

EXHIBIT “A-1”
April 2026 Financial Statements

Winnie-Stowell Hospital District

Balance Sheet

As of April 30, 2026

	Apr 30, 26
ASSETS	
Current Assets	
Checking/Savings	
100 Prosperity Bank -Checking	176,306.20
102 First Financial Bank	
102b FFB #4846 DACA	9,537,039.07
102c FFB #7190 Money Market	25,338,264.99
Total 102 First Financial Bank	34,875,304.06
105 TexStar	7,255,347.93
108 Nursing Home Banks Combined	4,806,504.70
Total Checking/Savings	47,113,462.89
Other Current Assets	
110 Sales Tax Receivable	194,309.82
114 Accounts Receivable NH	101,009,980.00
115 Riceland Hospital Rec.	351,970.44
116 - A/R CHOW - LOC	377,288.10
117 NH - QIPP Prog Receivable	65,022,159.31
119 Prepaid IGT	20,813,274.95
Total Other Current Assets	187,768,982.62
Total Current Assets	234,882,445.51
Fixed Assets	3,887,534.63
Other Assets	
118.01 Prepaid NH Fees	12,806.48
Total Other Assets	12,806.48
TOTAL ASSETS	238,782,786.62
LIABILITIES & EQUITY	
Liabilities	
Current Liabilities	
Other Current Liabilities	
190 NH Payables Combined	6,660,068.59
201 NHP Accounts Payable	38,002,591.69
206 FFB Loan 27	15,835,050.00
206 FFB Loan 28	31,276,800.00
235 Payroll Liabilities	7,979.14
240 Accounts Payable NH Oper.	89,437,086.90
Total Other Current Liabilities	181,219,576.32
Total Current Liabilities	181,219,576.32
Total Liabilities	181,219,576.32
Equity	
300 Net Assets, Capital, net of	121,283.00
310 Net Assets-Unrestricted	11,219,913.13
315 Committed for Capital Proj	450,000.00
Retained Earnings	45,253,061.78
Net Income	518,952.39
Total Equity	57,563,210.30
TOTAL LIABILITIES & EQUITY	238,782,786.62

