

EXHIBIT “A”

	2025 YTD - November	2025 Budget (Amendment 1)	% of Budget Used	2026 Proposed Budget	\$ Change in Budget	% Change in Budget
Revenue						
400 Sales Tax Revenue	\$ 830,075	\$ 850,000	98%	\$ 850,000	\$ -	0%
405 Investment Income	\$ 617,192	\$ 600,000	103%	\$ 600,000	\$ -	0%
407 Rent-Highway 124	\$ 44,000	\$ 42,000	105%	\$ 42,000	\$ -	0%
409 Tobacco Settlement	\$ 18,002	\$ 15,000	120%	\$ 15,000	\$ -	0%
415 Nursing Home-QIPP Programs	\$ 113,730,644	\$ 128,420,184	89%	\$ 131,858,612	\$ 3,438,428	3%
Total Income	\$ 115,239,914	\$ 129,927,184	89%	\$ 133,365,612	\$ 3,438,428	3%
Expenses						
500 Admin-Administrative Salary	\$ 68,750	\$ 75,000	92%	\$ 89,510	\$ 14,509.62	16%
502 Admin-Administrative Assnt	\$ 27,456	\$ 46,860	59%	\$ 42,950	\$ (3,910)	-9%
503 Admin - Staff Incentive Pay	\$ -	\$ 8,500	0%	\$ 9,500	\$ 1,000	11%
504 Admin-Administrative PR Tax	\$ 5,856	\$ 9,500	62%	\$ 10,000	\$ 500.00	5%
505 Admin-Board Bonds	\$ 200	\$ 250	80%	\$ 250	\$ -	0%
506 Admin-Emp. Insurance	\$ 57,704	\$ 81,000	71%	\$ 65,000	\$ (16,000.00)	-25%
507 Admin-Retirement	\$ 14,555	\$ 15,000	97%	\$ 16,500	\$ 1,500.00	9%
515 Admin-Bank Service Charges	\$ 1,770	\$ 2,000	88%	\$ 2,000	\$ -	0%
521 Professional Fees-Acctng	\$ 7,642	\$ 12,000	64%	\$ 76,800	\$ 64,800.00	84%
522 Professional Fees-Auditing	\$ 38,408	\$ 34,000	113%	\$ 34,000	\$ -	0%
523 Professional Fees-Legal	\$ 11,000	\$ 50,000	22%	\$ 100,000	\$ 50,000.00	50%
550 Admin-D&O / Liability Ins.	\$ 15,296	\$ 20,000	76%	\$ 20,000	\$ -	0%
560 Admin-Cont Ed, Travel	\$ 5,963	\$ 6,500	92%	\$ 6,500	\$ -	0%
562 Admin-Travel&Mileage Reimb.	\$ 2,012	\$ 2,500	80%	\$ 2,500	\$ -	0%
569 Admin-Meals	\$ 3,964	\$ 4,700	84%	\$ 4,700	\$ -	0%
570 Admin-District/County Prom	\$ 2,000	\$ 5,000	40%	\$ 5,000	\$ -	0%
571 Admin-Office Supp. & Exp.	\$ 19,589	\$ 25,000	78%	\$ 25,000	\$ -	0%
572 Admin-Web Site	\$ -	\$ 1,000	0%	\$ 1,000	\$ -	0%
573 Admin-Copier Lease/Contract	\$ 4,044	\$ 5,000	81%	\$ 5,000	\$ -	0%
575 Admin-Cell Phone Reimburse	\$ 1,650	\$ 1,800	92%	\$ 1,800	\$ -	0%
576 Admin-Telephone/Internet	\$ 3,645	\$ 4,000	91%	\$ 4,000	\$ -	0%
577 Admin Dues	\$ 1,895	\$ 1,895	100%	\$ 1,895	\$ -	0%
591 Admin-Notices & Fees	\$ 1,759	\$ 3,000	59%	\$ 3,000	\$ -	0%
592 Admin Office Rent	\$ 3,740	\$ 4,080	92%	\$ 4,080	\$ -	0%
593 Admin-Utilities	\$ 3,430	\$ 4,000	86%	\$ 4,000	\$ -	0%
594 Admin-Casualty & Windstorm	\$ -	\$ 2,800	0%	\$ 2,800	\$ -	0%
597 Admin-Flood Insurance	\$ 1,549	\$ 1,800	86%	\$ 1,800	\$ -	0%
598 Admin-Building Maintenance	\$ 10,145	\$ 15,000	68%	\$ 15,000	\$ -	0%
Total Admin Expenses	\$ 314,020	\$ 442,185	71%	\$ 554,584	\$ 112,399	20%
600 IC Healthcare Expenses						
601 IC Provider Expenses						
601.01a IC Pmt to Hosp-Indigent	\$ 439,728	\$ 500,000	88%	\$ 500,000	\$ -	0%
601.01b IC Pmt to Coastal (Ind)	\$ 8,871	\$ 25,000	35%	\$ 25,000	\$ -	0%

	2025 YTD - November	2025 Budget (Amendment 1)	% of Budget Used	2026 Proposed Budget	\$ Change in Budget	% Change in Budget
601.01c IC Pmt to Thompson	\$ 10,873	\$ 18,000	60%	\$ 18,000	\$ -	0%
601.02 IC Pmt to UTMB	\$ 461,627	\$ 525,000	88%	\$ 525,000	\$ -	0%
601.03 IC-Special Programs						
601.03a Dental	\$ 18,635	\$ 30,000	62%	\$ 30,000	\$ -	0%
601.03b IC Vision	\$ 1,520	\$ 2,750	55%	\$ 2,750	\$ -	0%
601.04 IC-Non Hosp Cost-Other	\$ 31,306	\$ 35,000	89%	\$ 35,000	\$ -	0%
601.05 IC - Charity Care Prog	\$ 352	\$ 25,000	1%	\$ 25,000	\$ -	0%
Total 601.03 IC-Non Hosp-Specl Pro	\$ 51,813	\$ 92,750	56%	\$ 92,750	\$ -	0%
601 IC Provider Expenses Total	\$ 972,911	\$ 1,160,750	84%	\$ 1,160,750	\$ -	0%
602 IC-WCH 1115 Waiver UC/IGT Prog	\$ 507,386	\$ 510,000	99%	\$ 610,000	\$ 100,000	16%
603 IC-Pharmaceutical Costs	\$ 41,619	\$ 80,000	52%	\$ 80,000	\$ -	0%
605 IC-Office Supplies/Postage	\$ 477	\$ 2,000	24%	\$ 2,000	\$ -	0%
610 IC-Community Health Worker Program	\$ 102,569	\$ 111,893	92%	\$ 111,893	\$ -	0%
611 IC-Indigent Care Dir Salary	\$ 55,000	\$ 60,000	92%	\$ 68,830	\$ 8,829.81	13%
612 IC-Payroll Taxes -Ind Care	\$ 4,259	\$ 4,800	89%	\$ 5,000	\$ 200.00	4%
615 IC-Software	\$ 22,253	\$ 25,000	89%	\$ 25,000	\$ -	0%
616 IC-Travel	\$ 38	\$ 1,000	4%	\$ 1,000	\$ -	0%
617 Youth Programs						
617.01 Youth Counseling	\$ 3,655	\$ 25,000	15%	\$ 25,000	\$ -	0%
617.02 Irlen Program	\$ 500	\$ 1,600	31%	\$ 1,600	\$ -	0%
Total 617 Youth Programs	\$ 4,155	\$ 26,600	16%	\$ 26,600	\$ -	0%
Total 600 - IC Healthcare Expenses	\$ 1,710,665	\$ 1,982,043	86%	\$ 2,091,073	\$ 109,030	5%
620 Grants						
620.01 WCH/RMC	\$ 218,279	\$ 218,500	100%	\$ 133,000	\$ (85,500)	-64%
620.02 Chmabers County	\$ 34,307	\$ 34,500	0%	\$ -	\$ (34,500)	0.00%
620.03 WSVEMS	\$ 268,967	\$ 269,000	100%	\$ 157,774	\$ (111,226)	-70%
620.05 East Chambers ISD Partnersh	\$ 189,856	\$ 278,165	68%	\$ 278,165	\$ -	0%
620.06 FQHC(Coastal)	\$ 821,842	\$ 890,486	92%	\$ 1,549,185	\$ 658,699	43%
620.09 Admin-Cont Ed-Med Pers.	\$ 6,385	\$ 8,647	74%	\$ 8,647	\$ -	0%
Total 620 WSHD - Grants	\$ 1,539,636	\$ 1,699,299	91%	\$ 2,126,772	\$ 427,473	20%
630 NH Program						
630 NH Program-Mgt Fees	\$ 44,351,454	\$ 47,201,843	94%	\$ 47,607,558	\$ 405,715	1%
631 NH Program-IGT	\$ 54,922,356	\$ 60,939,016	90%	\$ 63,697,923	\$ 2,758,907	5%
632 NH Program-Telehealth Fees	\$ 331,658	\$ 400,000	83%	\$ 400,000	\$ -	0%
633 NH Program-Acctg Fees	\$ 68,780	\$ 100,000	69%	\$ 30,000	\$ (70,000)	-70%
634 NH Program-Legal Fees	\$ 124,455	\$ 350,000	36%	\$ 300,000	\$ (50,000)	-14%
635 NH Program-LTC Fees	\$ 4,755,000	\$ 5,216,000	91%	\$ 5,554,000	\$ 338,000	6%
637 NH Program-Interest Expense	\$ 3,015,135	\$ 4,895,660	62%	\$ 4,895,660	\$ -	0%

	2025 YTD - November	2025 Budget (Amendment 1)	% of Budget Used	2026 Proposed Budget	\$ Change in Budget	% Change in Budget
638 NH Program-Loan/Bank Fees	\$ 333,867	\$ 655,735	51%	\$ 658,768	\$ 3,033	0%
639 NH Program-Appraisal	\$ 7,900	\$ 96,000	8%	\$ 96,000	\$ -	0%
641 NH Program - NH Manager	\$ 17,510	\$ 20,400	86%	\$ 20,400	\$ -	0%
Total 630 NH Program	\$ 107,928,116	\$ 119,874,654	90%	\$ 123,260,308	\$ 3,385,654	3%
674 Property Acquisition	\$ 564,666	\$ 4,500,000	13%	\$ 500,000	\$ (4,000,000)	-89%
675 HWY 124 Expenses						
675.01 Tony's BBQ Bldg Expenses	\$ 25,709	\$ 26,000	99%	\$ 26,000	\$ -	0%
675.02 Clinic Expenses	\$ -	\$ 10,000	0%	\$ 10,000	\$ -	0%
675.03 Clinic Property Insurance	\$ 10,373	\$ 17,500	59%	\$ 17,500	\$ -	0%
675.04 Seabreeze Prop. Expenses	\$ 23,406	\$ 25,500		\$ 14,000	\$ (11,500)	-45%
Total 675 HWY 124 Expenses	\$ 59,488	\$ 79,000	75%	\$ 67,500	\$ (11,500)	-15%
Total Expense	\$ 112,116,591	\$ 128,577,180		\$ 128,600,237	\$ 23,057	0%
Total Ordinary Income	\$ 3,123,323	\$ 1,350,004		\$ 4,765,375	\$ 3,415,371	253%

Exhibit “B-1”

WSHD Treasurer's Report

Reporting Date: Wednesday, December 17, 2025					
Pending Expenses		For	Amount	Funds Summary	Totals
Bayside Dental	SP Program		\$360.00	Prosperity Operating (Unrestricted)	\$116,395.33
Brookshire Brothers	Indigent Care		\$1,574.71	First Financial DACA (Unrestricted)	\$71,641.68
CABA Therapy Services dba Physio	SP Program		\$723.69	First Financial DACA (Restricted)	\$249,850.58
Coastal Gateway Health Center	Indigent Care		\$831.99	First Financial Money Market	\$6,928,158.81
Dr. June Stansky	SP Program		\$180.00	TexStar (Restricted)	\$7,166,658.38
Kalos Counseling	Youth Counseling		\$340.00	FFB CD Balance	\$0.00
Thompson Outpatient Clinic, LLC	Indigent Care		\$713.67	Total District Funds	\$14,532,704.78
UTMB at Galveston	Indigent Care		\$41,927.42	Less First Financial (Restricted)	(\$249,850.58)
UTMB Faculty Group Practice	Indigent Care		\$10,049.19	Less TexStar Restricted Amount	(\$500,000.00)
Wilcox Pharmacy	Indigent Care /Charity Care		\$2,425.33	Less LOC Outstanding	\$0.00
Benckenstein & Oxford	Fidelity		\$21,336.00	Less First Financial Money Market	\$0.00
Benckenstein & Oxford	Invoice No 51611		\$4,190.00	Less Committed Funds (See Total Commitment)	(\$34,668.56)
Graciela Chavez	Invoice 965992		\$160.00	Cash Position (Less First Financial Restricted)	\$13,748,185.64
US Department of Education	Acct# 177877782 - Benjamin Odom		\$1,214.81	Pending Expenses	(\$274,993.77)
3Branch & More	Inv # 45999		\$9,324.41	Ending Balance (Cash Position/Pending Expenses)	\$13,473,191.87
Function4	INV1255272		\$135.00	*Total Funds (Ending Balance+LOC Outstanding+QIPP Funds Outstanding+Outstanding Chow Loans)	\$33,084,339.47
Technology Solutions	Inv # 2003		\$162.35	Prior Month	
Indigent Healthcare Solutions	Indigent Care Inv # 81033		\$2,023.00	Prosperity Operating (Unrestricted)	\$327,529.64
Vidal Accounting Services	Invoice 00116		\$5,775.00	First Financial (Unrestricted)	\$472,075.17
Texas Conference of Urban Counties	IC - TIHCA Dues		\$200.00	First Financial (Restricted)	\$272,681.22
Hubert Oxford	Retainer		\$1,000.00	First Financial Money Market	\$21,288,241.64
Gaudet Solutions	SP Program		\$500.00	TexStar (Restricted)	\$7,143,290.42
The Seabreeze Beacon	Inv# 8735		\$100.00	FFB CD Balance	\$0.00
Coastal Gateway Health Center	Grant Pmt		\$137,229.00	Total District Funds	\$29,503,818.09
Coastal Gateway Health Center	Grant Pmt Out reach & Enrollment		\$31,997.00	Less First Financial (Restricted)	(\$272,681.22)
Barrier Reef Emergency Physicians	Indigent Care		\$121.20	Less TexStar Reserve Account	(\$500,000.00)
Hall, Render, Killian, Heath & Lyman, PC	Inv # 670557		\$400.00	Less LOC Outstanding	\$0.00
	Total Expenses		\$274,993.77	Less First Financial Money Market (Restricted)	\$0.00
				Less Committed Funds (See Total Commitment)	(\$93,717.37)
				Cash Position (Less First Financial Restricted)	\$28,637,419.50
				Pending Expenses	(\$197,509.96)
				Ending Balance (Cash Position/Pending Expenses)	\$28,439,909.54
				Total Funds (Ending Balance+LOC Outstanding+QIPP Funds Outstanding+Committed Funds)	\$29,943,331.69
First Financial Bank Reconciliations					
FFB Balance		\$321,492.26			
	Restricted Funds		Total Scheduled Payment	Balance Received	Balance Due
					Due to District
Adjustments					
QIPP YR 6 IGT Refund		\$249,850.58	\$473,277.12	\$473,277.12	\$0.00
	Total QIPP YR 6	\$249,850.58	\$473,277.12	\$473,277.12	\$0.00
Yr. 8 Q3 (Public & Private)					
Yr. 8, Component 1 Q4		\$0.00	\$13,369,579.88	\$0.00	\$13,369,579.88
	Total Component 1 YR 8 Q4	\$0.00	\$13,369,579.88	\$0.00	\$13,369,579.88
Yr. 8, Component 2 (Public & Private)					
Yr. 8, Component 2 Q4		\$2,521,448.57	\$3,502,011.90	\$0.00	\$3,502,011.90
	Total Component 2 due to MGRs.	\$2,521,448.57	\$3,502,011.90	\$0.00	\$980,563.33
Yr. 8, Component 3 (Public & Private)					
Yr. 8, Component 3 Q4		\$3,317,706.51	\$4,607,925.71	\$0.00	\$4,607,925.71
	Total Component 3 due to MGRs	\$3,317,706.51	\$4,607,925.71	\$0.00	\$1,290,219.20
Yr. 8, Component 4 (Public Only)					
Yr. 8, Component 4 Q4		\$2,992,982.68	\$4,275,689.54	\$0.00	\$4,275,689.54
	Total Component 4 due to MGRs	\$2,992,982.68	\$4,275,689.54	\$0.00	\$1,282,706.86
Yr. 8, Lapse Funds					
Yr. 8, Component Lapse Q4		\$1,854,563.94	\$2,649,377.05	\$0.00	\$2,649,377.05
	Total Lapse Funds 4 due to MGRs	\$1,854,563.94	\$2,649,377.05	\$0.00	\$794,813.12
Payments Earned in Prior Periods					
Yr. 8, Payments Earned in Prior Periods		\$2,581,700.18	\$3,585,694.70	\$0.00	\$3,585,694.70
	Variance Payment Totals	\$2,581,700.18	\$3,585,694.70	\$0.00	\$1,003,994.52
Non-QIPP Funds					
		\$0.00			
Restricted		\$249,850.58			
Unrestricted		\$71,641.68			
Total Funds		\$321,492.26			
Committed Funds					
	Commitment	Total Initial Commitment	YTD Paid by District	Committed Balance	
1. FOHC Grant Funding-2024		\$823,734.00	\$789,065.44	\$34,668.56	
2. Coastal Marketing Grant		\$276,040.00	\$276,040.00	\$0.00	
3. East Chambers ISD		\$278,165.04	\$278,165.04	\$0.00	
4. WSVEMS Grant		\$265,403.04	\$265,403.04	\$0.00	
	Total Commitments	\$1,643,342.08	\$1,608,673.52	\$34,668.56	

Hospital - DY 8/IRS Repayment

	Amount Advanced by District	IC Repayment	Balance Owed by RMC
Januray 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
	\$2,116,856.95	\$1,630,874.35	\$485,982.60

CHOW Interim Working Capital Loan

	Intial Advance Allowed	Total Amount Advanced	Advance Remaining	Amount Paid Back to Date	Amount Due to District
Golden Triangle (10 Months - December 31, 2025)					
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	\$1,360,000.00	\$1,194,133.90	\$165,866.10	\$816,845.80	\$377,288.10
Total CHOW Loan Outstanding	\$1,360,000.00	\$1,194,133.90	\$165,866.10	\$816,845.80	\$377,288.10

**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, 2025			(\$184,742.25)	(\$184,742.25)	\$31,670,100.00
7-February 25, 2026			(\$184,742.25)	(\$184,742.25)	\$31,670,100.00
8-March 25, 2026			(\$184,742.25)	(\$184,742.25)	\$31,670,100.00
9-April 25, 2026 (YR9 Q1)	\$15,835,050.00	(\$15,835,050.00)	(\$184,742.25)	(\$16,019,792.25)	\$15,835,050.00
10 May 25, 2026	\$0.00	\$0.00	(\$92,371.13)	(\$92,371.13)	\$15,835,050.00
11-June 25, 2026	\$0.00	\$0.00	(\$92,371.13)	(\$92,371.13)	\$15,835,050.00
12-July 25, 2026 (YR9 Q2)	\$15,835,050.00	(\$15,835,050.00)	(\$92,371.13)	(\$14,730,429.17)	\$0.00
Amount Paid	\$31,670,100.00	(\$31,670,100.00)	(\$1,976,742.08)	(\$32,449,850.12)	

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	\$6,928,158.81	3.324%	November 2025	\$51,499.27	\$277,322.03
Texstar C.D. #1110	\$7,166,658.38	3.980%	November 2025	\$23,367.96	\$308,401.82

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

Edward Murrell,
President

Robert "Bobby" Way
Treasurer/Investment Officer

Date: _____

Date: _____

*Italics are Estimated amounts

Exhibit “B-2”

Winnie-Stowell Hospital District
Bank Accounts Register
November 19, 2025 to December 17, 2025

Type	Date	Num	Name	Memo	Clr	Amount	Balance
100 Prosperity Bank -Checking							58,686.62
Deposit	11/20/2025			Deposit, Processed	X	21,336.00	80,022.62
Check	11/21/2025			ACH, Withdrawal, Processed	X	(7,275.94)	72,746.68
Check	11/24/2025		Entergy	ACH, Withdrawal, Processed	X	(73.58)	72,673.10
Check	11/24/2025		Entergy	ACH, Withdrawal, Processed	X	(199.26)	72,473.84
Liability C...	11/26/2025		QuickBooks Payroll Service	Created by Payroll Service on 11/25/2025	X	(5,629.96)	66,843.88
Deposit	11/26/2025			Deposit, Processed	X	7,367.50	74,211.38
Paycheck	11/28/2025	DD1462	Barron, Kiela M	Direct Deposit	X		74,211.38
Paycheck	11/28/2025	DD1464	Davis, Tina R	Direct Deposit	X		74,211.38
Paycheck	11/28/2025	DD1463	Carlo, Victoria M	Direct Deposit	X		74,211.38
Deposit	11/30/2025			Deposit, Processed	X	49.29	74,260.67
Check	12/03/2025	4779	Vidal Accounting, PLLC	Positive Pay Replacement for Invoice 00116		(7,367.50)	66,893.17
Check	12/10/2025	4780	Ethan Kahla	Inv. 120925 & Inv. 120825		(1,000.00)	65,893.17
Liability C...	12/12/2025		QuickBooks Payroll Service	Created by Payroll Service on 12/11/2025		(5,462.82)	60,430.35
Paycheck	12/15/2025	DD1465	Barron, Kiela M	Direct Deposit	X		60,430.35
Paycheck	12/15/2025	DD1466	Carlo, Victoria M	Direct Deposit	X		60,430.35
Paycheck	12/15/2025	DD1467	Davis, Tina R	Direct Deposit	X		60,430.35
Check	12/17/2025	4781	Barrier Reef Emergency Physican	Batch Date 11/01/25		(121.20)	60,309.15
Check	12/17/2025	4782	Brookshire Brothers	Batch Date 11/04/25		(1,574.71)	58,734.44
Check	12/17/2025	4783	Coastal Gateway Health Center	Batch Date 11/11/25		(831.99)	57,902.45
Check	12/17/2025	4784	Indigent Healthcare Solutions, ...	invoice # 81033		(2,023.00)	55,879.45
Check	12/17/2025	4785	Bayside Dental	Batch Date 11/08/25		(360.00)	55,519.45
Check	12/17/2025	4786	CABA Therapy Services dba Ph...	Batch Date 11/10/25		(723.69)	54,795.76
Check	12/17/2025	4787	Dr. June Stansky, Optometrist	Batch Date 11/08/25		(180.00)	54,615.76
Check	12/17/2025	4788	Gaudet Solutions	Batch Date 11/07/25		(500.00)	54,115.76
Check	12/17/2025	4789	Kalos Counseling	Batch Date 11/02/25		(340.00)	53,775.76
Check	12/17/2025	4790	Texas Conference of Urban Cou...	invoice # 1037147		(200.00)	53,575.76
Check	12/17/2025	4791	Thompson Outpatient Clinic, LLC	Batch Date 11/11/25		(713.67)	52,862.09
Check	12/17/2025	4792	UTMB Faculty Group Practice	Batch Date 11/01/25		(10,049.19)	42,812.90
Check	12/17/2025	4793	UTMB at Galveston	Batch Date 11/01/25		(41,927.42)	885.48
Check	12/17/2025	4794	Wilcox Pharmacy			(2,425.33)	(1,539.85)
Check	12/17/2025	4795	3Branch & More	Invoice # 45999		(9,324.41)	(10,864.26)
Check	12/17/2025	4796	Benckenstein & Oxford	Invoice # 51573		(21,336.00)	(32,200.26)
Check	12/17/2025	4797	Benckenstein & Oxford	Inv # 51611		(4,190.00)	(36,390.26)
Check	12/17/2025	4798	US Department of Education	Acct #1778777792-1		(1,214.81)	(37,605.07)
Check	12/17/2025	4799	Function 4	3A0064 - INV1255272		(135.00)	(37,740.07)
Check	12/17/2025	4800	Graciela Chavez	Inv # 965992		(160.00)	(37,900.07)
Check	12/17/2025	4801	Hall Render Killian Heath & Ly...	Inv # 670557		(400.00)	(38,300.07)
Check	12/17/2025	4802	Hubert Oxford	Retainer		(1,000.00)	(39,300.07)
Check	12/17/2025	4803	Technology Solutions of Texas, ...	Inv # 2003		(162.35)	(39,462.42)
Check	12/17/2025	4804	The Seabreeze Beacon	Inv # 8735		(100.00)	(39,562.42)
Check	12/17/2025	4805	Vidal Accounting, PLLC	Inv # 00120		(5,775.00)	(45,337.42)
Total 100 Prosperity Bank -Checking						(104,024.04)	(45,337.42)
102 First Financial Bank							22,070,442.41
102b FFB #4846 DACA							781,656.40
Check	11/20/2025			Memo:Transfer from DDA Acct No. 1110214838-D Payee:Transfer fro...	X	252,171.98	1,033,828.38
Deposit	11/20/2025			Inbound Wire - RS GOLDEN TRIANGLE, LLC	X	5,000.00	1,038,828.38
Deposit	11/21/2025			Inbound Wire - RS GOLDEN TRIANGLE, LLC	X	495,000.00	1,533,828.38
Check	11/25/2025			Memo:Transfer from XXX4846 to XXX7190: Conf #:28409711 Payee:T...	X	(500,000.00)	1,033,828.38
Check	11/26/2025			Memo:Transfer from DDA Acct No. 1110214838-D Payee:Transfer fro...	X	36,428.00	1,070,256.38
Total 102b FFB #4846 DACA						288,599.98	1,070,256.38
102c FFB #7190 Money Market							21,288,786.01
Check	11/25/2025			Memo:Transfer from XXX4846 to XXX7190: Conf #:28409711 Payee:T...	X	500,000.00	21,788,786.01
Check	11/25/2025			Transfer from XXX7190 to XXX6881: Conf #:28409508	X	(184,742.25)	21,604,043.76
Check	11/25/2025			Transfer from XXX7190 to XXX1984: Conf #:28409473	X	(14,727,373.56)	6,876,670.20
Deposit	11/30/2025					637.39	6,877,307.59
Deposit	11/30/2025			Interest	X	51,499.27	6,928,806.86
Total 102c FFB #7190 Money Market						(14,359,979.15)	6,928,806.86
Total 102 First Financial Bank						(14,071,379.17)	7,999,063.24
TOTAL						(14,175,403.21)	7,953,725.82

Exhibit “B-3”

