The facility is looking to hire more CNAs. The facility has a part-time admissions nurse who started employment recently to support the admitting process. Discussed orientation processes and ensuring staff are onboarded properly.

The facility is waiting for the state to enter and conduct its annual fullbook survey. Discussed ongoing survey preparedness efforts and review of previous survey visits. There are no new self-reports at this time.

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

The facility will have its monthly QAPI meeting next week. Discussed focusing on fall prevention in the building. Reviewed current interventions and potential for trying new ones based on the needs of the residents. Discussed educating staff about fall prevention efforts. The team has also been educating residents about asking staff for assistance when needed to support safe transfers. Discussed the benefit of ongoing ambassador rounds which is an opportunity to make sure residents' interventions are in place.

The facility admits residents occasionally who have active infections from the hospital. Discussed continuing the antibiotic regimens for these residents and utilizing proper precautions to help them recover while keeping other residents and staff safe. There are no trends reported related to infection control.

The facility held a Christmas party yesterday which was reportedly very successful. Discussed the celebrations, gifts, and staff giveaways during the month of December. Discussed expectations for continual growth at the facility next year.



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

1013 S. Bryan Road  
Mission, TX 78572

December 17, 2025

Facility Administrator: Daniel Rodriguez

Mission Nursing and Rehabilitation Center is licensed for 170 beds, and its current census is 92 residents including 11 skilled patients. The facility's census has started to grow over the last two weeks. There are two residents in the hospital at this time. The average census so far this month is in the 90s. There are eight residents in the secure unit and there are plans for another admission to the unit next month.

There are six CNA openings at this time. Discussed efforts to flex staff to match census fluctuations. The team utilizes PRN staff as needed to fill vacancies. Discussed opportunities to transition some PRN staff to fulltime as the census continues to grow and whole positions can be added to nursing schedules. The facility is also seeking a director of business development and has started interviewing candidates.

The facility submitted a self-report regarding an allegation of abuse. The state entered yesterday to investigate the self-report and a complaint. The surveyor exited yesterday and is expected to return and complete the investigation tomorrow.

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

The facility will have its monthly QAPI meeting soon. The interdisciplinary team is working to improve the training provided to staff related to meal service and monitoring. Discussed the importance of ensuring staff complete tasks properly every time. Discussed following orders for meals. Discussed supporting residents' independence while ensuring they remain safe and have proper support for ADLs.

Infection control is good with no reported trends or outbreaks. The facility has a few residents on isolation precautions, but there are no trends. Discussed reviewing these in morning meetings and ensuring appropriate PPE is in place.

There are no trending issues with grievances but discussed opportunities to improve customer service. The administrator shared opportunities the facility takes to train and reeducate staff members.

The renovation work on the 700-hall is nearly complete. Discussed finishing some remaining items with the contractor and identifying additional touch-up tasks. Discussed progress installing countertops and cabinets at the nurse stations.



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**Pecan Bayou Nursing and Rehabilitation**

2700 Memorial Park Drive  
Brownwood, TX 76801

December 11, 2025

Facility Administrator: Josie Pebsworth

Pecan Bayou Nursing and Rehabilitation is licensed for 90 beds, and its current census is 61 residents including 12 skilled patients. The facility has one admission planned to be admitted to the building soon. There is one resident in the hospital who will return potentially tomorrow.

There are three CNA openings at this time. Discussed success having recently hired four CNAs. The facility is offering a sign-on bonus for these shifts to support bringing in more candidates.

The facility has not had any visits by state surveyors this month, and there were no new reportables discussed.

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

The facility's monthly QAPI meeting will be on December 18. Discussed continued efforts to monitor falls and fall prevention. The team reviews QIPP measures routinely to ensure outcomes are trending in the right direction. The facility is seeing strong results with achievement in Component 1. The facility reported success achieving attainment for its nursing staff hours as well.

The facility reports there are no outbreaks or trends under infection control. Discussed reviewing infections in morning meetings to make sure they are monitored and controlled.

Discussed working with residents to find missing clothes or belongings whenever they are misplaced.

The facility will have its Christmas party for residents next week on December 18. The staff will also have a Christmas party on December 19. The facility has an angel tree to coordinate

preparing a gift for every resident. Discussed other events for staff members and efforts to increase employee morale with small gifts of appreciation and recognition. Discussed how staff morale and motivation impacts customer satisfaction.

Some service workers are at the building today to improve the drainage of the facility and its grounds. There was a water leak found through this process and the team is making plans to fix it.



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

2601 Northwest Loop  
Stephenville, TX 76401

December 10, 2025

Facility Administrator: Jana Sanders

Stephenville Rehabilitation and Wellness Center is licensed for 122 beds, and its current census is 91 residents including 17 skilled patients. The facility reports there are two residents in the hospital expected to return to the facility soon. There is one new pending admission as well.

The facility has three remaining CNA openings. The team started a new cohort in its CNA training class last month. Discussed progress in the program and enrollment of five students. The classroom portion will be completed soon, and these staff will be able to start training and working on the floor on December 19.

The administrator reported there has not been any recent activity at the facility with state surveyors.

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 3-star rating in Quality Measures. The facility's quality measures star rating decreased from a 4-star rating.

The interdisciplinary team will hold its monthly QAPI meeting next Tuesday. Discussed maintaining current focus areas with no reported changes to ongoing performance improvement plans.

Infection control efforts have been successful and there are no trends or outbreaks in this system. The facility has two residents under isolation precautions since they admitted to the facility with active C. Diff infections. Discussed ensuring proper precautions are used to ensure all staff and residents are safe.

Grievances are being managed and followed to a resolution. Discussed some opportunities to improve meal service in the dietary department.

The facility reported its Thanksgiving meal for the residents last month was a great success. The team is planning a Christmas party for residents on December 18, and there is an activity planned with Santa Claus tonight. Discussed plans for the employee Christmas party and making efforts to have fun events planned each day during the holiday season.



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**Stonegate Nursing and Rehabilitation**

4201 Stonegate Blvd.  
Fort Worth, TX 76109

December 16, 2025

Facility Administrator: Scott Barrick

Stonegate Nursing and Rehabilitation is licensed for 134 beds, and its current census is 86 residents including 19 skilled patients. The facility is expecting two admissions today. The average census last month was 83 residents, and the facility is averaging a census of 88 residents so far this month.

The facility is seeking seven CNAs and one nurse. The administrator shared details about recently hiring an ADON, a social worker, and an MDS nurse.

The state came to the facility to investigate a complaint. All reasons for investigation during the visit were unsubstantiated. There are no new self-reports at this time.

Stonegate Nursing and Rehabilitation has a 3-star rating overall. The facility has a 2-star rating in Health Inspections, a 2-star rating in Staffing, and a 5-star rating in Quality Measures. The facility's overall and staffing star ratings increased from 2-star and 1-star ratings respectively.

The facility held its monthly QAPI meeting today. Discussed efforts to continue strengthening the weekend services. The facility reported improvements with activity department offerings and resident participation. The interdisciplinary team is still tracking falls. Discussed ongoing interventions and efforts to implement personalized plans for residents. The facility reported there have been good outcomes with RTA rates and skin systems.

Infection control efforts have been effective with no trends or outbreaks reported.

Grievances are being managed well and the administrator reports there has been a decrease in the volume of grievances.

Discussed some updates on the facility's A/C and heating.

There will be a party for residents on December 22 and there will be a staff party on December 18. The facility has made a point to have some form of celebration each day this month.



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**Cimarron Place Health & Rehabilitation**

3801 Cimarron Blvd.  
Corpus Christi, TX 78414

December 18, 2025

Facility Administrator: Jennifer Steele

The facility's administrator, Jennifer Steele, will be retiring on December 25, 2025. The facility has identified a replacement administrator named Earnest Dela Garza who will be the new administrator of Cimarron Place Health & Rehabilitation after Jennifer's departure.

Cimarron Place Health & Rehabilitation Center is licensed for 120 beds, and its current census is 72 residents including 25 skilled patients. Discussed efforts to build the long-term care census to support maintaining a higher daily average census despite fluctuating admissions and discharges. The team has been taking on more Medicaid pending residents to support growing the long-term care census.

There are four CNA openings at this time. The facility is looking to hire a new nurse to replace one who will likely be departing soon.

The state came to the facility yesterday to investigate two self-reports and a complaint. The surveyor is in the building again today and is expected to complete their investigations and exit today. There are no new self-reports at this time. After this survey visit, there will be no outstanding self-reports.

Cimarron Place Health & Rehabilitation Center has a 3-star rating overall. The facility has a 4-star rating in Health Inspections, a 1-star rating in Staffing, and a 4-star rating in Quality Measures. The facility's overall and staffing star ratings decreased from 4-star and 2-star ratings respectively.

The facility had its monthly QAPI meeting on December 11. Discussed maintaining focus on improving fall and RTA rates. Discussed plans for a respiratory therapist to come offer tracheotomy care and non-rebreather trainings to staff to further increase their skills and knowledge. These efforts will assist the facility in managing more care needs and potentially reducing some readmissions.

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

Grievances have slowed significantly this month. Discussed a previous increase in food grievances when there were new personnel in the kitchen. Discussed working with the new staff to make sure proper adjustments were implemented to improve the resident experience.

The facility recently finished renovating the last room on the 100-hall. Discussed continuing to work on updating other resident rooms in the building when they are empty and available.

The facility is hosting a Christmas party for residents on December 24. There will also be an employee party on Saturday. Discussed the importance of creating meaningful activities for the residents and staff members during this season.



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

1300 2nd Street  
Granbury, TX 76048

December 16, 2025

Facility Administrator: Calvin Crosby

Harbor Lakes Nursing and Rehabilitation Center is licensed for 142 beds, and its current census is 93 residents including 20 skilled patients. The census was impacted by a slight decline around Thanksgiving but has since rebounded. The facility is expecting four admissions today. There are eight referrals under review for admission.

The facility is seeking two CNAs. These openings are due to staff changing to PRN status while they go to school.

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

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

The facility had its monthly QAPI meeting last week. Discussed efforts to improve RTA outcomes. RTAs in November were 18% which improved from the prior month's rate.

There are no reported trends related to infection control.

There are some occasional issues related to dietary staff and competencies. Discussed working with Sonderbloom to implement effective changes in this department including personnel changes when necessary.

The facility will have a Christmas party for staff members tomorrow, and a separate party for residents and their families on Thursday. Discussed entertainment, desserts, and gifts planned for these parties.



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**Red Oak Health and Rehabilitation Center**

101 Reese Drive  
Red Oak, TX 74154

December 11, 2025

Facility Administrator: Lee Richard

Red Oak Health and Rehabilitation Center is licensed for 144 beds, and its current census is 110 residents including 9 skilled patients. The facility has seen steady growth in referrals, which has resulted in strong census growth. There have been more hospitalizations in the community leading to more referrals to the building as well.

The facility is seeking three nurses and ten CNAs. These openings are being covered by fulltime and PRN staff. There is no agency staffing utilization.

The state visited the facility and all reasons for investigation were unsubstantiated. There are no new self-reports at this time.

Red Oak Health and Rehabilitation Center has a 3-star overall rating. The facility has a 3-star rating in Health Inspections, a 3-star rating in Staffing, and a 3-star rating in Quality Measures. The facility's overall, staffing, and health inspections star ratings each increased from 2-star ratings. The facility's quality measures star rating decreased from a 4-star rating. The team is reviewing its quality measures to see where improvements can be made to reach a 4-star rating again.

The facility's monthly QAPI meeting was held yesterday. The interdisciplinary team is focusing on falls. Discussed reviewing the risk of falling for new admissions and ensuring personalized care plans are implemented for each resident.

There are no reported outbreaks in the building at this time. Infection control efforts are going well with no trends. There are also no trends in grievances at this time.

The facility's Thanksgiving meal went well and there will be resident and staff Christmas parties next week.



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### **Silver Spring**

1690 N. Treadway Blvd.  
Abilene, TX 75551

December 15, 2025

Facility Administrator: Bobby Simpkins

Silver Spring is licensed for 120 beds, and its current census is 88 residents including 19 skilled patients. The building was recently voted as the best nursing home in Abilene. The facility has seen increased referrals and admissions to the facility due to the designation. There are six residents in the hospital who are expected to return once appropriate for hospital discharge.

The administrator discussed making staffing adjustments as the census has been increasing. There was one nurse who was terminated due to inappropriate conduct. The facility has a pending hire for a weekend RN. There is an opening for a dayshift nurse. The housekeeping service, Sonderbloom, has a new manager in place.

There was a surveyor who visited the facility on November 24 to investigate an outstanding self-report and a complaint. There are no new self-reports at this time. Discussed working with the ombudsman and ensuring there is great communication and collaboration between these parties.

Silver Spring has a 1-star rating overall. The facility has a 1-star rating in Health Inspections, a 2-star rating in Staffing, and a 4-star rating in Quality Measures. The facility's overall and quality measures star ratings both decreased from 2-star rating.

The facility's monthly QAPI meeting was last Wednesday. The facility has PIPs implemented for falls and medical records. Discussed reviewing the root cause of falls and identifying any trending issues. Discussed communication with residents and training staff on fall prevention efforts.