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Accrual Basis

Winnie-Stowell Hospital District

Profit & Loss Budget vs. Actual

January through April 2026

	Jan - Apr 26	Budget	\$ Over Budget	% of Budget
Ordinary Income/Expense				
Income				
400 Sales Tax Revenue	292,487.21	850,000.00	-557,512.79	34.4%
405 Investment Income	357,487.75	600,000.00	-242,512.25	59.6%
407 Rental Income	14,000.00	42,000.00	-28,000.00	33.3%
409 Tobacco Settlement	0.00	15,000.00	-15,000.00	0.0%
411 Opioid Abatement Funds	49,550.27			
415 Nursing Home - QIPP Program	40,120,929.30	131,858,612.00	-91,737,682.70	30.4%
Total Income	40,834,454.53	133,365,612.00	-92,531,157.47	30.6%
Gross Profit	40,834,454.53	133,365,612.00	-92,531,157.47	30.6%
Expense				
500 Admin				
501 Admin-Administrative Salary	26,750.00	89,510.00	-62,760.00	29.9%
502 Admin-Administrative Assnt	9,827.34	42,950.00	-33,122.66	22.9%
503 Admin - Staff Incentive Pay	40.53	9,500.00	-9,459.47	0.4%
504 Admin-Administrative PR Tax	4,534.65	10,000.00	-5,465.35	45.3%
505 Admin-Board Bonds	0.00	250.00	-250.00	0.0%
506 Admin - Emp. Insurance	16,742.34	65,000.00	-48,257.66	25.8%
507 Admin-Retirement	7,610.71	16,500.00	-8,889.29	46.1%
515 Admin-Bank Service Charges	657.68	2,000.00	-1,342.32	32.9%
521 Professional Fees - Accntng	18,637.50	76,800.00	-58,162.50	24.3%
522 Professional Fees - Audit	1,637.50	34,000.00	-32,362.50	4.8%
523 Professional Fees - Legal	18,971.60	100,000.00	-81,028.40	19.0%
550 Admin-D&O / Liability Ins.	2,685.21	20,000.00	-17,314.79	13.4%
560 Admin-Cont Ed, Travel	149.12	6,500.00	-6,350.88	2.3%
562 Admin-Travel&Mileage Reimb.	344.76	2,500.00	-2,155.24	13.8%
569 Admin-Meals	2,682.12	4,700.00	-2,017.88	57.1%
570 Admin-District/County Prom	375.00	5,000.00	-4,625.00	7.5%
571 Admin-Office Supp. & Exp.	6,796.67	25,000.00	-18,203.33	27.2%
572 Admin-Web Site	0.00	1,000.00	-1,000.00	0.0%
573 Admin-Copier Lease/Contract	1,495.00	5,000.00	-3,505.00	29.9%
575 Admin-Cell Phone Reimburse	525.00	1,800.00	-1,275.00	29.2%
576 Admin-Telephone/Internet	1,554.76	4,000.00	-2,445.24	38.9%
577 - Admin Dues	1,895.00	1,895.00	0.00	100.0%
591 Admin-Notices & Fees	452.00	3,000.00	-2,548.00	15.1%
592 Admin Office Rent	1,020.00	4,080.00	-3,060.00	25.0%
593 Admin-Utilities	1,499.60	4,000.00	-2,500.40	37.5%
594 Admin-Casualty & Windstorm	0.00	2,800.00	-2,800.00	0.0%
597 Admin-Flood Insurance	0.00	1,800.00	-1,800.00	0.0%
598 Admin-Building Maintenance	5,237.15	15,000.00	-9,762.85	34.9%
Total 500 Admin	132,121.24	554,585.00	-422,463.76	23.8%
600 - IC Healthcare Expenses				
601 IC Provider Expenses				
601.01a IC Pmt to Hosp-Indigent	118,992.56	500,000.00	-381,007.44	23.8%
601.01b IC Pmt to Coastal (Ind)	4,383.45	25,000.00	-20,616.55	17.5%
601.01c IC Pmt to Thompson	3,238.32	18,000.00	-14,761.68	18.0%
601.02 IC Pmt to UTMB	141,967.24	525,000.00	-383,032.76	27.0%
601.03 IC Special Programs				
601.03a Dental	10,979.00	30,000.00	-19,021.00	36.6%
601.03b IC Vision	940.00	2,750.00	-1,810.00	34.2%
601.04 IC-Non Hosp Cost-Other	3,843.52	35,000.00	-31,156.48	11.0%
601.05 IC - Chairty Care Prog	0.00	25,000.00	-25,000.00	0.0%
Total 601.03 IC Special Programs	15,762.52	92,750.00	-76,987.48	17.0%
Total 601 IC Provider Expenses	284,344.09	1,160,750.00	-876,405.91	24.5%
602 IC-WCH 1115 Waiver Prog	99,490.79	610,000.00	-510,509.21	16.3%
603 IC-Pharmaceutical Costs	13,136.08	80,000.00	-66,863.92	16.4%
605 IC-Office Supplies/Postage	0.00	2,000.00	-2,000.00	0.0%
610 IC-Community Health Prog.	35,326.68	111,893.00	-76,566.32	31.6%
611 IC-Indigent Care Dir Salary	22,750.00	68,830.00	-46,080.00	33.1%
612 IC-Payroll Taxes -Ind Care	0.00	5,000.00	-5,000.00	0.0%
615 IC-Software	8,092.00	25,000.00	-16,908.00	32.4%
616 IC-Travel	0.00	1,000.00	-1,000.00	0.0%
617 Youth Programs				
617.01 Youth Counseling	2,040.00	25,000.00	-22,960.00	8.2%
617.02 Irlen Program	0.00	1,600.00	-1,600.00	0.0%
Total 617 Youth Programs	2,040.00	26,600.00	-24,560.00	7.7%
Total 600 - IC Healthcare Expenses	465,179.64	2,091,073.00	-1,625,893.36	22.2%
620 WSHD - Grants				
620.01 WCH/RMC	0.00	133,000.00	-133,000.00	0.0%
620.03 WSVEMS	76,387.20	157,774.00	-81,386.80	48.4%
620.05 East Chambers ISD	69,541.26	278,165.00	-208,623.74	25.0%
620.06 FQHC(Coastal)	666,074.44	1,549,185.00	-883,110.56	43.0%
620.09 Admin-Cont Ed-Med Pers.	7,206.40	8,647.00	-1,440.60	83.3%
Total 620 WSHD - Grants	819,209.30	2,126,771.00	-1,307,561.70	38.5%