Winnie-Stowell Hospital District Balance Sheet

12/15/25

As of November 30, 2025

Accrual Basis

	Nov 30, 25
ASSETS	
Current Assets	
Checking/Savings	
100 Prosperity Bank -Checking	74,260.67
102 First Financial Bank	
102b FFB #4846 DACA	1,070,256.38
102c FFB #7190 Money Market	6,928,806.86
Total 102 First Financial Bank	7,999,063.24
105 TexStar	7,166,658.38
108 Nursing Home Banks Combined	4,273,740.70
Total Checking/Savings	19,513,722.99
Other Current Assets	
110 Sales Tax Receivable	194,309.82
114 Accounts Receivable NH	88,339,642.46
115 Riceland Hospital Rec.	484,980.19
116 - A/R CHOW - LOC	403,288.10
117 NH - QIPP Prog Receivable	77,978,193.94
119 Prepaid IGT	15,927,192.54
Total Other Current Assets	183,327,607.05
Total Current Assets	202,841,330.04
Fixed Assets	3,887,534.63
Other Assets	
118.01 Prepaid NH Fees	12,806.48
Total Other Assets	12,806.48
TOTAL ASSETS	206,741,671.15
LIABILITIES & EQUITY	
Liabilities	
Current Liabilities	
Other Current Liabilities	
190 NH Payables Combined	4,711,615.79
201 NHP Accounts Payable	40,754,057.32
206 FFB Loan 27	31,670,100.00
235 Payroll Liabilities	5,698.06
240 Accounts Payable NH Oper.	92,404,694.71
Total Other Current Liabilities	169,546,165.88
Total Current Liabilities	169,546,165.88
Total Liabilities	169,546,165.88
Equity	37,195,505.27
TOTAL LIABILITIES & EQUITY	206,741,671.15

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

	Jan - Nov 25	Budget	\$ Over Budget	% of Budget
Ordinary Income/Expense				
Income				
400 Sales Tax Revenue	830,075.20	850,000.00	-19,924.80	97.7%
405 Investment Income	617,192.10	600,000.00	17,192.10	102.9%
407 Rental Income	44,000.00	42,000.00	2,000.00	104.8%
409 Tobacco Settlement	18,002.15	15,000.00	3,002.15	120.0%
415 Nursing Home - QIPP Program	113,730,644.38	128,420,184.00	-14,689,539.62	88.6%
Total Income	115,239,913.83	129,927,184.00	-14,687,270.17	88.7%
Gross Profit	115,239,913.83	129,927,184.00	-14,687,270.17	88.7%
Expense				
500 Admin				
501 Admin-Administrative Salary	68,750.00	75,000.00	-6,250.00	91.7%
502 Admin-Administrative Assnt	27,455.58	46,860.00	-19,404.42	58.6%
503 Admin - Staff Incentive Pay	0.00	8,500.00	-8,500.00	0.0%
504 Admin-Administrative PR Tax	5,856.31	9,500.00	-3,643.69	61.6%
505 Admin-Board Bonds	200.00	250.00	-50.00	80.0%
506 Admin - Emp. Insurance	57,704.40	81,000.00	-23,295.60	71.2%
507 Admin-Retirement	14,554.95	15,000.00	-445.05	97.0%
515 Admin-Bank Service Charges	1,769.70	2,000.00	-230.30	88.5%
521 Professional Fees - Acctng	7,642.25	12,000.00	-4,357.75	63.7%
522 Professional Fees - Audit	38,407.74	34,000.00	4,407.74	113.0%
523 Professional Fees - Legal	11,000.00	50,000.00	-39,000.00	22.0%
550 Admin-D&O / Liability Ins.	15,295.77	20,000.00	-4,704.23	76.5%
560 Admin-Cont Ed, Travel	5,962.99	6,500.00	-537.01	91.7%
562 Admin-Travel&Mileage Reimb.	2,012.03	2,500.00	-487.97	80.5%
569 Admin-Meals	3,964.24	4,700.00	-735.76	84.3%
570 Admin-District/County Prom	2,000.00	5,000.00	-3,000.00	40.0%
571 Admin-Office Supp. & Exp.	19,588.63	25,000.00	-5,411.37	78.4%
572 Admin-Web Site	0.00	1,000.00	-1,000.00	0.0%
573 Admin-Copier Lease/Contract	4,043.59	5,000.00	-956.41	80.9%
575 Admin-Cell Phone Reimburse	1,650.00	1,800.00	-150.00	91.7%
576 Admin-Telephone/Internet	3,644.76	4,000.00	-355.24	91.1%
577 - Admin Dues	1,895.00	1,895.00	0.00	100.0%
591 Admin-Notices & Fees	1,759.06	3,000.00	-1,240.94	58.6%
592 Admin Office Rent	3,740.00	4,080.00	-340.00	91.7%
593 Admin-Utilities	3,429.70	4,000.00	-570.30	85.7%
594 Admin-Casualty & Windstorm	0.00	2,800.00	-2,800.00	0.0%
597 Admin-Flood Insurance	1,549.00	1,800.00	-251.00	86.1%
598 Admin-Building Maintenance	10,144.57	15,000.00	-4,855.43	67.6%
Total 500 Admin	314,020.27	442,185.00	-128,164.73	71.0%
600 - IC Healthcare Expenses				
601 IC Provider Expenses				
601.01a IC Pmt to Hosp-Indigent	439,727.98	500,000.00	-60,272.02	87.9%
601.01b IC Pmt to Coastal (Ind)	8,870.53	25,000.00	-16,129.47	35.5%
601.01c IC Pmt to Thompson	10,872.79	18,000.00	-7,127.21	60.4%
601.02 IC Pmt to UTMB	461,626.80	525,000.00	-63,373.20	87.9%
601.03 IC Special Programs				
601.03a Dental	18,635.00	30,000.00	-11,365.00	62.1%
601.03b IC Vision	1,520.00	2,750.00	-1,230.00	55.3%
601.04 IC-Non Hosp Cost-Other	31,305.89	35,000.00	-3,694.11	89.4%
601.05 IC - Chairty Care Prog	351.69	25,000.00	-24,648.31	1.4%
Total 601.03 IC Special Programs	51,812.58	92,750.00	-40,937.42	55.9%
Total 601 IC Provider Expenses	972,910.68	1,160,750.00	-187,839.32	83.8%
602 IC-WCH 1115 Waiver Prog	507,385.71	510,000.00	-2,614.29	99.5%
603 IC-Pharmaceutical Costs	41,619.23	80,000.00	-38,380.77	52.0%
605 IC-Office Supplies/Postage	477.27	2,000.00	-1,522.73	23.9%
610 IC-Community Health Prog.	102,568.51	111,893.00	-9,324.49	91.7%
611 IC-Indigent Care Dir Salary	55,000.00	60,000.00	-5,000.00	91.7%
612 IC-Payroll Taxes -Ind Care	4,258.50	4,800.00	-541.50	88.7%
615 IC-Software	22,253.00	25,000.00	-2,747.00	89.0%
616 IC-Travel	37.50	1,000.00	-962.50	3.8%
617 Youth Programs				
617.01 Youth Counseling	3,655.00	25,000.00	-21,345.00	14.6%
617.02 Irlen Program	500.00	1,600.00	-1,100.00	31.3%
Total 617 Youth Programs	4,155.00	26,600.00	-22,445.00	15.6%
Total 600 - IC Healthcare Expenses	1,710,665.40	1,982,043.00	-271,377.60	86.3%

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

	Jan - Nov 25	Budget	\$ Over Budget	% of Budget
620 WSHD - Grants				
620.01 WCH/RMC	218,278.87	218,500.00	-221.13	99.9%
620.02 Chambers Cty	34,307.00	34,500.00	-193.00	99.4%
620.03 WSVEMS	268,966.73	269,000.04	-33.31	100.0%
620.05 East Chambers ISD	189,856.36	278,165.04	-88,308.68	68.3%
620.06 FQHC(Coastal)	821,841.55	890,486.00	-68,644.45	92.3%
620.09 Admin-Cont Ed-Med Pers.	6,385.20	8,647.44	-2,262.24	73.8%
Total 620 WSHD - Grants	1,539,635.71	1,699,298.52	-159,662.81	90.6%
630 NH Program				
630 NH Program-Mgt Fees	44,351,454.31	47,201,843.56	-2,850,389.25	94.0%
631 NH Program-IGT	54,922,356.39	60,939,015.67	-6,016,659.28	90.1%
632 NH Program-Telehealth Fees	331,657.81	400,000.00	-68,342.19	82.9%
633 NH Program-Acctg Fees	68,780.25	100,000.00	-31,219.75	68.8%
634 NH Program-Legal Fees	124,455.25	350,000.00	-225,544.75	35.6%
635 NH Program-LTC Fees	4,755,000.00	5,216,000.00	-461,000.00	91.2%
637 NH Program-Interest Expense	3,015,134.78	4,895,659.55	-1,880,524.77	61.6%
638 NH Program-Loan/Bank Fees	333,867.31	655,734.76	-321,867.45	50.9%
639 NH Program-Appraisal	7,900.24	96,000.00	-88,099.76	8.2%
641 NH Program-NH Manager	17,510.00	20,400.00	-2,890.00	85.8%
Total 630 NH Program	107,928,116.34	119,874,653.54	-11,946,537.20	90.0%
674 Prop Acquisition/Development	564,665.67	4,500,000.00	-3,935,334.33	12.5%
675 HWY 124 Expenses				
675.01 Tony's BBQ Bldg Expenses	25,708.82	26,000.00	-291.18	98.9%
675.02 Clinic Expenses	0.00	10,000.00	-10,000.00	0.0%
675.03 - Clinic Property Ins	10,372.57	17,500.00	-7,127.43	59.3%
675.04 Seabreeze Prop. Expenses	23,406.20	25,500.00	-2,093.80	91.8%
Total 675 HWY 124 Expenses	59,487.59	79,000.00	-19,512.41	75.3%
Total Expense	112,116,590.98	128,577,180.06	-16,460,589.08	87.2%
Net Ordinary Income	3,123,322.85	1,350,003.94	1,773,318.91	231.4%
Other Income/Expense				
Other Income				
416 Nursing Home Operations	424,176,536.18			
Total Other Income	424,176,536.18			
Other Expense				
640 Nursing Home Oper. Expenses	424,176,536.18			
Total Other Expense	424,176,536.18			
Net Other Income	0.00			
Net Income	3,123,322.85	1,350,003.94	1,773,318.91	231.4%

Exhibit “B-4”

	2025 YTD - November	2025 Budget Amendment 1	% of Budget Used	2025 Proposed Budget Amendment 2	\$ Change in Budget	% Change in Budget
Revenue						
400 Sales Tax Revenue	\$ 830,075	\$ 850,000	98%	\$ 850,000	\$ -	0%
405 Investment Income	\$ 617,192	\$ 600,000	103%	\$ 600,000	\$ -	0%
407 Rent-Highway 124	\$ 44,000	\$ 42,000	105%	\$ 42,000	\$ -	0%
409 Tobacco Settlement	\$ 18,002	\$ 15,000	120%	\$ 15,000	\$ -	0%
415 Nursing Home-QIPP Programs	\$ 113,730,644	\$ 128,420,184	89%	\$ 128,420,184	\$ -	0%
Total Income	\$ 115,239,914	\$ 129,927,184	89%	\$ 129,927,184	\$ -	0%
Expenses						
500 Admin-Administrative Salary	\$ 68,750	\$ 75,000	92%	\$ 83,500	\$ 8,500.00	10%
502 Admin-Administrative Assnt	\$ 27,456	\$ 46,860	59%	\$ 46,860	\$ -	0%
503 Admin - Staff Incentive Pay	\$ -	\$ 8,500	0%	\$ 8,500	\$ -	0%
504 Admin-Administrative PR Tax	\$ 5,856	\$ 9,500	62%	\$ 9,500	\$ -	0%
505 Admin-Board Bonds	\$ 200	\$ 250	80%	\$ 250	\$ -	0%
506 Admin-Emp. Insurance	\$ 57,704	\$ 81,000	71%	\$ 81,000	\$ -	0%
507 Admin-Retirement	\$ 14,555	\$ 15,000	97%	\$ 16,100	\$ 1,100.00	7%
515 Admin-Bank Service Charges	\$ 1,770	\$ 2,000	88%	\$ 2,000	\$ -	0%
521 Professional Fees-Acctng	\$ 7,642	\$ 12,000	64%	\$ 12,000	\$ -	0%
522 Professional Fees-Auditing	\$ 38,408	\$ 34,000	113%	\$ 38,410	\$ 4,410.00	11%
523 Professional Fees-Legal	\$ 11,000	\$ 50,000	22%	\$ 50,000	\$ -	0%
550 Admin-D&O / Liability Ins.	\$ 15,296	\$ 20,000	76%	\$ 20,000	\$ -	0%
560 Admin-Cont Ed, Travel	\$ 5,963	\$ 6,500	92%	\$ 6,500	\$ -	0%
562 Admin-Travel&Mileage Reimb.	\$ 2,012	\$ 2,500	80%	\$ 2,500	\$ -	0%
569 Admin-Meals	\$ 3,964	\$ 4,700	84%	\$ 4,700	\$ -	0%
570 Admin-District/County Prom	\$ 2,000	\$ 5,000	40%	\$ 5,000	\$ -	0%
571 Admin-Office Supp. & Exp.	\$ 19,589	\$ 25,000	78%	\$ 25,000	\$ -	0%
572 Admin-Web Site	\$ -	\$ 1,000	0%	\$ 1,000	\$ -	0%
573 Admin-Copier Lease/Contract	\$ 4,044	\$ 5,000	81%	\$ 5,000	\$ -	0%
575 Admin-Cell Phone Reimburse	\$ 1,650	\$ 1,800	92%	\$ 1,800	\$ -	0%
576 Admin-Telephone/Internet	\$ 3,645	\$ 4,000	91%	\$ 4,000	\$ -	0%

	2025 YTD - November	2025 Budget Amendment 1	% of Budget Used	2025 Proposed Budget Amendment 2	\$ Change in Budget	% Change in Budget
577 Admin Dues	\$ 1,895	\$ 1,895	100%	\$ 1,895	\$ -	0%
591 Admin-Notices & Fees	\$ 1,759	\$ 3,000	59%	\$ 3,000	\$ -	0%
592 Admin Office Rent	\$ 3,740	\$ 4,080	92%	\$ 4,080	\$ -	0%
593 Admin-Utilities	\$ 3,430	\$ 4,000	86%	\$ 4,000	\$ -	0%
594 Admin-Casualty & Windstorm	\$ -	\$ 2,800	0%	\$ 2,800	\$ -	0%
597 Admin-Flood Insurance	\$ 1,549	\$ 1,800	86%	\$ 1,800	\$ -	0%
598 Admin-Building Maintenance	\$ 10,145	\$ 15,000	68%	\$ 15,000	\$ -	0%
Total Admin Expenses	\$ 314,020	\$ 442,185	71%	\$ 456,195	\$ 14,010.00	3%
600 IC Healthcare Expenses						
601 IC Provider Expenses						
601.01a IC Pmt to Hosp-Indigent	\$ 439,728	\$ 500,000	88%	\$ 500,000	\$ -	0%
601.01b IC Pmt to Coastal (Ind)	\$ 8,871	\$ 25,000	35%	\$ 25,000	\$ -	0%
601.01c IC Pmt to Thompson	\$ 10,873	\$ 18,000	60%	\$ 18,000	\$ -	0%
601.02 IC Pmt to UTMB	\$ 461,627	\$ 525,000	88%	\$ 525,000	\$ -	0%
601.03 IC-Special Programs						
601.03a Dental	\$ 18,635	\$ 30,000	62%	\$ 30,000	\$ -	0%
601.03b IC Vision	\$ 1,520	\$ 2,750	55%	\$ 2,750	\$ -	0%
601.04 IC-Non Hosp Cost-Other	\$ 31,306	\$ 35,000	89%	\$ 35,000	\$ -	0%
601.05 IC - Charity Care Prog	\$ 352	\$ 25,000	1%	\$ 25,000	\$ -	0%
Total 601.03 IC-Non Hosp-Specl Pro	\$ 51,813	\$ 92,750	56%	\$ 92,750	\$ -	0%
601 IC Provider Expenses Total	\$ 972,911	\$ 1,160,750	84%	\$ 1,160,750	\$ -	0%
602 IC-WCH 1115 Waiver UC/IGT Prog	\$ 507,386	\$ 510,000	99%	\$ 510,000	\$ -	0%
603 IC-Pharmaceutical Costs	\$ 41,619	\$ 80,000	52%	\$ 80,000	\$ -	0%
605 IC-Office Supplies/Postage	\$ 477	\$ 2,000	24%	\$ 2,000	\$ -	0%
610 IC-Community Health Worker Program	\$ 102,569	\$ 111,893	92%	\$ 111,893	\$ -	0%

	2025 YTD - November	2025 Budget Amendment 1	% of Budget Used	2025 Proposed Budget Amendment 2	\$ Change in Budget	% Change in Budget
611 IC-Indigent Care Dir Salary	\$ 55,000	\$ 60,000	92%	\$ 64,300	\$ 4,300.00	7%
612 IC-Payroll Taxes -Ind Care	\$ 4,259	\$ 4,800	89%	\$ 5,000	\$ 200.00	4%
615 IC-Software	\$ 22,253	\$ 25,000	89%	\$ 25,000	\$ -	0%
616 IC-Travel	\$ 38	\$ 1,000	4%	\$ 1,000	\$ -	0%
617 Youth Programs						
617.01 Youth Counseling	\$ 3,655	\$ 25,000	15%	\$ 25,000	\$ -	0%
617.02 Irlen Program	\$ 500	\$ 1,600	31%	\$ 1,600	\$ -	0%
Total 617 Youth Programs	\$ 4,155	\$ 26,600	16%	\$ 26,600	\$ -	0%
Total 600 - IC Healthcare Expenses	\$ 1,710,665	\$ 1,982,043	86%	\$ 1,986,543	\$ 4,500	0%
620 Grants						
620.01 WCH/RMC	\$ 218,279	\$ 218,500	100%	\$ 218,500	\$ -	0%
620.02 Chmabers County	\$ 34,307	\$ 34,500	0%	\$ 34,500	\$ -	0%
620.03 WSVEMS	\$ 268,967	\$ 269,000	100%	\$ 269,000	\$ -	0%
620.05 East Chambers ISD Partnersh	\$ 189,856	\$ 278,165	68%	\$ 278,165	\$ -	0%
620.06 FQHC(Coastal)	\$ 821,842	\$ 890,486	92%	\$ 991,071	\$ 100,585	10%
620.09 Admin-Cont Ed-Med Pers.	\$ 6,385	\$ 8,647	74%	\$ 8,647	\$ -	0%
Total 620 WSHD - Grants	\$ 1,539,636	\$ 1,699,299	91%	\$ 1,799,883	\$ 100,585	6%
630 NH Program						
630 NH Program-Mgt Fees	\$ 44,351,454	\$ 47,201,843	94%	\$ 47,201,843	\$ -	0%
631 NH Program-IGT	\$ 54,922,356	\$ 60,939,016	90%	\$ 60,939,016	\$ -	0%
632 NH Program-Telehealth Fees	\$ 331,658	\$ 400,000	83%	\$ 400,000	\$ -	0%
633 NH Program-Acctg Fees	\$ 68,780	\$ 100,000	69%	\$ 100,000	\$ -	0%
634 NH Program-Legal Fees	\$ 124,455	\$ 350,000	36%	\$ 350,000	\$ -	0%
635 NH Program-LTC Fees	\$ 4,755,000	\$ 5,216,000	91%	\$ 5,216,000	\$ -	0%
637 NH Program-Interest Expense	\$ 3,015,135	\$ 4,895,660	62%	\$ 4,895,660	\$ -	0%
638 NH Program-Loan/Bank Fees	\$ 333,867	\$ 655,735	51%	\$ 655,735	\$ -	0%

	2025 YTD - November	2025 Budget Amendment 1	% of Budget Used	2025 Proposed Budget Amendment 2	\$ Change in Budget	% Change in Budget
639 NH Program-Appraisal	\$ 7,900	\$ 96,000	8%	\$ 96,000	\$ -	0%
641 NH Program - NH Manager	\$ 17,510	\$ 20,400	86%	\$ 20,400	\$ -	0%
Total 630 NH Program	\$ 107,928,116	\$ 119,874,653	90%	\$ 119,874,653	\$ -	0%
674 Property Acquisition	\$ 564,666	\$ 4,500,000	13%	\$ 4,500,000	\$ -	0%
675 HWY 124 Expenses						
675.01 Tony's BBQ Bldg Expenses	\$ 25,709	\$ 26,000	99%	\$ 26,000	\$ -	0%
675.02 Clinic Expenses	\$ -	\$ 10,000	0%	\$ 10,000	\$ -	0%
675.03 Clinic Property Insurance	\$ 10,373	\$ 17,500	59%	\$ 17,500	\$ -	0%
675.04 Seabreeze Prop. Expenses	\$ 23,406	\$ 25,500		\$ 25,500	\$ -	0.00%
Total 675 HWY 124 Expenses	\$ 59,488	\$ 79,000	75%	\$ 79,000	\$ -	0%
Total Expense	\$ 112,116,591	\$ 128,577,180	87%	\$ 128,696,274	\$ 119,095	0%
Total Ordinary Income	\$ 3,123,323	\$ 1,350,004		\$ 1,230,910	\$ (119,095)	-9%

Exhibit “C”



December 17, 2025

WSHD Regular Board Meeting Indigent Care Report

1. Summary:

In November, the Indigent Care Program decreased by 8 clients. November had 94 active clients.

Budget and Billing Update

A budget amendment to increase UTMB and Riceland was approved at the last board meeting. As of the current reporting period, the program has utilized 80% of its overall amended budget.

There are no billing issues to report currently.

There are currently nine (9) 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, Sept, Oct, Nov, YTD Monthly Average. Rows include Indigent Care Clients, Youth Counseling, and Irlen Services.

3. Renewals & Approvals:

Table with 7 columns: November 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 November

Dental:

- Three (3) clients used their benefit in November

Vision Services:

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



4. Indigent Care Vendor Payment Trends:

Service Provider	Sept	Oct	Nov	YTD Monthly Average
Local Clinics	\$ 2,477.58	\$ 3,694.19	\$ 2,269.35	\$ 2,938.05
UTMB (Includes Charity Care)	\$ 75,675.39	\$ 49,012.87	\$ 52,097.81	\$ 41,472.52
Riceland Medical Center	\$ 35,138.19	\$ 33,392.75	\$ 22,620.63	\$ 39,975.27
Pharmacy Costs (Includes Charity Care)	\$ 3,988.25	\$ 3,670.86	\$ 4,000.04	\$ 3,868.02
Indigent Special Services (Dental & Vision)	\$ 4,676.00	\$ 2,011.00	\$ 540.00	\$ 1,490.91
Medical Supplies (C-PAP)	\$ -	\$ -	\$ -	\$ 77.27
Non Contract ER Services (Includes WSEMS)	\$ 547.86	\$ -	\$ -	\$ 1,573.52
Other Services				
Irlen Services	\$ -	\$ -	\$ 500.00	\$ 90.91
Youth Counseling	\$ 255.00	\$ 425.00	\$ 340.00	\$ 378.64
<i>Total</i>	\$ 122,758.27	\$ 92,206.67	\$ 82,367.83	\$ 79,990.95

5. YTD Budget Expenditures:

Indigent Service	2025 Budget	YTD Expense	% of Budget
Pharmacy	\$80,000.00	\$42,274.65	53%
WCH	\$500,000.00	\$439,727.98	88%
UTMB	\$525,000.00	\$456,197.67	87%
Youth Counseling	\$25,000.00	\$4,165.00	17%
Irlen	\$1,600.00	\$1,000.00	63%
Dental	\$28,000.00	\$14,820.00	53%
Vision	\$2,750.00	\$1,580.00	57%
CGHC Clinic	\$25,000.00	\$9,955.79	40%
Thompson Clinic	\$18,000.00	\$10,708.01	59%
Other Non-Contract/Unspecified Services	\$35,000.00	\$29,813.48	85%
Charity Care	\$20,000.00	\$0.00	0%
Charity Care Pharmacy	\$5,000.00	\$273.61	5%
Adjustments & Credits			
TOTALS	\$1,265,350.00	\$1,010,516.19	80%



6. Riceland Medical Center 2025 Expenditure Breakdown:

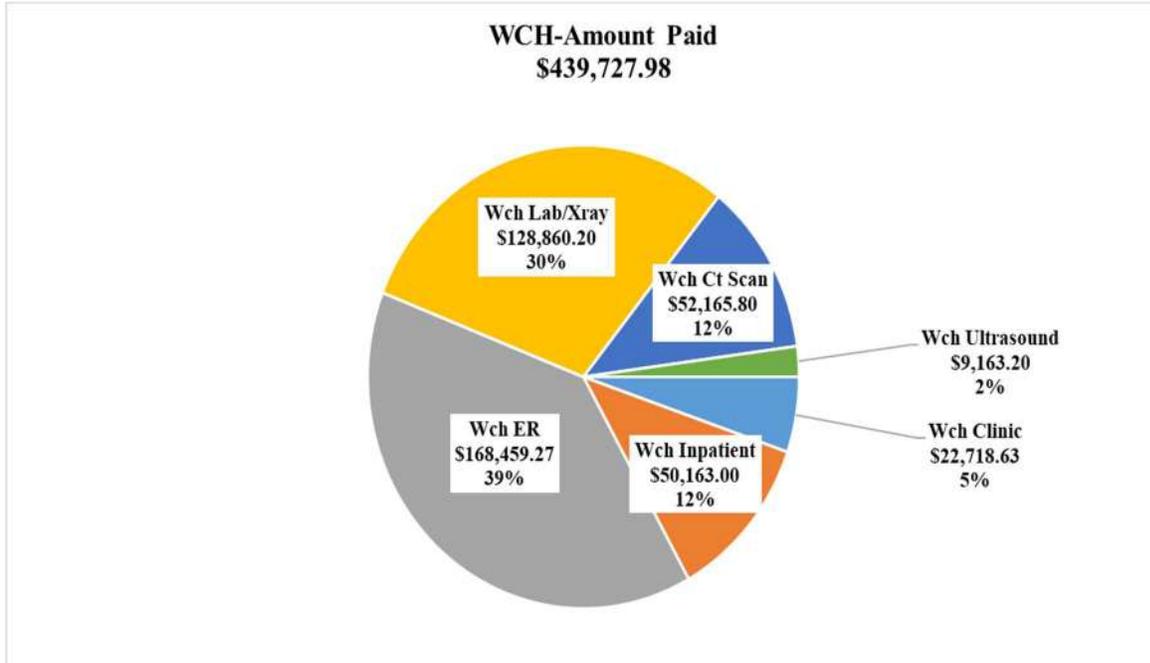


Exhibit “D”