Infection control is going well at this time. The administrator reported on vaccinations administered to residents.

The facility had a great turnout for the Thanksgiving meal last month. There are plans for separate Christmas parties on Friday for staff and residents. Discussed upcoming plans for all-staff meetings this week as well.



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

December 10, 2025

Facility Administrator: Michael Higgins

Gulf Pointe Plaza is licensed for 120 beds, and its current census is 77 residents including 10 skilled patients. The referral volume has continued to increase and the census has consequently been growing. There are two discharges and one admission planned today. There are referrals being reviewed for five skilled patients and three long-term care patients.

The facility recently hired an RN. There are openings for two LVNs and four CNAs. Discussed review of the current sign-on bonuses being offered and considerations to increase it in order to draw in more applicants.

The facility received the 2567 for the federal review of its most recent state visit which occurred last month. The facility received a D-tag and is submitting the associated POC.

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 will hold its monthly QAPI meeting next Wednesday. The facility reports it has achieved all indicator targets except CNA hours and falls with major injury. Discussed residents who have experienced repeat falls and ensuring residents are being monitored appropriately. The facility expects to close its PIP addressing pressure ulcers since this system has been improving and pressure ulcers are being resolved. The team will maintain its PIP addressing falls.

Infection control efforts have been successful with no reported outbreaks or trends. The facility's medical director stated there has been an increase of cases of flu in the community and in the hospital. Discussed efforts to thoroughly review referrals and ensure proper infection control measures are taken with existing and new residents.

There were no trends reported related to grievances.

The facility's Thanksgiving dinner was successful last month and the administrator reported a great turnout of residents and family members. The employee Christmas party will be on December 13, and the resident Christmas party will be on December 20.



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

December 16, 2025

Facility Administrator: Jodi Scarbro

Arbrook Plaza is licensed for 120 beds, and its current census is 89 residents including 29 skilled patients. The facility has fourteen referrals under review, and there are four residents in the hospital who are expected to return. The facility is planning on two admissions later today.

The facility's nursing department is fully staffed at this time. The therapy team is seeking a part time PTA, and the housekeeping service provider is recruiting a new housekeeper.

There have not been any recent visits by state surveyors, and there were no reports of new reportable incidents.

Arbrook Plaza has a 3-star rating overall. The facility has a 3-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 on December 5. Discussed maintaining focus areas and preparing for annual survey. The interdisciplinary team is maintaining PIPs for RTA rate, medical records, and falls. Falls saw some improvements and is trending well so far this month. Discussed working with the physicians to get signatures and documentation completed timely.

Infection control is being managed with no outbreaks at this time. Discussed being proactive with efforts to keep residents and staff safe. The facility will have an in-service about infection control during its all-staff meeting tomorrow.

There have not been any trends related to grievances. Discussed working with challenging family members and making sure communication standards are maintained.

The Thanksgiving celebrations went well for residents and staff last month. The facility will have a special Christmas meal for residents and staff on Christmas Day. There is also a resident

Christmas party later this week. Discussed other holiday activities and plans for the building over the course of the next week.



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

December 22, 2025

Facility Administrator: Matt Mewborn

Treviso Transitional Care Center is licensed for 140 beds, and its current census is 105 residents including 24 skilled patients. The facility has been in the 100s for the past week. The facility is expecting four discharges this week surrounding Christmas. The facility has fifteen referrals under review for admission.

Discussed staffing and recruitment efforts. There are two CNA openings at this time. There is also a nurse opening which has a candidate who was extended an offer of employment.

There have not been any state visits and there are no new self-reports. There was a trust fund audit which was passed with zero deficiencies.

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's monthly QAPI meeting was last week. Discussed continued efforts to track falls and skin systems. The team is also watching RTA rates.

There are no outbreaks reported at this time. There were a few UTIs, but those infections are being addressed.

A family raised concerns about a resident's clothing selection. Discussed the laundry processes to make sure laundry is being washed timely and allowing residents to continue having options with their clothing choices.

The facility is wrapping up the updates on the last remaining corridor.

The facility celebrated Christmas by building a float and taking the residents in the facility bus to the Longview Christmas Parade. There were also activities with Santa Claus and lots of presents for the residents. There was also a great party for staff with prizes and gifts.

Discussed budget plans and targets for 2026. The facility is recognizing more opportunities to continue pushing for growth.



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**Forum Parkway Health & Rehabilitation**

2112 Forum Parkway  
Bedford, TX 76021

December 5, 2025

Facility Administrator: Dylan Gadberry

This report is from the site visit to Forum Parkway Health & Rehabilitation on December 5, 2025. A tour of the building was provided and a meeting was held with the administrator for an update on the facility.

Forum Parkway Health & Rehabilitation is licensed for 139 beds, and its current census is 87 residents including 18 skilled patients. The facility has two planned admissions. Discussed efforts to transition skilled patients to long-term care services when appropriate.

There are no current staff openings at this time. Discussed staff recruitment and retention best practices.

There have not been any recent visits by state surveyors.

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 will hold its monthly QAPI meeting next week. Discussed continued adherence to maintaining care plans and monitoring interventions.

The facility reported there are no trends or outbreaks in the building at this time. Discussed implementing appropriate infection control precautions as needed to keep residents and staff members safe.

There have not been any trends in grievances recently. Discussed following all grievances until they are appropriately resolved.

The facility completed its VR suite in the therapy gym. The facility also has plans to add a storage unit to the grounds in the coming months.

Discussed holiday plans for activities and parties this month for staff and residents.

Forum Parkway Health & Rehabilitation was very clean and organized. The facilities were maintained and free of odor. The facility was decorated for Christmas throughout the building. The building has a square shape with a central courtyard. The courtyard has also been well maintained and offers peaceful areas where residents are able to enjoy time outdoors.

The visit went throughout the building and included interactions with residents. A group of residents were participating in a group exercise activity in one of the common areas. The activity department does a great job at encouraging residents to participate in activities and have active, social lifestyles. The group exercise activity was supervised by the activity director, but the residents were actively participating and assisting with leading the activity. Discussed the importance of creating meaningful activities and supporting the residents needs to have as much independence as possible.

The talent and learning director spent time discussing the importance of staff development programs in the building. Discussed the opportunity to invest time and resources into this position to support staffing needs. The director makes sure that staff have all the training necessary for completing their roles. Discussed taking opportunities to provide additional teaching and assistance as needed to support staff members. Discussed the positive impact staff development plays on employee retention and job satisfaction for all staff members.

The therapy gym showcased the facility's new VR therapy equipment. There was a resident utilizing the equipment during the tour and it demonstrated new ways residents can safely exercise. This technology is used to strengthen various muscles of the body while supporting recovery plans of those residents on therapy services.

Discussed the importance of having strong systems in place and efforts to ensure there is consistency in all aspects of care. The administrator shared some of the success with infection control and wound care. The nurse managers are very involved in these systems and take ownership of overseeing these processes and ensuring improvements are achieved.

The facility's residents were happy throughout the building. The facility also has a therapy dog who visits at times. There is also a fish tank in the facility which is a high traffic area for residents.

The facility is maintaining its ambassador round assignments. Each resident room is assigned to a department head who completes routine rounds on the room to check in on the residents. This assists the facility in monitoring interventions, and ensuring expectations are being met.



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

December 11, 2025

Facility Administrator: Nadeline Greene

Copperas Cove LTC is licensed for 124 beds, and its current census is 71 residents. There are three residents in the hospital who are expected to return soon. There are also four referrals with one planned for admission.

The facility is putting together a marketing action plan to support census growth. Discussed including prompt communication with residents, family members, and case managers.

The facility is seeking three nurses and four CNAs. The facility is utilizing some agency to cover openings as needed.

The state has made a few visits to the building recently to investigate some outstanding complaints and self-reports. There was a visit on November 14 which resulted in two IJs being cited. Part of the investigation during this visit included weights and the surveyor identified a resident who had dietary recommendations which weren't implemented timely. There was also a DNR which was not signed and therefore not followed. The two IJs were cited under weights and resident rights. The administrator is completing an action plan for the state due to the recent IJs.

The state returned on Monday to investigate a self-report and two complaints. The self-report was regarding a resident-to-resident incident. The self-report and complaints were unsubstantiated. However, the facility received a tag for call lights since the surveyor observed some call lights that were out of reach.

Copperas Cove LTC has a 2-star rating overall. The facility has a 2-star rating in Health Inspections, a 2-star rating in Staffing, and a 3-star rating in Quality Measures. The facility's overall, staffing, and quality measures star ratings increased from 1-star, 1-star, and 2-star ratings respectively.

The facility will hold its monthly QAPI meeting on December 16. The team is maintaining review and monitoring of recent survey activity and findings cited by surveyors. Discussed having weekly QAPI meetings to ensure focus areas stay at the front of operations.

There are no trends or outbreaks related to infection control. There is one resident who admitted under isolation precautions which will be maintained until the resident has recovered.

The facility has recently revised its grievance process and is putting out education and inservicing with staff to better log and record grievances.

The Thanksgiving event last month with the community was very successful with great support from visitors. The team is planning a resident Christmas party. The community has been very supportive with the angel tree in the building and ensuring there are gifts for residents.



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

December 18, 2025

Facility Administrator: Brittany Smith

Winnie L LTC is licensed for 105 beds, and its current census is 41 residents. The facility has two planned admissions at this time. There are also two residents in the hospital who are expected to return when appropriate for hospital discharge. For the month of November, the facility averaged a census of 44 residents.

The facility will have a transition with the DON and ADON soon. The DON is departing to return to school, but the facility has interviewed some candidates for the opening. There is a treatment nurse who is interested in the ADON position. The facility is seeking three nurses due to the growing census. There is also one CNA opening at this time. The facility reported 57 total employees and a 5% turnover rate.

The facility reported the state visited to investigate two self-reports. All reasons for investigation were unsubstantiated.

Winnie L LTC has a 1-star overall rating. The facility has a 2-star rating in Health Inspections, a 1-star rating in Staffing, and a 3-star rating in Quality Measures.

The facility's monthly QAPI meeting will be held later this month. The facility reports it is meeting all indicator targets under Components 1, 3, and 4. It did not achieve any target under Component 2, but is working to reach its staffing targets.

The administrator shared recent efforts to manage infections. There are no outbreaks or trends reported at this time. There are no trends reported in grievances either.

The facility is having an employee Christmas party today during lunch hours and a resident Christmas party this evening.



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

December 17, 2025

Facility Administrator: Lorraine Haynes

The Villa at Texarkana is licensed for 120 beds, and its current census is 97 residents including 6 skilled patients. There are a few admissions scheduled this week and there are no discharges planned at this time.

The facility is seeking a few CNAs, but all other positions are filled at this time.

The state came to the facility over the last few days to investigate ten intakes and some complaints. All reasons for investigation were unsubstantiated. The facility is waiting for the state to return to conduct the facility's annual fullbook survey.

The Villa at Texarkana has a 5-star rating overall. The facility has a 4-star rating in Health Inspections, a 3-star rating in Staffing, and a 5-star rating in Quality Measures.

The facility held its monthly QAPI meeting and reviewed clinical systems and quality measures. Discussed maintaining recent focus areas and there were no changes to performance improvement plans reported. Reviewed survey readiness efforts and preparation for fullbook survey.

Infection control efforts in the facility have been successful with no reported trends or outbreaks. Discussed observations in the community and efforts to ensure residents and staff stay safe.

The renovations in the facility are ongoing. Discussed progress with the bathroom remodels.

The facility reported a successful Thanksgiving event for residents last month. The team had a great time throwing the resident Christmas party yesterday with lots of gifts, music, and food. The facility will have a staff Christmas party on Friday.



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**Parkview Manor Nursing & Rehabilitation**

206 N. Smith St.  
Weimar, TX 78962

December 15, 2025

Facility Administrator: Isaiah Ramirez  
Facility DON: Raysheta Richardson

At the facility QAPI meeting on 12/15/25, the Administrator and other attendees discussed the facility's outcomes from November 2025.

Parkview Manor Nursing & Rehabilitation is licensed for 94 beds, and its current census is 41 residents. For the month of November, the facility averaged a census of 46 residents.

The facility reported 64 total employees and a turnover rate of 11% during the month of November.

The facility reported a self-report regarding an allegation of physical abuse. The state investigated the allegation and all reasons for investigation were unsubstantiated.

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

The facility reported there was an increase of falls and seven residents who experienced repeat falls. Discussed fall interventions and reviewing the safety of residents. The facility has a performance improvement plan for this system.

The facility reported 7% of the census had pressure ulcers, and 9% saw weight loss. Discussed interventions and variables affecting these systems. Discussed collaborating with the facility's medical director and consultant dietician to support residents' needs.

The facility met all indicators under Component 1. The facility did not meet CNA and total nursing hours under Component 2. Discussed efforts to hire additional staff and support these targets.

The facility did not meet new/worsened bowel/bladder incontinence under Component 3.  
Discussed staff training and opportunities to support resident continent care.

The facility did not meet the indicator target for pressure ulcers under Component 4.  
Discussed improvements observed in this system in December and expectations to meet this target soon.