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Accrual Basis

Winnie-Stowell Hospital District
Profit & Loss Budget vs. Actual
January through April 2026

	Jan - Apr 26	Budget	\$ Over Budget	% of Budget
630 NH Program				
630 NH Program-Mgt Fees	14,246,987.64	47,607,558.00	-33,360,570.36	29.9%
631 NH Program-IGT	21,113,386.76	63,697,923.00	-42,584,536.24	33.1%
632 NH Program-Telehealth Fees	120,602.84	400,000.00	-279,397.16	30.2%
633 NH Program-Acctg Fees	5,425.00	30,000.00	-24,575.00	18.1%
634 NH Program-Legal Fees	134,507.40	300,000.00	-165,492.60	44.8%
635 NH Program-LTC Fees	1,844,000.00	5,554,000.00	-3,710,000.00	33.2%
637 NH Program-Interest Expense	1,039,885.95	4,895,660.00	-3,855,774.05	21.2%
638 NH Program-Loan/Bank Fees	321,866.71	658,768.00	-336,901.29	48.9%
639 NH Program-Appraisal	3,640.00	96,000.00	-92,360.00	3.8%
641 NH Program-NH Manager	6,690.00	20,400.00	-13,710.00	32.8%
Total 630 NH Program	38,836,992.30	123,260,309.00	-84,423,316.70	31.5%
674 Prop Acquisition/Development				
674.01 Clinic (New Const.)	33,722.80			
674 Prop Acquisition/Development - Other	0.00	500,000.00	-500,000.00	0.0%
Total 674 Prop Acquisition/Development	33,722.80	500,000.00	-466,277.20	6.7%
675 HWY 124 Expenses				
675.01 Tony's BBQ Bldg Expenses	0.00	26,000.00	-26,000.00	0.0%
675.02 Clinic Expenses	5,974.11	10,000.00	-4,025.89	59.7%
675.03 - Clinic Property Ins	6,977.14	17,500.00	-10,522.86	39.9%
675.04 Seabreeze Prop. Expenses	25,315.40	14,000.00	11,315.40	180.8%
Total 675 HWY 124 Expenses	38,266.65	67,500.00	-29,233.35	56.7%
Total Expense	40,325,491.93	128,600,238.00	-88,274,746.07	31.4%
Net Ordinary Income	508,962.60	4,765,374.00	-4,256,411.40	10.7%
Other Income/Expense				
Other Income				
416 Nursing Home Operations	187,213,940.00			
Other Income	9,626.71			
Total Other Income	187,223,566.71			
Other Expense				
640 Nursing Home Oper. Expenses	187,213,940.00			
Total Other Expense	187,213,940.00			
Net Other Income	9,626.71			
Net Income	518,589.31	4,765,374.00	-4,246,784.69	10.9%