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

25-Nov

VEHICLE #1		EAST SIDE VAN #1	
TOTAL MILES DRIVEN			2680
TOTAL HOURS DRIVEN			131.08
TOTAL EXPENSES FOR MONTH			\$477.04
FUEL COST			\$477.04
REPAIRS & MAINTENANCE COST			\$0.00
MISC EXPENSES			\$0.00
TOTAL RIDERS			19
TOTAL WSHD RIDERS			1
TOTAL TRIPS			50
TOTAL TRIPS FOR WSHD RIDERS			1
VEHICLE #2		EAST SIDE VAN #2	
TOTAL MILES DRIVEN			3491
TOTAL HOURS DRIVEN			170.40
TOTAL EXPENSES FOR MONTH			\$603.77
FUEL COST			\$603.77
REPAIRS & MAINTENANCE COST			\$0.00
MISC EXPENSES			\$0.00
TOTAL RIDERS			20
TOTAL WSHD RIDERS			0
TOTAL TRIPS			64
TOTAL TRIPS FOR WSHD RIDERS			0
VEHICLE #3		EAST SIDE VAN #3	
TOTAL MILES DRIVEN			3189
TOTAL HOURS DRIVEN			147.73
TOTAL EXPENSES FOR MONTH			\$527.81
FUEL COST			\$527.81
REPAIRS & MAINTENANCE COST			\$0.00
MISC EXPENSES			\$0.00
TOTAL RIDERS			29
TOTAL WSHD RIDERS			1
TOTAL TRIPS			41
TOTAL TRIPS FOR WSHD RIDERS			1
VEHICLE #4		RAV 4	
TOTAL MILES DRIVEN			3903
TOTAL HOURS DRIVEN			146.17
TOTAL EXPENSES FOR MONTH			\$570.02
FUEL COST			\$334.12
REPAIRS & MAINTENANCE COST	wipers		\$43.24
MISC EXPENSES	tune up		\$192.66
TOTAL RIDERS			23
TOTAL WSHD RIDERS			0
TOTAL TRIPS			42
TOTAL TRIPS FOR WSHD RIDERS			0
VEHICLE #5			
TOTAL MILES DRIVEN			974
TOTAL HOURS DRIVEN			71.50
TOTAL EXPENSES FOR MONTH			\$93.04
FUEL COST			\$93.04
REPAIRS & MAINTENANCE COST			\$0.00
MISC EXPENSES			
TOTAL RIDERS			10
TOTAL WSHD RIDERS			0
TOTAL TRIPS			11
TOTAL TRIPS FOR WSHD RIDERS			0
GRAND TOTALS			
MILES DRIVEN			14237
RIDERS			101
WSHD RIDERS			2
TRIPS			208
WSHD TRIPS			2
EXPENSES			\$2,271.68

Year to Date Details	2025-2026	1st Qtr Totals 2025-Nov 2025	Sept 2025	2nd Qtr Totals Dec 2025-Feb 2026	3rd Qtr Totals 2026-Mar 2026	4th Qtr Totals 2026-Jun 2026	YTD DATE
ACCIDENT INSURANCE							
<i>Number of Students Insured</i>		1598					
<i>Number of Claims Filed</i>		34					34
CONTRACTED SERVICES (THERAPY)							
<i>Number of Students Using:</i>		301		0	0	0	301
<i>Counseling</i>		63					63
<i>Occupational Therapy</i>		111					111
<i>Speech Therapy-provided by district speech pathologist</i>		104					104
<i>Physical Therapy</i>		23					23
SCREENINGS							
<i>Number of Students Screened:</i>		192		0	0	0	192
<i>Vision</i>		97					97
<i>Hearing</i>		95					95
<i>Scoliosis</i>		0					0
NURSE SALARY & BENEFITS, SUPPLIES, IMMUNIZATIONS, & MISC SERVICES							
<i>Number of Nurses:</i>		3					
<i>Number of Students:</i>		3178					3178
<i>Given First Aid</i>		604					604
<i>Medication Administered</i>		1405					1405
<i>Injuries</i>		11					11
2025-2026 Budget							
Category		Actual (YTD)		Budget	Budget Amend.	Difference	Balance
Insurance		\$ -		\$52,000.00		\$0.00	\$52,000.00
Therapy and Related Contracted Services (Partial)		\$ 600.00		\$2,100.00		\$0.00	\$1,500.00
3 Nurse Salaries/Benefits (Partial)		\$ 55,360.56		\$204,065.00		\$0.00	\$148,704.44
Nurse Supplies/Expenses (Partial)		\$ 2,718.68		\$20,000.00		\$0.00	\$17,281.32
Immunizations				\$0.00		\$0.00	\$0.00
Total		\$58,679.24		\$278,165.00	\$0.00	\$0.00	\$219,485.76



Community Health Worker Program

	2024 YTD	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	2025 YTD
CLIENTS SERVED														
ICAP	10	15	25	18	29	35	22	16	19	34	35	16		264
Non-ICAP	21	23	19	31	27	60	23	30	21	36	25	8		303
Total Clients Served	31	38	44	49	56	95	45	46	40	70	60	24	0	567
BENEFIT APPLICATION TYPE														
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	0	56
Medicaid	17	10	3	12	11	14	3	10	6	11	11	4	0	95
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	0	28
Food Stamps (SNAP)	43	17	22	28	34	47	36	29	24	53	53	10	0	353
Supplemental Security Income (SSI)	8	6	3	1	11	3	4	6	4	4	4	7	0	53
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
Total Applications Facilitated	94	56	57	66	76	78	56	68	48	92	92	26	0	715
EXPENSES														
Personnel	\$23,811.00	\$6,300.00	\$7,018.75	\$5,731.25	\$6,459.92	\$6,500.00	\$6,500.00	\$8,500.00	\$6,500.00	\$6,375.00	\$6,381.25	\$6,587.50		\$72,853.67
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		\$3,157.96
Total	\$26,655.95	\$7,116.00	\$7,053.03	\$6,268.63	\$6,463.92	\$6,504.00	\$6,909.82	\$8,504.00	\$6,882.12	\$7,323.32	\$6,395.29	\$6,591.50	\$0.00	\$76,011.63
BUDGET REMAINING	\$85,237.05	\$104,777.00	\$97,723.97	\$91,455.34	\$84,991.42	\$78,487.42	\$71,577.60	\$63,073.60	\$56,191.48	\$48,868.16	\$42,472.87	\$35,881.37	\$35,881.37	\$35,881.37

\$65.31 FRAUD PURCHASE

Exhibit “E”



Report to Winnie-Stowell Hospital District

December 17, 2025

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

- Received a small \$3,000 through the United Way of Greater Baytown and Chambers County to purchase food for patients and families in the community due to the government shut down and delays with SNAP; served 81 households. We partnered with Catholic Charities of Southeast Texas/Market to Hope to host a food distribution and drive through event the day before Thanksgiving. Tia Juanitas in Winnie donated the bags. We still have roughly \$1,500 to spend and plan to do another event closer to Christmas.
- The American Heart Association stopped by last month in early November and provided us with blood pressure monitors and patient education flyers for patients. We are starting to distribute these to our hypertensive patients and provide on-the-spot patient education.
- 340B Program. Officially going live with Wilcox Pharmacy as a 'contract pharmacy' on January 1, 2026. We will be starting the registration process with Brookshire Brothers in Winnie through the Office of Affairs (OPA) during the next open registration window of January 1, 2026, with a go-live of April 1.
- **Grants**
 - **United Way of Greater Baytown and Chambers County.** Participated in their mandatory grant orientation on December 9th. 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.** Keeping an eye on announcements to apply.
 - **DSHS Incubator Grant.** Funding for FY 2026 has not been announced yet. We plan to submit another application for funding.
 - **MD Anderson.** 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.
- **Upcoming Events/Activities**
 - Christmas in the Park (in Winnie) on Saturday, December 13th, setting up a booth and participate in the parade.
 - Christmas in the Park (in Sour Lake) on Saturday, December 13th, setting up a booth.
 - 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 November is attached for your review; there were **459** 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	Flatonina 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%



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

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

Treasurer: Bobby Way
Dir. Kacey Vratis

Scott Johnson, Nursing Facility Specialist
Winnie-Stowell Hospital District

Crowley Nursing and Rehabilitation

920 East FM 1187
Crowley, TX 76036

November 19, 2025

Facility Administrator: Cody Bedford

Crowley Nursing and Rehabilitation is licensed for 120 beds, and its current census is 92 residents. The facility's average census in October was roughly 98 residents, and the administrator reports the census has grown and averaged 100 residents so far this month. Discussed some recent discharges but plans to admit new referrals this week.

Discussed open positions at the facility and volume of candidates under review. The administrator reports there are some CNA openings and one nurse opening at this time. The facility hired four new staff members who attended orientation last week.

The facility has a state surveyor visiting today to investigate a complaint and a self-report. The self-report being investigated today was from earlier this year. Discussed review of the documentation associated with previously submitted self-reports prior to the administrator's start of employment at Crowley Nursing and Rehabilitation.

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 soon. The administrator discussed data collection in preparation for this meeting and efforts to fine tune the process to ensure this meeting is meaningful for all members of the interdisciplinary team. The team is working on falls as it has seen many residents experience falls in October and again in November. Discussed fall prevention efforts and best practices. Reviewed residents who experience repeat falls and efforts by the interdisciplinary team to properly document and careplan for all residents.

There are no outbreaks or any infection control-related trends at this time.

Provided quarterly joint training regarding pain management. Discussed the impact pain can have on residents in nursing facilities. Reviewed key components included in successful pain management programs including completion of comprehensive pain assessments, thorough evaluation of interventions, and routinely training staff members on aspects of the pain management program. Discussed the influence pain management has on the quality of life experienced by residents in nursing facilities.

Discussed managing pain and ensuring a proper baseline is in place when new residents are admitted. Discussed best practices and leveraging a variety of interventions to successfully manage pain experienced by residents in the facility.

Joint Training Information

Effective pain management is a critical component of resident care and is essential to maintaining and improving quality of life in nursing facilities. Chronic pain can be common among older adults, and nursing home residents often have at least one condition which is a source of persistent pain. When pain is not treated properly, residents' quality of life is negatively impacted and residents may become more prone to experience other adverse outcomes. Effective pain management can improve residents' function, sleep quality, mood, and socialization.

A successful pain management program includes completion of routine and thorough pain assessments for residents. Comprehensive pain assessments should be completed upon admission, quarterly, and at any time a resident experiences a change of condition. Routine completion of these assessments will provide the facility with up-to-date information to direct the resident's care in alignment with their personalized care plan goals. Proper documentation and evaluation of pain management interventions will inform caregivers about the effectiveness of interventions and when changes are warranted. Facilities should consider appropriate interventions including non-pharmacological interventions and the safe use of medications. Opioid medications should only be used when determined clinically necessary.

A nursing facility's commitment to improving or maintaining the quality of life of its residents is supported through a strong pain management program. State and federal regulations require nursing facilities to properly manage residents' pain. Facilities must develop and maintain policies which support these requirements and ensure staff receive routine training in pain recognition & reporting and pain assessment & management.

[Pain Management](#)

[Evidence-Based Best Practice Pain Management Summary](#)

[Understanding Pain and Pain Communication in Older Persons](#)

I hope this information complements the pain management program and staff trainings provided in your facility. If you have any questions for me, please feel free to contact me at your convenience.



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

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

Treasurer: Bobby Way
Dir. Kacey Vratis

Scott Johnson, Nursing Facility Specialist
Winnie-Stowell Hospital District

Green Oaks Nursing and Rehabilitation

3033 Green Oaks Blvd.
Arlington, TX 76016

November 13, 2025

Facility Administrator: Eric Johnan

Green Oaks Nursing & Rehabilitation is licensed for 142 beds, and its current census is 85 residents including 16 skilled patients. The facility has seen steady increase of referrals for admission in recent weeks. Discussed expectations of census growth this month.

The facility is fully staffed at this time with no openings reported.

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

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

The facility held its monthly QAPI meeting and reviewed outcomes reported in October. The facility is working on falls which were down to 7% from 9% in the prior month. Discussed maintaining fall prevention efforts. The administrator reported there were two halls of resident rooms which went nearly a whole month with no falls occurring on those units. Discussed the impact staffing plays on supervision and fall prevention.

There were no reported outbreaks or infection control trends.

The facility reported 22 grievances in the month of October. Roughly seventeen of these were related to the nursing department with some including customer service and call light response time. Discussed education and in-servicing provided to staff members on customer service. The facility has had a few grievances regarding dietary and laundry as well, but the recent improvement in the dietary department has led to more compliments being given regarding meal service.

The facility has been approved to paint the building, replace some of the carpet flooring, and update lighting. The administrator expects this work to be completed in the next few weeks.

Provided quarterly joint training regarding pain management. Discussed the impact pain can have on residents in nursing facilities. Reviewed key components included in successful pain management programs including completion of comprehensive pain assessments, thorough evaluation of interventions, and routinely training staff members on aspects of the pain management program. Discussed the influence pain management has on the quality of life experienced by residents in nursing facilities.

The facility reports strong outcomes related to pain management. Discussed efforts to ensure medications are readily available for residents. The facility also contracts a physiatry group who has been a great support in managing pain of residents.

Joint Training Information

Effective pain management is a critical component of resident care and is essential to maintaining and improving quality of life in nursing facilities. Chronic pain can be common among older adults, and nursing home residents often have at least one condition which is a source of persistent pain. When pain is not treated properly, residents' quality of life is negatively impacted and residents may become more prone to experience other adverse outcomes. Effective pain management can improve residents' function, sleep quality, mood, and socialization.

A successful pain management program includes completion of routine and thorough pain assessments for residents. Comprehensive pain assessments should be completed upon admission, quarterly, and at any time a resident experiences a change of condition. Routine completion of these assessments will provide the facility with up-to-date information to direct the resident's care in alignment with their personalized care plan goals. Proper documentation and evaluation of pain management interventions will inform caregivers about the effectiveness of interventions and when changes are warranted. Facilities should consider appropriate interventions including non-pharmacological interventions and the safe use of medications. Opioid medications should only be used when determined clinically necessary.

A nursing facility's commitment to improving or maintaining the quality of life of its residents is supported through a strong pain management program. State and federal regulations require nursing facilities to properly manage residents' pain. Facilities must develop and maintain policies which support these requirements and ensure staff receive routine training in pain recognition & reporting and pain assessment & management.

[Pain Management](#)

[Evidence-Based Best Practice Pain Management Summary](#)

[Understanding Pain and Pain Communication in Older Persons](#)

I hope this information complements the pain management program and staff trainings provided in your facility. If you have any questions for me, please feel free to contact me at your convenience.



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

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

Treasurer: Bobby Way
Dir. Kacey Vratis

Scott Johnson, Nursing Facility Specialist
Winnie-Stowell Hospital District

Hewitt Nursing and Rehabilitation
8836 Mars Drive
Hewitt, TX 76643

November 20, 2025

Facility Administrator: Chris Gallardo

Hewitt Nursing and Rehabilitation is licensed for 140 beds, and its current census is 65 residents including 11 skilled patients. Discussed challenges in September and October with low census and referrals. There are a few potential admissions expected this week and there are no planned discharges. Discussed some residents who successfully won their appeal to extend benefits of skilled coverage.

The facility is seeking a social worker. The team is also extending an offer to an admissions director as the previous person in this role moved into the business development role.

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's health inspections and quality measures star ratings both increased from 1-star and 2-star ratings respectively.

The facility held its monthly QAPI meeting to discuss clinical outcomes and quality measures achieved in October. Discussed ongoing adherence to performance improvement plans with no changes reported at this time.

The administrator reported there are no outbreaks or trends related to infection control.

Grievances are being managed with no reported trends. The facility has occasional grievances about call light responses and meal preferences, but the team addresses all issues promptly. Discussed routine education and training provided to staff members to support improving the patient experience and outcomes.

The facility installed a new water heater recently.

The facility will host a family Thanksgiving dinner tonight. The facility's managers will be serving the residents and guests. Discussed beginning to make plans for Christmas activities and celebrations next month.

Provided quarterly joint training regarding pain management. Discussed the impact pain can have on residents in nursing facilities. Reviewed key components included in successful pain management programs including completion of comprehensive pain assessments, thorough evaluation of interventions, and routinely training staff members on aspects of the pain management program. Discussed the influence pain management has on the quality of life experienced by residents in nursing facilities.

The nursing department has been successful managing pain in the building. Discussed collaboration with attending physicians and the consultant pharmacist to ensure residents are receiving the proper care for their needs.

Joint Training Information

Effective pain management is a critical component of resident care and is essential to maintaining and improving quality of life in nursing facilities. Chronic pain can be common among older adults, and nursing home residents often have at least one condition which is a source of persistent pain. When pain is not treated properly, residents' quality of life is negatively impacted and residents may become more prone to experience other adverse outcomes. Effective pain management can improve residents' function, sleep quality, mood, and socialization.

A successful pain management program includes completion of routine and thorough pain assessments for residents. Comprehensive pain assessments should be completed upon admission, quarterly, and at any time a resident experiences a change of condition. Routine completion of these assessments will provide the facility with up-to-date information to direct the resident's care in alignment with their personalized care plan goals. Proper documentation and evaluation of pain management interventions will inform caregivers about the effectiveness of interventions and when changes are warranted. Facilities should consider appropriate interventions including non-pharmacological interventions and the safe use of medications. Opioid medications should only be used when determined clinically necessary.

A nursing facility's commitment to improving or maintaining the quality of life of its residents is supported through a strong pain management program. State and federal regulations require nursing facilities to properly manage residents' pain. Facilities must develop and maintain policies which support these requirements and ensure staff receive routine training in pain recognition & reporting and pain assessment & management.

[Pain Management](#)

[Evidence-Based Best Practice Pain Management Summary](#)

[Understanding Pain and Pain Communication in Older Persons](#)

I hope this information complements the pain management program and staff trainings provided in your facility. If you have any questions for me, please feel free to contact me at your convenience.



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

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

Treasurer: Bobby Way
Dir. Kacey Vratiss

Scott Johnson, Nursing Facility Specialist
Winnie-Stowell Hospital District

Holland Lake Rehabilitation and Wellness Center

1201 Holland Lake Drive
Weatherford, TX 76086

November 13, 2025

Facility Administrator: Donna Tillman

Holland Lake Rehabilitation and Wellness Center is licensed for 120 beds, and its current census is 91 residents including 36 skilled patients. The facility's average census last month was 95 residents. Discussed budgeting for 2026 and setting appropriate targets and expectations for the building based on outcomes in 2025.

There are ads posted for CNA and nurse openings. The facility has hired a part-time admissions nurse who is orientating today. Discussed recruiting more therapy staff to support the census growth as well.

The facility was visited by the state yesterday and the surveyor exited this morning. The surveyor was investigating a complaint which included three allegations. All reasons for investigation were unsubstantiated. Discussed the importance of documentation and ensuring it is completed thoroughly to notate resident preferences, behaviors, and staff observations.

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

The facility's monthly QAPI meeting is planned for next week. Discussed maintaining focus on falls and readmission rates. Discussed adjusting fall interventions and evaluating the effectiveness of interventions for each resident.

The facility occasionally admits residents who have an infection. Discussed efforts to prepare for these admissions and ensure the correct precautions are used when providing care.

The facility will host its annual Thanksgiving breakfast for residents and their family members next Thursday morning. Discussed the facility's focus to build strong relationships in the community.

Provided quarterly joint training regarding pain management. Discussed the impact pain can have on residents in nursing facilities. Reviewed key components included in successful pain management programs including completion of comprehensive pain assessments, thorough evaluation of interventions, and routinely training staff members on aspects of the pain management program. Discussed the influence pain management has on the quality of life experienced by residents in nursing facilities.

The facility focuses on managing pain to ensure residents are comfortable. Discussed the negative impact pain experienced by residents can have on their desire to participate in other aspects of their care or therapy. The facility also works closely with a pain management doctor. The pain management doctor and the nurse practitioner round in the facility routinely and are accessible for those needing their services.

Joint Training Information

Effective pain management is a critical component of resident care and is essential to maintaining and improving quality of life in nursing facilities. Chronic pain can be common among older adults, and nursing home residents often have at least one condition which is a source of persistent pain. When pain is not treated properly, residents' quality of life is negatively impacted and residents may become more prone to experience other adverse outcomes. Effective pain management can improve residents' function, sleep quality, mood, and socialization.

A successful pain management program includes completion of routine and thorough pain assessments for residents. Comprehensive pain assessments should be completed upon admission, quarterly, and at any time a resident experiences a change of condition. Routine completion of these assessments will provide the facility with up-to-date information to direct the resident's care in alignment with their personalized care plan goals. Proper documentation and evaluation of pain management interventions will inform caregivers about the effectiveness of interventions and when changes are warranted. Facilities should consider appropriate interventions including non-pharmacological interventions and the safe use of medications. Opioid medications should only be used when determined clinically necessary.

A nursing facility's commitment to improving or maintaining the quality of life of its residents is supported through a strong pain management program. State and federal regulations require nursing facilities to properly manage residents' pain. Facilities must develop and maintain policies which support these requirements and ensure staff receive routine training in pain recognition & reporting and pain assessment & management.

[Pain Management](#)

[Evidence-Based Best Practice Pain Management Summary](#)

[Understanding Pain and Pain Communication in Older Persons](#)

I hope this information complements the pain management program and staff trainings provided in your facility. If you have any questions for me, please feel free to contact me at your convenience.



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

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

Treasurer: Bobby Way
Dir. Kacey Vratis

Scott Johnson, Nursing Facility Specialist
Winnie-Stowell Hospital District

Mission Nursing and Rehabilitation Center

1013 S. Bryan Road
Mission, TX 78572

November 20, 2025

Facility Administrator: Daniel Rodriguez

Mission Nursing and Rehabilitation Center is licensed for 170 beds, and its current census is 89 residents including 9 skilled patients. There were three admissions yesterday, and two more are planned today. There are several referrals under review and no planned discharges at this time. The secure unit has eight residents now and has ten more beds available. Discussed marketing efforts to continue growing the secure unit census.

The facility is seeking an admissions director and one CNA. Discussed plans to hire an additional five fulltime CNAs as the facility census grows. The team is interviewing CNA candidates and will hire them as PRN with opportunities to transition to fulltime employment as census grows.

The surveyors unsubstantiated the complaints which were investigated at the end of last month. There have not been any new visits by surveyors or any new self-reports.

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's staffing star rating increased from a 2-star rating. Discussed the positive impact opening the secure unit has had on the staffing star rating.

The facility held its monthly QAPI meeting and reviewed ongoing performance improvement plans. The team is working on reducing psychotropic medication utilization and its RTA rate. The RTA rate last month was 17% which improved from September. The facility is pushing to be at or below a readmission rate of 15%. There has only been one readmission so far this month.

There are currently three residents on isolation precautions, but there are no trends amongst the affected residents. Discussed working with these residents to keep them and other

residents safe. There are no cases of flu or COVID in the facility at this time. Discussed completion of administering employee vaccines at the beginning of this month.

There have been very few grievances this month with no observed trends. Discussed the positive impact the renovations have had on the environment.

The contracted work being completed for the renovations is coming to a close. The last part being completed is on the 700-hall which is expected to be completed by the middle of December. About 40% of the work on the 700-hall is already complete.

The facility is hosting a Thanksgiving luncheon for residents today. The facility will also host an employee potluck next week.

Provided quarterly joint training regarding pain management. Discussed the impact pain can have on residents in nursing facilities. Reviewed key components included in successful pain management programs including completion of comprehensive pain assessments, thorough evaluation of interventions, and routinely training staff members on aspects of the pain management program. Discussed the influence pain management has on the quality of life experienced by residents in nursing facilities.

The facility reports pain management is a focus, and the interdisciplinary team has seen good outcomes. The facility is contracted with Post Acute Specialists who offer pain management support to the residents. Discussed the importance of keeping residents comfortable and supporting their needs to maintain strong quality of life.

Joint Training Information

Effective pain management is a critical component of resident care and is essential to maintaining and improving quality of life in nursing facilities. Chronic pain can be common among older adults, and nursing home residents often have at least one condition which is a source of persistent pain. When pain is not treated properly, residents' quality of life is negatively impacted and residents may become more prone to experience other adverse outcomes. Effective pain management can improve residents' function, sleep quality, mood, and socialization.

A successful pain management program includes completion of routine and thorough pain assessments for residents. Comprehensive pain assessments should be completed upon admission, quarterly, and at any time a resident experiences a change of condition. Routine completion of these assessments will provide the facility with up-to-date information to direct the resident's care in alignment with their personalized care plan goals. Proper documentation and evaluation of pain management interventions will inform caregivers about the effectiveness of interventions and when changes are warranted. Facilities should consider appropriate interventions including non-pharmacological interventions and the safe use of medications. Opioid medications should only be used when determined clinically necessary.

A nursing facility's commitment to improving or maintaining the quality of life of its residents is supported through a strong pain management program. State and federal regulations require nursing facilities to properly manage residents' pain. Facilities must develop and maintain policies which support these requirements and ensure staff receive routine training in pain recognition & reporting and pain assessment & management.

[Pain Management](#)

[Evidence-Based Best Practice Pain Management Summary](#)

[Understanding Pain and Pain Communication in Older Persons](#)

I hope this information complements the pain management program and staff trainings provided in your facility. If you have any questions for me, please feel free to contact me at your convenience.



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

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

Treasurer: Bobby Way
Dir. Kacey Vratis

Scott Johnson, Nursing Facility Specialist
Winnie-Stowell Hospital District

Pecan Bayou Nursing and Rehabilitation

2700 Memorial Park Drive
Brownwood, TX 76801

November 24, 2025

Facility Administrator: Josie Pebsworth

Pecan Bayou Nursing and Rehabilitation is licensed for 90 beds, and its current census is 60 residents including 11 skilled patients. The facility has five referrals approved for admission. There were two discharges today. There is one resident in the hospital at this time who is expected to return to the facility once appropriate for discharge.

The facility currently has seven CNA openings, but there is a new hire who is starting employment for one of these openings tomorrow. Discussed offering a sign-on bonus to help with recruitment efforts.

There has not been any visits by state surveyors, and there were no new reported self-reports. The facility's POCs which were submitted last month have been desk reviewed and cleared.

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. All of the facility's star ratings saw recent increases. The overall, health inspections, staffing, and quality measures ratings increased from 2-star, 2-star, 3-star, and 3-star ratings respectively.

The facility held its monthly QAPI meeting on November 20. Discussed continued efforts to maintain ongoing performance improvement plans. There are no new focus areas reported at this time.

Infection control efforts have been successful with no reported trends or outbreaks. There were two cases of COVID at the beginning of this month, but those have been resolved and there are no current cases.

The facility received some new mattresses and a hi-low treatment table to be used in the therapy department.