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

December 11, 2025

Facility Administrator: Heather Devine

Gracy Woods Nursing Center is licensed for 122 beds, and its current census is 91 residents including 5 skilled patients. Discussed challenges with skilled admissions since star ratings are not available due to special focus designation. The facility has one admission planned tomorrow.

The facility is recruiting to fill vacancies for three nurses and two CNAs. All department heads are in place at this time.

There have been some recent visits from state surveyors which resulted in two low-level citations. On November 7, the facility received a D-tag for comprehensive care plans and on November 24, the facility received an E-tag for nurse aide competencies related to the CNA class students. Discussed the certification process of newly graduated CNA students and working towards their certification test. Discussed making changes to skills checkoffs reporting as well.

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.

Discussed the facility's recent monthly QAPI meeting held on December 9. The interdisciplinary team continues to discuss rapid response team feedback. The team is roughly 45% done with its rapid response plan. All PASRR plans were completed and checked off yesterday.

There were no reported infection control trends or outbreaks.

The administrator reported the laundry delays have been fixed and the department and its workflows are on track.

An HVAC unit was replaced today. The kitchen's freezer door is not functioning properly, and the vendor is coming to repair it. Discussed using a portable freezer in the meantime.

The facility will have a resident Christmas party on December 13. There will also be a party for managers and staff next week.



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### **Garland Nursing and Rehabilitation**

321 N Shiloh Rd  
Garland, TX 75042

December 17, 2025

Facility Administrator: Wanda Ledford

Garland Nursing and Rehabilitation is licensed for 122 beds, and its current census is 79 residents including 3 skilled patients. There are three residents in the hospital at this time. There is one approved referral pending hospital discharge. The facility is approaching its operational capacity due to constraints with Medicaid certification.

The facility is recruiting a few CNAs, but is fully staffed with nurses, dietary staff, housekeeping staff, and department heads. There is a lot of PRN staff who helps fill vacancies. The new business office manager is starting after Christmas. The facility's new DON started yesterday. The administrator is pleased with the engagement of the new DON after her first day.

There have not been any visits by the state this month. The facility submitted a self-report regarding an allegation of abuse. Discussed the facility's investigation and efforts to ensure residents are safe. The allegation of abuse was unconfirmed internally.

Garland 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 3-star rating in Quality Measures.

The facility will hold its monthly QAPI meeting soon. Discussed some challenges with gathering information due to some personnel changes and the recent change of ownership. The facility is maintaining efforts to support clinical systems through the transition. The administrator expects the new DON to be a great support to this process.

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

The administrator reported there are no trends under grievances, but the facility strives to consistently follow up on customer service opportunities. The facility in-serviced staff recently and does so routinely to ensure customer service remains front of mind.

The facility will host Christmas parties next week for the residents and staff members. Discussed the importance of showing appreciation to the employees and creating special activities and events for the residents.

Administrator: Genevieve Gonzales, LNFA  
DON: New one to start 1/5/26

## **FACILITY INFORMATION**

Deerbrook Nursing and Rehab is a licensed 124- bed facility with an overall star rating of 2 and a rating of 5 stars in Quality Measures. Current census is 97: 6 PP; 2 MCR; 61 MCD; 16 HMO; 5 Hospice.

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

The Facility had a trunk or treat and Thanksgiving dinner for the residents. They had a Christmas party last week with community involvement.

The Administrator reports the facility continues with the MAD Genius program and continually check their competencies and conducts regular training. The facility continues with their tuition reimbursement program for medication aides. They partner with Lonestar College & local community college for CMA to LVN, LVN to RN and pay for books, materials, etc. The Administrator reports they continue to honor each department/position throughout the year. The facility also does appreciation lunches for staff when they can. The facility had a Christmas party with food and gifts off site.

## **EDUCATION PROVIDED**

- **Reviewed QIPP year 9** – QIPP year 9 Qtr 2 started 12/1/25 but the data collection started 10/1/25 and will end 12/31/25. The facility is currently meeting 3 of the 4 components with PIPs in place for antipsychotics, locomotion and antianxiety medications.
- **Preparation for winter temperatures** - The staff have been trained and disaster manual updated on the facility's emergency plan for freezing temperatures that includes generator checks for Power loss, Water and food needs, Medical and pharmaceutical supplies, Communication to families and staff, Staffing shortages and Sheltering in place and evacuation, as applicable.

## **SURVEY INFORMATION**

The facility had state in the building in October, and they received an IJ for an elopement that was not reported. They came again in November for a complaint and self-reports, and they received a citation for infection control, inappropriate discharge, resident call system, ADLs, care plans (all D level) and the POC has been accepted.

## **REPORTABLE INCIDENTS**

**September/October/November 2025** the facility did not provide this information.

**CLINICAL TRENDING SEPTEMBER/OCTOBER/NOVEMBER 2025**

**Incidents/Falls:**

Deerbrook reported – Information not provided

**Infection Control:**

The facility reported - Information not provided

**Weight loss**

Deerbrook reported - Information not provided

**Pressure Ulcers:**

Deerbrook reported - Information not provided

**Restraints:**

Deerbrook is a restraint free facility.

**Staffing: Information not provided**

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

Total number employees: Turnover rate%:

**Casper Report: Information not Provided**

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

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

**PHARMACY Consultant reports/visit/ med destruction?** Comes monthly. No concerns

# of GDR ATTEMPTS in the month: How many successful? **Information not provided**  
 # of Anti-anxiety (attempts\_\_ successful\_\_ failed\_\_)  
 # of Antidepressants (attempts\_\_ successful\_\_ failed\_\_)  
 # of Antipsychotic (attempts\_\_ successful\_\_ failed\_\_)  
 # of Sedatives (attempts\_\_ successful\_\_ failed\_\_)

**DIETICIAN Recommendation concerns/Follow Up?** Comes monthly.

**SOCIAL SERVICES NUMBER/TYPE OF GRIEVANCES (RESOLVED OR NOT)** – 35 all resolved

**TRAUMA INFORMED CARE IDENTIFIED:** NA

**ACTIVITIES PIP/CONCERNS:** None

**DIETARY PIP/CONCERNS:** None

**ENVIRONMENTAL SERVICES PIP/CONCERNS:** None, occasional lost piece of clothing

**MAINTENANCE PIP/CONCERNS:** None

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

**MDS PIPS/CONCERNS:** None

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

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

Indicator	State Benchmark	Baseline Target	Results	Met (5% improvement) Y/N	Comments
<b>Metric 1:</b> (CMS N013.02) Percent of residents experiencing one or more falls with major injury	%	%	%		<b>Information not provided</b>
<b>Metric 2:</b> (CMS N024.02) Percent of residents with a urinary tract infection	%	%	%		
<b>Metric 3:</b> (CMS N029.03) Percent of residents who lose too much weight	%	%	%		
<b>Metric 4:</b> (CMS N031.04) Percent of residents who	%	%	%		

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

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

<b>Indicator</b>	<b>National Benchmark</b>	<b>Baseline Target</b>	<b>Performance Target of 1% improvement</b>	<b>Results</b>	<b>Met Y/N</b>	<b>Comments</b>
Payroll Based Journal (PBJ) - Staffing Measure in Hours Per Resident Day (HPRD)	Met Y/N					
<b>Metric 1:</b> Reported Certified Nursing Assistant (CNA) HPRD		%	%	%		Information not provided
<b>Metric 2:</b> Reported Licensed Nursing HPRD		%	%	%		
<b>Metric 3:</b> Reported Total Nursing Staff HPRD		%	%	%		
<b>In case of audit:</b> Did NF maintain 4 additional hours ( <i>non-managerial</i> ) of RN staffing coverage per day, beyond the CMS mandate?						
<ul style="list-style-type: none"> <li>Additional hours provided by direct care staff?</li> </ul>						
Did NF maintain 8 additional hours ( <i>non-managerial</i> ) of RN staffing coverage per day, beyond the CMS mandate?						
<ul style="list-style-type: none"> <li>8 additional hours non-concurrenty scheduled?</li> </ul>						
<ul style="list-style-type: none"> <li>Additional hours provided by direct care staff?</li> </ul>						
<ul style="list-style-type: none"> <li>Telehealth used?</li> </ul>						
NFs provided in total 12 or 16 hours of RN coverage, respectively, on at least 90 percent of the days within the reporting period?						
<ul style="list-style-type: none"> <li>Agency usage or need d/t critical staffing levels</li> </ul>						

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

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

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

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

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

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 over the phone with the Administrator. The facility is currently COVID\_19 free.

The Administrator reports the facility had a fall festival and a Thanksgiving dinner to include families and they had a resident Christmas party today with snacks and community gifts for the residents and they will have a Christmas Day lunch. 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 staff Christmas party will be Thursday with drawings and bonuses.

## **QIPP SCORECARD:**

The Administrator reports the facility is meeting all 4 QIPP components in quarter 2 year 9.

## **SURVEY INFORMATION**

The facility had state in the building in August, and they have not been back since.

## **REPORTABLE INCIDENTS**

Administrator reports there are no pending SRIs.

## **EDUCATION PROVIDED**

- **Reviewed QIPP year 9** – QIPP year 9 Qtr 2 started 12/1/25 but the data collection started 10/1/25 and will end 12/30/25. The facility is currently meeting all 4 components.
- **Preparation for winter temperatures** - The staff have been in-serviced 2 weeks ago and and disaster manual updated on the facility's emergency plan for freezing temperatures that includes Power loss, Water and food needs, Medical and pharmaceutical supplies, Communication to families and staff, Staffing shortages and Sheltering in place and evacuation, as applicable.

## **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 in need of 2p-10p CNAs but they are 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:** None

**MAINTENANCE:** None

**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 88 with a skill mix of 18.

The QIPP site visit was conducted over the phone with 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 still has a full-time NP in-house.

The Administrator reports they had a resident catered Thanksgiving meal with families and staff. They are having the resident Christmas party next week with Santa Claus and community gifts.

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. The facility is giving away (3) 500.00 gift cards for whoever has not called in over last 3 months and they are having the employee Christmas party with gift cards and a catered meal.

### **QIPP SCORECARD:**

The Administrator reports they are meeting all 4 QIPP components for quarter two of year 9.

### **SURVEY INFORMATION**

The Administrator reports the state came in December for a self-report and complaint investigation both unsubstantiated, no citations.

### **REPORTABLE INCIDENTS**

The Administrator reports the facility has 3 pending self-reports.

### **EDUCATION PROVIDED**

- **Reviewed QIPP year 9** – QIPP year 9 Qtr 2 started 12/1/25 but the data collection started 10/1/25 and will end 12/30/25. The facility is meeting all 4 components.
- **Preparation for winter temperatures** - The staff have been in-serviced and generator checks every Friday and disaster manual updated on the facility's emergency plan for freezing temperatures that includes Power loss, Water and food needs, Medical and pharmaceutical supplies, Communication to families and staff, Staffing shortages and Sheltering in place and evacuation, as applicable.

**PHARMACY:** No concerns, comes monthly

**NURSING/MDS:** None

**DIETARY/KITCHEN:** No concerns, Dietician comes monthly

**HOUSEKEEPING/LAUNDRY:** No concerns

**CENTRAL SUPPLY/MEDICAL RECORDS:** No concerns

**MAINTENANCE:** Building upgraded to a keypad system on every door

**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 1 full time nursing and 3-4 CNA open positions

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 100.

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 Christmas party with gifts, carolers from church, and a Korean newspaper reporter coming Thursday.

The Administrator reports the facility will have their Christmas party this week and he will be cooking a meal for them and they will pass out gifts and bonuses and they try to do something for the staff every month.

### **SURVEY INFORMATION**

The state came to the facility in the last 2 months for complaint investigations and to review self-reports and nothing substantiated or cited.

### **REPORTABLE INCIDENTS**

The facility has 5 pending self-reports.

### **EDUCATION PROVIDED**

- **Reviewed QIPP year 9** – QIPP year 9 Qtr 2 started 12/1/25 but the data collection started 10/1/25 and will end 12/30/25. The facility is currently meeting all 4 components
- **Preparation for winter temperatures** - The staff have been in-serviced and held a drill and disaster manual updated on the facility's emergency plan for freezing temperatures that includes weekly generator checks for Power loss, Water and food needs, Medical and pharmaceutical supplies, Communication to families and staff, Staffing shortages and Sheltering in place and evacuation, as applicable.

### **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.

**PHARMACY:** No concerns, comes monthly

**NURSING/MDS:** None

**DIETARY/KITCHEN:** No concerns, Dietician comes monthly

**HOUSEKEEPING/LAUNDRY:** No concerns

**CENTRAL SUPPLY/MEDICAL RECORDS:** No concerns

**MAINTENANCE:** fixing vinyl floors (stripping wax off floors that was applied incorrectly)

**Activities:** No concerns

**QIPP SCORECARD: Information not provided**

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 96 with a skill mix of 13.

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

The facility has regular outings. The facility is having a family Christmas party for the residents Thursday evening, and they were able to take a few to the Marshall Christmas parade.