EXHIBIT “A-2”
May 20, 2026 Treasurer’s Report

WSHD Treasurer's Report					
Reporting Date: Wednesday, May 20, 2026					
Pending Expenses		For	Amount	Funds Summary	Totals
Bayside Dental	SP Program		\$880.00	Prosperity Operating (Unrestricted)	\$593,016.53
Brookshire Brothers	Indigent Care		\$2,638.10	First Financial DACA (Unrestricted)	\$1,486,654.09
Seabreeze Beacon	Invoice #9147		\$501.40	First Financial DACA (Restricted)	\$2,254,284.51
Coastal Gateway Health Center	Indigent Care		\$496.11	First Financial Money Market	\$27,076,072.51
Dr. June Stansky	SP Program		\$60.00	TexStar (Restricted)	\$7,277,041.97
Kalos Counseling	Youth Counseling		\$680.00	FFB CD Balance	\$0.00
Thompson Outpatient Clinic, LLC	Indigent Care		\$1,004.07	Total District Funds	\$38,687,069.61
UTMB at Galveston	Indigent Care		\$13,275.66	Less First Financial (Restricted)	(\$2,254,284.51)
UTMB Faculty Group Practice	Indigent Care		\$2,063.67	Less TexStar Restricted Amount	(\$500,000.00)
Wilcox Pharmacy	Indigent Care /Charity Care		\$1,733.38	Less LOC Outstanding	\$0.00
\$25 Optical	SP Program		\$150.00	Less First Financial Money Market	\$0.00
Benckenstein & Oxford	Invoice No 51726		\$22,910.00	Less Committed Funds (See Total Commitment)	(\$1,128,826.51)
Graciela Chavez	Inv April Services & Inv #965998		\$430.00	Cash Position (Less First Financial Restricted)	\$34,803,958.59
US Department of Education	Acct# 1778777782 - Ben Odom		\$1,801.60	Pending Expenses	(\$126,657.40)
3Branch & More	Inv # 46153		\$8,831.67	Ending Balance (Cash Position-Pending Expenses)	\$34,677,301.19
Function4	INV1289405		\$135.00	*Total Funds (Ending Balance+LOC Outstanding+ QIPP Funds Outstanding+Outstanding Chow Loans)	\$35,407,562.14
Technology Solutions	Inv # 2044		\$152.00	Prior Month	
Indigent Healthcare Solutions	Indigent Care Inv # 81874		\$2,023.00	Prosperity Operating (Unrestricted)	\$324,985.86
Vidal Accounting Services	Invoice 00140		\$5,600.00	First Financial (Unrestricted)	\$3,425,533.70
Hubert Oxford	Retainer		\$1,000.00	First Financial (Restricted)	\$530,048.75
Kahla Home & Earth Solutions	Inv # 1202226-R-0005 & Inv #033128		\$3,300.00	First Financial Money Market	\$25,263,941.73
Coastal Gateway Health Center	Grant Payment		\$15,575.82	TexStar (Restricted)	\$7,255,347.93
Philadelphia Insurance Companies	Inv# 2009380638		\$14,538.00	FFB CD Balance	\$0.00
3Desgin	Inv# 2074 Architect		\$17,707.92	Total District Funds	\$36,799,857.97
Curtis Scott Johnson	Inv# WSHD202603 & WSHD202604		\$2,970.00	Less First Financial (Restricted)	(\$530,048.75)