The facility completed repairs on some water heater leaks. There were other leaks in the lobby and in the dietary department which were also fixed. Discussed plans to patch the ceiling where it was affected.

The facility held a Thanksgiving meal for residents on November 19. There are plans for a Christmas event for residents on December 18. Discussed the importance of planning activities and holiday events for residents and staff members.

Provided quarterly joint training regarding pain management. Discussed the impact pain can have on residents in nursing facilities. Reviewed key components included in successful pain management programs including completion of comprehensive pain assessments, thorough evaluation of interventions, and routinely training staff members on aspects of the pain management program. Discussed the influence pain management has on the quality of life experienced by residents in nursing facilities.

The administrator shared some challenges with availability of certain medications and orders for newly admitted residents. The facility is now able to order certain medications through the hospital to ensure medications are immediately available for residents upon admission. Discussed the positive impact this has on residents coming into the facility and ensuring they have a positive first experience in the facility with their pain being managed appropriately.

Joint Training Information

Effective pain management is a critical component of resident care and is essential to maintaining and improving quality of life in nursing facilities. Chronic pain can be common among older adults, and nursing home residents often have at least one condition which is a source of persistent pain. When pain is not treated properly, residents' quality of life is negatively impacted and residents may become more prone to experience other adverse outcomes. Effective pain management can improve residents' function, sleep quality, mood, and socialization.

A successful pain management program includes completion of routine and thorough pain assessments for residents. Comprehensive pain assessments should be completed upon admission, quarterly, and at any time a resident experiences a change of condition. Routine completion of these assessments will provide the facility with up-to-date information to direct the resident's care in alignment with their personalized care plan goals. Proper documentation and evaluation of pain management interventions will inform caregivers about the effectiveness of interventions and when changes are warranted. Facilities should consider appropriate interventions including non-pharmacological interventions and the safe use of medications. Opioid medications should only be used when determined clinically necessary.

A nursing facility's commitment to improving or maintaining the quality of life of its residents is supported through a strong pain management program. State and federal regulations require nursing facilities to properly manage residents' pain. Facilities must develop and

maintain policies which support these requirements and ensure staff receive routine training in pain recognition & reporting and pain assessment & management.

[Pain Management](#)

[Evidence-Based Best Practice Pain Management Summary](#)

[Understanding Pain and Pain Communication in Older Persons](#)

I hope this information complements the pain management program and staff trainings provided in your facility. If you have any questions for me, please feel free to contact me at your convenience.



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

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

Treasurer: Bobby Way
Dir. Kacey Vratiss

Scott Johnson, Nursing Facility Specialist
Winnie-Stowell Hospital District

Stephenville Rehabilitation and Wellness Center

2601 Northwest Loop
Stephenville, TX 76401

November 19, 2025

Facility Administrator: Jana Sanders

Stephenville Rehabilitation and Wellness Center is licensed for 122 beds, and its current census is 95 residents including 23 skilled patients. The facility is expecting two admissions and two discharges. The volume of referrals and admissions has been steady throughout November.

The facility is seeking eight CNAs, five dayshift and three nightshift. Discussed staff recruitment and retention strategies and best practices. The facility is planning to start another CNA training class next week. The facility already has some students accepted into the class and it is interviewing more applicants today.

The facility submitted one self-report regarding a respite patient who eloped out of the building. A family member was visiting and propped an exit door open which was then used by the respite patient to leave the building. The staff followed the facility's processes and found the resident promptly with no harm or injuries. The resident has been transferred to a secure unit.

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

The facility will hold its monthly QAPI meeting tomorrow. Discussed projects in the medical records department to ensure inventory sheets are consistently completed and recorded. The team will also follow up on monitoring and corrective actions due to the recent elopement which was self-reported.

There are no reported trends or outbreaks related to infection control.

Discussed continued success with new providers of pharmacy, housekeeping, and dietary services. Discussed the importance of maintaining strong communication to ensure these teams work flawlessly with the facility.

The facility will host a Thanksgiving meal for residents on Thanksgiving Day next week. Discussed the facility's planning process for Christmas activities and celebrations next month.

Provided quarterly joint training regarding pain management. Discussed the impact pain can have on residents in nursing facilities. Reviewed key components included in successful pain management programs including completion of comprehensive pain assessments, thorough evaluation of interventions, and routinely training staff members on aspects of the pain management program. Discussed the influence pain management has on the quality of life experienced by residents in nursing facilities.

The facility reports there are no trending issues with pain management. The facility works hard to address each resident and ensure their pain needs are being met. Discussed the importance of collaborating with case managers to allow the facility to be prepared with medications needed by newly admitted residents.

Joint Training Information

Effective pain management is a critical component of resident care and is essential to maintaining and improving quality of life in nursing facilities. Chronic pain can be common among older adults, and nursing home residents often have at least one condition which is a source of persistent pain. When pain is not treated properly, residents' quality of life is negatively impacted and residents may become more prone to experience other adverse outcomes. Effective pain management can improve residents' function, sleep quality, mood, and socialization.

A successful pain management program includes completion of routine and thorough pain assessments for residents. Comprehensive pain assessments should be completed upon admission, quarterly, and at any time a resident experiences a change of condition. Routine completion of these assessments will provide the facility with up-to-date information to direct the resident's care in alignment with their personalized care plan goals. Proper documentation and evaluation of pain management interventions will inform caregivers about the effectiveness of interventions and when changes are warranted. Facilities should consider appropriate interventions including non-pharmacological interventions and the safe use of medications. Opioid medications should only be used when determined clinically necessary.

A nursing facility's commitment to improving or maintaining the quality of life of its residents is supported through a strong pain management program. State and federal regulations require nursing facilities to properly manage residents' pain. Facilities must develop and maintain policies which support these requirements and ensure staff receive routine training in pain recognition & reporting and pain assessment & management.

[Pain Management](#)

[Evidence-Based Best Practice Pain Management Summary](#)

[Understanding Pain and Pain Communication in Older Persons](#)

I hope this information complements the pain management program and staff trainings provided in your facility. If you have any questions for me, please feel free to contact me at your convenience.



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

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

Treasurer: Bobby Way
Dir. Kacey Vratis

Scott Johnson, Nursing Facility Specialist
Winnie-Stowell Hospital District

Stonegate Nursing and Rehabilitation

4201 Stonegate Blvd.
Fort Worth, TX 76109

November 18, 2025

Facility Administrator: Scott Barrick

Stonegate Nursing and Rehabilitation is licensed for 134 beds, and its current census is 85 residents including 18 skilled patients. There is one admission planned and one pending discharge at this time. The administrator reported roughly doubling referrals recently. The new marketer is in her third week and is doing well to support business development efforts.

The facility is hiring four CNAs, one nurse, and an ADON. The MDS nurse and social worker have both submitted notice of resignation and the facility has started to interview replacements.

The administrator reported there have not been any recent visits by state surveyors and there are no outstanding self-reports. The facility is expecting surveyors to enter to conduct the facility's annual fullbook survey. Discussed ongoing survey readiness efforts.

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

The facility held its monthly QAPI meeting today and discussed clinical outcomes observed in October. Discussed updates to the facility's activity program offerings and work to improve social interactions. Falls have seen further improvement this month and the facility is under its benchmark of 5%.

There were no reported trends related to infection control. There are no current outbreaks and there have been very few cases of the flu this month. Discussed admitting residents from the hospital with infections and ensuring antibiotics and proper precautions are in place to safely meet their needs.

The facility reported two food-related grievances last month which is an improvement from months past. Discussed compliments received from residents and visitors on the building's environment and staff. There are several residents who are return-customers having been a previous resident at Stonegate Nursing and Rehabilitation. Discussed the strong customer service outcomes provided to the residents.

The facility will be hosting a resident Thanksgiving party on November 20. Discussed some staff appreciation efforts and events planned during the holidays.

Provided quarterly joint training regarding pain management. Discussed the impact pain can have on residents in nursing facilities. Reviewed key components included in successful pain management programs including completion of comprehensive pain assessments, thorough evaluation of interventions, and routinely training staff members on aspects of the pain management program. Discussed the influence pain management has on the quality of life experienced by residents in nursing facilities.

Discussed switching to a new pharmacy and some changes affecting the delivery of certain medications. The facility has been working with the staff members to ensure all checkoffs are being completed to ensure medication regimens are being followed correctly and on time.

Joint Training Information

Effective pain management is a critical component of resident care and is essential to maintaining and improving quality of life in nursing facilities. Chronic pain can be common among older adults, and nursing home residents often have at least one condition which is a source of persistent pain. When pain is not treated properly, residents' quality of life is negatively impacted and residents may become more prone to experience other adverse outcomes. Effective pain management can improve residents' function, sleep quality, mood, and socialization.

A successful pain management program includes completion of routine and thorough pain assessments for residents. Comprehensive pain assessments should be completed upon admission, quarterly, and at any time a resident experiences a change of condition. Routine completion of these assessments will provide the facility with up-to-date information to direct the resident's care in alignment with their personalized care plan goals. Proper documentation and evaluation of pain management interventions will inform caregivers about the effectiveness of interventions and when changes are warranted. Facilities should consider appropriate interventions including non-pharmacological interventions and the safe use of medications. Opioid medications should only be used when determined clinically necessary.

A nursing facility's commitment to improving or maintaining the quality of life of its residents is supported through a strong pain management program. State and federal regulations require nursing facilities to properly manage residents' pain. Facilities must develop and maintain policies which support these requirements and ensure staff receive routine training in pain recognition & reporting and pain assessment & management.

[Pain Management](#)

[Evidence-Based Best Practice Pain Management Summary](#)

[Understanding Pain and Pain Communication in Older Persons](#)

I hope this information complements the pain management program and staff trainings provided in your facility. If you have any questions for me, please feel free to contact me at your convenience.



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

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

Treasurer: Bobby Way
Dir. Kacey Vratis

Scott Johnson, Nursing Facility Specialist
Winnie-Stowell Hospital District

Cimarron Place Health & Rehabilitation

3801 Cimarron Blvd.
Corpus Christi, TX 78414

November 19, 2025

Facility Administrator: Jennifer Steele

Cimarron Place Health & Rehabilitation Center is licensed for 120 beds, and its current census is 72 residents including 23 skilled patients. The facility's census has begun increasing again over recent weeks. Discussed admitting some respite care patients to support the facility's average daily census.

The facility is recruiting a double weekend nurse, two CNAs, and one CMA. The administrator also shared her recent submission of resignation. The administrator plans to take some time away with family and will look for interim work in the future. She stated she will stay onboard until the replacement administrator is found. Discussed progress with some recent applicants for the administrator position.

There have not been any new self-reports submitted and there have been no visits by state surveyors this month.

Cimarron Place Health & Rehabilitation Center has a 4-star rating overall. The facility has a 4-star rating in Health Inspections, a 2-star rating in Staffing, and a 3-star rating in Quality Measures.

Discussed the facility's monthly QAPI meeting and continued efforts to improve falls in the facility. The team is also working on organizing respiratory training for nurses in order to be able to take new admissions with tracheotomies. Discussed an increase in residents needing ADL assistance and the team discussed staff education for documentation.

There are no trends or outbreaks reported related to infection control.

The renovation work in the facility has been progressing well and the administrator hopes work on the 100-hall will be completed at the end of next week. The facility will be offering

tours to visitors and will have pies to give out for the holidays. The new aquarium has been populated with fish and has been a big success with the residents.

The facility will host a Thanksgiving Dinner this week and there will be 87 guests. Discussed plans to decorate the hallways for Christmas after Thanksgiving.

Provided quarterly joint training regarding pain management. Discussed the impact pain can have on residents in nursing facilities. Reviewed key components included in successful pain management programs including completion of comprehensive pain assessments, thorough evaluation of interventions, and routinely training staff members on aspects of the pain management program. Discussed the influence pain management has on the quality of life experienced by residents in nursing facilities.

Discussed efforts to ensure medications are stocked to be available when needed. Discussed ensuring pain medications have been given according to physician orders prior to their scheduled sessions with therapy services and wound care. Discussed the importance of pain management and its impact on behavior and participation in events.

Joint Training Information

Effective pain management is a critical component of resident care and is essential to maintaining and improving quality of life in nursing facilities. Chronic pain can be common among older adults, and nursing home residents often have at least one condition which is a source of persistent pain. When pain is not treated properly, residents' quality of life is negatively impacted and residents may become more prone to experience other adverse outcomes. Effective pain management can improve residents' function, sleep quality, mood, and socialization.

A successful pain management program includes completion of routine and thorough pain assessments for residents. Comprehensive pain assessments should be completed upon admission, quarterly, and at any time a resident experiences a change of condition. Routine completion of these assessments will provide the facility with up-to-date information to direct the resident's care in alignment with their personalized care plan goals. Proper documentation and evaluation of pain management interventions will inform caregivers about the effectiveness of interventions and when changes are warranted. Facilities should consider appropriate interventions including non-pharmacological interventions and the safe use of medications. Opioid medications should only be used when determined clinically necessary.

A nursing facility's commitment to improving or maintaining the quality of life of its residents is supported through a strong pain management program. State and federal regulations require nursing facilities to properly manage residents' pain. Facilities must develop and maintain policies which support these requirements and ensure staff receive routine training in pain recognition & reporting and pain assessment & management.

[Pain Management](#)

[Evidence-Based Best Practice Pain Management Summary](#)

[Understanding Pain and Pain Communication in Older Persons](#)

I hope this information complements the pain management program and staff trainings provided in your facility. If you have any questions for me, please feel free to contact me at your convenience.



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

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

Treasurer: Bobby Way
Dir. Kacey Vratis

Scott Johnson, Nursing Facility Specialist
Winnie-Stowell Hospital District

Harbor Lakes Nursing and Rehabilitation Center

1300 2nd Street
Granbury, TX 76048

November 21, 2025

Facility Administrator: Calvin Crosby

Harbor Lakes Nursing and Rehabilitation Center is licensed for 142 beds, and its current census is 91 residents including 17 skilled patients. There are three planned discharges this weekend.

The facility is recruiting to fill one opening for a nurse at this time. All coverage needs are being met with PRN staff.

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

Harbor Lakes Nursing and Rehabilitation Center has a 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. Both the facility's overall and health inspections star ratings increased from 4-star and 3-star ratings respectively.

The facility reported its monthly QAPI meeting was last week. There were no new performance improvement plans initiated at this time, but the team is maintaining its current focus areas. Discussed efforts to address pressure ulcers and reach the facility's benchmark of 2.3%. The facility reported there have been improvements in fall-related outcomes. RTAs increased to 20% during the month of October. The interdisciplinary team is reviewing reasons residents readmitted and looking for opportunities to manage care better in the facility. The facility found several readmissions related to a resident who is near end-of-life.

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

The facility hosted a Thanksgiving dinner for residents and their family members last night. Discussed success bringing in several guests and families to enjoy the night together. The team has started to make plans for Christmas parties and activities.

Provided quarterly joint training regarding pain management. Discussed the impact pain can have on residents in nursing facilities. Reviewed key components included in successful pain management programs including completion of comprehensive pain assessments, thorough evaluation of interventions, and routinely training staff members on aspects of the pain management program. Discussed the influence pain management has on the quality of life experienced by residents in nursing facilities.

The facility hired a pain management doctor to support the needs of residents in the facility. The pain management physician also has a nurse practitioner who visits the facility twice a week to round on patients and is on call for urgent needs. Discussed coordinating pain issues with this group to have prompt resolutions when there are changes or new admissions.

Joint Training Information

Effective pain management is a critical component of resident care and is essential to maintaining and improving quality of life in nursing facilities. Chronic pain can be common among older adults, and nursing home residents often have at least one condition which is a source of persistent pain. When pain is not treated properly, residents' quality of life is negatively impacted and residents may become more prone to experience other adverse outcomes. Effective pain management can improve residents' function, sleep quality, mood, and socialization.

A successful pain management program includes completion of routine and thorough pain assessments for residents. Comprehensive pain assessments should be completed upon admission, quarterly, and at any time a resident experiences a change of condition. Routine completion of these assessments will provide the facility with up-to-date information to direct the resident's care in alignment with their personalized care plan goals. Proper documentation and evaluation of pain management interventions will inform caregivers about the effectiveness of interventions and when changes are warranted. Facilities should consider appropriate interventions including non-pharmacological interventions and the safe use of medications. Opioid medications should only be used when determined clinically necessary.

A nursing facility's commitment to improving or maintaining the quality of life of its residents is supported through a strong pain management program. State and federal regulations require nursing facilities to properly manage residents' pain. Facilities must develop and maintain policies which support these requirements and ensure staff receive routine training in pain recognition & reporting and pain assessment & management.

[Pain Management](#)

[Evidence-Based Best Practice Pain Management Summary](#)

[Understanding Pain and Pain Communication in Older Persons](#)

I hope this information complements the pain management program and staff trainings provided in your facility. If you have any questions for me, please feel free to contact me at your convenience.



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

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

Treasurer: Bobby Way
Dir. Kacey Vratis

Scott Johnson, Nursing Facility Specialist
Winnie-Stowell Hospital District

Red Oak Health and Rehabilitation Center

101 Reese Drive
Red Oak, TX 74154

November 13, 2025

Facility Administrator: Lee Richard

Red Oak Health and Rehabilitation Center is licensed for 144 beds, and its current census is 103 residents including 3 skilled patients. The facility has a few admissions pending hospital discharge and discussed needing medical records updated for other referrals.

The facility's interim DON is deciding if she will stay on and accept the permanent position. There are openings for two nurses and two CNAs at this time. The facility hired a nurse yesterday and discussed onboarding processes and completion of background checks of new hires before their start date.

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

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

The facility will have its monthly QAPI meeting next week. Discussed addressing falls and focusing on fall prevention efforts with residents and staff.

Infection control efforts are being maintained with no reported trends or outbreaks.

The facility is being decorated for the upcoming holidays. The building is planning a Thanksgiving meal for residents and their families. Discussed plans for Christmas events and activities next month.

Provided quarterly joint training regarding pain management. Discussed the impact pain can have on residents in nursing facilities. Reviewed key components included in successful pain management programs including completion of comprehensive pain assessments, thorough evaluation of interventions, and routinely training staff members on aspects of the pain

management program. Discussed the influence pain management has on the quality of life experienced by residents in nursing facilities.

The facility received citations related to pain management documentation two years ago. Discussed consistent improvements over the last year and the facility's focus on pain management. Discussed the importance of managing the needs and behaviors of all residents and making considerations of the impact pain has on all aspects of residents' life and well-being.

Joint Training Information

Effective pain management is a critical component of resident care and is essential to maintaining and improving quality of life in nursing facilities. Chronic pain can be common among older adults, and nursing home residents often have at least one condition which is a source of persistent pain. When pain is not treated properly, residents' quality of life is negatively impacted and residents may become more prone to experience other adverse outcomes. Effective pain management can improve residents' function, sleep quality, mood, and socialization.

A successful pain management program includes completion of routine and thorough pain assessments for residents. Comprehensive pain assessments should be completed upon admission, quarterly, and at any time a resident experiences a change of condition. Routine completion of these assessments will provide the facility with up-to-date information to direct the resident's care in alignment with their personalized care plan goals. Proper documentation and evaluation of pain management interventions will inform caregivers about the effectiveness of interventions and when changes are warranted. Facilities should consider appropriate interventions including non-pharmacological interventions and the safe use of medications. Opioid medications should only be used when determined clinically necessary.

A nursing facility's commitment to improving or maintaining the quality of life of its residents is supported through a strong pain management program. State and federal regulations require nursing facilities to properly manage residents' pain. Facilities must develop and maintain policies which support these requirements and ensure staff receive routine training in pain recognition & reporting and pain assessment & management.

[Pain Management](#)

[Evidence-Based Best Practice Pain Management Summary](#)

[Understanding Pain and Pain Communication in Older Persons](#)

I hope this information complements the pain management program and staff trainings provided in your facility. If you have any questions for me, please feel free to contact me at your convenience.



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

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

Treasurer: Bobby Way
Dir. Kacey Vratis

Scott Johnson, Nursing Facility Specialist
Winnie-Stowell Hospital District

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

November 18, 2025

Facility Administrator: Bobby Simpkins

Silver Spring is licensed for 120 beds, and its current census is 87 residents including 13 skilled patients. There are five residents in the hospital who are expected to return to the facility soon. There are six referrals pending insurance authorization or hospital discharge in order to be admitted to Silver Spring. Discussed ensuring proper clinical documentation is provided for complete review of referrals seeking admission to the facility.

The facility is seeking three CNAs. There is one fulltime nurse who will be transitioning to PRN employment, and another nurse who submitted notice she will be resigning in December. The facility expects a new housekeeping supervisor to be hired under Sonderbloom services soon. The facility is seeking one weekend RN supervisor for shifts every other weekend.

The administrator shared updates regarding a hospice patient who had a bruise on their hand which was reported by the hospice staff as an injury of unknown origin. The administrator and DON investigated and there was no bruising. Imaging was taken of the resident's hand and there were no reported issues with the part of the hand previously reported.

There have not been any recent visits by state surveyors and there are no new self-reports at this time. Discussed survey readiness efforts with expectations of the state visiting soon.

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

Discussed the facility's monthly QAPI meeting and QA process. Discussed quality measures and clinical outcomes in October. The facility has seen an improvement in falls and discussed ongoing interventions. Discussed Component 2 targets and efforts to staff appropriately based on the facility's census. The facility's target for licensed nurse hours is 1.48 and it reported reaching 1.38. Discussed efforts to reach this target as well as staff recruitment and retention best practices.

Infection control efforts are working well with no reported outbreaks or trends. The facility completed its flu clinic and is now working on providing RSV vaccinations for residents.

The facility is hosting a Thanksgiving meal for the residents and their family members.

Provided quarterly joint training regarding pain management. Discussed the impact pain can have on residents in nursing facilities. Reviewed key components included in successful pain management programs including completion of comprehensive pain assessments, thorough evaluation of interventions, and routinely training staff members on aspects of the pain management program. Discussed the influence pain management has on the quality of life experienced by residents in nursing facilities.

Pain management is going well overall with no reported trends at Silver Spring. Discussed completing assessments routinely to keep a pulse on the pain needs of residents. Reviewed the opportunities the team has to assess and review residents' needs to make sure nothing falls through the cracks.

Joint Training Information

Effective pain management is a critical component of resident care and is essential to maintaining and improving quality of life in nursing facilities. Chronic pain can be common among older adults, and nursing home residents often have at least one condition which is a source of persistent pain. When pain is not treated properly, residents' quality of life is negatively impacted and residents may become more prone to experience other adverse outcomes. Effective pain management can improve residents' function, sleep quality, mood, and socialization.

A successful pain management program includes completion of routine and thorough pain assessments for residents. Comprehensive pain assessments should be completed upon admission, quarterly, and at any time a resident experiences a change of condition. Routine completion of these assessments will provide the facility with up-to-date information to direct the resident's care in alignment with their personalized care plan goals. Proper documentation and evaluation of pain management interventions will inform caregivers about the effectiveness of interventions and when changes are warranted. Facilities should consider appropriate interventions including non-pharmacological interventions and the safe use of medications. Opioid medications should only be used when determined clinically necessary.

A nursing facility's commitment to improving or maintaining the quality of life of its residents is supported through a strong pain management program. State and federal regulations require nursing facilities to properly manage residents' pain. Facilities must develop and maintain policies which support these requirements and ensure staff receive routine training in pain recognition & reporting and pain assessment & management.

[Pain Management](#)

[Evidence-Based Best Practice Pain Management Summary](#)

[Understanding Pain and Pain Communication in Older Persons](#)

I hope this information complements the pain management program and staff trainings provided in your facility. If you have any questions for me, please feel free to contact me at your convenience.



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

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

Treasurer: Bobby Way
Dir. Kacey Vratis

Scott Johnson, Nursing Facility Specialist
Winnie-Stowell Hospital District

Gulf Pointe Plaza
1008 Enterprise Blvd.
Rockport, TX 78382

November 20, 2025

Facility Administrator: Michael Higgins

Gulf Pointe Plaza is licensed for 120 beds, and its current census is 71 residents including 7 skilled patients. Discussed transitioning patients from skilled care to long-term care services. There is one admission planned today, and one discharge pending in the next few days. Discussed efforts to work Medicaid pending applications in efforts to support residents who meet eligibility for Medicaid requirements and are in need of long-term care services. Referrals to the facility have started to pick up again. The administrator shared the facility's communication standards with the referral sources and preparing for residents to discharge from the hospital.

The facility is recruiting four CNAs and one LVN. The team hired an RN recently. The PRN staff are filling vacancies well, but the team is working to have these openings filled with fulltime staff through the holidays.

The state came to investigate the drug diversion which was reported last month. The administrator is completing the POC today due to a finding found during the investigations regarding accuracy of providing medications. The finding is expected to be a low-level deficiency.

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

The facility's monthly QAPI meeting was held yesterday. The facility reviewed its performance improvement plans addressing pressure ulcers and falls. There are two residents with pressure ulcers and the facility reviewed the status of these residents and interventions in place. Falls are trending in the right direction, and the team discussed outcomes from ongoing interventions. Reviewed improvements due to offering more activities on the weekends.

Infection control efforts are being managed with no reported outbreaks and trends.

The water leak in the water supply on the facility's grounds has been repaired and there are no lingering issues. One of the shower rooms on the 100-hall was re-tiled and repaired. The facility will submit proposals to do the same work in the other shower rooms in the coming months.

The facility is planning to host a Thanksgiving dinner for residents and their family members. Discussed the importance of creating meaningful events and activities for the residents.

Provided quarterly joint training regarding pain management. Discussed the impact pain can have on residents in nursing facilities. Reviewed key components included in successful pain management programs including completion of comprehensive pain assessments, thorough evaluation of interventions, and routinely training staff members on aspects of the pain management program. Discussed the influence pain management has on the quality of life experienced by residents in nursing facilities.

The facility reports strong outcomes with pain management. The administrator rarely gets comments from residents about pain issues or complaints. Discussed asking about pain during routine rounds and monitoring for any signs of discomfort by the residents.

Joint Training Information

Effective pain management is a critical component of resident care and is essential to maintaining and improving quality of life in nursing facilities. Chronic pain can be common among older adults, and nursing home residents often have at least one condition which is a source of persistent pain. When pain is not treated properly, residents' quality of life is negatively impacted and residents may become more prone to experience other adverse outcomes. Effective pain management can improve residents' function, sleep quality, mood, and socialization.

A successful pain management program includes completion of routine and thorough pain assessments for residents. Comprehensive pain assessments should be completed upon admission, quarterly, and at any time a resident experiences a change of condition. Routine completion of these assessments will provide the facility with up-to-date information to direct the resident's care in alignment with their personalized care plan goals. Proper documentation and evaluation of pain management interventions will inform caregivers about the effectiveness of interventions and when changes are warranted. Facilities should consider appropriate interventions including non-pharmacological interventions and the safe use of medications. Opioid medications should only be used when determined clinically necessary.