The Administrator reports the facility continues anniversary recognitions, giveaways at staff meetings, and they also have an employee of the month program. The facility will have a staff Christmas party Friday to include gifts and raffles onsite.

### **QIPP SCORECARD:**

The Administrator reports the facility is meeting all 4 QIPP components in quarter two 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 two pending self-reports.

### **EDUCATION PROVIDED**

- **Reviewed QIPP year 9** – QIPP year 9 Qtr 2 started 12/1/2025 and data collection began 10/1/2025 and will end 12/31/25. The facility is currently meeting all 4 components.
- **Preparation for winter temperatures** - The staff have been in-serviced and disaster manual updated on the facility's emergency plan for freezing temperatures that includes Power loss, Water and food needs, Medical and pharmaceutical supplies, Communication to families and staff, Staffing shortages and Sheltering in place and evacuation, as applicable.

**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 position for ADON 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 52 (8 skill mix) with 15 in memory care.

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

The facility has regular outings to the store and for Bingo and they had a casino boat trip this fall. The facility had a fall festival and a Thanksgiving dinner with families. The Administrator reports the facility resident Christmas party will be next week with church music and gifts.

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. The staff Christmas party will be this Thursday with an Italian meal with gift drawings and gift cards.

## **EDUCATION PROVIDED**

- **Reviewed QIPP year 9** – QIPP year 9 Qtr 2 started 12/1/25 but the data collection started 10/1/25 and will end 12/30/25. The facility is currently meeting all 4 components.
- **Preparation for winter temperatures** - The staff have been in-serviced and disaster manual updated on the facility's emergency plan for freezing temperatures that includes checking generator regularly, Power loss, Water and food needs, Medical and pharmaceutical supplies, Communication to families and staff, Staffing shortages and Sheltering in place and evacuation, as applicable.

## **QIPP SCORECARD:**

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

## **SURVEY INFORMATION**

Administrator reports the state came last month on a self-report/complaint and they did receive an IJ that was cleared within 24 hours, and they are waiting for the state to return. They are also still waiting for their full book survey.

## **REPORTABLE INCIDENTS**

The facility has 3 pending self-reports.

**PHARMACY:** No concerns, comes monthly 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:**

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 and 2 CNA open positions.

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 54 and 24 in the unit.

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

The Administrator reports the facility had a fall festival/carnival for residents and a family style meal for residents, families and staff. The Administrator reports the facility resident Christmas party Thursday with Santa and churches and choirs have been coming in to perform.

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 are having their staff Christmas party on Friday with gifts and door prizes and a catered meal.

### **EDUCATION PROVIDED**

- **Reviewed QIPP year 9** – QIPP year 9 Qtr 2 started 12/1/25 but the data collection started 10/1/25 and will end 12/30/25. The facility is meeting all 4 QIPP components for this quarter but they do have a PIP for antipsychotics.
- **Preparation for winter temperatures** - The staff have been in-serviced and held a drill and disaster manual updated on the facility's emergency plan for freezing temperatures that includes, just bought new battery for the generator in case of Power loss, Water and food needs, Medical and pharmaceutical supplies, Communication to families and staff, Staffing shortages and Sheltering in place and evacuation, as applicable.

### **SURVEY INFORMATION**

Administrator reports the facility had the state in the facility to clear self-reports and investigate a complaint and all were unsubstantiated, no citations.

### **REPORTABLE INCIDENTS**

The Administrator reports the facility has no pending SRIs.

**Pharmacy:** No concerns, comes monthly and medication destruction completed

**Nursing/MDS:** No concerns

**Dietary/Kitchen:** The pantry ceiling has been fixed.

**Housekeeping/laundry:** No concerns

**Central supply/medical records:** No Concerns

**Maintenance:** New gutters

**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: 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 113: 17 PP; 4 Skilled; 62 MCD +5 pending; 14 HMO; 11 Hospice and 14 in Memory Care.

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

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 Halloween party and a thanksgiving meal with families and they are having their Christmas dinner with families this week.

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. The Administrator reports the staff Christmas party is tomorrow with a meal and raffles for gifts.

## **SURVEY INFORMATION**

The facility had the state in the building in November to clear 1 SRI and 1 complaint that were both unsubstantiated, no citations.

## **REPORTABLE INCIDENTS**

During **September/October/November 2025** the facility had 1 self-report that was cleared.

## **EDUCATION PROVIDED**

- **Reviewed QIPP year 9** – The facility is currently meeting all 4 QIPP components. They do have a PIP in place for antipsychotics.
- **Preparation for winter temperatures** - The staff have been in-serviced and disaster manual updated on the facility's emergency plan for freezing temperatures that includes Power loss, Water and food needs, Medical and pharmaceutical supplies, Communication to families and staff, Staffing shortages and Sheltering in place and evacuation, as applicable.

## **CLINICAL TRENDING FOR SEPTEMBER/OCTOBER/NOVEMBER 2025**

### **Incidents/Falls:**

Willowbrook had 70 falls without injury (38 repeat) and 2 falls with injury. The facility also reported 1 Fracture, 17 Skin Tears, 1 Laceration, 0 Elopements, 1 Behavior and 6 Bruises. PIP in place for falls.

**Infection Control:**

Willowbrook reports 97 total infections 27 UTI's; 15 Respiratory infections, 5 EENT infections, 47 Wound infections, 0 Blood infections, 1 GI infection, 0 Genital infections and 2 Other infections.

**Weight loss:**

Willowbrook reported Weight loss 6 residents with 5-10% and 8 residents with > 10% loss.

**Pressure Ulcers:**

Willowbrook had 5 residents with 7 pressure ulcer sites and 2 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						
2 to 10		2	2			
10 to 6						
Other						
# Hired this month						
# Quit/Fired						

Total number employees: 120 \_\_\_\_\_ Turnover rate%: \_15\_\_\_\_\_

**CASPER REPORT**

Indicator	Current %	State %	National %	Comments/PIPs
Percent of residents who used antianxiety or hypnotic medication (L)	13.3%	18.3%	19.6%	
Fall w/Major Injury (L)	3.1%	3.4%	3.4%	
UTI (L)	0.0%	1.0%	1.8%	
High risk with pressure ulcers (L)	3.0%	4.8%	5.8%	
Loss of Bowel/Bladder Control(L)	5.6%	16.1%	20.0%	
Catheter(L)	0.0%	0.5%	1.2%	
Physical restraint(L)	0.0%	0.1%	0.1%	
Residents whose ability to walk independently worsened (L)	3.3%	17.7%	16.6%	
Excessive Weight Loss(L)	2.4%	3.2%	5.4%	
Depressive symptoms(L)	2.1%	2.8%	12.3%	
Antipsychotic medication (L)	10.3%	8.6%	14.2%	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\_\_3\_\_ failed\_\_1\_\_)  
 # of Antidepressants (attempts\_\_4\_\_ successful\_\_2\_\_ failed\_\_2\_\_)  
 # of Antipsychotic (attempts\_\_6\_\_ successful\_\_6\_\_ failed\_\_0\_\_)  
 # 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)-** 5, all resolved

**TRAUMA INFORMED CARE IDENTIFIED:** None

**ACTIVITIES PIP/CONCERNS:** New Director 2 months ago

**DIETARY PIP/CONCERNS:** None

**ENVIRONMENTAL SERVICES PIP/CONCERNS:** None

**MAINTENANCE PIP/CONCERNS:** None

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

**MDS PIPS/CONCERNS:** None

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

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

Indicator	State Benchmark	Baseline Target	Results	Met (5% improvement) Y/N	Comments
<b>Metric 1:</b> (CMS N013.02) Percent of residents experiencing one or more falls with major injury	3.4%	3.4%	3.1%	Y	
<b>Metric 2:</b> (CMS N024.02) Percent of residents with a urinary tract infection	1.0%	1.0%	0.0%	Y	
<b>Metric 3:</b> (CMS N029.03) Percent of residents who lose too much weight	3.2%	3.2%	2.4%	Y	
<b>Metric 4:</b> (CMS N031.04) Percent of residents who received an antipsychotic medication	8.6%	8.6%	10.3%	N	PIP
<b>Metric 5:</b> (CMS N035.04) Percent of residents whose ability to walk independently worsened	17.7%	17.7%	3.3%	Y	

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

<b>Indicator</b>	<b>National Benchmark</b>	<b>Baseline Target</b>	<b>Performance Target of 1% improvement</b>	<b>Results</b>	<b>Met Y/N</b>	<b>Comments</b>
<b>Payroll Based Journal (PBJ) - Staffing Measure in Hours Per Resident Day (HPRD)</b>	<b>Met Y/N</b>					
<b>Metric 1:</b> Reported Certified Nursing Assistant (CNA) HPRD 60% weighted	<b>Y</b>	<b>1.88</b>	<b>1.92</b>	<b>1.84</b>	<b>N</b>	
<b>Metric 2:</b> Reported Licensed Nursing HPRD 85% weighted	<b>Y</b>	<b>1.09</b>	<b>1.11</b>	<b>1.19</b>	<b>Y</b>	
<b>Metric 3:</b> Reported Total Nursing Staff HPRD 100% weighted	<b>Y</b>	<b>2.97</b>	<b>3.03</b>	<b>3.02</b>	<b>Y/N</b>	
<b>In case of audit:</b> Did NF maintain 4 additional hours ( <i>non-managerial</i> ) of RN staffing coverage per day, beyond the CMS mandate?					<b>Y</b>	
<ul style="list-style-type: none"> <li>Additional hours provided by direct care staff?</li> </ul>						
Did NF maintain 8 additional hours ( <i>non-managerial</i> ) of RN staffing coverage per day, beyond the CMS mandate?					<b>Y</b>	
<ul style="list-style-type: none"> <li>8 additional hours non-concurrently scheduled?</li> </ul>					<b>Y</b>	
<ul style="list-style-type: none"> <li>Additional hours provided by direct care staff?</li> </ul>					<b>Y</b>	
<ul style="list-style-type: none"> <li>Telehealth used?</li> </ul>					<b>Y</b>	
NFs provided in total 12 or 16 hours of RN coverage, respectively, on at least 90 percent of the days within the reporting period?					<b>Y</b>	
<ul style="list-style-type: none"> <li>Agency usage or need d/t critical staffing levels</li> </ul>					<b>Y</b>	

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

<b>Indicator</b>	<b>National Benchmark</b>	<b>Baseline Target</b>	<b>Results</b>	<b>Met (5% Improvement)</b>	<b>Comments</b>
<b>Metric 1:</b> (CMS N030.03) Percent of residents who have depressive symptoms	12.3%	12.3%	2.1%	<b>Y</b>	

<b>Metric 2:</b> (CMS N036.03) Percent of residents who used antianxiety or hypnotic medication	19,6%	19.6%	13.3%	Y	
<b>Metric 3:</b> (CMS N046.01) Percent of residents with new or worsened bowel or bladder incontinence	20.0%	20.0%	5.6%	Y	

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

Indicator	State Benchmark	Baseline Target	Results	Met (5% Improvement) Y/N	Comments
<b>Metric 1:</b> (CMS N045.01) Percent of residents with pressure ulcers	4,8%	4.8%	3.0%	Y	
<b>Metric 2:</b> (CMS N026.03) Percent of residents who have/had a catheter inserted and left in their bladder	0.5%	0.5%	0.0%	Y	

# **Exhibit “G-1”**

# AIA<sup>®</sup> Document B102<sup>®</sup> – 2017

## **Standard Form of Agreement Between Owner and Architect** without a Predefined Scope of Architect's Services

**AGREEMENT** made as of the Ninth day of December in the year Two Thousand Twenty-Five

*(In words, indicate day, month and year.)*

**BETWEEN** the Architect's client identified as the Owner:  
*(Name, legal status, address and other information)*

Winnie-Stowell Hospital District  
PO Box 1997  
Winnie, TX 77665

and the Architect:  
*(Name, legal status, address and other information)*

THR3E Design LLC  
9301 Southwest Freeway, Suite 350  
Houston, TX 77074  
(346) 484-3300

for the following (hereinafter referred to as "the Project"):  
*(Insert information related to types of services, location, facilities, or other descriptive information as appropriate.)*

Winnie Medical Clinic  
Winnie, TX 77665

The project shall consist of a one-story outpatient medical facility located on a 13.9-acre site bounded by State Highway 124 and Chestnut Road, located in Winnie, Texas. It is our understanding that the total project scope has not been defined.

The Owner and Architect agree as follows.

**ADDITIONS AND DELETIONS:**  
The author of this document may have revised the text of the original AIA standard form. An *Additions and Deletions Report* that notes revisions to the standard form text is available from the author and should be reviewed. A vertical line in the left margin of this document indicates where the author has added to or deleted from the original AIA text.

This document has important legal consequences. Consultation with an attorney is encouraged with respect to its completion or modification.



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### ARTICLE 1 ARCHITECT'S RESPONSIBILITIES

§ 1.1 The Architect shall provide the following professional services:

*(Describe the scope of the Architect's services or identify an exhibit or scope of services document setting forth the Architect's services and incorporated into this document in Section 9.2.)*

Refer to Exhibit A for initial scope of services.