Benckenstein & Oxford	Inv# 514201(CR - Afton Oaks)		\$6,200.00	Less TexStar Reserve Account	(\$500,000.00)
Total Expenses:			\$126,657.40	Less LOC Outstanding	\$0.00
				Less First Financial Money Market (Restricted)	\$0.00
				Less Committed Funds (See Total Commitment)	(\$1,167,582.67)
				Cash Position (Less First Financial Restricted)	\$34,602,226.55
				Pending Expenses	(\$148,009.74)
				Ending Balance (Cash Position-Pending Expenses)	\$34,454,216.81
				Total Funds (Ending Balance+LOC Outstanding+ QIPP Funds Outstanding+Committed Funds)	\$35,213,670.42
First Financial Bank Reconciliations					
FFB Balance	\$3,740,938.60				
Restricted Funds		Total Scheduled Payment	Balance Received	Balance Due	Due to District
Yr. 9 Q1 (Public & Private)					
Yr. 9, Component 1 Q1	\$35,300.39	\$597,807.29	\$597,807.29	\$0.00	\$0.00
Total Component 1 YR 9 Q1	\$35,300.39	\$597,807.29	\$597,807.29	\$0.00	\$0.00
Yr. 8 IGT Refund					
Yr. 8 Adjustment 1 - Not distributed yet	\$1,957,388.26	\$2,796,268.91	\$2,796,268.91	\$0.00	\$0.00
Variance Payment Totals	\$1,957,388.26	\$2,796,268.91	\$2,796,268.91	\$0.00	\$0.00
Non-QIPP Funds	\$261,595.86				
Restricted	\$1,992,688.65				
Unrestricted	\$1,486,654.09				
Total Funds	\$3,740,938.60				
Committed Funds					
Commitment	Total Initial Commitment	YTD Paid by District	Committed Balance		
1. FQHC Grant Funding - 2026	\$1,549,185.00	\$682,189.37	\$866,995.63		
2. East Chambers ISD	\$278,165.04	\$92,721.36	\$185,443.68		
3. WSVEMS Grant	\$152,774.40	\$76,387.20	\$76,387.20		
Total Commitments	\$1,980,124.44	\$851,297.93	\$1,128,826.51		
Hospital - DY 8/IRS Repayment					
	Amount Advanced by District	IC Repayment	Balance Owed by RMC		
January 31, 2026	\$0.00	\$52,195.44	\$419,769.97		
February 28, 2026	\$0.00	\$22,725.87	\$397,044.10		
March 31, 2026	\$0.00	\$14,878.59	\$382,165.51		
April 30, 2026	\$0.00	\$29,192.66	\$352,972.85		
	\$2,116,856.95	\$1,763,884.10	\$352,972.85		
CHOW Interim Working Capital Loan					
	Initial Advance Allowed	Total Amount Advanced	Advance Remaining	Amount Paid Back to Date	Amount Due to District
Golden Triangle (10 Months - December 31, 2025)					
RS Golden Triangle - Oak Grove	\$1,360,000.00	\$1,194,133.90	\$165,866.10	\$1,028,885.74	\$165,248.16
Balance Owed by Oak Grove	\$1,360,000.00	\$1,194,133.90	\$165,866.10	\$1,028,885.74	\$165,248.16
Total CHOW Loan Outstanding	\$1,360,000.00	\$1,194,133.90	\$165,866.10	\$1,028,885.74	\$165,248.16