A nursing facility's commitment to improving or maintaining the quality of life of its residents is supported through a strong pain management program. State and federal regulations require nursing facilities to properly manage residents' pain. Facilities must develop and maintain policies which support these requirements and ensure staff receive routine training in pain recognition & reporting and pain assessment & management.

[Pain Management](#)

[Evidence-Based Best Practice Pain Management Summary](#)

[Understanding Pain and Pain Communication in Older Persons](#)

I hope this information complements the pain management program and staff trainings provided in your facility. If you have any questions for me, please feel free to contact me at your convenience.



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

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

Treasurer: Bobby Way
Dir. Kacey Vratis

Scott Johnson, Nursing Facility Specialist
Winnie-Stowell Hospital District

Arbrook Plaza
401 West Arbrook Blvd.
Arlington, TX 76014

November 20, 2025

Facility Administrator: Jodi Scarbro

Arbrook Plaza is licensed for 120 beds, and its current census is 89 residents including 27 skilled patients. The facility has three patients who were issued discharges, but two admissions today and another admission planned tomorrow. There are roughly a dozen referrals under review as well. Discussed the impact felt by the facility due to the primary referring hospital having opened a therapy unit and keeping some skilled patients.

The facility is recruiting one CNA, one double weekend nurse, and a part-time weekend nurse. Discussed filling these vacancies with PRN staff and successes by the facility to manage overtime effectively.

The state visited the facility yesterday to investigate a complaint from a resident who discharged AMA with several allegations regarding his medications. All reasons for investigation were unsubstantiated. The surveyor was complimentary of the staff members and her observations. The surveyor confirmed nursing documentation was clear and thorough. The administrator submitted a self-report today regarding a confused hospice patient who alleged physical and sexual abuse. The facility followed protocol to investigate and involved the police in the investigations. The allegations were unconfirmed and discussed actions taken by the facility to ensure all residents are safe.

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's overall and quality measures star ratings both increased from 2-star and 4-star ratings respectively.

The facility held its monthly QAPI meeting on November 7. The interdisciplinary team is maintaining PIPs for RTAs, medical records, falls, and 5-star quality measures rating. The quality measures star rating increase was posted on Medicare.gov today so the administrator expects this PIP to be closed soon.

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

The maintenance department is continuing to update two resident rooms each week. There are only a few remaining skilled rooms needing this work. The facility will have its long-term care rooms addressed next.

The facility hosted a Thanksgiving meal for staff yesterday. The resident Thanksgiving meal will be on Thanksgiving Day.

Provided quarterly joint training regarding pain management. Discussed the impact pain can have on residents in nursing facilities. Reviewed key components included in successful pain management programs including completion of comprehensive pain assessments, thorough evaluation of interventions, and routinely training staff members on aspects of the pain management program. Discussed the influence pain management has on the quality of life experienced by residents in nursing facilities.

The team does well managing residents' pain. Discussed the impact ambassador rounds plays on remaining up to date on residents and having all team members looking for changes experienced by residents.

Joint Training Information

Effective pain management is a critical component of resident care and is essential to maintaining and improving quality of life in nursing facilities. Chronic pain can be common among older adults, and nursing home residents often have at least one condition which is a source of persistent pain. When pain is not treated properly, residents' quality of life is negatively impacted and residents may become more prone to experience other adverse outcomes. Effective pain management can improve residents' function, sleep quality, mood, and socialization.

A successful pain management program includes completion of routine and thorough pain assessments for residents. Comprehensive pain assessments should be completed upon admission, quarterly, and at any time a resident experiences a change of condition. Routine completion of these assessments will provide the facility with up-to-date information to direct the resident's care in alignment with their personalized care plan goals. Proper documentation and evaluation of pain management interventions will inform caregivers about the effectiveness of interventions and when changes are warranted. Facilities should consider appropriate interventions including non-pharmacological interventions and the safe use of medications. Opioid medications should only be used when determined clinically necessary.

A nursing facility's commitment to improving or maintaining the quality of life of its residents is supported through a strong pain management program. State and federal regulations require nursing facilities to properly manage residents' pain. Facilities must develop and maintain policies which support these requirements and ensure staff receive routine training in pain recognition & reporting and pain assessment & management.

[Pain Management](#)

[Evidence-Based Best Practice Pain Management Summary](#)

[Understanding Pain and Pain Communication in Older Persons](#)

I hope this information complements the pain management program and staff trainings provided in your facility. If you have any questions for me, please feel free to contact me at your convenience.



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

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

Treasurer: Bobby Way
Dir. Kacey Vratiss

Scott Johnson, Nursing Facility Specialist
Winnie-Stowell Hospital District

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

November 24, 2025

Facility Administrator: Matt Mewborn
BOM: Amy Epperson

Treviso Transitional Care Center is licensed for 140 beds, and its current census is 101 residents including 27 skilled patients. The facility has two planned discharges and one admission today. There are four residents seeking appeal of the notice of non-coverage which they recently received.

Treviso Transitional Care Center is recruiting one CNA and two nurses. There were no other openings reported at this time.

Discussed the recent visit to the facility by the state's rapid response team. The rapid response team was pleased with their observations and did not state any concerns.

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

Discussed ongoing efforts to achieve targets under each QIPP Measure. The facility will hold its monthly QAPI meeting this week. There were no new performance improvement plans reported at this time.

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

The facility's new flooring is being installed. The new floors are expected to be finished on Tuesday of next week.

The facility hosted a Thanksgiving luncheon last week for residents and their family members. Discussed plans for Christmas events next month. The facility has begun decorating and has an angel tree for resident gifts. The facility is also planning to participate in the town's parade. The facility will have a bus and trailer in the parade and residents will be able to attend.

Provided quarterly joint training regarding pain management. Discussed the impact pain can have on residents in nursing facilities. Reviewed key components included in successful pain management programs including completion of comprehensive pain assessments, thorough evaluation of interventions, and routinely training staff members on aspects of the pain management program. Discussed the influence pain management has on the quality of life experienced by residents in nursing facilities.

Joint Training Information

Effective pain management is a critical component of resident care and is essential to maintaining and improving quality of life in nursing facilities. Chronic pain can be common among older adults, and nursing home residents often have at least one condition which is a source of persistent pain. When pain is not treated properly, residents' quality of life is negatively impacted and residents may become more prone to experience other adverse outcomes. Effective pain management can improve residents' function, sleep quality, mood, and socialization.

A successful pain management program includes completion of routine and thorough pain assessments for residents. Comprehensive pain assessments should be completed upon admission, quarterly, and at any time a resident experiences a change of condition. Routine completion of these assessments will provide the facility with up-to-date information to direct the resident's care in alignment with their personalized care plan goals. Proper documentation and evaluation of pain management interventions will inform caregivers about the effectiveness of interventions and when changes are warranted. Facilities should consider appropriate interventions including non-pharmacological interventions and the safe use of medications. Opioid medications should only be used when determined clinically necessary.

A nursing facility's commitment to improving or maintaining the quality of life of its residents is supported through a strong pain management program. State and federal regulations require nursing facilities to properly manage residents' pain. Facilities must develop and maintain policies which support these requirements and ensure staff receive routine training in pain recognition & reporting and pain assessment & management.

[Pain Management](#)

[Evidence-Based Best Practice Pain Management Summary](#)

[Understanding Pain and Pain Communication in Older Persons](#)

I hope this information complements the pain management program and staff trainings provided in your facility. If you have any questions for me, please feel free to contact me at your convenience.



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

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

Treasurer: Bobby Way
Dir. Kacey Vratiss

Scott Johnson, Nursing Facility Specialist
Winnie-Stowell Hospital District

Forum Parkway Health & Rehabilitation

2112 Forum Parkway
Bedford, TX 76021

November 21, 2025

Facility Administrator: Dylan Gadberry

Forum Parkway Health & Rehabilitation is licensed for 139 beds, and its current census is 85 residents including 10 skilled patients. The facility discussed recent meetings with hospital partners who have also seen low census in recent months. Discussed tracking and reviewing length of stay. The administrator reports length of stay has also been low at hospitals. Discussed offering long-term care services to skilled patients who might benefit from those services.

There is a new social worker starting on December 1. Discussed fluctuating staffing due to the current census level.

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.

Discussed the facility's QA process and monthly QAPI meetings. The interdisciplinary team has been reviewing clinical outcomes and quality measures. Discussed the heavier impact each incident or adverse outcome has on the incident ratios due to the low census.

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

The administrator is planning to purchase a new storage shed for the facility next year in January.

Discussed offering more outpatient therapy services and investigating if the facility can complete outpatient services in the patients' homes.

Provided quarterly joint training regarding pain management. Discussed the impact pain can have on residents in nursing facilities. Reviewed key components included in successful pain

management programs including completion of comprehensive pain assessments, thorough evaluation of interventions, and routinely training staff members on aspects of the pain management program. Discussed the influence pain management has on the quality of life experienced by residents in nursing facilities.

The facility has a contract with a group who supports pain management for the residents. This group provides physiatrists to work with approved residents. Discussed having clear and prompt communication to ensure provider orders are executed quickly for the residents' benefit.

Joint Training Information

Effective pain management is a critical component of resident care and is essential to maintaining and improving quality of life in nursing facilities. Chronic pain can be common among older adults, and nursing home residents often have at least one condition which is a source of persistent pain. When pain is not treated properly, residents' quality of life is negatively impacted and residents may become more prone to experience other adverse outcomes. Effective pain management can improve residents' function, sleep quality, mood, and socialization.

A successful pain management program includes completion of routine and thorough pain assessments for residents. Comprehensive pain assessments should be completed upon admission, quarterly, and at any time a resident experiences a change of condition. Routine completion of these assessments will provide the facility with up-to-date information to direct the resident's care in alignment with their personalized care plan goals. Proper documentation and evaluation of pain management interventions will inform caregivers about the effectiveness of interventions and when changes are warranted. Facilities should consider appropriate interventions including non-pharmacological interventions and the safe use of medications. Opioid medications should only be used when determined clinically necessary.

A nursing facility's commitment to improving or maintaining the quality of life of its residents is supported through a strong pain management program. State and federal regulations require nursing facilities to properly manage residents' pain. Facilities must develop and maintain policies which support these requirements and ensure staff receive routine training in pain recognition & reporting and pain assessment & management.

[Pain Management](#)

[Evidence-Based Best Practice Pain Management Summary](#)

[Understanding Pain and Pain Communication in Older Persons](#)

I hope this information complements the pain management program and staff trainings provided in your facility. If you have any questions for me, please feel free to contact me at your convenience.



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

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

Treasurer: Bobby Way
Dir. Kacey Vratis

Scott Johnson, Nursing Facility Specialist
Winnie-Stowell Hospital District

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

November 12, 2025

Facility Administrator: Nadeline Greene

Copperas Cove LTC is licensed for 124 beds, and its current census is 74 residents including 4 skilled patients. There are two residents in the hospital who are expected to return to the facility soon. There is a new admission planned at the end of this week. The census has been steady and even reached 77 residents recently.

There are two nightshift nurse openings and three nightshift CNA openings at this time. Two of the CNA openings are due to CNAs needing to depart due to family military assignments. The recent census growth is allowing the facility to add one additional CNA shift which will result in two more staff being hired to cover the shift.

The facility is holding a mandatory all-staff meeting this Friday. The team will have a training on residents rights, professionalism, code of conduct, and pain management. There will be some refreshments and small gifts for staff. Discussed using this meeting as an opportunity to train staff while building relationships and culture. The administrator shared updates by the facility to routinely show appreciation to staff members.

There have not been any recent visits to the facility by state surveyors. There have not been any new self-reports submitted this month.

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

The facility will hold its monthly QAPI meeting next week on November 18. Discussed efforts to take action on focus areas discussed in last month's QAPI meeting.

Infection control is going well with no trends reported. The facility has a few UTIs on occasion, but there is nothing widespread or systematic.

There were two grievances reported this month. The first was regarding a resident who was moved to a new room and her tv fell off the wall after being moved by the maintenance staff member. The facility is working to replace the tv. The other grievance was related to a family who was not satisfied with the nail care of the resident. The facility is addressing the feedback and held a care plan meeting with the family to discuss plans.

The A/C repairs have been completed and there are reportedly no more leaks. There is one more unit which needs to be addressed soon on the secure unit.

The dietary department was recently inspected by the city and received a 100% score. The consultant dietitian also inspected the dietary department recently and gave positive feedback.

The facility will be hosting a turkey giveaway for staff members this month. The team is also planning a community Thanksgiving dinner for residents and their families next week.

The facility has an angel tree decorated for Christmas in the lobby. Visitors can pick a number off the tree and then donate a gift for a resident. Discussed inviting hospice partners to help with holiday decorations in the building. The facility will have a Christmas tree decorating contest.

Provided quarterly joint training regarding pain management. Discussed the impact pain can have on residents in nursing facilities. Reviewed key components included in successful pain management programs including completion of comprehensive pain assessments, thorough evaluation of interventions, and routinely training staff members on aspects of the pain management program. Discussed the influence pain management has on the quality of life experienced by residents in nursing facilities.

The facility will be including this information in the all-staff meeting in-services with staff members later this week. Discussed efforts to manage pain of residents and ensure they are comfortable.

Joint Training Information

Effective pain management is a critical component of resident care and is essential to maintaining and improving quality of life in nursing facilities. Chronic pain can be common among older adults, and nursing home residents often have at least one condition which is a source of persistent pain. When pain is not treated properly, residents' quality of life is negatively impacted and residents may become more prone to experience other adverse outcomes. Effective pain management can improve residents' function, sleep quality, mood, and socialization.

A successful pain management program includes completion of routine and thorough pain assessments for residents. Comprehensive pain assessments should be completed upon admission, quarterly, and at any time a resident experiences a change of condition. Routine completion of these assessments will provide the facility with up-to-date information to direct the resident's care in alignment with their personalized care plan goals. Proper documentation and evaluation of pain management interventions will inform caregivers about the

effectiveness of interventions and when changes are warranted. Facilities should consider appropriate interventions including non-pharmacological interventions and the safe use of medications. Opioid medications should only be used when determined clinically necessary.

A nursing facility's commitment to improving or maintaining the quality of life of its residents is supported through a strong pain management program. State and federal regulations require nursing facilities to properly manage residents' pain. Facilities must develop and maintain policies which support these requirements and ensure staff receive routine training in pain recognition & reporting and pain assessment & management.

[Pain Management](#)

[Evidence-Based Best Practice Pain Management Summary](#)

[Understanding Pain and Pain Communication in Older Persons](#)

I hope this information complements the pain management program and staff trainings provided in your facility. If you have any questions for me, please feel free to contact me at your convenience.



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

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

Treasurer: Bobby Way
Dir. Kacey Vratiss

Scott Johnson, Nursing Facility Specialist
Winnie-Stowell Hospital District

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

November 26, 2025

Facility Administrator: Brittany Smith
Facility DON: Jaclyn Webb

At the facility QAPI meeting on 11/26/25, the Administrator and other attendees discussed the facility's outcomes from October 2025.

Winnie L LTC is licensed for 105 beds, and its current census is 45 residents. For the month of October, the facility averaged a census of 41 residents.

The facility reported 58 total employees and 0% turnover rate during the reporting period.

The facility's annual fullbook survey window will open in February. Discussed recent submission of a reportable which was investigated and unsubstantiated by the state.

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.

There were two residents with pressure ulcers in the facility during October. Discussed progress healing out wounds and expectations these will be reduced in November.

The team also reviewed weight loss and interventions in place for residents. Discussed managing and recording weekly weights.

The team discussed utilization of correct data sources to ensure QIPP measure data is correct and being followed appropriately.

The facility met all indicator targets under Components 1 and 4. The facility did not meet any targets under Component 2, but is working to reach those soon. Reviewed recent hires of fulltime and PRN staff to support coverage needs. The facility did not meet its target under Component 3 for new/worsened bowel/bladder incontinence.

Provided quarterly joint training regarding pain management. Discussed the impact pain can have on residents in nursing facilities. Reviewed key components included in successful pain management programs including completion of comprehensive pain assessments, thorough evaluation of interventions, and routinely training staff members on aspects of the pain management program. Discussed the influence pain management has on the quality of life experienced by residents in nursing facilities.

The facility has been successfully completing routine assessments of residents to ensure any changes in condition or pain are addressed immediately. Discussed working with the facility's medical director, nurse practitioner, and psych service provider to support pain management in the facility. The team works to find personalized interventions to best meet the residents' needs. Discussed the impact pain has on social aspects of residents' well-being.

Joint Training Information

Effective pain management is a critical component of resident care and is essential to maintaining and improving quality of life in nursing facilities. Chronic pain can be common among older adults, and nursing home residents often have at least one condition which is a source of persistent pain. When pain is not treated properly, residents' quality of life is negatively impacted and residents may become more prone to experience other adverse outcomes. Effective pain management can improve residents' function, sleep quality, mood, and socialization.

A successful pain management program includes completion of routine and thorough pain assessments for residents. Comprehensive pain assessments should be completed upon admission, quarterly, and at any time a resident experiences a change of condition. Routine completion of these assessments will provide the facility with up-to-date information to direct the resident's care in alignment with their personalized care plan goals. Proper documentation and evaluation of pain management interventions will inform caregivers about the effectiveness of interventions and when changes are warranted. Facilities should consider appropriate interventions including non-pharmacological interventions and the safe use of medications. Opioid medications should only be used when determined clinically necessary.

A nursing facility's commitment to improving or maintaining the quality of life of its residents is supported through a strong pain management program. State and federal regulations require nursing facilities to properly manage residents' pain. Facilities must develop and maintain policies which support these requirements and ensure staff receive routine training in pain recognition & reporting and pain assessment & management.

[Pain Management](#)

[Evidence-Based Best Practice Pain Management Summary](#)

[Understanding Pain and Pain Communication in Older Persons](#)

I hope this information complements the pain management program and staff trainings provided in your facility. If you have any questions for me, please feel free to contact me at your convenience.



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

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

Treasurer: Bobby Way
Dir. Kacey Vratis

Scott Johnson, Nursing Facility Specialist
Winnie-Stowell Hospital District

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

November 19, 2025

Facility Administrator: Lorraine Haynes

The Villa at Texarkana is licensed for 120 beds, and its current census is 96 residents. The facility has two planned admissions and no pending discharges at this time. Once these two new residents admit to the facility, the building will be at its current maximum operating capacity again.

The facility recently hired a nurse to manage infection control and weights. This nurse will also support the admitting process as needed when there are new residents. Discussed filling this position instead of adding an additional ADON as previously marketed.

The facility reported there have been no regulatory issues from state surveyors recently. The team submitted a new self-report regarding a fracture which occurred roughly two weeks ago. Discussed efforts to ensure behaviors and trends exhibited by residents are care planned and documented.

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 outcomes and quality measures observed in October. Discussed efforts to improve hiring and human resource processes including background checks and license or certification verification. Discussed the importance of ensuring these processes are completed correctly according to policy. The facility has a checklist implemented to ensure all staff are approved to work before they are scheduled any shifts.

There is no COVID or flu in the building at this time. There were no trends reported regarding infection control.

The remodel work in the facility has continued and is progressing well. Discussed updates on the renovation progress in the bathrooms.

The facility is hosting a Thanksgiving event tomorrow for residents and their family members.

Provided quarterly joint training regarding pain management. Discussed the impact pain can have on residents in nursing facilities. Reviewed key components included in successful pain management programs including completion of comprehensive pain assessments, thorough evaluation of interventions, and routinely training staff members on aspects of the pain management program. Discussed the influence pain management has on the quality of life experienced by residents in nursing facilities.

The facility partners with a pain management group to support pain requests and pain-related diagnoses in the facility. Discussed the importance of working closely with this partner to ensure pain is addressed immediately and it is managed correctly.

Joint Training Information

Effective pain management is a critical component of resident care and is essential to maintaining and improving quality of life in nursing facilities. Chronic pain can be common among older adults, and nursing home residents often have at least one condition which is a source of persistent pain. When pain is not treated properly, residents' quality of life is negatively impacted and residents may become more prone to experience other adverse outcomes. Effective pain management can improve residents' function, sleep quality, mood, and socialization.

A successful pain management program includes completion of routine and thorough pain assessments for residents. Comprehensive pain assessments should be completed upon admission, quarterly, and at any time a resident experiences a change of condition. Routine completion of these assessments will provide the facility with up-to-date information to direct the resident's care in alignment with their personalized care plan goals. Proper documentation and evaluation of pain management interventions will inform caregivers about the effectiveness of interventions and when changes are warranted. Facilities should consider appropriate interventions including non-pharmacological interventions and the safe use of medications. Opioid medications should only be used when determined clinically necessary.

A nursing facility's commitment to improving or maintaining the quality of life of its residents is supported through a strong pain management program. State and federal regulations require nursing facilities to properly manage residents' pain. Facilities must develop and maintain policies which support these requirements and ensure staff receive routine training in pain recognition & reporting and pain assessment & management.

[Pain Management](#)

[Evidence-Based Best Practice Pain Management Summary](#)

[Understanding Pain and Pain Communication in Older Persons](#)

I hope this information complements the pain management program and staff trainings provided in your facility. If you have any questions for me, please feel free to contact me at your convenience.



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

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

Treasurer: Bobby Way
Dir. Kacey Vratis

Scott Johnson, Nursing Facility Specialist
Winnie-Stowell Hospital District

Parkview Manor Nursing & Rehabilitation

206 N. Smith St.
Weimar, TX 78962

November 25, 2025

Facility Administrator: Isaiah Ramirez
Facility DON: Raysheta Richardson

Isaiah Ramirez is the new administrator of Parkview Manor Nursing & Rehabilitation. His first day of employment at the facility was November 10.

Parkview Manor Nursing & Rehabilitation is licensed for 94 beds, and its current census is 46 residents. For the month of November, the facility averaged a census of 48 residents. Discussed the facility's initial goal to increase census to 50 residents.

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's health inspections star rating decreased from a 4-star rating, but its quality measures star rating increased from a 1-star rating.

The facility's monthly QAPI meeting was held on November 17 and the interdisciplinary team reviewed clinical systems and quality measures. The facility reported twenty falls and five residents who experienced repeat falls. Discussed efforts to improve fall prevention efforts and reduce the likelihood of falls.

The facility reported six residents with pressure ulcers in the month of October. There were also three residents who experienced significant weight loss.

The facility met all indicators under Component 1 except lost too much weight and antipsychotic medication utilization. Discussed nutritional needs of residents, including hospice patients, as well as implementing GDRs where appropriate.

The facility did not meet any targets under Component 2, but is working on improving staffing to reach these indicators. The licensed nurse hours outcome is very close to reaching its associated target.

The facility met its target for depressive symptoms under Component 3, but did not meet antianxiety medication utilization or bowel/bladder incontinence. The facility did not meet any indicators under Component 4. Discussed review of ongoing PIPs by the new administrator to ensure all efforts are pushing results in the right direction.

Provided quarterly joint training regarding pain management. Discussed the impact pain can have on residents in nursing facilities. Reviewed key components included in successful pain management programs including completion of comprehensive pain assessments, thorough evaluation of interventions, and routinely training staff members on aspects of the pain management program. Discussed the influence pain management has on the quality of life experienced by residents in nursing facilities.

The administrator discussed the importance of keeping residents comfortable and actively managing their pain. Reviewed the impact pain plays on all other aspects of daily living. Reviewed opportunities to ensure documentation is completed correctly and consistently.

Joint Training Information

Effective pain management is a critical component of resident care and is essential to maintaining and improving quality of life in nursing facilities. Chronic pain can be common among older adults, and nursing home residents often have at least one condition which is a source of persistent pain. When pain is not treated properly, residents' quality of life is negatively impacted and residents may become more prone to experience other adverse outcomes. Effective pain management can improve residents' function, sleep quality, mood, and socialization.

A successful pain management program includes completion of routine and thorough pain assessments for residents. Comprehensive pain assessments should be completed upon admission, quarterly, and at any time a resident experiences a change of condition. Routine completion of these assessments will provide the facility with up-to-date information to direct the resident's care in alignment with their personalized care plan goals. Proper documentation and evaluation of pain management interventions will inform caregivers about the effectiveness of interventions and when changes are warranted. Facilities should consider appropriate interventions including non-pharmacological interventions and the safe use of medications. Opioid medications should only be used when determined clinically necessary.

A nursing facility's commitment to improving or maintaining the quality of life of its residents is supported through a strong pain management program. State and federal regulations require nursing facilities to properly manage residents' pain. Facilities must develop and maintain policies which support these requirements and ensure staff receive routine training in pain recognition & reporting and pain assessment & management.

[Pain Management](#)

[Evidence-Based Best Practice Pain Management Summary](#)

[Understanding Pain and Pain Communication in Older Persons](#)

I hope this information complements the pain management program and staff trainings provided in your facility. If you have any questions for me, please feel free to contact me at your convenience.



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

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

Treasurer: Bobby Way
Dir. Kacey Vratis

Scott Johnson, Nursing Facility Specialist
Winnie-Stowell Hospital District

Gracy Woods Nursing Center
12021 Metric Blvd
Austin, TX 78758

November 21, 2025

Facility Administrator: Heather Devine

Gracy Woods Nursing Center is licensed for 122 beds, and its current census is 87 residents including 6 skilled patients. The facility has three admissions planned, and no planned discharges. Discussed review of the facility's RTA rate. The interdisciplinary team is investigating the root causes of readmissions to see if there are avoidable causes which can be avoided in the future.

The facility has three nurse openings which are being filled with PRN staff. There are no CNA openings at this time.

The facility received a tag during a visit regarding comprehensive careplans. Discussed the POC for this finding and efforts to improve the care planning process.

The rapid response team visited the facility and stated the facility is 35%-40% completed with their rapid response plan at this point. Discussed having received good feedback from the recent rapid response visit. The facility does not have any new self-reports, and there is only one outstanding reportable at this time.

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

The facility will hold its monthly QAPI meeting on Tuesday. Discussed plans to review feedback from rapid response visits and the recent survey activity. Reviewed progress by the facility following and completing the action plans provided by the rapid response team.

There are no trends or outbreaks reported under infection control.

The administrator reported there were some grievances due to laundry services being backed up. The facility found there was an employee who was consistently breaking one of the laundry machines which was leading to delays. This staff member has since been terminated from the facility.

The facility hosted a Thanksgiving event yesterday and it was well received by residents and their family members. The administrator reported there were 60 family members in attendance.

Provided quarterly joint training regarding pain management. Discussed the impact pain can have on residents in nursing facilities. Reviewed key components included in successful pain management programs including completion of comprehensive pain assessments, thorough evaluation of interventions, and routinely training staff members on aspects of the pain management program. Discussed the influence pain management has on the quality of life experienced by residents in nursing facilities.

The facility is finalizing a contract with a physiatrist who will be supporting pain management efforts in the facility. Discussed progress with the contract and expectations of supporting the building soon.