§ 1.1.1 The Architect represents that it is properly licensed in the jurisdiction where the Project is located to provide the services required by this Agreement, or shall cause such services to be performed by appropriately licensed design professionals.

§ 1.2 The Architect shall perform its services consistent with the professional skill and care ordinarily provided by architects practicing in the same or similar locality under the same or similar circumstances. The Architect shall perform its services as expeditiously as is consistent with such professional skill and care and the orderly progress of the Project.

§ 1.3 The Architect identifies the following representative authorized to act on behalf of the Architect with respect to the Project.

*(List name, address, and other contact information.)*

Jennifer Higgins, AIA

Principal

9301 Southwest Freeway, Suite 350

Houston, TX 77074

Phone: (281) 620-7727

Email: [jhiggins@thr3edesign.com](mailto:jhiggins@thr3edesign.com)

§ 1.4 Except with the Owner's knowledge and consent, the Architect shall not engage in any activity, or accept any employment, interest or contribution that would reasonably appear to compromise the Architect's professional judgment with respect to this Project.

§ 1.5 The Architect shall maintain the following insurance until termination of this Agreement. If any of the requirements set forth below are in addition to the types and limits the Architect normally maintains, the Owner shall pay the Architect as set forth in Section 6.2.3.

§ 1.5.1 Commercial General Liability with policy limits of not less than One Million Dollars and Zero Cents (\$1,000,000.00) for each occurrence and Two Million Dollars and Zero Cents (\$2,000,000.00) in the aggregate for bodily injury and property damage.

§ 1.5.2 Automobile Liability covering vehicles owned, and non-owned vehicles used, by the Architect with policy limits of not less than One Million Dollars and Zero Cents (\$ 1,000,000.00 ) per accident for bodily injury, death of any person, and property damage arising out of the ownership, maintenance and use of those motor vehicles, along with any other statutorily required automobile coverage.

§ 1.5.3 The Architect may achieve the required limits and coverage for Commercial General Liability and Automobile Liability through a combination of primary and excess or umbrella liability insurance, provided such primary and excess or umbrella liability insurance policies result in the same or greater coverage as the coverages required under Sections 1.5.1 and 1.5.2, and in no event shall any excess or umbrella liability insurance provide narrower coverage than the primary policy. The excess policy shall not require the exhaustion of the underlying limits only through the actual payment by the underlying insurers.

§ 1.5.4 Workers' Compensation at statutory limits.

§ 1.5.5 Employers' Liability with policy limits not less than One Million Dollars and Zero Cents (\$ 1,000,000.00 ) each accident, One Million Dollars and Zero Cents (\$ 1,000,000.00 ) each employee, and One Million Dollars and Zero Cents (\$ 1,000,000.00 ) policy limit.

§ 1.5.6 Professional Liability covering negligent acts, errors and omissions in the performance of professional services with policy limits of not less than Five Million Dollars and Zero Cents (\$ 5,000,000.00 ) per claim and Five Million Dollars and Zero Cents (\$ 5,000,000.00 ) in the aggregate.

§ 1.5.7 **Additional Insured Obligations.** If requested by the Owner, to the fullest extent permitted by law, the Architect shall cause the primary and excess or umbrella policies for Commercial General Liability and Automobile Liability to include the Owner as an additional insured for claims caused in whole or in part by the Architect's negligent acts or omissions. The additional insured coverage shall be primary and non-contributory to any of the Owner's insurance policies and shall apply to both ongoing and completed operations.

§ 1.5.8 The Architect shall provide certificates of insurance to the Owner that evidence compliance with the requirements in this Section 1.5.

## ARTICLE 2 OWNER'S RESPONSIBILITIES

§ 2.1 Unless otherwise provided for under this Agreement, the Owner shall provide information in a timely manner regarding requirements for and limitations on the Project, including a written program, which shall set forth the Owner's objectives; schedule; constraints and criteria, including space requirements and relationships; flexibility; expandability; special equipment; systems; and site requirements.

§ 2.2 The Owner identifies the following representative authorized to act on the Owner's behalf with respect to the Project. The Owner shall render decisions and approve the Architect's submittals in a timely manner in order to avoid unreasonable delay in the orderly and sequential progress of the Architect's services.  
*(List name, address, and other contact information.)*

Edward Murrell  
Board President  
PO Box 1997  
Winnie, TX 77665  
Phone: 409-656-3414  
Email: murrelledward@yahoo.com

§ 2.3 The Owner shall coordinate the services of its own consultants with those services provided by the Architect. Upon the Architect's request, the Owner shall furnish copies of the scope of services in the contracts between the

Owner and the Owner's consultants. The Owner shall furnish the services of consultants other than those designated as the responsibility of the Architect in this Agreement, or authorize the Architect to furnish them as an Additional Service, when the Architect requests such services and demonstrates that they are reasonably required by the scope of the Project. The Owner shall require that its consultants and contractors maintain insurance, including professional liability insurance, as appropriate to the services or work provided.

**§ 2.4** The Owner shall furnish all legal, insurance and accounting services, including auditing services, that may be reasonably necessary at any time for the Project to meet the Owner's needs and interests.

**§ 2.5** The Owner shall provide prompt written notice to the Architect if the Owner becomes aware of any fault or defect in the Project, including errors, omissions or inconsistencies in the Architect's Instruments of Service.

**§ 2.6** Within 15 days after receipt of a written request from the Architect, the Owner shall furnish the requested information as necessary and relevant for the Architect to evaluate, give notice of, or enforce lien rights.

### **ARTICLE 3 COPYRIGHTS AND LICENSES**

**§ 3.1** The Architect and the Owner warrant that in transmitting Instruments of Service, or any other information, the transmitting party is the copyright owner of such information or has permission from the copyright owner to transmit such information for its use on the Project.

**§ 3.2** The Architect and the Architect's consultants shall be deemed the authors and owners of their respective Instruments of Service, including the Drawings and Specifications, and shall retain all common law, statutory and other reserved rights, including copyrights. Submission or distribution of Instruments of Service to meet official regulatory requirements or for similar purposes in connection with the Project is not to be construed as publication in derogation of the reserved rights of the Architect and the Architect's consultants.

**§ 3.3** The Architect grants to the Owner a nonexclusive license to use the Architect's Instruments of Service solely and exclusively for the purposes of evaluating, constructing, using, maintaining, altering and adding to the Project, provided that the Owner substantially performs its obligations under this Agreement, including prompt payment of all sums due pursuant to Article 5 and Article 6. The Architect shall obtain similar nonexclusive licenses from the Architect's consultants consistent with this Agreement. The license granted under this section permits the Owner to authorize the Contractor, Subcontractors, Sub-subcontractors, and suppliers, as well as the Owner's consultants and separate contractors, to reproduce applicable portions of the Instruments of Service solely and exclusively for use in performing services or construction for the Project. If the Architect rightfully terminates this Agreement for cause as provided in Section 5.4, the license granted in this Section 3.3 shall terminate.

**§ 3.3.1** In the event the Owner uses the Instruments of Service without retaining the authors of the Instruments of Service, the Owner releases the Architect and Architect's consultant(s) from all claims and causes of action arising from such uses. The Owner, to the extent permitted by law, further agrees to indemnify and hold harmless the Architect and its consultants from all costs and expenses, including the cost of defense, related to claims and causes of action asserted by any third person or entity to the extent such costs and expenses arise from the Owner's use of the Instruments of Service under this Section 3.3.1. The terms of this Section 3.3.1 shall not apply if the Owner rightfully terminates this Agreement for cause under Section 5.4.

**§ 3.4** Except for the licenses granted in this Article 3, no other license or right shall be deemed granted or implied under this Agreement. The Owner shall not assign, delegate, sublicense, pledge or otherwise transfer any license granted herein to another party without the prior written agreement of the Architect. Any unauthorized use of the Instruments of Service shall be at the Owner's sole risk and without liability to the Architect and the Architect's consultants.

**§ 3.5** Except as otherwise stated in Section 3.3, the provisions of this Article 3 shall survive the termination of this Agreement.

### **ARTICLE 4 CLAIMS AND DISPUTES**

#### **§ 4.1 General**

**§ 4.1.1** The Owner and Architect shall commence all claims and causes of action against the other and arising out of or related to this Agreement, whether in contract, tort, or otherwise, in accordance with the requirements of the binding dispute resolution method selected in this Agreement and within the period specified by applicable law, but in any case

not more than 10 years after the date of Substantial Completion of the Work. The Owner and Architect waive all claims and causes of action not commenced in accordance with this Section 4.1.1.

**§ 4.1.2** To the extent damages are covered by property insurance, the Owner and Architect waive all rights against each other and against the contractors, consultants, agents, and employees of the other for damages, except such rights as they may have to the proceeds of such insurance as set forth in AIA Document A201–2017, General Conditions of the Contract for Construction. The Owner or the Architect, as appropriate, shall require of the contractors, consultants, agents, and employees of any of them, similar waivers in favor of the other parties enumerated herein.

**§ 4.1.3** The Architect and Owner waive consequential damages for claims, disputes, or other matters in question, arising out of or relating to this Agreement. This mutual waiver is applicable, without limitation, to all consequential damages due to either party’s termination of this Agreement, except as specifically provided in Section 5.7.

**§ 4.2 Mediation**

**§ 4.2.1** Any claim, dispute or other matter in question arising out of or related to this Agreement shall be subject to mediation as a condition precedent to binding dispute resolution. If such matter relates to or is the subject of a lien arising out of the Architect’s services, the Architect may proceed in accordance with applicable law to comply with the lien notice or filing deadlines prior to resolution of the matter by mediation or by binding dispute resolution.

**§ 4.2.2** The Owner and Architect shall endeavor to resolve claims, disputes and other matters in question between them by mediation, which, unless the parties mutually agree otherwise, shall be administered by the American Arbitration Association in accordance with its Construction Industry Mediation Procedures in effect on the date of this Agreement. A request for mediation shall be made in writing, delivered to the other party to this Agreement, and filed with the person or entity administering the mediation. The request may be made concurrently with the filing of a complaint or other appropriate demand for binding dispute resolution but, in such event, mediation shall proceed in advance of binding dispute resolution proceedings, which shall be stayed pending mediation for a period of 60 days from the date of filing, unless stayed for a longer period by agreement of the parties or court order. If an arbitration proceeding is stayed pursuant to this section, the parties may nonetheless proceed to the selection of the arbitrator(s) and agree upon a schedule for later proceedings.

**§ 4.2.3** The parties shall share the mediator’s fee and any filing fees equally. The mediation shall be held in the place where the Project is located, unless another location is mutually agreed upon. Agreements reached in mediation shall be enforceable as settlement agreements in any court having jurisdiction thereof.

**§ 4.2.4** If the parties do not resolve a dispute through mediation pursuant to this Section 4.2, the method of binding dispute resolution shall be the following:  
*(Check the appropriate box.)*

Arbitration pursuant to Section 4.3 of this Agreement

Litigation in a court of competent jurisdiction

Other *(Specify)*

If the Owner and Architect do not select a method of binding dispute resolution, or do not subsequently agree in writing to a binding dispute resolution method other than litigation, the dispute will be resolved in a court of competent jurisdiction.

**§ 4.3 Arbitration**

**§ 4.3.1** If the parties have selected arbitration as the method for binding dispute resolution in this Agreement, any claim, dispute or other matter in question arising out of or related to this Agreement subject to, but not resolved by, mediation shall be subject to arbitration, which, unless the parties mutually agree otherwise, shall be administered by the American Arbitration Association in accordance with its Construction Industry Arbitration Rules in effect on the date of this Agreement. A demand for arbitration shall be made in writing, delivered to the other party to this Agreement, and filed with the person or entity administering the arbitration.

**§ 4.3.1.1** A demand for arbitration shall be made no earlier than concurrently with the filing of a request for mediation, but in no event shall it be made after the date when the institution of legal or equitable proceedings based on the claim, dispute or other matter in question would be barred by the applicable statute of limitations. For statute of limitations purposes, receipt of a written demand for arbitration by the person or entity administering the arbitration shall constitute the institution of legal or equitable proceedings based on the claim, dispute or other matter in question.

**§ 4.3.2** The foregoing agreement to arbitrate, and other agreements to arbitrate with an additional person or entity duly consented to by parties to this Agreement, shall be specifically enforceable in accordance with applicable law in any court having jurisdiction thereof.

**§ 4.3.3** The award rendered by the arbitrator(s) shall be final, and judgment may be entered upon it in accordance with applicable law in any court having jurisdiction thereof.

**§ 4.3.4 Consolidation or Joinder**

**§ 4.3.4.1** Either party, at its sole discretion, may consolidate an arbitration conducted under this Agreement with any other arbitration to which it is a party provided that (1) the arbitration agreement governing the other arbitration permits consolidation; (2) the arbitrations to be consolidated substantially involve common questions of law or fact; and (3) the arbitrations employ materially similar procedural rules and methods for selecting arbitrator(s).

**§ 4.3.4.2** Either party, at its sole discretion, may include by joinder persons or entities substantially involved in a common question of law or fact whose presence is required if complete relief is to be accorded in arbitration, provided that the party sought to be joined consents in writing to such joinder. Consent to arbitration involving an additional person or entity shall not constitute consent to arbitration of any claim, dispute or other matter in question not described in the written consent.