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: Years:	7.00% 1	Payments Per Year: Amount:	12 \$31,670,100.00	Origination Fee:	\$323,700.00
Amortization Table	Component Payment	Principle	Interest	Payment	Balance
1-August 1, 2025			(\$215,532.62)	(\$215,532.62)	\$31,670,100.00
2-September 1, 2025			(\$184,742.25)	(\$184,742.25)	\$31,670,100.00
3-October 1, 2025			(\$190,900.33)	(\$190,900.33)	\$31,670,100.00
4-November 1, 2025			(\$184,742.25)	(\$184,742.25)	\$31,670,100.00
5-December 1, 2025			(\$184,742.25)	(\$184,742.25)	\$31,670,100.00
6-January 1, 2026			(\$184,050.42)	(\$184,050.42)	\$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 1, 2026 (YR9 Q1)	\$15,835,050.00	(\$15,835,050.00)	(\$184,742.25)	(\$16,019,792.25)	\$15,835,050.00
10 May 1, 2026	\$0.00	\$0.00	(\$92,371.13)	(\$92,371.13)	\$15,835,050.00
11-June 1, 2026	\$0.00	\$0.00	(\$92,371.13)	(\$92,371.13)	\$15,835,050.00
12-July 1, 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)	(\$1,976,050.25)	(\$32,449,158.29)	
First Financial Bank-11 Month Outstanding Short Term Revenue Note-Loan 28 (January 5, 2026 - January 1, 2027) 2nd Half of Year 9					
Annual Interest Rate: Years:	7.00% 1	Payments Per Year: Amount:	12 \$31,276,800.00	Origination Fee:	\$319,768.00
Amortization Table	Component Payment	Principle	Interest	Payment	Balance
February 1, 2026			(\$146,827.20)	(\$146,827.20)	\$31,276,800.00
March 1, 2026			(\$169,416.00)	(\$169,416.00)	\$31,276,800.00
April 1, 2026			(\$169,416.00)	(\$169,416.00)	\$31,276,800.00
May 1, 2026			(\$182,448.00)	(\$182,448.00)	\$31,276,800.00
June 1, 2026			(\$182,448.00)	(\$182,448.00)	\$31,276,800.00
July 1, 2026			(\$182,448.00)	(\$182,448.00)	\$31,276,800.00
August 1, 2026			(\$182,448.00)	(\$182,448.00)	\$31,276,800.00
September 1, 2026			(\$182,448.00)	(\$182,448.00)	\$31,276,800.00
October 1, 2026	\$15,638,400.00	(\$15,638,400.00)	(\$182,448.00)	(\$15,820,848.00)	\$15,638,400.00
November 1, 2026	\$0.00	\$0.00	(\$91,224.00)	(\$91,224.00)	\$15,638,400.00
December 1, 2026	\$0.00	\$0.00	(\$91,224.00)	(\$91,224.00)	\$15,638,400.00
January 1, 2027	\$15,638,400.00	(\$15,638,400.00)	(\$91,224.00)	(\$14,727,373.56)	\$0.00
Amount Paid	\$31,276,800.00	(\$31,276,800.00)	(\$1,854,019.20)	(\$32,128,568.76)	
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	\$27,076,072.51	3.105%	April 2026	\$74,384.10	\$266,393.63
Texstar C.D. #1110	\$7,277,041.97	3.638%	April 2026	\$21,694.04	\$87,104.03
TO THE BEST OF MY KNOWLEDGE, THESE FIGURES IN THE WSHD					
_____ Edward Murrell, President			_____ Robert "Bobby" Way Treasurer/Investment		
Date: _____			_____		
*Italics are Estimated amounts					