Joint Training Information

Effective pain management is a critical component of resident care and is essential to maintaining and improving quality of life in nursing facilities. Chronic pain can be common among older adults, and nursing home residents often have at least one condition which is a source of persistent pain. When pain is not treated properly, residents' quality of life is negatively impacted and residents may become more prone to experience other adverse outcomes. Effective pain management can improve residents' function, sleep quality, mood, and socialization.

A successful pain management program includes completion of routine and thorough pain assessments for residents. Comprehensive pain assessments should be completed upon admission, quarterly, and at any time a resident experiences a change of condition. Routine completion of these assessments will provide the facility with up-to-date information to direct the resident's care in alignment with their personalized care plan goals. Proper documentation and evaluation of pain management interventions will inform caregivers about the effectiveness of interventions and when changes are warranted. Facilities should consider appropriate interventions including non-pharmacological interventions and the safe use of medications. Opioid medications should only be used when determined clinically necessary.

A nursing facility's commitment to improving or maintaining the quality of life of its residents is supported through a strong pain management program. State and federal regulations require nursing facilities to properly manage residents' pain. Facilities must develop and maintain policies which support these requirements and ensure staff receive routine training in pain recognition & reporting and pain assessment & management.

[Pain Management](#)

[Evidence-Based Best Practice Pain Management Summary](#)

[Understanding Pain and Pain Communication in Older Persons](#)

I hope this information complements the pain management program and staff trainings provided in your facility. If you have any questions for me, please feel free to contact me at your convenience.



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

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

Treasurer: Bobby Way
Dir. Kacey Vratis

Scott Johnson, Nursing Facility Specialist
Winnie-Stowell Hospital District

Garland Nursing and Rehabilitation

321 N Shiloh Rd
Garland, TX 75042

November 21, 2025

Facility Administrator: Wanda Ledford

Garland Nursing and Rehabilitation is licensed for 122 beds, and its current census is 77 residents. There are three residents in the hospital at this time. There is one returning soon, and two approved admissions pending hospital discharge. The census has seen steady increases over the last few weeks.

The facility hired a new DON who is starting on December 16. There were six nurse openings, but the team has hired three nurses recently. There were five CNA openings and the team has made some hires there as well.

The facility submitted a self-report regarding a nurse aide who didn't have proper training to transfer a resident on a sliding board. The resident fell with a mild injury. The state came to investigate the self-report as a priority intake. The facility received a past non-compliance IJ regarding failure to protect against accidents. Discussed education and training provided to the staff related to the incident. Discussed ongoing completion of competencies and skill checks.

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's staffing star rating decreased from a 2-star rating.

The facility discussed its monthly QAPI meeting. The administrator shared challenges some of the systems had with reporting under the previous nurse management. The facility is still transitioning to PCC and expects to see better reporting of data once it is fully integrated. Discussed ongoing monitoring of skills checkoffs.

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

Discussed working with the social worker to ensure grievances are being followed and resolved timely.

The facility's new manager, AVIR, is working with the facility to purchase equipment and replace rentals.

The facility held a Thanksgiving dinner for residents and their family members last night. Discussed a strong turnout and great social evening for the residents.

Provided quarterly joint training regarding pain management. Discussed the impact pain can have on residents in nursing facilities. Reviewed key components included in successful pain management programs including completion of comprehensive pain assessments, thorough evaluation of interventions, and routinely training staff members on aspects of the pain management program. Discussed the influence pain management has on the quality of life experienced by residents in nursing facilities.

The administrator reports the team watches for signs of pain by the residents. Discussed the impact pain has on residents' behavior, mood, and motivation to participate in other aspects of their care.

Joint Training Information

Effective pain management is a critical component of resident care and is essential to maintaining and improving quality of life in nursing facilities. Chronic pain can be common among older adults, and nursing home residents often have at least one condition which is a source of persistent pain. When pain is not treated properly, residents' quality of life is negatively impacted and residents may become more prone to experience other adverse outcomes. Effective pain management can improve residents' function, sleep quality, mood, and socialization.

A successful pain management program includes completion of routine and thorough pain assessments for residents. Comprehensive pain assessments should be completed upon admission, quarterly, and at any time a resident experiences a change of condition. Routine completion of these assessments will provide the facility with up-to-date information to direct the resident's care in alignment with their personalized care plan goals. Proper documentation and evaluation of pain management interventions will inform caregivers about the effectiveness of interventions and when changes are warranted. Facilities should consider appropriate interventions including non-pharmacological interventions and the safe use of medications. Opioid medications should only be used when determined clinically necessary.

A nursing facility's commitment to improving or maintaining the quality of life of its residents is supported through a strong pain management program. State and federal regulations require nursing facilities to properly manage residents' pain. Facilities must develop and maintain policies which support these requirements and ensure staff receive routine training in pain recognition & reporting and pain assessment & management.

[Pain Management](#)

[Evidence-Based Best Practice Pain Management Summary](#)

[Understanding Pain and Pain Communication in Older Persons](#)

I hope this information complements the pain management program and staff trainings provided in your facility. If you have any questions for me, please feel free to contact me at your convenience.



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

FACILITY INFORMATION

The Woodlands Nursing and Rehabilitation Center is a licensed 214 - bed facility with an overall star rating of 4 and a rating of 5 stars in Quality Measures. Census given 95: 7 PP; 13 MC; 26 MDC +7 pending; 21 HMO; 9 Hospice; 12 VA; and 17 Memory Care.

The QIPP site visit was conducted over the phone with the Administrator. The facility is currently CoVID_19 free

The Administrator reports they had a trunk or treat outside in October, and they are planning Thanksgiving meal tomorrow and Christmas deserts and entertainment in December. The Administrator also reports the facility does occasional outings to restaurants.

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

EDUCATION PROVIDED

- Reviewed QIPP year 9 - Facility is only missing 2 metrics out of all 4 components, and they have PIPs in place.
- 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 (generator checked weekly), 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 their full book survey in September and the Administrator reports the facility had state in the building last week for a complaint, but they have not been back to exit.

Annual Full Book State Survey Summary (Include only if within last 2 months)				
Deficiency Summary	Facility	Texas Average	U.S. Average	Comments:
Number of Health Deficiencies	6	8	9	
Number of Fire Safety Code Deficiencies	1			
Annual Full Book State Survey Characteristics (include only if within last 2 months)				



Deficiency Area	Scope & Severity	Explanation	Plan of Correction
Abuse & Neglect			
Quality of Care	D	N 3580 , N3997	Poc Accepted
Resident Assessment	D	N5089	PoC Accepted
Resident Rights			
Dietary	F	N4363	PoC Accepted
Pharmacy			
Environment			
Infection Control	D, E	N3967 , N4723	PoC Accepted
Administration			

REPORTABLE INCIDENTS AUGUST/SEPTEMBER/OCTOBER 2025

Information not provided.

CLINICAL TRENDING AUGUST/SEPTEMBER/OCTOBER 2025

Incidents/Falls:

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

Infection Control:

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

Weight loss:

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

Pressure Ulcers:

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

Restraints:

No restraints used.

Staffing:

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



Other	1	-	-	-	-	-
# Hired this month	-	3	10	-	-	-
# Quit/Fired	-	2	14			

Total number employees: 141 Turnover rate%: 11.1

CASPER REPORT -

Indicator	Current %	State %	National %	Comments/PIPs
Percent of residents who used antianxiety or hypnotic medication (L)	17.9%	18.5%	19.6%	
Fall w/Major Injury (L)	0%	3.5%	3.5%	
UTI (L)	0%	1.1%	1.9%	
High risk with pressure ulcers (L)	14.3%	5.2%	6.1%	
Loss of Bowel/Bladder Control(L)	14.6%	15.8%	20.3%	
Catheter(L)	0%	0.6%	1.3%	
Physical restraint(L)	0%	0%	0.1%	
Residents whose ability to walk independently worsened (L)	0%	17.7%	17.8%	
Excessive Weight Loss(L)	0%	3.5%	5.6%	
Depressive symptoms(L)	0%	2.9%	12%	
Antipsychotic medication (L)	15.4%	8.4%	14.3%	

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

of GDR ATTEMPTS in the month: How many successful?
 # of Anti-anxiety (attempts__3__ successful__3__ failed__)
 # of Antidepressants (attempts__2__ successful__2__ failed__)
 # of Antipsychotic (attempts__1__ successful__1__ failed__)
 # of Sedatives (attempts__0__ successful__0__ failed__)

DIETICIAN Recommendation concerns/Follow Up? All concerns addressed, comes weekly

SOCIAL SERVICES NUMBER/TYPER OF GRIEVANCES (RESOLVED OR NOT)- All resolved

TRAUMA INFORMED CARE IDENTIFIED: NA

ACTIVITIES PIP/CONCERNS: None

DIETARY PIP/CONCERNS: None

ENVIRONMENTAL SERVICES PIP/CONCERNS: PIP in place for better overall cleaning

MAINTENANCE PIP/CONCERNS: None

MEDICAL RECORDS/ CENTRAL SUPPLY PIPS/CONCERNS: None

MDS PIPS/CONCERNS: New MDS nurse in training



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

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

Indicator	State Benchmark	Baseline Target	Results	Met (5% improvement) Y/N	Comments
Metric 1: (CMS N013.02) Percent of residents experiencing one or more falls with major injury	3.24%	4.85%	0%	Y	
Metric 2: (CMS N024.02) Percent of residents with a urinary tract infection	0.81%	0%	0%	Y	
Metric 3: (CMS N029.03) Percent of residents who lose too much weight	2.0%	0%	0%	Y	
Metric 4: (CMS N031.04) Percent of residents who received an antipsychotic medication	7.88%	10.4%	15.4%	N	PIP in lace
Metric 5: (CMS N035.04) Percent of residents whose ability to walk independently worsened	5.2%	3.0%	0%	Y	

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

Indicator	National Benchmark Met Y/N	Baseline Target	Performance Target of 1% improvement	Results	Met Y/N	Comments
Payroll Based Journal (PBJ) - Staffing Measure in Hours Per Resident Day (HPRD)						
Metric 1: Reported Certified Nursing Assistant (CNA) HPRD 60% weighted	Y	2.45	2.45	2.45	Y	
Metric 2: Reported Licensed Nursing HPRD 85% weighted	Y	1.72	1.72	1.72	Y	
Metric 3: Reported Total Nursing Staff HPRD 100% weighted	Y	4.17	4.17	4.17	Y	
In case of audit: Did NF maintain 4 additional hours (<i>non-managerial</i>) of RN staffing coverage per day, beyond the CMS mandate?					Y	
• Additional hours provided by direct care staff?					Y	
Did NF maintain 8 additional hours (<i>non-managerial</i>) of RN staffing coverage per day, beyond the CMS mandate?					Y	



<ul style="list-style-type: none"> 8 additional hours non-concurrently scheduled? 					Y	
<ul style="list-style-type: none"> Additional hours provided by direct care staff? 					Y	
<ul style="list-style-type: none"> Telehealth used? 					Y	
NFs provided in total 12 or 16 hours of RN coverage, respectively, on at least 90 percent of the days within the reporting period?					Y	
<ul style="list-style-type: none"> Agency usage or need d/t critical staffing levels 					N	

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

Indicator	National Benchmark	Baseline Target	Results	Met (5% Improvement) Y/N	Comments
Metric 1: (CMS N030.03) Percent of residents who have depressive symptoms	2.0%	0%	0%	Y	
Metric 2: (CMS N036.03) Percent of residents who used antianxiety or hypnotic medication	18.6%	16.7%	16.7%	Y	
Metric 3: (CMS N046.01) Percent of residents with new or worsened bowel or bladder incontinence	11.7%	9.75%	8.7%	Y	

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

Indicator	State Benchmark	Baseline Target	Results	Met (5% Improvement) Y/N	Comments
Metric 1: (CMS N045.01) Percent of residents with pressure ulcers	4.69	2.7	3.85	Y	
Metric 2: (CMS N026.03) Percent of residents who have/had a catheter inserted and left in their bladder	0.68	0	0	Y	



Administrator: AV Meghani
DON: Julie Slyotsky, RN

FACILITY INFORMATION

Park Manor Woodlands is a licensed 124- bed facility with an overall star rating of 5 and a rating of 5 stars in Quality Measures. Current census given 95: 8 PP; 13 MC; 26 MCD; 48 HMO; 0 Hospice.

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

The Assistant Administrator reports the facility continues with happy hour every week, exercising, etc. The facility had a fall festival, and they are having a Thanksgiving meal tomorrow. The facility is planning something for Christmas to include portraits for all residents. Still working on process for outings for residents, hope to hire a second driver so they can do more than just go to doctor appointments and dialysis.

The Administrator reports the facility continues with monthly Employee Appreciation Day, as well as celebrating birthdays as well as multiple employee appreciation activities are planned for each month. The staff will also be included in the Thanksgiving meal.

EDUCATION PROVIDED

- Reviewed QIPP year 9 -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. _

SURVEY INFORMATION

The Administrator reports the facility had their full book survey in September with 5 low level health tags and the POC has been accepted and cleared.

REPORTABLE INCIDENTS

Park Manor Woodlands had no self-reports or complaints for **August/September/October 2025**.

CLINICAL TRENDING AUGUST/SEPTEMBER/OCTOBER 2025

Incidents/Falls:



Park Manor Woodlands had 26 total falls without injury (7 repeat) and 0 falls with injury; 15 skin tears; 0 fractures; 0 elopement; 3 bruises; 2 lacerations and 0 behaviors.

Infection Control:

Park Manor Woodlands reported 34 infections, of which 12 were UTI's; 5 Respiratory infections; 5 Wound infections; 10 Blood infections, 2 GI infections, 0 Genital infections and 0 Other infections.

Weight loss:

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

Pressure Ulcers:

Park Manor Woodlands reported 10 residents with pressure ulcers with 10 sites and 0 were facility acquired.

Restraints:

Park Manor Woodlands does not use restraints.

Staffing:

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

Total number employees: 141 Turnover rate%: 11.1

CASPER REPORT

Indicator	Current %	State %	National %	Comments/PIPs
Percent of residents who used antianxiety or hypnotic medication (L)	17.9%	18.5%	19.6%	
Fall w/Major Injury (L)	0%	3.5%	3.5%	
UTI (L)	0%	1.1%	1.9%	
High risk with pressure ulcers (L)	14.3%	5.2%	6.1%	PIP in place (cleared 2)
Loss of Bowel/Bladder Control(L)	14.6%	15.8%	20.3%	
Catheter(L)	0%	0.6%	1.3%	
Physical restraint(L)	0%	0%	0.1%	
Residents whose ability to walk independently worsened (L)	0%	17.7%	17.8%	
Excessive Weight Loss(L)	0%	3.5%	5.6%	
Depressive symptoms(L)	0%	2.9%	12%	
Antipsychotic medication (L)	15.4%	8.4%	14.3%	PIP in place



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

of GDR ATTEMPTS in the month: How many successful?
 # of Anti-anxiety (attempts__3__successful__3__failed__)
 # of Antidepressants (attempts__2__successful__2__failed__)
 # of Antipsychotic (attempts__1__successful__1__failed__)
 # of Sedatives (attempts__0__successful__0__failed__)

DIETICIAN

Recommendation concerns/Follow Up? All concerns addressed

SOCIAL SERVICES NUMBER/TYPE OF GRIEVANCES (RESOLVED OR NOT)- 13 all resolved_

TRAUMA INFORMED CARE IDENTIFIED: NA

ACTIVITIES PIP/CONCERNS: None

DIETARY PIP/CONCERNS: New Dietary Manager

ENVIRONMENTAL SERVICES PIP/CONCERNS: None

MAINTENANCE PIP/CONCERNS: None

MEDICAL RECORDS/ CENTRAL SUPPLY PIPS/CONCERNS: None

MDS PIPS/CONCERNS: None

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

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

Indicator	State Benchmark	Baseline Target	Results	Met (5% improvement) Y/N	Comments
Metric 1: (CMS N013.02) Percent of residents experiencing one or more falls with major injury	3.24%	4.85%	0%	Y	
Metric 2: (CMS N024.02) Percent of residents with a urinary tract infection	0.81%	0%	0%	Y	
Metric 3: (CMS N029.03) Percent of residents who lose too much weight	2.0%	0%	0%	Y	
Metric 4: (CMS N031.04) Percent of residents who received an antipsychotic medication	7.88%	10.4%	15.4%	N	PIP in place
Metric 5: (CMS N035.04) Percent of residents whose ability to walk independently worsened	5.2%	3.0%	0%	Y	



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

Indicator	National Benchmark Met Y/N	Baseline Target	Performance Target of 1% improvement	Results	Met Y/N	Comments
Payroll Based Journal (PBJ) - Staffing Measure in Hours Per Resident Day (HPRD)						
Metric 1: Reported Certified Nursing Assistant (CNA) HPRD 60% weighted	Y	2.45	2.45	2.45	Y	
Metric 2: Reported Licensed Nursing HPRD 85% weighted	Y	1.72	1.72	1.72	Y	
Metric 3: Reported Total Nursing Staff HPRD 100% weighted	Y	4.17	4.17	4.17	Y	
In case of audit: Did NF maintain 4 additional hours (<i>non-managerial</i>) of RN staffing coverage per day, beyond the CMS mandate?					Y	
<ul style="list-style-type: none"> Additional hours provided by direct care staff? 					Y	
Did NF maintain 8 additional hours (<i>non-managerial</i>) of RN staffing coverage per day, beyond the CMS mandate?					Y	
<ul style="list-style-type: none"> 8 additional hours non-concurrently scheduled? 					Y	
<ul style="list-style-type: none"> Additional hours provided by direct care staff? 					Y	
<ul style="list-style-type: none"> Telehealth used? 					Y	
NFs provided in total 12 or 16 hours of RN coverage, respectively, on at least 90 percent of the days within the reporting period?					Y	
<ul style="list-style-type: none"> Agency usage or need d/t critical staffing levels 					N	

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

Indicator	National Benchmark	Baseline Target	Results	Met (5% Improvement) Y/N	Comments
Metric 1: (CMS N030.03) Percent of residents who have depressive symptoms	2.0%	0%	0%	Y	



Metric 2: (CMS N036.03) Percent of residents who used antianxiety or hypnotic medication	18.6%	16.7%	16.7%	Y	
Metric 3: (CMS N046.01) Percent of residents with new or worsened bowel or bladder incontinence	11.7%	9.75%	8.7%	Y	

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

Indicator	State Benchmark	Baseline Target	Results	Met (5% Improvement) Y/N	Comments
Metric 1: (CMS N045.01) Percent of residents with pressure ulcers	4.69	2.7	3.85	Y	
Metric 2: (CMS N026.03) Percent of residents who have/had a catheter inserted and left in their bladder	0.68	0	0	Y	



Administrator: Vincent Mitchell
DON: Adebukola Adelekan, RN

FACILITY INFORMATION

Park Manor Cypress Station is a 125-bed facility with a current census of 101: 4 PP; 5 MC; 70 MCD; 14 HMO; 8 Hospice. They have an overall star rating of 2 and a Quality Measure rating of 5.

The QIPP site visit was conducted over the phone with the Administrator, DON and treatment nurse. The Administrator reports the facility is currently COVID_19 free.

The DON reports the facility had a Fall kick off and a Halloween trunk or treat and they will have their Thanksgiving meal for the residents and families tomorrow. The residents are also big on football season, so they have something each week to celebrate.

The DON reports the facility continues with a star of the month and weekly drawing for prizes. The facility also provides food at least monthly. The Administrator reports the facility did their monthly staff luncheon last week.

EDUCATION PROVIDED

- Reviewed QIPP year 9 -The Administrator reports the facility is meeting 2 of the 4 components with a PIPs in place for pressure ulcers and opening new positions to help cover the increased census and achieve improvement in their CNA workforce development goals.
- 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. _

SURVEY INFORMATION

The facility had a state visit in September to review and clear 1 self-report.

REPORTABLE INCIDENTS

The facility had 3 self-reports still pending and no complaints for **August/September/October 2025**.

CLINICAL TRENDING FOR AUGUST/SEPTEMBER/OCTOBER 2025

Incidents/Falls:



Park Manor Cypress Station reported 37 falls without injury (6 repeat) and 0 falls with injury, 7 skin tears, 0 Fractures, 2 Behaviors, 0 Bruises, 0 Lacerations and 0 Elopements.

Infection Control:

Administrator reported 16 total infections: 2 UTIs, 1 respiratory infections, 4 wound infections (admitted with), 3 EENT infections, 4 Blood infections, 0 GI infections and 2 other infections.

Weight Loss:

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

Pressure Ulcers:

Park Manor Cypress Station reports 8 residents with a total of 11 pressure ulcers and 1 in house acquired. The facility does have a PIP in place for this metric.

Restraints:

Park Manor of Cypress Station is a restraint free facility.

Staffing:

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

Total number employees: 126 Turnover rate%: 10

CASPER REPORT

Indicator	Current %	State %	National %	Comments/PIPs
Percent of residents who used antianxiety or hypnotic medication (L)	15.8%	18.5%	19.6%	
Fall w/Major Injury (L)	3.5%	3.5%	3.4%	
UTI (L)	0%	1.1%	1.9%	
High risk with pressure ulcers (L)	3.7%	5.2%	6.1%	
Loss of Bowel/Bladder Control(L)	5.2%	15.8%	20.3%	
Catheter(L)	0%	0.6%	1.3%	
Physical restraint(L)	0%	0%	0.1%	
Residents whose ability to walk independently worsened (L)	8.6%	17.7%	17.8%	
Excessive Weight Loss(L)	0%	3.5%	5.6%	



Depressive symptoms(L)	0%	2.9%	12%	
Antipsychotic medication (L)	12.5%	8.4%	14.3%	PIP in place

PHARMACY Consultant reports/visit/ med destruction? Yes, monthly destruction and visits

of GDR ATTEMPTS in the month: How many successful? 16 and 15 was successful

of Anti-anxiety (attempts_0_ successful_0_ failed_0_)

of Antidepressants (attempts_11_ successful_11_ failed_0_)

of Antipsychotic (attempts_5_ successful_4_ failed_1_)

of Sedatives (attempts_0_ successful_0_ failed_0_)

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

SOCIAL SERVICES NUMBER/TYPE OF GRIEVANCES (RESOLVED OR NOT)- 23 Grievances, all resolved.

TRAUMA INFORMED CARE IDENTIFIED: 0

ACTIVITIES PIP/CONCERNS: No concerns

DIETARY PIP/CONCERNS: No concerns

ENVIRONMENTAL SERVICES PIP/CONCERNS: Trash cans cracked, resolved

MAINTENANCE PIP/CONCERNS: Ordered new bed remotes and in-serviced staff about not wrapping them

MEDICAL RECORDS/ CENTRAL SUPPLY PIPS/CONCERNS: None

MDS PIPS/CONCERNS: None

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

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

Indicator	State Benchmark	Baseline Target	Results	Met (5% improvement) Y/N	Comments
Metric 1: (CMS N013.02) Percent of residents experiencing one or more falls with major injury	3.43%	4.94%	6.67%	N	PIP in place
Metric 2: (CMS N024.02) Percent of residents with a urinary tract infection	1.08%	0%	0%	Y	
Metric 3: (CMS N029.03) Percent of residents who lose too much weight	2.39%	.37%	0%	Y	
Metric 4: (CMS N031.04) Percent of residents who received an antipsychotic medication	8.89%	9.06%	7.35%	Y	
Metric 5: (CMS N035.04)	9.96%	7.56%	16.06%	N	PIP in place



Percent of residents whose ability to walk independently worsened					
---	--	--	--	--	--

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

Indicator	National Benchmark	Baseline Target	Performance Target of 1% improvement	Results	Met Y/N	Comments
Payroll Based Journal (PBJ) - Staffing Measure in Hours Per Resident Day (HPRD)	Met Y/N					
Metric 1: Reported Certified Nursing Assistant (CNA) HPRD 60% weighted	N	1.80		1.12	N	PIP in place
Metric 2: Reported Licensed Nursing HPRD 85% weighted	N	1.15		1.12	N	PIP in place
Metric 3: Reported Total Nursing Staff HPRD 100% weighted	N	2.95		2.79	N	PIP in place
In case of audit: Did NF maintain 4 additional hours (<i>non-managerial</i>) of RN staffing coverage per day, beyond the CMS mandate?					Y	
<ul style="list-style-type: none"> Additional hours provided by direct care staff? 					y	
Did NF maintain 8 additional hours (<i>non-managerial</i>) of RN staffing coverage per day, beyond the CMS mandate?					Y	
<ul style="list-style-type: none"> 8 additional hours non-concurrently scheduled? 					Y	
<ul style="list-style-type: none"> Additional hours provided by direct care staff? 					Y	
<ul style="list-style-type: none"> Telehealth used? 					Y	
NFs provided in total 12 or 16 hours of RN coverage, respectively, on at least 90 percent of the days within the reporting period?					Y	
<ul style="list-style-type: none"> Agency usage or need d/t critical staffing levels 					N	

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

Indicator	National Benchmark	Baseline	Results	Met (5% Improvement)	Comments
------------------	---------------------------	-----------------	----------------	-----------------------------	-----------------



	k	Target		t) Y/N	
Metric 1: (CMS N030.03) Percent of residents who have depressive symptoms	7.83%	5.54%	6.45%	Y	
Metric 2: (CMS N036.03) Percent of residents who used antianxiety or hypnotic medication	19.69%	21.25%	16.18%	Y	
Metric 3: (CMS N046.01) Percent of residents with new or worsened bowel or bladder incontinence	23.06%	26.51%	0%	Y	

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

Indicator	State Benchmark	Baseline Target	Results	Met (5% Improvement) Y/N	Comments
Metric 1: (CMS N045.01) Percent of residents with pressure ulcers	4.59	4.66	4.84	N	PIP in place
Metric 2: (CMS N026.03) Percent of residents who have/had a catheter inserted and left in their bladder	1.08	.47	0	Y	



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

FACILITY INFORMATION

Park Manor Conroe is a licensed 125- bed facility with an overall star rating of 5 and Quality of Care of 5. Census given that day was 110: PP (4); MC (6); MCD (66) Hospice (2) and HMO (25); VA (7).

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

The facility had a party for Halloween, and they passed out candy to kids from community, one for staff and residents. The facility had a Veterans Day party last week and their Thanksgiving dinner is tomorrow evening to include families. The facility is planning a Christmas party for 12/18/25. The Administrator reports the facility has regular religious services and outings for the residents (went to casino last week).

The DON reports the facility continues to provide chips/tokens to staff who go above and beyond and they can turn them in for gift cards or merchandise. Additionally, meals are provided periodically and some type of recognition for staff every month. The DON reports the facility will include staff for Thanksgiving dinner and their Christmas party is planned for 12/19/25.