**§ 4.3.4.3** The Owner and Architect grant to any person or entity made a party to an arbitration conducted under this Section 4.3, whether by joinder or consolidation, the same rights of joinder and consolidation as the Owner and Architect under this Agreement.

**§ 4.4** The provisions of this Article 4 shall survive the termination of this Agreement.

**ARTICLE 5 TERMINATION OR SUSPENSION**

**§ 5.1** If the Owner fails to make payments to the Architect in accordance with this Agreement, such failure shall be considered substantial nonperformance and cause for termination or, at the Architect's option, cause for suspension of performance of services under this Agreement. If the Architect elects to suspend services, the Architect shall give seven days' written notice to the Owner before suspending services. In the event of a suspension of services, the Architect shall have no liability to the Owner for delay or damage caused the Owner because of such suspension of services. Before resuming services, the Owner shall pay the Architect all sums due prior to suspension and any expenses incurred in the interruption and resumption of the Architect's services. The Architect's fees for the remaining services and the time schedules shall be equitably adjusted.

**§ 5.2** If the Owner suspends the Project, the Architect shall be compensated for services performed prior to notice of such suspension. When the Project is resumed, the Architect shall be compensated for expenses incurred in the interruption and resumption of the Architect's services. The Architect's fees for the remaining services and the time schedules shall be equitably adjusted.

**§ 5.3** If the Owner suspends the Project for more than 90 cumulative days for reasons other than the fault of the Architect, the Architect may terminate this Agreement by giving not less than seven days' written notice.

**§ 5.4** Either party may terminate this Agreement upon not less than seven days' written notice should the other party fail substantially to perform in accordance with the terms of this Agreement through no fault of the party initiating the termination.

**§ 5.5** The Owner may terminate this Agreement upon not less than seven days' written notice to the Architect for the Owner's convenience and without cause.

§ 5.6 If the Owner terminates this Agreement for its convenience pursuant to Section 5.5, or the Architect terminates this Agreement pursuant to Section 5.3, the Owner shall compensate the Architect for services performed prior to termination, Reimbursable Expenses incurred, and costs attributable to termination, including the costs attributable to the Architect's termination of consultant agreements.

§ 5.7 In addition to any amounts paid under Section 5.6, if the Owner terminates this Agreement for its convenience pursuant to Section 5.5, or the Architect terminates this Agreement pursuant to Section 5.3, the Owner shall pay to the Architect the following fees:

*(Set forth below the amount of any termination or licensing fee, or the method for determining any termination or licensing fee.)*

.1 Termination Fee:

0.00

.2 Licensing Fee, if the Owner intends to continue using the Architect's Instruments of Service:

0.00

§ 5.8 Except as otherwise expressly provided herein, this Agreement shall terminate  
*(Check the appropriate box.)*

One year from the date of commencement of the Architect's services

One year from the date of Substantial Completion

Other

*(Insert another termination date or refer to a termination provision in an attached document or scope of service.)*

If the Owner and Architect do not select a termination date, this Agreement shall terminate one year from the date of commencement of the Architect's services.

§ 5.9 The Owner's rights to use the Architect's Instruments of Service in the event of a termination of this Agreement are set forth in Article 3 and Section 5.7.

## ARTICLE 6 COMPENSATION

§ 6.1 The Owner shall compensate the Architect as set forth below for services described in Section 1.1, or in the attached exhibit or scope document incorporated into this Agreement in Section 9.2.

*(Insert amount of, or basis for, compensation or indicate the exhibit or scope document in which compensation is provided for.)*

Refer to Exhibit A: B202-2020 Standard Form of Architect's Services: Programming

### § 6.2 Compensation for Reimbursable Expenses

§ 6.2.1 Reimbursable Expenses are in addition to compensation set forth in Section 6.1 and include expenses incurred by the Architect and the Architect's consultants directly related to the Project, as follows:

- .1 Transportation and authorized out-of-town travel and subsistence;
- .2 Long distance services, dedicated data and communication services, teleconferences, Project web sites, and extranets;
- .3 Permitting and other fees required by authorities having jurisdiction over the Project;
- .4 Printing, reproductions, plots, and standard form documents;
- .5 Postage, handling and delivery;
- .6 Expense of overtime work requiring higher than regular rates, if authorized in advance by the Owner;
- .7 Renderings, physical models, mock-ups, professional photography, and presentation materials requested

- by the Owner or required for the Project;
- .8 If required by the Owner, and with the Owner's prior written approval, the Architect's consultants' expenses of professional liability insurance dedicated exclusively to this Project, or the expense of additional insurance coverage or limits in excess of that normally maintained by the Architect's consultants;
  - .9 All taxes levied on professional services and on reimbursable expenses;
  - .10 Site office expenses;
  - .11 Registration fees and any other fees charged by the Certifying Authority or by other entities as necessary to achieve the Sustainable Objective; and
  - .12 Other similar Project-related expenditures.

**§ 6.2.2** For Reimbursable Expenses the compensation shall be the expenses incurred by the Architect and the Architect's consultants plus Ten percent ( 10.00 %) of the expenses incurred.

**§ 6.2.3 Architect's Insurance.** If the types and limits of coverage required in Section 1.5 are in addition to the types and limits the Architect normally maintains, the Owner shall pay the Architect for the additional costs incurred by the Architect for the additional coverages as set forth below:  
*(Insert the additional coverages the Architect is required to obtain in order to satisfy the requirements set forth in Section 1.5, and for which the Owner shall reimburse the Architect.)*

Additional Insurance can be purchased for an additional fee.

### **§ 6.3 Payments to the Architect**

#### **§ 6.3.1 Initial Payments**

**§ 6.3.1.1** An initial payment of Zero Dollars and Zero Cents (\$ 0.00 ) shall be made upon execution of this Agreement and is the minimum payment under this Agreement. It shall be credited to the Owner's account in the final invoice.

#### **§ 6.3.2 Progress Payments**

**§ 6.3.2.1** Unless otherwise agreed, payments for services shall be made monthly in proportion to services performed. Payments are due and payable upon presentation of the Architect's invoice. Amounts unpaid Thirty ( 30 ) days after the invoice date shall bear interest at the rate entered below, or in the absence thereof at the legal rate prevailing from time to time at the principal place of business of the Architect.  
*(Insert rate of monthly or annual interest agreed upon.)*

Amounts past due shall bear interest at U.S. Money Center Commercial Bank's prime rate plus two percent.

**§ 6.3.2.2** The Owner shall not withhold amounts from the Architect's compensation to impose a penalty or liquidated damages on the Architect, or to offset sums requested by or paid to contractors for the cost of changes in the Work, unless the Architect agrees or has been found liable for the amounts in a binding dispute resolution proceeding.

**§ 6.3.2.3** Records of Reimbursable Expenses and services performed on the basis of hourly rates shall be available to the Owner at mutually convenient times.

### **ARTICLE 7 MISCELLANEOUS PROVISIONS**

**§ 7.1** This Agreement shall be governed by the law of the place where the Project is located, excluding that jurisdiction's choice of law rules. If the parties have selected arbitration as the method of binding dispute resolution, the Federal Arbitration Act shall govern Section 4.3.

**§ 7.2** Except as separately defined herein, terms in this Agreement shall have the same meaning as those in AIA Document A201™-2017, General Conditions of the Contract for Construction.

**§ 7.3** The Owner and Architect, respectively, bind themselves, their agents, successors, assigns, and legal representatives to this Agreement. Neither the Owner nor the Architect shall assign this Agreement without the written consent of the other, except that the Owner may assign this Agreement to a lender providing financing for the Project if the lender agrees to assume the Owner's rights and obligations under this Agreement, including any payments due to the Architect by the Owner prior to the assignment.

**§ 7.4** The parties shall agree upon written protocols governing the transmission and use of, and reliance on, Instruments of Service or any other information or documentation in digital form.

**§ 7.4.1** Any use of, or reliance on, all or a portion of a building information model without agreement to written protocols governing the use of, and reliance on, the information contained in the model shall be at the using or relying party's sole risk and without liability to the other party and its contractors or consultants, the authors of, or contributors to, the building information model, and each of their agents and employees.

**§ 7.5** If the Owner requests the Architect to execute certificates, the proposed language of such certificates shall be submitted to the Architect for review at least 14 days prior to the requested dates of execution. If the Owner requests the Architect to execute consents reasonably required to facilitate assignment to a lender, the Architect shall execute all such consents that are consistent with this Agreement, provided the proposed consent is submitted to the Architect for review at least 14 days prior to execution. The Architect shall not be required to execute certificates or consents that would require knowledge, services, or responsibilities beyond the scope of this Agreement.

**§ 7.6** Nothing contained in this Agreement shall create a contractual relationship with, or a cause of action in favor of, a third party against either the Owner or Architect.

**§ 7.7** Unless otherwise required in this Agreement, the Architect shall have no responsibility for the discovery, presence, handling, removal or disposal of, or exposure of persons to, hazardous materials or toxic substances in any form at the Project site.

**§ 7.8** The Architect shall have the right to include photographic or artistic representations of the design of the Project among the Architect's promotional and professional materials. The Architect shall be given reasonable access to the completed Project to make such representations. However, the Architect's materials shall not include the Owner's confidential or proprietary information if the Owner has previously advised the Architect in writing of the specific information considered by the Owner to be confidential or proprietary. The Owner shall provide professional credit for the Architect in the Owner's promotional materials for the Project. This Section 7.8 shall survive the termination of this Agreement unless the Owner terminates this Agreement for cause pursuant to Section 5.4.

**§ 7.9** If the Architect or Owner receives information specifically designated as "confidential" or "business proprietary," the receiving party shall keep such information strictly confidential and shall not disclose it to any other person except as set forth in Section 7.9.1. This Section 7.9 shall survive the termination of this Agreement.

**§ 7.9.1** The receiving party may disclose "confidential" or "business proprietary" information after 7 days' notice to the other party, when required by law, arbitrator's order, or court order, including a subpoena or other form of compulsory legal process issued by a court or governmental entity, or to the extent such information is reasonably necessary for the receiving party to defend itself in any dispute. The receiving party may also disclose such information to its employees, consultants, or contractors in order to perform services or work solely and exclusively for the Project, provided those employees, consultants and contractors are subject to the restrictions on the disclosure and use of such information as set forth in this Section 7.9.

**§ 7.10** The invalidity of any provision of the Agreement shall not invalidate the Agreement or its remaining provisions. If it is determined that any provision of the Agreement violates any law, or is otherwise invalid or unenforceable, then that provision shall be revised to the extent necessary to make that provision legal and enforceable. In such case the Agreement shall be construed, to the fullest extent permitted by law, to give effect to the parties' intentions and purposes in executing the Agreement.

## **ARTICLE 8 SPECIAL TERMS AND CONDITIONS**

Special terms and conditions that modify this Agreement are as follows:  
*(Include other terms and conditions applicable to this Agreement.)*

## **ARTICLE 9 SCOPE OF THE AGREEMENT**

**§ 9.1** This Agreement represents the entire and integrated agreement between the Owner and the Architect and supersedes all prior negotiations, representations or agreements, either written or oral. This Agreement may be amended

only by written instrument signed by both the Owner and Architect.

§ 9.2 This Agreement is comprised of the following documents identified below:

- .1 AIA Document B102™–2017, Standard Form Agreement Between Owner and Architect
- .2 Building Information Modeling Exhibit, if completed:

- .3 Exhibits:  
(Check the appropriate box for any exhibits incorporated into this Agreement.)

- [  ] AIA Document E204™–2017, Sustainable Projects Exhibit, dated as indicated below:  
(Insert the date of the E204–2017 incorporated into this Agreement.)

- [  ] Other Exhibits incorporated into this Agreement:  
(Clearly identify any other exhibits incorporated into this Agreement.)

Exhibit A: B202-2020 Standard Form of Architect's Services: Programming

- .4 Other documents:  
(List other documents, including the Architect's scope of services document, hereby incorporated into the Agreement.)

This Agreement entered into as of the day and year first written above.

\_\_\_\_\_  
OWNER (Signature)

\_\_\_\_\_  
(Printed name and title)

\_\_\_\_\_  
ARCHITECT (Signature)

\_\_\_\_\_  
(Printed name, title, and license number if required)

# **Exhibit “G-2”**



**AIA**<sup>®</sup>

# Document B202™ – 2020

## Standard Form of Architect's Services: Programming

**for the following PROJECT:**

*(Name and location or address)*

Winnie Medical Clinic  
Winnie, TX 77665

**THE OWNER:**

*(Name, legal status, and address)*

Winnie-Stowell Hospital District  
PO Box 1997  
Winnie, TX 77665

**THE ARCHITECT:**

*(Name, legal status, and address)*

THR3E Design LLC  
12950 Dairy Ashford Road  
Sugar Land, TX 77478

**THE AGREEMENT**

This Standard Form of Architect's Services is part of the accompanying Owner-Architect Agreement (hereinafter, together referred to as the Agreement) dated the Third day of February in the year Two Thousand Twenty-Six

*(In words, indicate day, month, and year.)*

**TABLE OF ARTICLES**

- 1 INITIAL INFORMATION
- 2 PROGRAMMING SERVICES
- 3 SUPPLEMENTAL AND ADDITIONAL SERVICES
- 4 OWNER'S RESPONSIBILITIES
- 5 COMPENSATION
- 6 ATTACHMENTS AND EXHIBITS

**ARTICLE 1 INITIAL INFORMATION**

§ 1.1 The Agreement is based on the Initial Information set forth in this Section 1.1.