EXHIBIT “A-3”
Bank Register and Supporting Invoices

Winnie-Stowell Hospital District
Bank Accounts Register
April 22, 2026 to May 20, 2026

Type	Date	Num	Name	Memo	Clr	Amount	Balance
100 Prosperity Bank -Checking							259,365.97
Paycheck	2026-04-01	DD1492	Davis, Tina R	Direct Deposit	X		259,365.97
Check	2026-04-01		ECISD	ACH, Withdrawal, Processed	X	(23,180.42)	236,185.55
Check	2026-04-01		Blue Cross Blue Shield of Texas	ACH, Withdrawal, Processed	X	(5,124.04)	231,061.51
Check	2026-04-02		DEARBORN LIFE INS	ACH, Withdrawal, Processed	X	(165.63)	230,895.88
Check	2026-04-07		RiceLand Medical Center	ACH, Withdrawal, Processed	X	(340.00)	230,555.88
Deposit	2026-04-10			ACH, Deposit, Processed	X	66,542.98	297,098.86
Check	2026-04-10		Trinity Bay Conservation District	ACH, Withdrawal, Processed	X	(79.98)	297,018.88
Check	2026-04-13		AFLAC	ACH, Withdrawal, Processed	X	(259.74)	296,759.14
Liability C...	2026-04-14		QuickBooks Payroll Service	Created by Payroll Service on 04/13/2026	X	(6,287.34)	290,471.80
Paycheck	2026-04-15	DD1493	Barron, Kiela M	Direct Deposit	X		290,471.80
Paycheck	2026-04-15	DD1494	Carlo, Victoria M	Direct Deposit	X		290,471.80
Paycheck	2026-04-15	DD1495	Davis, Tina R	Direct Deposit	X		290,471.80
Check	2026-04-15			Withdrawal, Processed	X	(147.16)	290,324.64
Check	2026-04-15		IRS	ACH, Withdrawal, Processed	X	(3,231.96)	287,092.68
Check	2026-04-17		Specturm/Time Warner Cable	ACH, Withdrawal, Processed	X	(241.95)	286,850.73
Check	2026-04-17		TCDRS	ACH, Withdrawal, Processed	X	(1,994.27)	284,856.46
Check	2026-04-21	4901	Brookshire Brothers	Batch 03/04/06		(1,497.02)	283,359.44
Check	2026-04-21	4902	Coastal Gateway Health Center	Batch 03/11/26		(1,706.18)	281,653.26
Check	2026-04-21	4903	Indigent Healthcare Solutions, ...	Inv# 81771	X	(2,023.00)	279,630.26
Check	2026-04-21	4904	Bayside Dental	Batch 03/08/26	X	(1,463.00)	278,167.26
Check	2026-04-21	4905	Dr. June Stansky, Optometrist	Batch 03/08/26		(180.00)	277,987.26
Check	2026-04-21	4906	Thompson Outpatient Clinic, LLC	Batch 03/11/26	X	(929.64)	277,057.62
Check	2026-04-21	4907	UTMB Faculty Group Practice	Batch 03/01/26		(2,317.01)	274,740.61
Check	2026-04-21	4908	UTMB at Galveston	Batch 03/01/26	X	(22,322.85)	252,417.76
Check	2026-04-21	4909	Wilcox Pharmacy	Batch 03/03/26	X	(1,444.35)	250,973.41
Check	2026-04-21	4910	Winnie-Stowell Volunteer EMS	Batch 03/09/26	X	(315.75)	250,657.66
Check	2026-04-21	4911	Benjamin Odom	Batch 03/02/26		(425.00)	250,232.66
Check	2026-04-21	4912	3Branch & More	Inv# 46212	X	(8,831.67)	241,400.99
Check	2026-04-21	4913	3Design	Inv# 2039	X	(33,722.80)	207,678.19
Check	2026-04-21	4914	Coastal Gateway Health Center	Funding Request 03/31/26		(6,586.81)	201,091.38
Check	2026-04-21	4915	Curtis Scott Johnson	WSHD202601 & WSHD202602		(3,390.00)	197,701.38
Check	2026-04-21	4916	D&Co	Inv# 13808	X	(1,637.50)	196,063.88
Check	2026-04-21	4917	Function 4	3A0064	X	(135.00)	195,928.88
Check	2026-04-21	4918	Graciela Chavez	Inv# 965997 & 965996	X	(410.00)	195,518.88
Check	2026-04-21	4919	Hubert Oxford	Retainer		(1,000.00)	194,518.88
Check	2026-04-21	4920	Technology Solutions of Texas, ...	Inv# 2033		(154.60)	194,364.28
Check	2026-04-21	4921	US Department of Education	Acct #1778777792-1		(1,801.60)	192,562.68