EDUCATION PROVIDED

- Reviewed QIPP year 9 -The facility is currently meeting 3 components, and they have a PIP in place for component 2.
- 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.

SURVEY Information

The facility had state in the building in October for a complaint that was unsubstantiated, but they did receive 3 tags for dietary and the POC was submitted.

REPORTABLE INCIDENTS AUGUST/SEPTEMBER/OCTOBER 2025

The facility had 0 self-reports.



CLINICAL TRENDING AUGUST/SEPTEMBER/OCTOBER 2025

Incidents/Falls:

Park Manor of Conroe had 43 total falls without injury and 0 falls with injury, 5 repeat falls, 42 Skin Tears, 0 Elopements, 0 Fractures, 0 Lacerations, 0 Bruises and 0 Behaviors. The facility does still have a PIP in place for falls.

Infection Control:

Park Manor of Conroe reported 162 infections of which 59 were UTI's, 35 Respiratory infections, 8 Wound infections, 4 Blood infections, 3 EENT infections, 5 GI infections, 1 Genital infection and 47 Other infections.

Weight loss:

Park Manor of Conroe had 4 residents with 5-10% weight loss in 1 month and 0 with >10% weight loss in 6 months.

Pressure Ulcers:

Park Manor of Conroe reported 1 resident with pressure ulcer with 1 site, 1 facility-acquired.

Restraints:

Park Manor of Conroe does not use restraints.

Staffing:

Current Open Positions						
Shift	RN	LVN	Nurse Aide	Hskp.	Dietary	Activity
6 to 2	0	0	0	0	0	0
2 to 10	0	0	0	0	0	0
10 to 6	0	0	1	0	0	0
Other	0	0	0	1	1	0
# Hired this month	0	4	10	6	2	0
# Quit/Fired	3	2	10	5	6	0

Total number employees: 121 Turnover rate%: 12%

CASPER REPORT

Indicator	Current %	State %	National %	Comments/PIPs
Percent of residents who used antianxiety or hypnotic medication (L)	10.4%	7.5%	7.3%	Pips 11/10/25
Fall w/Major Injury (L)	1.3%	3.5%	3.4%	
UTI (L)	0%	1.1%	1.9%	



High risk with pressure ulcers (L)	0%	0%	2.6%	
Loss of Bowel/Bladder Control(L)	6.5%	15.8%	20.3%	
Catheter(L)	0%	0.6%	1.3%	
Physical restraint(L)	0%	0%	0.1%	
Residents whose ability to walk independently worsened (L)	3.7%	17.7%	17.8%	
Excessive Weight Loss(L)	0%	3.5%	5.6%	
Depressive symptoms(L)	0%	2.9%	12.0%	
Antipsychotic medication (L)	1.3%	8.4%	14.3%	

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

of GDR ATTEMPTS in the month: How many successful? 3
 # of Anti-anxiety (attempts_0_ successful_0_ failed_0_)
 # of Antidepressants (attempts_1_ successful_1_ failed_0_)
 # of Antipsychotic (attempts_0_ successful_0_ failed_0_)
 # of Sedatives (attempts_0_ successful_0_ failed_0_)

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

SOCIAL SERVICES NUMBER/TYPE OF GRIEVANCES (RESOLVED OR NOT)- 87 – all resolved

TRAUMA INFORMED CARE IDENTIFIED: none

ACTIVITIES PIP/CONCERNS: none

DIETARY PIP/CONCERNS: none

ENVIRONMENTAL SERVICES PIP/CONCERNS: none

MAINTENANCE PIP/CONCERNS: none

MEDICAL RECORDS/ CENTRAL SUPPLY PIPS/CONCERNS: none

MDS PIPS/CONCERNS: none

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

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

Indicator	State Benchmark	Baseline Target	Results	Met (5% improvement) Y/N	Comments
Metric 1: (CMS N013.02) Percent of residents experiencing one or more falls with major injury	3.24%	0.63%	1.22%	Y/N	
Metric 2: (CMS N024.02)	0.81%	0%	0%	Y	



Percent of residents with a urinary tract infection					
Metric 3: (CMS N029.03) Percent of residents who lose too much weight	3.79%	0%	0%	Y	
Metric 4: (CMS N031.04) Percent of residents who received an antipsychotic medication	7.88%	1.34%	0%	Y	
Metric 5: (CMS N035.04) Percent of residents whose ability to walk independently worsened	19.06%	6.86%	0%	Y	

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

Indicator	National Benchmark	Baseline Target	Performance Target of 1% improvement	Results	Met Y/N	Comments
Payroll Based Journal (PBJ) - Staffing Measure in Hours Per Resident Day (HPRD)	Met Y/N					
Metric 1: Reported Certified Nursing Assistant (CNA) HPRD	0.87	1.09	1.09		Y	
Metric 2: Reported Licensed Nursing HPRD	2.30	1.87	1.87		N	
Metric 3: Reported Total Nursing Staff HPRD	3.85	2.97	2.97		N	
In case of audit: Did NF maintain 4 additional hours (<i>non-managerial</i>) of RN staffing coverage per day, beyond the CMS mandate?						
<ul style="list-style-type: none"> Additional hours provided by direct care staff? 						
Did NF maintain 8 additional hours (<i>non-managerial</i>) of RN staffing coverage per day, beyond the CMS mandate?						
<ul style="list-style-type: none"> 8 additional hours non-concurrently scheduled? 						
<ul style="list-style-type: none"> Additional hours provided by direct care staff? 						
<ul style="list-style-type: none"> Telehealth used? 						
NFs provided in total 12 or 16 hours of RN coverage, respectively, on at least 90 percent of the days within the reporting period?						
<ul style="list-style-type: none"> Agency usage or need d/t critical staffing levels 						



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

Indicator	National Benchmark	Baseline Target	Results	Met (5% Improvement) Y/N	Comments
Metric 1: (CMS N030.03) Percent of residents who have depressive symptoms	10.27%	0.33%	0%	Y	
Metric 2: (CMS N036.03) Percent of residents who used antianxiety or hypnotic medication	19.86%	9.27%	7.69%	Y	
Metric 3: (CMS N046.01) Percent of residents with new or worsened bowel or bladder incontinence	20.69%	6.14%	6.94%	Y/N	

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

Indicator	State Benchmark	Baseline Target	Results	Met (5% Improvement) Y/N	Comments
Metric 1: (CMS N045.01) Percent of residents with pressure ulcers	4.69%	1.94%	2.50%	Y/N	
Metric 2: (CMS N026.03) Percent of residents who have/had a catheter inserted and left in their bladder	0.68%	0%	0%	Y	

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

FACILITY INFORMATION

Park Manor of Quail Valley is a 125 -bed facility with a current census of 92 with a skill mix of 20: 11 PP, 4 MCR, 54 MCD, 21 HMO, 4 Hospice. They have an overall star rating of 4 and a Quality Measures rating of 4.

The QIPP site visit was conducted in Person with the Administrator and DON. The facility COVID_19 free. Currently, the residents are at 46% vaccinated and staff are at 4.81% for COVID_19 and this information is reported to NSHN weekly.

The outside of the facility was clean with a well-manicured lawn. The lobby was tastefully decorated with older furniture, and the facility had a receptionist to greet you. The walls are in need of paint touch-ups. The facility has 4 halls, and no specialty units. The facility did receive the American Healthcare Association Silver award for 2024 for exceptional care.

The dining room was clean and beautifully decorated. The menu was posted. Activities were in progress with several residents participating in the activity. Music was softly playing. The kitchen was clean. Staff observed with hair nets in place. The refrigerator/freezer/sink logs were current. The dry storage area was organized, and clean.

The therapy hall and therapy gym were toured, and the residents were actively participating in therapy. All residents viewed were well groomed. All rooms viewed were neat and clean. The hallways and fire exits were clean and clear. All fire extinguishers checked had current inspections. The activity calendar for November was posted, and residents were gathered to play bingo per the schedule.

The laundry area was noted to be clean and organized. Appropriate infection control measures were being followed. The vent trap logs were kept up to date. The central supply closet was clean overall. The O2 closet was clean and organized with all cannisters in a rack and signs posted. There was no major safety concerns identified on the tour.

Medication carts were noted to be clean and appropriately stored and locked. All food and drink items were labeled. The medication room was clean and

organized. Medications were appropriately stored. The temperature logs were current. The Ekit was locked, and an up-to-date certification was hanging on the wall. No expired medications were found.

The Administrator reports they are planning a resident/family Thanksgiving.

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

EDUCATION PROVIDED

- Reviewed QIPP year 8 & 9- The QIPP year 8 ended 8/31/25 and year 9 started 9/1/25 with data collection for QTR 1 starting 7/1/25 and ending on 9/30/25. The Administrator believes the facility will meet at least 3 of the 4 components in QTR 1, they do have PIPs in place for the metrics not being met in component 1 and they are working on measures to meet all metrics in component 2. There is also a PIP for pressure ulcers for component 4.
- Infection Control -Handwashing, McGeer's Criteria related to high number of UTIs, wound infections

SURVEY INFORMATION

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

REPORTABLE INCIDENTS

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

CLINICAL TRENDING -AUGUST/SEPTEMBER/OCTOBER 2025

Incidents/Falls:

Park Manor of Quail Valley had 54 total falls and 0 falls with injury, and 7 repeat falls. They reported 2 skin tears, 0 fractures, 2 bruises and 0 lacerations. 0 behavior. The facility does have a PIP in place for falls.

Infection Control:

Facility reports 122 total infections – 44 UTI’s; 24 Respiratory infections, 15 wound infections, 14 Blood infections, 2 EENT infections, 2 GI infections, 1 Genital infection and 53 Other infections (no details). The facility does have a PIP in place for UTIs.

Weight loss:

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

Pressure Ulcers:

The facility reports 17 residents with 31 pressure ulcer sites – 2 acquired in house. The facility has a wound care physician who rounds weekly and there is a PIP in place.

Restraints:

The facility had 0 residents with restraints.

Staffing:

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

Total number employees: 104 Turnover rate%: 23% quarterly

CASPER REPORT

Indicator	Current %	State %	National %	Comments/PIPs
Percent of residents who used antianxiety or hypnotic medication (L)	2.9%	7.5%	7.3%	Y
Fall w/Major Injury (L)	1.3%	3.5%	3.4%	Y
UTI (L)	2.7%	1.1%	1.8%	PIP in place
High risk with pressure ulcers (L)	2.5%	5.2%	6.3%	
Loss of Bowel/Bladder Control(L)	2.8%	15.8%	20.2%	
Catheter(L)	0%	0.6%	1.3%	Y
Physical restraint(L)	0%	0%	0.1%	Y
Residents whose ability to walk independently worsened (L)	0%	17.7%	17.5%	Y
Excessive Weight Loss(L)	1.5%	3.5%	5.9	Y
Depressive symptoms(L)	0%	2.9%	11.6%	Y
Antipsychotic medication (L)	0%	8.4%	14.4%	Y

PHARMACY Consultant reports/visit/ med destruction?

Comes monthly, destruction done monthly, no concerns

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

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

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

TRAUMA INFORMED CARE IDENTIFIED: None identified

ACTIVITIES PIP/CONCERNS: No issues identified

DIETARY PIP/CONCERNS: None

ENVIRONMENTAL SERVICES PIP/CONCERNS: None

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

MEDICAL RECORDS/ CENTRAL SUPPLY PIPS/CONCERNS: None

MDS PIPS/CONCERNS: None

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

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

Indicator	State Benchmark	Baseline Target	Results	Met (5% improvement) Y/N	Comments
Metric 1: (CMS N013.02) Percent of residents experiencing one or more falls with major injury	3.24%	2.52%	0%	Y	
Metric 2: (CMS N024.02) Percent of residents with a urinary tract infection	0.81%	1.00%	1.56%	N	PIP
Metric 3: (CMS N029.03) Percent of residents who lose too much weight	3.79%	7.38%	0	Y	
Metric 4: (CMS N031.04) Percent of residents who received an antipsychotic medication	7.88%	1.97%	0%	Y	
Metric 5: (CMS N035.04) Percent of residents whose ability to walk independently worsened	19.06%	2.58%	6.67%	Y	

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

Indicator	National Benchmark	Baseline Target	Performance Target of 1% improvement	Results	Met Y/N	Comments
Payroll Based Journal (PBJ) - Staffing Measure in Hours Per Resident Day (HPRD)	Met Y/N					
Metric 1: Reported Certified Nursing Assistant (CNA) HPRD	2.30%	2.03%	2.05%	2.03%	N	
Metric 2: Reported Licensed Nursing HPRD	1.37%%	1.40%	1.41%	1.40%	N	
Metric 3: Reported Total Nursing Staff HPRD	3.85%	3.43%	3.46%	3.43%	N	PIP in place
In case of audit: Did NF maintain 4 additional hours (<i>non-managerial</i>) of RN staffing coverage per day, beyond the CMS mandate?					Y	
<ul style="list-style-type: none"> Additional hours provided by direct care staff? 						N
Did NF maintain 8 additional hours (<i>non-managerial</i>) of RN staffing coverage per day, beyond the CMS mandate?					Y	
<ul style="list-style-type: none"> 8 additional hours non-concurrently scheduled? 					N	
<ul style="list-style-type: none"> Additional hours provided by direct care staff? 					N	
<ul style="list-style-type: none"> Telehealth used? 					N	
NFs provided in total 12 or 16 hours of RN coverage, respectively, on at least 90 percent of the days within the reporting period?					Y	
<ul style="list-style-type: none"> Agency usage or need d/t critical staffing levels 					N	

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

Indicator	National Benchmark	Baseline Target	Results	Met (5% Improvement) Y/N	Comments
Metric 1: (CMS N030.03) Percent of residents who have depressive symptoms	2.36%	.34%	0%	Y	

Metric 2: (CMS N036.03) Percent of residents who used antianxiety or hypnotic medication	3.72%	1.64%	2.82	Y	
Metric 3: (CMS N046.01) Percent of residents with new or worsened bowel or bladder incontinence	3.53%	1.46%	2.90%	Y	

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

Indicator	State Benchmark	Baseline Target	Results	Met (5% Improvement) Y/N	Comments
Metric 1: (CMS N045.01) Percent of residents with pressure ulcers	4.69%	7.36	4.00%	Y	
Metric 2: (CMS N026.03) Percent of residents who have/had a catheter inserted and left in their bladder	0.68%	1.25%	0%	Y	

Exhibit “G-1”



Winnie Stowell Volunteer EMS

249 Broadway Ave
Winnie TX, 77665
409-296-9627

September 25th, 2024

To: Whom it may concern:

Re: Extending the Winnie-Stowell Hospital District Grant

After much review, we would like to formally request the current grant agreement and contract pertaining to the emergency transfer program between Winnie-Stowell EMS and Riceland Medical Center in Winnie to be continued through the 2026 grant cycle. We request the following changes to the existing agreement at this time.

- Increased of the hourly rate, currently based of the full-time Advanced EMT level staff to reflect cost of living raises that went into effect January 6, 2025, from \$17.39 per hour to \$20.00 per hour. This equates with an increase in total funding of \$175,160.

We understand that there were conversations over the last year regarding the expectation that the grant would need to be decreased to reflect billing. For the period of March 2024 – March 2025 revenue was \$73,237.03. After reviewing the anticipated financials for 2026. A decrease in the grant funding of \$73,237.03 would result in a financial impact of \$146,474.06. The funds gathered from billing go towards continued operations, growth and expansion of our agency to better serve the community. The grant funds currently go towards staffing; by decreasing the grant our organization will be forced to redirect the revenue collected from transfer billing away from operations and to make up the difference for payroll. This decrease in funding would severely impact on our continued operations and would result in significant changes to current staffing and operations.

We would welcome the opportunity to sit down with your grant committee to further discuss the future of this project.

Dennis Dugat
President of Board of Directors
Winnie-Stowell Volunteer EMS
409-296-9627
Dennis@wsvems.com

Joshua Wahleithner, M.P.S.L.A., L.P.
EMS Director
Winnie-Stowell Volunteer EMS
409-296-9627
903-284-7972
Josh@wsvems.com

Exhibit “G-2”

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: 12.12.2025

Organization/Individual Requesting Grant Funds: Coastal Gateway Health Center

Organization/Individual Address: 2984 SH 124
Winnie, TX 77665

Contact Person: Kaley Smith

Title: CEO

Phone Number: 409.296.4444 Fax Number: 409.296.4445

E-Mail Address: Kaley.smith@coastalgatewayhc.org

Name of Project, Program or Event: Federally Qualified Health Center Look-Alike (FQHCLAL)

Date of Program or Event: January 1, 2026 - December 31, 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: \$1,214,592 Base Grant, \$191,940 outreach & Enrollment
and \$142,653 Sliding Fee Scale contract services,

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

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): CGHC requests funding to support FQHCLAL start-up operations, community outreach and enrollment efforts, and support for SFS patients for various required (HRBA) contract services (i.e. pharmacy, imaging, OB/GYN, and behavioral health).

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 Kaley Smith
Name Kaley Smith
Title CEO

Coastal Gateway Health Center - FY 2026 Budget

	General Fund	WSHD Salaries / Base Grant	WSHD Slide Services Grant	WSHD Outreach, Enrollment, Marketing Grant	2025 United Way	Total FY 2026 Budget	Total FY 2025 Budget	Total FY 2025 Expense Through 10/31
Patient Service Revenue	1,540,938	-	-	-	-	1,540,938	703,181	959,846
Cont. Adjustments	(566,907)	-	-	-	-	(566,907)	(140,636)	(542,530)
Writeoffs (SFS, Sports, Prompt Pay)	(215,612)	-	-	-	-	(215,612)	-	-
Refunds	(689)	-	-	-	-	(689)	-	(782)
340b Revenue	60,855	-	-	-	-	60,855	-	-
Vaxcare Revenue	5,000	-	-	-	-	5,000	-	-
Incentive Payments	-	-	-	-	-	-	-	-
Donations	-	-	-	-	-	-	-	1,500
Incubator Grant	-	-	-	-	-	-	750,001	756,643
WSHD Base Grant Revenue	-	1,214,592	-	-	-	1,214,592	823,734	737,613
WSHD Slide/Indigent Services Grant	-	-	142,653	-	-	142,653	-	-
WSHD Outreach Grant Revenue	-	-	-	191,940	-	191,940	-	21,043
FY 2024 United Way Grant	-	-	-	-	-	-	60,416	28,484
FY 2025 United Way Grant	-	-	-	-	24,338	24,338	-	11,968
Total Revenue	823,584	1,214,592	142,653	191,940	24,338	2,397,107	2,196,696	1,973,786
Salaries	174,470	1,002,861	-	-	23,715	1,201,046	1,344,918	848,585
Social Security Tax	9,870	52,732	-	-	-	62,602	83,385	42,859
Medicare	2,308	14,159	-	-	-	16,467	19,501	11,785
SUTA	113	180	-	-	-	293	2,500	(1,488)
FUTA	210	336	-	-	-	546	750	475
Health Insurance	56,180	78,652	-	-	-	134,832	144,516	66,982
Other Insurance / Life & ADD	360	576	-	-	-	936	-	23,956
Short Term Disability	1,595	2,551	-	-	-	4,146	-	-
Long Term Disability	1,094	1,750	-	-	-	2,844	-	-
Dental Insurance	-	-	-	-	-	-	-	18
Pension	6,979	40,114	-	-	623	47,716	60,635	18,428
Workers Comp	1,759	8,241	-	-	-	10,000	26,898	169
Payroll Processing Fees	2,638	12,440	-	-	-	15,078	-	-
Personnel Expenses	257,575	1,214,592	-	-	24,338	1,496,505	1,683,103	1,011,770

Coastal Gateway Health Center - FY 2026 Budget

	General Fund	WSHD Salaries / Base Grant	WSHD Slide Services Grant	WSHD Outreach, Enrollment, Marketing Grant	2025 United Way	Total FY 2026 Budget	Total FY 2025 Budget	Total FY 2025 Expense Through 10/31
Contract Services	86,105	-	32,350	-	-	118,455	100,000	285,418
Training	21,000	-	-	-	-	21,000	5,290	15,975
Travel	28,000	-	-	-	-	28,000	5,291	25,730
Expendable Equipment	15,312	-	-	-	-	15,312	43,000	65,783
Equipment Lease	-	-	-	-	-	-	-	-
Maintenance Contracts	26,000	-	-	-	-	26,000	-	14,120
Equipment Repairs	1,000	-	-	-	-	1,000	-	-
Vehicle Operation / (Incl Ins.)	7,000	-	-	-	-	7,000	-	1,789
Building Repairs	3,000	-	-	-	-	3,000	4,100	-
Office Supplies	24,658	-	-	-	-	24,658	62,500	19,331
Clinical Supplies	16,000	-	-	-	-	16,000	-	10,948
Clinic Pharmaceuticals	52,000	-	-	-	-	52,000	-	64,045
Pharmacy Fees	-	-	55,882	-	-	55,882	-	-
Internet	23,000	-	-	-	-	23,000	10,000	19,975
Telephone	8,000	-	-	-	-	8,000	12,000	3,588
Postage	1,800	-	-	-	-	1,800	1,100	954
Water/Sewer	3,400	-	-	-	-	3,400	1,750	2,630
Waste Disposal	5,800	-	-	-	-	5,800	3,006	4,194
Utilities - Gas	-	-	-	-	-	-	-	-
Utilities - Electric	6,400	-	-	-	-	6,400	4,000	4,970
Legal Fees	10,000	-	-	-	-	10,000	3,000	4,305
Ins. Directors and Officers	6,000	-	-	-	-	6,000	-	-
Ins. General Liability	16,000	-	-	-	-	16,000	13,500	17,255
Ins. Bond Issuance	-	-	-	-	-	-	-	-
Ins. Malpractice (incl in G/L)	-	-	-	-	-	-	-	-
Professional Licenses	6,000	-	-	-	-	6,000	4,500	5,146
Software Subscription	66,000	-	-	-	-	66,000	34,500	46,627
Dues & Subscriptions	16,000	-	-	-	-	16,000	6,527	12,194
Meals & Entertainment	8,000	-	-	-	-	8,000	5,500	7,222
Lab Fees	-	-	39,446	-	-	39,446	12,000	18,035
Imaging	-	-	9,151	-	-	9,151	-	-

Coastal Gateway Health Center - FY 2026 Budget

	General Fund	WSHD Salaries / Base Grant	WSHD Slide Services Grant	WSHD Outreach, Enrollment, Marketing Grant	2025 United Way	Total FY 2026 Budget	Total FY 2025 Budget	Total FY 2025 Expense Through 10/31
Enabling		-	5,824	-	-	5,824	5,000	67
Outreach & Enrollment	-	-	-	61,200	-	61,200	10,000	4,423
Advertising / Marketing	-	-	-	130,740	-	130,740	67,086	33,050
Recruitment	20,000	-	-	-	-	20,000	30,000	12,699
Books/Journals	1,000	-	-	-	-	1,000	-	367
Bank Fees	12,900	-	-	-	-	12,900	4,650	5,425
Rent	2,500	-	-	-	-	2,500	900	1,875
Bad Debt	58,135	-	-	-	-	58,135	36,000	122,017
Charity	15,000	-	-	-	-	15,000	15,000	-
Operating Expenses	566,010	-	142,653	191,940	-	900,602	500,200	830,155
Total Operating Costs	823,585	1,214,592	142,653	191,940	24,338	2,397,107	2,183,303	1,841,925
Depreciation- Buildings	-	-	-	-	-	-	-	-
Depreciation -Building Improvements	1,874	-	-	-	-	1,874	-	625
Depreciation - IT	4,352	-	-	-	-	4,352	4,836	3,627
Depreciation-Leasehold Improvements	12,407	-	-	-	-	12,407	-	4,721
Depreciation -Medical Furn&Fix	1,519	-	-	-	-	1,519	1,946	1,266
Depreciation-Office Furn&Fix	-	-	-	-	-	-	-	-
Depreciation -Vehicles	6,611	-	-	-	-	6,611	6,611	6,060
Total Non-Operating Costs	26,763	-	-	-	-	26,763	13,393	16,297
Net Surplus/Deficit	(26,763)	-	-	-	-	(26,762)	-	115,564

Proposed 2026 Base Grant

Current Employees		Salary + Benefits
Name	Position	Salary + Benefits
Kaley Smith	CEO	178,808
Janci Burleson	Outreach	79,879
Kaleb Norris	CFO	141,536
Cindy Guettler	Bus. Manager	94,518
Michael Lyons	CMO	368,694
Kacey Flores	Physician Assistant	144,984
LEAD MA / New LVN	LVN	60,188
Taylor Ledoux	Nurse Practitioner	125,302
Workers Compensation Policy		8,241
Payroll Processing Fees		12,440
Total Salaries + Benefits		1,214,592

Exhibit “H”

Investment Policy in Plain English

ARTICLE I — DEFINITIONS

1.01 -1.04: This section defines the key terms used in the Policy:

- Board: the Board of Directors of Winnie Stowell Hospital District;
- Director: a person elected to serve on the Board;
- District: Winnie Stowell Hospital District; and
- Investment Officer: the person (usually the Treasurer) the Board designates to manage, invest, safeguard, and administer District funds under this Policy and state law.

ARTICLE II — INVESTMENT POLICY

2.01 Purpose: The District is required to adopt a written Investment Policy that addresses:

- Safety;
- Liquidity;
- Diversification;
- Yield;
- Prudence; and
- Internal controls.

Required by: Texas Gov't Code [§2256.005\(a\)](#)

2.02 Scope: This policy applies to all funds and accounts the District controls.

2.03 Policy: The District's investments must comply with:

- The Public Funds Investment Act (PFIA), Texas Gov't Code Chapter [2256](#);
- The District's investment and depository rules in Health & Safety Code §§[286.129\(b\)](#) and [286.130](#);
- Any bond covenants; and
- Any federal restrictions.

This is the legal framework for everything the District invests in.

2.04 Standard of Care (Prudent Person Rule): The Investment Officer must act like a prudent, cautious person managing their own funds. Safety and liquidity must always come before yield.

Required by: Texas Gov't Code [§2256.006](#)

2.05 Authorized Instruments: District funds may only be invested in investments allowed under:

- PFIA §§[2256.009](#), [2256.010](#), [2256.016](#)
- Health & Safety Code [§286.129\(b\)](#);
- Section 4.02 of this Policy;
- U.S. Treasury obligations;

- U.S.-guaranteed federal agency securities;
- FDIC/NCUSIF-insured checking and savings accounts;
- FDIC/NCUSIF-insured or collateralized CDs (Texas banks only); and
- TexPool or other PFI A-approved local government investment pools.

The District may not invest in:

- corporate bonds;
- mutual funds;
- commercial paper;
- stocks;
- derivatives;
- repos; and
- mortgage-backed instruments (unless fully U.S. guaranteed).

What the District may not do: No one except an authorized person may manage investments.