*(For each item in this section, insert the information or a statement such as "not applicable" or "unknown at time of execution.")*

§ 1.1.1 The scope of Programming Services provided by the Architect is described in Article 2 and as follows:

*(Describe the scope of Programming Services for the Project, as well as any future development, growth, and expansion projections.)*

**ADDITIONS AND DELETIONS:**

The author of this document may have revised the text of the original AIA standard form. An *Additions and Deletions Report* that notes revisions to the standard form text is available from the author and should be reviewed. A vertical line in the left margin of this document indicates where the author has added to or deleted from the original AIA text.

This document has important legal consequences. Consultation with an attorney is encouraged with respect to its completion or modification.

This document provides the Architect's scope of services only and must be used with an owner-architect agreement. It may be used with AIA Document B102™-2017, Standard Form of Agreement Between Owner and Architect without a Predefined Scope of Architect's Services, to provide the Architect's sole scope of services, or with B102 in conjunction with other standard form services documents. It may also be used with AIA Document G802™-2017, Amendment to the Professional Services Agreement, to create a modification to any owner-architect agreement.

**§ 1.1.2** The Owner's anticipated Sustainable Objective for the Project:  
*(Identify and describe the Owner's Sustainable Objective for the Project, if any.)*

N/A

**§ 1.1.3** The Architect shall retain the following consultants:  
*(List name, discipline, address, and other information.)*

N/A

**§ 1.1.4** The Owner's contractors and consultants that affect the Architect's Programming Services:  
*(List name, discipline, address, and other information.)*

N/A

**§ 1.1.5** The Owner's budget for the Project:  
*(List the Owner's budget for the Project.)*

N/A

**§ 1.1.6** The Owner's schedule for the Project:  
*(State the Owner's schedule for the Project.)*

N/A

**§ 1.1.7** Other Initial Information on which the Architect's Programming Services are based:  
*(List below other information that will affect the Architect's performance of its Programming Services, such as authorized representatives and Owner confidentiality requirements.)*

The initial information is based on the issued Coastal Feasibility Narrative dated 09/19/2025.

**§ 1.2** The Owner and Architect may rely on the Initial Information. Both parties, however, recognize that the Initial Information may materially change, and in that event, the Owner and the Architect shall appropriately adjust the Architect's services, schedule for the Architect's services, and the Architect's compensation.

## **ARTICLE 2 PROGRAMMING SERVICES**

### **§ 2.1 Administration of Programming Services**

**§ 2.1.1** Programming Services consist of those services described in this Article 2 and include identifying, discussing, and prioritizing values, goals, and objectives to establish performance and design criteria for the Project. Services not set forth in this Article 2 are Supplemental or Additional Services.

**§ 2.1.2** Based on the scale of the Project, the type of facilities, and the level of specialized functions that will be required, the Architect and Owner shall identify programming participants to be involved with the programming process, including participants from the Architect, the Architect's consultants, the Owner, the Owner's consultants, and users of the Project, as well as other stakeholders.

**§ 2.1.3** The Architect shall manage and administer the Programming Services. The Architect shall consult with the Owner, facilitate and attend Project meetings, and communicate with the programming participants.

**§ 2.1.4** The Architect shall coordinate the services provided by the Architect and the Architect's consultants with those services provided by the Owner and the Owner's consultants. The Architect shall be entitled to rely on, and shall not be responsible for, the accuracy, completeness, and timeliness of, services and information furnished by the Owner and the Owner's consultants. The Architect shall provide prompt written notice to the Owner if the Architect becomes aware of any error, omission, or inconsistency in such services or information.

**§ 2.1.5** The Architect shall prepare, and periodically update, a schedule for Programming Services that identifies milestone dates for decisions required of the Owner, Programming Services furnished by the Architect, and

completion of documentation to be provided by the Architect. The Architect shall coordinate the programming schedule with the Owner's Project schedule.

§ 2.1.6 The Architect shall submit program documents to the Owner for evaluation and approval at intervals appropriate to the process. The Architect shall be entitled to rely on approvals received from the Owner to complete the Programming Services.

## § 2.2 Identification of Project Values, Goals, and Objectives

§ 2.2.1 Subject to the limits set forth in Section 3.2.3, the Architect shall facilitate a visioning session with the programming participants to identify, discuss, and prioritize values and goals for the Project, such as institutional purposes and growth, culture, technology, aesthetics, symbols, economics, environment, social, safety, sustainability, aspirations, and other relevant criteria.

§ 2.2.2 Following the visioning session, the Architect shall prepare and provide to the Owner a written evaluation of the prioritized values and goals for the Owner's review, confirmation, and approval.

§ 2.2.3 Following approval of the prioritized values and goals, the Architect, in conjunction with the Owner, shall identify and confirm the Owner's objectives for the Project.

## § 2.3 Information Gathering

§ 2.3.1 The Architect shall compile and review Project-related information, including the following:

- .1 Available data on existing facilities, land surveys, record documents, and other Owner documents, including existing program material and design and facility standards;
- .2 Relevant documents from authorities having jurisdiction over the Project, such as applicable codes, regulations, and ordinances;
- .3 Applicable non-governmental building and planning standards; and
- .4 Relevant historical documents and archival materials.

§ 2.3.2 The Architect shall identify the constraints and opportunities that may impact the Project, such as location, access, visibility, and site and building services.

§ 2.3.3 Subject to the limits set forth in Section 3.2.3, the Architect shall conduct interviews. In preparation for the interviews, the Architect shall:

- .1 assist the Owner in identifying individuals to be interviewed;
- .2 establish a work plan and schedule for the interviews;
- .3 determine the types of data that could impact the design of the Project; and
- .4 determine how interviews will relate to other information-gathering techniques, such as observations and surveys.

§ 2.3.4 If applicable, the Architect shall conduct a walkthrough of the Owner's existing facilities with the appropriate personnel, such as the Owner, property manager, or facility manager, and

- .1 prepare, if appropriate, a space inventory;
- .2 identify traffic and circulation patterns, use levels, and general adequacy of spaces to accommodate the users; and
- .3 prepare a written description, a graphic illustration, or both, that includes relevant criteria, such as space utilization data; area allowances; adjacencies; communication, technology, and security systems; and operating procedures.

§ 2.3.5 The Architect shall identify, in consultation with the Owner, similar facilities and operations for the programming participants to visit and observe for evaluation and comparison to the Project. Subject to the limits set forth in Section 3.2.3, the Architect shall visit the identified facilities and operations.

§ 2.3.6 The Architect shall facilitate meetings, as applicable, with programming participants to (1) review data obtained from information gathering activities; (2) consider and discuss design and planning issues, such as future growth and expansion projections; and (3) endeavor to achieve consensus as to how the values, goals, objectives, and information should influence the design of the Project.

## § 2.4 Data Analysis

§ 2.4.1 Based on the identified values, goals, objectives, and information gathered, the Architect shall develop

performance and design criteria for the Project.

§ 2.4.2 The Architect shall make a preliminary determination of space requirements, space relationships, and circulation, and consider special requirements, such as aesthetics; ergonomics; flexibility; furniture, furnishings, and equipment (FF&E); lighting; sustainability; acoustics; surrounding environment; safety; security; and site information, as appropriate.

§ 2.4.3 The Architect shall identify unresolved programming issues, discuss them with the Owner, and recommend solutions for the Owner's approval prior to preparing the Architect's initial program document.

#### § 2.5 Initial Program Document and Presentation

§ 2.5.1 The Architect shall compile the results of its findings and analyses concerning (1) the values, goals, and objectives for the Project; (2) information gathering; and (3) data analysis in an initial program document for the Owner.

§ 2.5.2 Subject to the limits set forth in Section 3.2.3, the Architect shall present its initial program document to the programming participants, in a format approved by the Owner, and request the Owner's approval. Subject to the limits set forth in Section 3.2.3, the Architect shall make special presentations to individuals or groups not included as programming participants.

#### § 2.6 Development of Final Program of Project Requirements

§ 2.6.1 Based on the Owner's approval of the initial program document, including the Owner's authorization of any adjustments, the Architect shall prepare the final program document for the Owner's approval.

§ 2.6.2 The Architect shall incorporate the Owner's design and facility standards and recommend Project standards, such as area allowances; space allocation; adjacencies; communication, technology, and security requirements; FF&E requirements; lighting; acoustics; and aesthetics.

§ 2.6.3 The Architect shall determine specific space requirements for the Project by

- .1 identifying required spaces;
- .2 establishing sizes and relationships;
- .3 establishing efficiency factors; and
- .4 documenting special requirements, such as structural, mechanical, electrical, lighting, acoustical, FF&E, technology, security, or site development.

§ 2.6.4 The Architect shall prepare a final program document detailing all items identified in Sections 2.6.1 through 2.6.3, incorporating written and graphic materials that may include

- .1 an executive summary;
- .2 documentation of the methodology used to develop the program;
- .3 value and goal statements;
- .4 relevant facts upon which the program was based;
- .5 photo documentation of relevant existing site and building features;
- .6 aspirational images;
- .7 conclusions derived from data analysis;
- .8 relationship diagrams;
- .9 flow diagrams;
- .10 matrices identifying space allocations and relationships;
- .11 space listings by function and size; and
- .12 space diagrams, as needed, to convey program information.

§ 2.6.5 The Architect shall review the Owner's budget and Project schedule and provide a preliminary opinion of the program with respect to the Owner's budget and Project schedule. The Architect's opinion of the budget shall be based on current area, volume, or other similar conceptual data.

### ARTICLE 3 SUPPLEMENTAL AND ADDITIONAL SERVICES – All terms in Article 3 are Subject to Exhibit C

#### § 3.1 Supplemental Services

§ 3.1.1 In addition to the Programming Services described above, the Architect shall provide the following Supplemental Services only if specifically designated in the table below as the Architect's responsibility, and the

Owner shall compensate the Architect as provided in Section 5.2. Unless otherwise specifically addressed in this Agreement, if neither the Owner nor the Architect is designated, the parties agree that the listed Supplemental Service is not being provided for the Project.

*(Designate the Architect's Supplemental Services and the Owner's Supplemental Services required for the Project by indicating whether the Architect or Owner shall be responsible for providing the identified Supplemental Service. Insert a description of the Supplemental Services in Section 3.1.2 below or attach the description of services as an exhibit to this Agreement.)*

Supplemental Services	Responsibility (Architect, Owner, or Not Provided)
§ 3.1.1.1 Site evaluation and project feasibility	Not Provided
§ 3.1.1.2 Site planning	Not Provided
§ 3.1.1.3 Master planning	Owner and Architect
§ 3.1.1.4 Preliminary design	Architect
§ 3.1.1.5 Cost estimating	Not Provided
§ 3.1.1.6 Project scheduling	Not Provided
§ 3.1.1.7 Market analysis	Not Provided
§ 3.1.1.8 Detailed existing facility evaluation	Not Applicable
§ 3.1.1.9 Questionnaires and surveys	Not Provided
§ 3.1.1.10 Existing FF&E inventory	Not Provided
§ 3.1.1.11 FF&E programming services	Not Provided
§ 3.1.1.12 Other Supplemental Services	Not Provided

**§ 3.1.2 Description of Supplemental Services**

§ 3.1.2.1 A description of each Supplemental Service identified in Section 3.1.1 as the Architect's responsibility is provided below.

*(Describe in detail the Architect's Supplemental Services identified in Section 3.1.1 or, if set forth in an exhibit, identify the exhibit.)*

§ 3.1.1.3 Master Planning – Owner and Architect to review previously issued master planning as part of the requirements of the Owner's Program.

§ 3.1.1.4 Initial preliminary design to develop the building layout/massing as part of the requirements of the Owner's Program

§ 3.1.2.2 A description of each Supplemental Service identified in Section 3.1.1 as the Owner's responsibility is provided below.

*(Describe in detail the Owner's Supplemental Services identified in Section 3.1.1 or, if set forth in an exhibit, identify the exhibit.)*

**§ 3.2 Architect's Additional Services**

The Architect may provide Additional Services after execution of this Agreement without invalidating the Agreement. Except for services required due to the fault of the Architect, any Additional Services provided in accordance with this Section 3.2 shall entitle the Architect to compensation pursuant to Section 5.3 and an appropriate adjustment in the Architect's schedule.

§ 3.2.1 Upon recognizing the need to perform Additional Services, the Architect shall notify the Owner with reasonable promptness and explain the facts and circumstances giving rise to the need. The Architect shall not proceed to provide Additional Services until the Architect receives the Owner's written authorization.

§ 3.2.2 Additional Services may be necessitated by circumstances such as (1) a change in the Initial Information; (2) changes in previous instructions or approvals given by the Owner; or (3) a material change in the Project

including size, quality, complexity, or the Owner's schedule or budget.

**§ 3.2.3** The Architect shall provide Programming Services exceeding the limits set forth below as Additional Services. When the limits below are reached, the Architect shall notify the Owner:

- .1 One ( 1 ) sessions to determine values and goals
- .2 Zero ( 0 ) interviews for the purpose of gathering data
- .3 Two ( 2 ) adjustments to the initial program document
- .4 One ( 1 ) presentations to programming participants
- .5 Zero ( 0 ) special presentations to individuals or groups not included as programming participants
- .6 Zero ( 0 ) facility visits pursuant to Section 2.3.5

#### **ARTICLE 4 OWNER'S RESPONSIBILITIES**

**§ 4.1** Unless specifically described in Articles 2 or 3, the services in this Article shall be provided by the Owner or the Owner's consultants.

**§ 4.2** The Owner shall provide the Architect data and information necessary to complete the Programming Services, such as budget, schedule, design and facility standards, environmental criteria, and other design criteria.

**§ 4.3** The Owner shall identify a representative authorized to act on the Owner's behalf to participate in the information gathering process, to facilitate the programming process, and to provide, in a timely manner, decisions made by the Owner.

**§ 4.4** The Owner shall provide the Architect master plans, record drawings, surveys, and other data that pertain to each site or existing facility under consideration for development or redevelopment within the scope of this Agreement.

**§ 4.5** The Owner shall provide access to the property, buildings, and personnel necessary for the Architect to complete the Programming Services.

**§ 4.6** The Owner shall make the Owner's personnel available to the Architect, in a timely manner, to provide information to facilitate decision-making in accordance with the programming schedule.

#### **ARTICLE 5 COMPENSATION – All terms in Article 5 are Subject to Exhibit C**

**§ 5.1** If not otherwise specifically addressed in the Agreement, the Owner shall compensate the Architect for the Programming Services described in Article 2 as follows:

*(Insert amount of, or basis for, compensation.)*

Hourly, Not To Exceed (NTE) \$40,000.00

**§ 5.2** For the Architect's Supplemental Services designated in Section 3.1.1, the Owner shall compensate the Architect as follows:

*(Insert amount of, or basis for, compensation. If necessary, list specific services to which particular methods of compensation apply.)*

**§ 3.1.1.3 and § 3.1.1.4** will be included within the Hourly NTE shown in § 5.1.

**§ 5.3** For Additional Services that may arise during the course of the Project, including those under Section 3.2, the Owner shall compensate the Architect as follows:

*(Insert amount of, or basis for, compensation.)*

Agreed upon timecard and expense basis or agreed upon Lump Sum.

**§ 5.4** Compensation for Supplemental and Additional Services of the Architect's consultants when not included in Section 5.2 or 5.3, shall be the amount invoiced to the Architect plus Ten percent ( 10 %), or as follows:

*(Insert amount of, or basis for computing, Architect's consultants' compensation for Supplemental or Additional Services.)*

**ARTICLE 6 ATTACHMENTS AND EXHIBITS**

The following attachments and exhibits, if any, are incorporated herein by reference:  
*(List other documents, if any, including any exhibits relied on in Section 3.1.)*

Exhibit B: THR3E Design 2026 Schedule of Fees

Exhibit C: Cost Control Provisions

# Additions and Deletions Report for AIA® Document B202™ – 2020

This Additions and Deletions Report, as defined on page 1 of the associated document, reproduces below all text the author has added to the standard form AIA document in order to complete it, as well as any text the author may have added to or deleted from the original AIA text. Added text is shown underlined. Deleted text is indicated with a horizontal line through the original AIA text.

Note: This Additions and Deletions Report is provided for information purposes only and is not incorporated into or constitute any part of the associated AIA document. This Additions and Deletions Report and its associated document were generated simultaneously by AIA software at 21:42:15 CST on 02/05/2026.

## Changes to original AIA text

PAGE 4

**ARTICLE 3 SUPPLEMENTAL AND ADDITIONAL SERVICES – All terms in Article 3 are Subject to Exhibit C**

PAGE 5

§ 3.1.1.1	Site evaluation and project feasibility	<u>Not Provided</u>
§ 3.1.1.2	Site planning	<u>Not Provided</u>
§ 3.1.1.3	Master planning	<u>Owner and Architect</u>
§ 3.1.1.4	Preliminary design	<u>Architect</u>
§ 3.1.1.5	Cost estimating	<u>Not Provided</u>
§ 3.1.1.6	Project scheduling	<u>Not Provided</u>
§ 3.1.1.7	Market analysis	<u>Not Provided</u>
§ 3.1.1.8	Detailed existing facility evaluation	<u>Not Applicable</u>
§ 3.1.1.9	Questionnaires and surveys	<u>Not Provided</u>
§ 3.1.1.10	Existing FF&E inventory	<u>Not Provided</u>
§ 3.1.1.11	FF&E programming services	<u>Not Provided</u>
§ 3.1.1.12	Other Supplemental Services	<u>Not Provided</u>

§ 3.1.1.3 Master Planning – Owner and Architect to review previously issued master planning as part of the requirements of the Owner’s Program.

§ 3.1.1.4 Initial preliminary design to develop the building layout/massing as part of the requirements of the Owner’s Program

PAGE 6

**ARTICLE 5 COMPENSATION – All terms in Article 5 are Subject to Exhibit C**

§ 3.1.1.3 and § 3.1.1.4 will be included within the Hourly NTE shown in § 5.1.

## Variable Information

PAGE 1

Winnie Medical Clinic

Winnie, TX 77665

Winnie-Stowell Hospital District

PO Box 1997

Winnie, TX 77665

THR3E Design LLC

12950 Dairy Ashford Road

Sugar Land, TX 77478

This Standard Form of Architect's Services is part of the accompanying Owner-Architect Agreement (hereinafter, together referred to as the Agreement) dated the Third day of February in the year Two Thousand Twenty-Six

PAGE 2

N/A

N/A

N/A

N/A

N/A

The initial information is based on the issued Coastal Feasibility Narrative dated 09/19/2025.

PAGE 5

§ 3.1.1.3 Master Planning – Owner and Architect to review previously issued master planning as part of the requirements of the Owner's Program.

PAGE 6

- .1 One ( 1 ) sessions to determine values and goals
- .2 Zero ( 0 ) interviews for the purpose of gathering data
- .3 Two ( 2 ) adjustments to the initial program document
- .4 One ( 1 ) presentations to programming participants
- .5 Zero ( 0 ) special presentations to individuals or groups not included as programming participants
- .6 Zero ( 0 ) facility visits pursuant to Section 2.3.5

Hourly, Not To Exceed (NTE) \$40,000.00

Agreed upon timecard and expense basis or agreed upon Lump Sum.

§ 5.4 Compensation for Supplemental and Additional Services of the Architect's consultants when not included in Section 5.2 or 5.3, shall be the amount invoiced to the Architect plus Ten percent ( 10 %), or as follows:

Exhibit B: THR3E Design 2026 Schedule of Fees

Exhibit C: Cost Control Provisions

**Certification of Document's Authenticity**  
**AIA® Document D401™ – 2003**

I, Jennifer Higgins, AIA, hereby certify, to the best of my knowledge, information and belief, that I created the attached final document simultaneously with its associated Additions and Deletions Report and this certification at 21:42:15 CST on 02/05/2026 under Order No. 20240089128 from AIA Contract Documents software and that in preparing the attached final document I made no changes to the original text of AIA® Document B202™ - 2020, Standard Form of Architect's Services: Programming, other than those additions and deletions shown in the associated Additions and Deletions Report.

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*(Signed)*

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*(Title)*

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*(Dated)*



**SCHEDULE OF FEES – TIMECARD BASIS**  
Effective January 1, 2026

RATES (2026 Functional Titles)

Principal	\$ 275.00
Associate Principal	\$ 250.00
Director of Design	\$ 250.00
Senior Project Manager	\$ 220.00
Senior Project Architect	\$ 200.00
Lead Interior Designer	\$ 200.00
Project Manager	\$ 195.00
Project Architect	\$ 175.00
Mid-Level Interior Designer	\$ 175.00
Job Captain	\$ 150.00
Project Designer	\$ 135.00
Junior Interior Designer	\$ 135.00
Administrative	\$ 75.00

Services of Engineers/Other Consultants:

Actual Cost-plus ten percent.

Reimbursable Expenses: travel, document reproduction, typesetting, offset printing, telephone, photography, photographic supplies and prints, renderings, models, postage, delivery, and other project-related expenses:

Billed at Actual Cost-plus ten percent.

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Payments are due within 30 days of the invoice date. Amounts past due shall bear interest at U.S. Money Center Commercial Bank's prime rate plus two percent.

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**EXHIBIT “C”**  
**AIA DOCUMENT B202-2020**  
**COST CONTROL PROVISIONS**

This Exhibit “C” is incorporated into and made a part of the AIA Document B202-2020, Standard Form of Architect’s Services, Programming (the Agreement), for the project known as Winnie Medical Clinic (the “Project”), by and between Winnie-Stowell Hospital District (“Owner”) and THR3E Design LLC (“Architect”). If there is any conflict between this Exhibit “C” and the Agreement, this Exhibit “C” controls.

**1. Purpose.**

The purpose of this Exhibit is to restrict and control the incurrence of costs other than the hourly rates set forth in Exhibit “B” to the Agreement, including costs associated with Supplemental Services under Section 3 and Additional Services under Section 5.

**2. Defined terms.**

2.1 *Board President*” means the President of the Owner’s Board of Commissioners, acting on behalf of Owner, or such other person as the Owner designates in writing as having authority to approve Controlled Costs (defined below).

2.2 *“Exhibit “B” Hourly Rates”* means the hourly rates and personnel classifications set forth in Exhibit B to the Agreement.

2.3 *“Controlled Costs”* means all amounts, charges, or expenses of any kind that are not solely the Exhibit “B” Hourly Rates for time actually spent performing the services described in the Agreement, including:

- (a) any Supplemental Services under Section 3, to the extent such services result in charges, or costs, not included in the Exhibit “B” Hourly Rates for the services otherwise included in the Agreement;
- (b) any Additional Services under Section 5;
- (c) any reimbursable expenses, including travel, mileage, lodging, meals, printing, plotting, shipping, courier, copies, technology charges, software, licenses, subscriptions, data acquisition, and similar items;
- (d) any fees, charges, or expenses of consultants, subconsultants, or third parties engaged by Architect, whether as a pass-through or otherwise; and
- (e) any other out-of-pocket expense incurred by Architect in connection with the Project.

**3. Controlled Costs threshold and authorization requirement.**

3.1 Limited Authority Without Approval. Architect may incur Controlled Costs in an aggregate amount not to exceed \$500.00 (the “Threshold”) without prior written approval from the Board President.

3.2 Prior Written Approval Required above Threshold. Architect shall not incur any Controlled Costs that would cause the aggregate Controlled Costs to exceed the Threshold unless Architect first obtains the Board President’s prior written authorization. The authorization must state, at a minimum, the nature of the cost or service, the amount authorized (not to exceed), and any schedule impact, if applicable.

3.3 No Implied Authorization. No statement, request, meeting discussion, emails, or course of dealing shall constitute authorization unless it is a written authorization from the Board President that satisfies Section 3.2.

**4. Effect of noncompliance, Owner not obligated to pay.**

4.1 Unauthorized Controlled Costs. Owner shall have no obligation to pay for any Controlled Costs incurred in violation of this Exhibit, and Architect waives any right to compensation or reimbursement for such unauthorized Controlled Costs.

4.2 Allocation. If any invoice includes both authorized and unauthorized amounts, Owner may pay the authorized portion and reject the unauthorized portion without being deemed in default.

**5. Coordination with Sections 3 and 5 of the Agreement.**

5.1 Supplemental Services. For purposes of Section 3 of the Agreement, any Supplemental Services requested, or performed, are subject to this Exhibit. Architect shall treat any Supplemental Service that would result in Controlled Costs above the Threshold as not authorized unless and until approved in writing by the Board President.

5.2 Additional Services. For purposes of Section 3, Subsection 3.2.1 of the Agreement, the written authorization requirement is supplemented by, and not in lieu of, the Threshold and Board President authorization requirements of this Exhibit.

**6. Notice and Tracking.**

6.1 Tracking. Architect shall track Controlled Costs as a running cumulative total and shall include the current cumulative total of Controlled Costs on each invoice.

6.2 Advance notice. Before reaching the Threshold, Architect shall provide written notice to Owner of the remaining amount available under the Threshold and whether any contemplated work would require Board President authorization.

**7. No modification of Exhibit “B” Hourly Rates.**

Nothing in this Exhibit modifies the Exhibit “B” Hourly Rates. This Exhibit applies only to Controlled Costs as defined above, and does not limit Owner’s right to direct adjustments in scope, priorities, and assumptions within the services otherwise described in the Agreement, subject to the overall compensation limits set forth in the Agreement and any Owner-approved changes.