Required by: Texas Gov't Code [§2256.003\(c\)](#)

2.06 Collateralization: District bank deposits exceeding FDIC coverage must be collateralized at 110% with eligible securities held by an independent custodian.

What the District must do: Receive and review monthly collateral reports.

Required by: Public Funds Collateral Act, Gov't Code Chapter [2257](#)

2.07 Annual Review: The Board must review the Investment Policy and approve it by resolution every year.

Required by: Texas Gov't Code [§2256.005\(e\)](#)

2.08 Maximum Maturities : No investment may exceed a 3-year maturity unless this Policy authorizes a shorter or longer limit.

Required by: [§2256.005\(b\)\(4\)\(D\)](#)

ARTICLE III — INVESTMENT STRATEGY

3.01 Purpose - The purpose of this Article is to explain how each District fund should be invested. State law requires the District to put these strategies in writing.

Required by: [§2256.005\(b\)\(2\)](#)

3.02 Objectives for All Funds: – This section specifies the statutory goals for investments as:

- Suitability: Picking investments that fit each fund's needs;
- Safety: Protecting the money;

- Liquidity: Keeping enough cash available when needed;
- Marketability: Using investments that can be sold if necessary;
- Diversification: Spreading money out so it is not all in one place; and
- Reasonable return: Earning reasonable interest without taking unnecessary risks.

The District cannot chase yield or risk higher return for higher risk.

Required by: [§2256.005\(b\)\(2\)](#)

3.03 Individual Fund Strategies: To satisfy Section 3.02, the District must comply with the following objectives:

A. Operating Fund:

- Keep 1 month of expenses extremely liquid (checking or TexPool);
- Anything over 1 month can be in short-term investments; and
- Nothing can mature past 12 months unless the Board specifically approves.

B. Debt Service Fund:

- Money to pay the next debt payment must mature at least 15 days before payment is due;
- Reserve funds cannot mature past 12 months unless approved; and
- Diversification is important because this fund may be large.

C. Capital Projects Fund:

- Money needed for a project must mature 15 days before needed; and
- Other project funds cannot mature past 12 months unless the Board authorizes otherwise.

*Difference between Sections 3.02 and 3.03: Section 3.02 explains the general principles that apply to all investments, while Section 3.03 lists the specific rules for each individual fund as required by the PFIA. State law requires us to have both.

Required by: [§2256.005\(b\)\(2\)](#)

ARTICLE IV — INVESTMENT GUIDELINES

4.01 Purpose: Explains this Article lists permitted investments.

Required by: [§2256.005\(a\)](#)

4.02 Authorized Investments: Plain-English list of exactly what the District may invest in:

- U.S. Treasury bills, notes, bonds;
- U.S. agency securities (Ginnie Mae, etc., fully guaranteed);
- FDIC/NCUSIF-insured CDs and bank deposits;
- Properly collateralized CDs; and
- TexPool or other compliant pools.

What the Board must NOT do:

- ✗ No corporate bonds
- ✗ No mutual funds
- ✗ No commercial paper;
- ✗ No inverse floaters or mortgage-backed securities;
- ✗ No stocks or equities;
- ✗ No derivatives; and
- ✗ No repos agreements (repos)

Required by:

- Texas Health & Safety Code [§775.043](#);
- PFIA [§2256.009](#) (U.S. obligations);
- PFIA [§2256.010](#) (CD requirements);
- PFIA [§2256.016](#) (TexPool and other pools); and
- PFIA [§2256.005\(b\)\(1\)](#) (policy must list authorized investments).

4.03 Soliciting CD Bids: The Investment Officer can get bids by phone, email, or electronically.

Required by: [§2256.005\(c\)](#)

4.04 Collateral Policy: Explains collateral rules more fully:

- Must be FDIC-insured or backed by pledged securities;
- Must be worth at least 110% of the uninsured amount;
- Must be held by an independent third-party custodian; and
- Monthly collateral reports are required.

Required By: [§2257](#) and [§2256.009](#)

4.05 Loss of Ratings: If an investment loses the required rating, it must be liquidated prudently and reported to the Board.

Required by: PFIA [§2256.021](#)

4.06 Delivery vs. Payment (DVP): This protects the District from paying for a security before actually receiving it.

Required By: [§2256.005\(b\)\(4\)\(E\)](#)

ARTICLE V — INVESTMENT MANAGEMENT PRACTICES

5.01 Investment Officers: The Treasurer is the Investment Officer unless the Board appoints others. The investment officer must:

- Act only in the District's interest; and

- • Comply with PFIA and Health & Safety Code §§[286.129\(b\)](#) and [286.130](#).

5.02 Training: Each Investment Officer must complete the Public Funds Investment Act training required by Government Code §2256.008 within the required time after being designated, and must complete additional training at least once every two fiscal years while investing District funds. The training must cover controls, risks, and compliance with PFIA and this Policy. Required by: Texas Gov't Code §2256.008.

Required By: [§2256.008](#)

5.03 Monitoring & Quarterly Reporting: The Investment Officer must provide a quarterly written report including:

- List of all investments;
- Book and market values;
- Beginning and ending balances;
- Maturity dates;
- Compliance statement; and
- Rating changes.

The Board must receive and review these quarterly.

Required By: [§2256.023](#)

5.04 Compliance Audit: During the annual audit, the auditor must check compliance with PFIA and this policy.

Required By: [§2256.005\(m\)](#)

5.05 Disclosure of Investment Policy: Before buying an investment from a business organization:

- The business must receive this Policy;
- The business must sign Exhibit A acknowledging it; and
- The Investment Officer must sign Exhibit B confirming compliance.

Required By: [§§2256.005\(k\) and §2256.005\(l\)](#)

Exhibit “I”

**RESOLUTION ADOPTING INVESTMENT POLICY, STRATEGIES,
GUIDELINES AND MANAGEMENT PRACTICES FOR
WINNIE STOWELL HOSPITAL DISTRICT**

STATE OF TEXAS §
 §
COUNTY OF CHAMBERS §

WHEREAS, Winnie Stowell Hospital District is a political subdivision of the State of Texas, created and operating under Chapter 286, Texas Health and Safety Code (the “Code”); and

WHEREAS, Section 2256.005 of the Texas Government Code (the ‘Public Funds Investment Act’) requires the governing body of an investing entity to adopt a written investment policy and written investment strategies for each of the funds under its control; and

WHEREAS, the Board of Directors of District desires to adopt an investment policy, strategies, guidelines, and management practices for the District;

NOW, THEREFORE, IT IS RESOLVED BY THE BOARD OF WINNIE STOWELL HOSPITAL DISTRICT THAT THE FOLLOWING INVESTMENT POLICY, STRATEGIES, GUIDELINES AND MANAGEMENT PRACTICES ARE ADOPTED:

**ARTICLE I.
DEFINITIONS**

- 1.01 **Board.** “Board” means the Board of Directors of Winnie Stowell Hospital District.
- 1.02 **Director.** “Director” means a person elected to serve on the Board of the District.
- 1.03 **District.** The term “District” means Winnie Stowell Hospital District.

1.04 **Investment Officer.** “Investment Officer” means a person designated by the Board to manage, invest, safeguard, and administer the District’s funds in accordance with this Investment Policy and applicable law.

**ARTICLE II.
INVESTMENT POLICY**

2.01 **Purpose.** The purpose of this Investment Policy is to establish the investment objectives, guidelines, and responsibilities governing the investment of the District’s public funds. The primary objectives of the District’s investment activities, in order of priority, are the preservation and safety of principal, the maintenance of sufficient liquidity to meet the District’s operating and cash-flow needs, diversification of investment holdings, and the achievement of a reasonable market rate of return consistent with these objectives. This Policy is adopted in compliance with the Texas Public Funds Investment Act, Texas Government Code Chapter 2256, and is intended to provide a framework for prudent investment practices, internal controls, and the monitoring and management of investment risks.

2.02 Scope. This Policy applies to all financial assets of the District held in any fund or account under the control of the Board, including the Operating Fund, Debt Service Fund, and Capital Projects and Purchases Fund, whether held directly by the District or by a third-party custodian or depository on behalf of the District. All such funds shall be invested and managed in accordance with this Investment Policy, the investment strategies in Article III, and the Public Funds Investment Act, Texas Government Code Chapter 2256.

2.03 Policy. It is the policy of the District to invest and manage all available funds in strict compliance with the Texas Public Funds Investment Act, Texas Government Code Chapter 2256, the Texas Health and Safety Code, including Section 286, all applicable federal and state laws, and all covenants and restrictions contained in the District's bond resolutions. District funds shall be invested in a manner that gives primary emphasis to the safety and preservation of principal and the maintenance of adequate liquidity, while also achieving diversification and a reasonable market rate of return consistent with these objectives. All investments shall conform to this Investment Policy, the Investment Strategies set forth in Article III, and the list of Authorized Investments in Section 4.02. The District's investment portfolio will be structured and managed to prudently take advantage of investment income opportunities across all operating, debt service, and capital funds without compromising safety or liquidity.

2.04 Standard of Care. District funds shall be invested and managed with the judgment and care that persons of prudence, discretion, and intelligence exercise in the management of their own affairs, considering the probable safety of capital and the probable income to be derived. This prudent-person standard shall be applied by the Board and each Investment Officer in the context of managing the District's overall portfolio and in light of the District's primary objectives of safety, liquidity, diversification, and reasonable yield. Each Investment Officer shall exercise this standard of care when conducting investment transactions, managing portfolio risks, and safeguarding District funds. The Board retains ultimate oversight responsibility for all investment activities of the District.

2.05 Representations and Authorized Instruments. Purchases, sales, and other investment transactions involving District funds may be initiated only by an Investment Officer designated by resolution of the Board. The Board may authorize the Investment Officer to invest and reinvest District funds in accordance with this Investment Policy, the investment strategies in Article III, and applicable law. District funds may be invested only in investment types expressly authorized in Section 4.02 of this Policy and permitted by the Public Funds Investment Act, Texas Government Code Chapter 2256, and by Section 286.129 of the Texas Health and Safety Code. The District's authorized investments are limited to: (i) obligations of the United States; (ii) federal agency securities fully guaranteed by the United States; (iii) FDIC or NCUSIF-insured interest-bearing accounts; (iv) properly secured certificates of deposit issued by Texas depository institutions; and (v) local government investment pools authorized under Government Code Section 2256.016, including TexPOOL. No person may engage in an investment transaction with the District or handle District funds unless expressly authorized by the Board.

2.06 Collateralization. All District deposits at a bank, credit union, or trust company that are not otherwise invested must be insured or collateralized in accordance with the Texas Public Funds Collateral Act, Texas Government Code Chapter 2257, to the extent such deposits are not covered by federal deposit insurance. To secure uninsured deposits, the depository institution must pledge acceptable collateral with a market value of not less than one hundred ten percent (110 percent) of the amount of the District's uninsured deposits. Acceptable collateral

includes only those securities permitted under Chapter 2257 and approved by the Board or its Investment Committee. The depository institution shall provide the District with a monthly report showing the amount of District funds on deposit and the collateral pledged to secure those funds.

2.07 Review. The Board shall review this Investment Policy and the District's written investment strategies at least annually. At least once each year, the Board shall adopt a written resolution stating that it has conducted the required review and identifying any changes made to the Policy or strategies. Compliance with this Investment Policy shall be monitored regularly by the Investment Officer, and the Board may review investment activity more frequently at the request of any Director.

2.08 Maximum Maturities. Except as otherwise expressly provided in this Policy for specific funds, the maximum allowable stated maturity for any individual investment owned by the District shall be three (3) years from the date of purchase. All investments shall be structured to provide for adequate liquidity and shall comply with the maturity limits applicable to the Operating Fund, Debt Service Fund, and Capital Projects and Purchases Fund as set forth in Section 3.03.

ARTICLE III. INVESTMENT STRATEGY

3.01 Purpose. The purpose of this Article is to establish written investment strategies for each fund or pooled group of funds under the control of the District, as required by the Public Funds Investment Act. These strategies address the suitability of investments to each fund's financial requirements; the need to preserve and safeguard principal; the need to maintain adequate liquidity; the marketability of investments should liquidation be necessary; the importance of diversification; and the objective of achieving a reasonable yield consistent with safety and liquidity.

3.02 Investment Objectives Applicable to All Funds. The District's overall objectives with regard to the District's group of funds, which is comprised of the funds set forth in Section 3.03, are as follows, in order of priority:

A. Suitability: The District will give priority to understanding the suitability of each investment to the financial requirements of the District.

B. Safety of Capital: The primary objective of the District is to ensure the preservation and safety of principal.

C. Liquidity: The District will maintain sufficient liquidity to ensure adequate and timely availability of funds necessary to pay obligations as they become due.

D. Marketability: The District will strive to ensure the marketability of the investment.

E. Diversification: The District will seek to ensure diversity in its investment portfolio.

F. Yield: The District will seek to optimize return on investments within the constraints of safety and liquidity.

3.03 Investment Objectives Applicable to Individual Funds. In addition to the overall objectives set forth in Section 3.02, the following particularized objectives apply to each of the District's individual funds:

A. Operating Fund. The particularized investment objectives for the operating fund are: (i) preserving the safety of the principal; (ii) ensuring the funds are available as needed to pay the District's monthly operating expenses, as estimated by the annual operating budget adopted by the Board; (iii) and, ensuring that the investments can be readily liquidated in the event there are unexpected additional costs. A fund balance equal to one (1) month of expenses must be kept extremely liquid for normal uses. Any balance in excess of 1 month of expenses will be kept in investments that may be liquidated easily if the need arises, but in no case may any investment mature later than twelve (12) months after the date of purchase, unless the Board authorizes an investment with a longer maturity.

B. Debt Service Fund. The particularized investment objectives for the debt service fund are: (i) the safety of the principal; (ii) ensuring that funds are available as necessary to meet the debt service needs of the District; (iii) ensuring compliance with District's bond resolutions; and (iv) subject to compliance with the objectives set forth in Section 3.02 and the policies set forth in Section 2.03 and the satisfaction of the requirements of all bond resolutions, obtaining the maximum yield. Investments for this account will be structured to match debt service needs. When safety of principal and liquidity to match debt service are assured, yield may be considered. For funds needed for the District's next debt service payment, the investment must mature no later than 15 days prior to the date the debt service payment is due. For funds in reserve, the investment must mature no later than 12 months after the date of purchase. Because of the large amount of District funds that may exist in this account, diversification of investments will be considered.

C. Capital Projects and Purchases Fund. The particularized investment objectives of the capital projects and purchases fund are: (i) preserving the safety of the principal; (ii) ensuring that funds are available as needed to meet the construction needs of the District; and (iii) obtaining the maximum yield on investments. Investments of funds needed for planned capital projects or purchases with a known commencement or purchase date must mature no later than 15 days prior to the date the funds will be needed to pay for the project or purchase, as determined by the Board. Investments of funds that are not designated for specific projects or purchases must mature no later than 12 months after the date of purchase unless the Board authorized an investment with a longer maturity.

ARTICLE IV. INVESTMENT GUIDELINES

4.01 Purpose. The purpose of this Article is to set forth the types of authorized investments in which the District's funds may be invested and the manner in which certain investments may be made ("Authorized Investment").

4.02 Authorized Investments.

A. The District may invest its funds only in the Authorized Investments set forth in and subject to the limitations imposed by the following sections of the Public Funds Investment Act:

1. Government Code Section 2256.009: Obligations of, or Guaranteed by, Governmental Entities. Subject to the limitations set forth in Section 2256.009, Government Code, the District is authorized to invest funds in obligations of, or guaranteed by, the United States or one of its agencies or instrumentalities or obligations of, or guaranteed by, other governmental entities.
2. Government Code Section 2256.010: Certificates of Deposit and Share Certificates. Subject to the limitations set forth in Section 2256.010, Government Code, the District is authorized to invest its funds in certificates of deposit or share certificates that are: (i) issued by a depository institution domiciled in Texas; (ii) guaranteed or insured by the FDIC or the National Credit Union Share Insurance Fund or its successor; and (iii) secured in a manner authorized under Section 2256.010, Government Code. Principal and accrued interest may not exceed FDIC limits or the collateral pledged as security for the District's investments as set forth in Section 4.04.
3. Government Code Section 2256.016: Investment Pools. Subject to the limitations set forth in Section 2256.016, Government Code, the District is authorized to invest its funds through an eligible investment pool, including the TexPOOL investment pool, operated by the State of Texas, if the governing Board by resolution authorizes investment in the particular pool. The maximum dollar-weighted maturity for TexPOOL based on the stated maturity date for the portfolio may not exceed 60 days.

B. The District will not invest its funds in any investment not expressly listed in Subsection 4.02(A) unless and until this Policy is amended by the Board to authorize such investment, the Board determines that the investment is permitted under the Public Funds Investment Act, and the District's Investment Officer has successfully completed all training required under Government Code Section 2256.008 with respect to the additional investment type.

4.03 Manner of Solicitation of Certificates of Deposit. As authorized by Section 2256.005(c) of the Public Funds Investment Act, quotes, or bids for certificates of deposit may be solicited orally, in writing, electronically, or in any combination of those methods, provided that all bids are solicited in a manner designed to promote fair and competitive pricing. The Investment Officer shall maintain records of all bids received and shall ensure that all awarded deposits comply with the District's Investment Policy, the Investment Strategy, and applicable law.

4.04 Security of Funds/Collateral Policy.

A. It is the policy of the District that all deposits of District funds must be insured by the Federal Deposit Insurance Corporation (FDIC) or the National Credit Union Share Insurance Fund (NCUSIF) or collateralized to the extent of the fair market value of amounts not insured. The District acknowledges that FDIC insurance is limited to Two Hundred Fifty Thousand Dollars (\$250,000), including accrued interest, for Interest and Sinking Fund deposits, and separately Two Hundred Fifty Thousand Dollars (\$250,000), including accrued interest, for all other District deposits at a single financial institution (including branch locations within the same county). Deposit balances will be aggregated by institution to determine the insured amount.

B. To the extent District funds exceed available FDIC or NCUSIF insurance, such funds must be secured in accordance with the Public Funds Collateral Act, Texas Government Code Chapter 2257. The depository institution shall pledge collateral with a total market value at

all times not less than one-hundred and ten percent (110 percent) of the District's uninsured deposits. Permissible collateral includes: (i) obligations of the United States or its instrumentalities; (ii) obligations of the State of Texas or its political subdivisions that are eligible under Chapter 2257; or (iii) any other securities authorized under Texas law and approved by the Board. All pledged collateral must be held by an independent third-party custodian for the exclusive benefit of the District.

C. Any bank or trust company holding District deposits must provide the District with a monthly report listing all District deposit balances, the collateral pledged against such deposits, and the market value of each pledged security. The District's Investment Officer shall monitor collateral levels to ensure continuous compliance with this Policy and with applicable law.

4.05 Loss of Ratings and Liquidation. An investment that requires a minimum rating under this Policy or the Public Funds Investment Act does not qualify as an Authorized Investment during any period in which the investment fails to maintain the required rating. Upon the loss of a required rating, the Investment Officer shall take all prudent measures consistent with this Policy and with the Public Funds Investment Act to liquidate the investment in a manner that protects the District's principal and preserves the safety of its funds. The Investment Officer shall promptly report any such rating change and any related liquidation actions to the Board.

4.06 Delivery vs. Payment. It is the policy of the District that all purchases of securities, including obligations of the United States, its agencies, and instrumentalities, shall be made on a "Delivery vs. Payment" ("DVP") basis as authorized under the Public Funds Investment Act. Under DVP settlement, funds shall not be released by the District until receipt of the purchased security is verified by the District's custodian through the Federal Reserve Bank or other authorized central depository. This requirement is intended to ensure that the District's funds are properly safeguarded and that ownership of securities is fully documented before any payment is made.

ARTICLE V. INVESTMENT MANAGEMENT PRACTICES

5.01 Designation of Investment Officer. The District's Treasurer shall serve as the District's Investment Officer and is authorized to deposit, withdraw, invest, transfer, and otherwise manage the District's funds in accordance with this Investment Policy, the District's Investment Strategy, and applicable law. The Board may, by resolution, appoint one or more additional Investment Officers and delegate authority to such persons to perform investment functions on behalf of the District. Any person designated as an Investment Officer shall act solely in the District's interest and shall perform all duties in compliance with the Public Funds Investment Act; Section 286.129 of the Texas Health and Safety Code, and all restrictions applicable to the District's funds. An Investment Officer may not engage in any investment transaction except as expressly permitted by this Policy and must refrain from any activity that could impair the officer's ability to make impartial investment decisions.

5.02 Investment Training. Each Investment Officer shall complete the training required by Section 2256.008 of the Texas Government Code within the time periods prescribed by that statute. Such training must be provided by an independent source approved by the Board and must include education relating to investment controls, security risks, strategy risks, market risks, diversification of the investment portfolio, and compliance with the Public Funds Investment Act.

An Investment Officer shall not engage in any investment transaction on behalf of the District until the required training has been successfully completed and thereafter must complete the additional training required at least once every two fiscal years.

5.03 Monitoring and Internal Reporting. The Investment Officers shall regularly monitor the performance, market value, and compliance status of all District investments. Not less than quarterly, the Investment Officers shall prepare and submit to the Board a written report of all investment transactions for the preceding quarter, signed by each Investment Officer (“Quarterly Report”). The Quarterly Report must: (i) describe in detail the investment position of the District; (ii) include a summary statement for each pooled fund group stating the beginning and ending market values and the fully accrued interest for the period; (iii) state the book value and market value of each individual investment at the beginning and end of the quarter; (iv) state the maturity date of each investment that has a stated maturity; (v) identify the fund or account to which each investment belongs; affirm compliance of the investment portfolio with this Investment Policy, the District’s investment strategies, and the Public Funds Investment Act; and (vi) disclose any change in investment ratings. The report must be presented to the Board within a reasonable time after the end of the quarter and shall be formally reviewed and recorded in the minutes of the Board.

5.04 Compliance Audit. In conjunction with the District’s annual financial audit, the District shall perform a compliance audit of management controls on investments and adherence to this Investment Policy and the Public Funds Investment Act. The audit shall include a review of the District’s internal controls, investment practices, investment reports, and compliance with the investment strategies, authorized investments, and reporting requirements established under this Resolution. The results of the compliance audit shall be reported to the Board and documented in the District’s annual financial statements.

5.05 Disclosure of Investment Policy. Before the District may purchase an Authorized Investment from a business organization, the Investment Officer shall provide the business organization with a written copy of this Investment Policy. The registered principal of the business organization must execute a written acknowledgment, in the form attached as **Exhibit “A”**, confirming that the organization has received and reviewed the Policy and has implemented reasonable procedures and controls to preclude investment transactions that are not authorized by the Policy. The District may not purchase any Authorized Investment from a business organization that has not delivered the required written acknowledgment. The Investment Officer shall also execute a written statement, in the form attached as **Exhibit “B”**, confirming that the Investment Officer has received and reviewed this Investment Policy and has established procedures and controls to ensure compliance with the Policy.

[REMAINDER OF PAGE INTENTIONALLY LEFT BLANK, SIGNATURE PAGE TO FOLLOW]

PASSED AND APPROVED this 22nd day of December 2025.

**WINNIE STOWELL HOSPITAL
DISTRICT**

Edward Murrell, President

ATTEST:

Secretary, Jeff Rollo

EXHIBIT "A"
REGISTERED PRINCIPAL'S
CERTIFICATION OF RECEIPT
AND
REVIEW OF INVESTMENT POLICY

THE STATE OF TEXAS §

COUNTY OF CHAMBERS §

I, the undersigned, _____, the registered principal of _____ (the "Business Organization"), do hereby certify that I have been provided with and have reviewed the Resolution Adopting Investment Policy, Strategies, Guidelines and Management Practices for Winnie Stowell Hospital District (the "Investment Policy"). I further certify that the Business Organization has implemented reasonable procedures and controls to preclude investment transactions between the Business Organization and the District that are not authorized by the Investment Policy.

WITNESS MY HAND THIS THE ___th day of _____ 202__

Name: _____

Title: _____

**EXHIBIT “B”
INVESTMENT OFFICER’S
CERTIFICATION OF RECEIPT
AND
REVIEW OF INVESTMENT POLICY**

THE STATE OF TEXAS §

COUNTY OF CHAMBERS §

I, the undersigned, _____, the designated Investment Officer of Winnie Stowell Hospital District (“District”), do hereby certify that I have received and reviewed the Resolution Adopting Investment Policy, Strategies, Guidelines and Management Practices for Winnie Stowell Hospital District (the “Investment Policy”). I further certify that I have established procedures and controls to ensure that all investment transactions conducted on behalf of the District comply with the Investment Policy and with the Public Funds Investment Act, Texas Government Code Chapter 2256.

WITNESS MY HAND THIS 17th day of December 2025

Name: Robert “Bobby” Way
Title: Treasurer

CERTIFICATE FOR RESOLUTION

THE STATE OF TEXAS §
§
COUNTY OF CHAMBERS §

The undersigned officer of the Board of the Winnie Stowell Hospital District (“District”) hereby certifies as follows:

1. The Board of District convened in a regular meeting on the 17th day of December 2025, at the regular designated meeting place, and the roll was called of the duly-constituted officers and members of the Commission, to wit:

- | | |
|------------------------|----------------|
| Mr. Ed Murrell | President |
| Mr. Anthony Stramecki | Vice-President |
| Mr. Robert “Bobby” Way | Treasurer |
| Mr. Jeff Rollo | Secretary |

and all of said persons were present, except Director(s) _____, thus constituting a quorum. Among the business transacted at the meeting was the consideration of the Resolution Adopting Investment Policy, Strategies, Guidelines and Management Practices for Winnie Stowell Hospital District (the “Resolution”). It was duly moved and seconded that the Resolution be adopted, and upon due consideration, the motion prevailed by a majority vote of the Board.

2. A true, full and correct copy of the Resolution adopted at the meeting described in the above paragraph is attached to this certificate; the Resolution has been duly recorded in the Commission’s minutes of the meeting; the persons named in the above and foregoing paragraph are the duly chosen, qualified and acting officers and members of the Commission as indicated therein; each of the officers and members of the Commission was duly and sufficiently notified officially and personally, in advance, of the time, place and purpose of the aforesaid meeting and that the Resolution would be introduced and considered for adoption at the meeting, and each of the officers and members consented, in advance, to the holding of the meeting for such purpose; the meeting was open to the public as required by law; and public notice of the time, place and subject of the meeting was given as required by Chapter 551 of the Government Code.

SIGNED AND SEALED the 17th day of December 2025.

(SEAL)

Secretary, Board of Directors

THE STATE OF TEXAS §
§
COUNTY OF CHAMBERS §

This instrument was acknowledged before me on this 17th day of December 2025, by Mr. Robert “Bobby” Way, Secretary of the Board of Director’s of Winnie Stowell Hospital District, on behalf of said District.

Notary Public Signature

(seal)