Check	2026-04-21	4922	Vidal Accounting, PLLC	Inv# 00136	X	(5,862.50)	186,700.18
Check	2026-04-21			ACH, Withdrawal, Processed	X	(4,896.73)	181,803.45
Check	2026-04-22	4923	Benckenstein & Oxford	Inv 51726	X	(9,140.00)	172,663.45
Check	2026-04-22	4924	Winnie-Stowell Volunteer EMS	Qtr 2 Grant	X	(38,193.60)	134,469.85
Check	2026-04-22	4925	Ethan Kahla	Mowing for both properties April	X	(1,000.00)	133,469.85
Check	2026-04-22	4926	Moore Service Company	# 78176	X	(1,339.86)	132,129.99
Check	2026-04-22		Entergy	ACH, Withdrawal, Processed	X	(50.31)	132,079.68
Check	2026-04-22		Entergy	ACH, Withdrawal, Processed	X	(205.55)	131,874.13
Deposit	2026-04-23			ACH, Deposit, Processed	X	7,807.39	139,681.52
Deposit	2026-04-23			ACH, Deposit, Processed	X	35,288.12	174,969.64
Deposit	2026-04-23			ACH, Deposit, Processed	X	6,454.76	181,424.40
Liability C...	2026-04-29		QuickBooks Payroll Service	Created by Payroll Service on 04/28/2026	X	(5,170.32)	176,254.08
Paycheck	2026-04-30	DD1496	Carlo, Victoria M	Direct Deposit	X		176,254.08
Paycheck	2026-04-30	DD1497	Davis, Tina R	Direct Deposit	X		176,254.08
Deposit	2026-04-30			Deposit, Processed	X	52.12	176,306.20
Check	2026-05-07	4927	Lilia Anaya	Cleaning Services 05/07/2026		(150.00)	176,156.20
Liability C...	2026-05-14		QuickBooks Payroll Service	Created by Payroll Service on 05/13/2026	X	(5,241.83)	170,914.37
Paycheck	2026-05-15	DD1498	Carlo, Victoria M	Direct Deposit	X		170,914.37
Paycheck	2026-05-15	DD1499	Davis, Tina R	Direct Deposit	X		170,914.37
Check	2026-05-20	4929	Brookshire Brothers			(2,638.10)	168,276.27
Check	2026-05-20	4930	Coastal Gateway Health Center			(496.11)	167,780.16
Check	2026-05-20	4931	Indigent Healthcare Solutions, ...			(2,023.00)	165,757.16
Check	2026-05-20	4932	\$25 Optical			(150.00)	165,607.16
Check	2026-05-20	4933	Bayside Dental			(880.00)	164,727.16
Check	2026-05-20	4934	Dr. June Stansky, Optometrist			(60.00)	164,667.16
Check	2026-05-20	4935	Thompson Outpatient Clinic, LLC			(1,004.07)	163,663.09
Check	2026-05-20	4936	UTMB Faculty Group Practice			(2,063.67)	161,599.42
Check	2026-05-20	4937	UTMB at Galveston			(13,275.66)	148,323.76
Check	2026-05-20	4938	Wilcox Pharmacy			(1,733.38)	146,590.38
Check	2026-05-20	4939	Kalos Counseling			(680.00)	145,910.38
Check	2026-05-20	4940	3Branch & More			(8,831.67)	137,078.71
Check	2026-05-20	4941	Coastal Gateway Health Center			(15,575.82)	121,502.89
Check	2026-05-20	4942	Curtis Scott Johnson			(2,970.00)	118,532.89
Check	2026-05-20	4943	Function 4	3A0064		(135.00)	118,397.89
Check	2026-05-20	4944	Graciela Chavez			(430.00)	117,967.89
Check	2026-05-20	4945	Hubert Oxford			(1,000.00)	116,967.89
Check	2026-05-20	4946	Ethan Kahla			(3,300.00)	113,667.89
Check	2026-05-20	4947	Technology Solutions of Texas, ...			(152.00)	113,515.89
Check	2026-05-20	4948	3Design			(17,707.92)	95,807.97
Check	2026-05-20	4949	US Department of Education	Acct #1778777792-1		(1,801.60)	94,006.37
Check	2026-05-20	4950	Vidal Accounting, PLLC			(5,600.00)	88,406.37
Check	2026-05-20	4951	The Seabreeze Beacon			(501.40)	87,904.97
Check	2026-05-20	4952	Philadelphia Insurance Compa...			(14,538.00)	73,366.97
Check	2026-05-20	4953	Benckenstein & Oxford			(6,200.00)	67,166.97
Check	2026-05-20	4954	Benckenstein & Oxford			(22,910.00)	44,256.97
Total 100 Prosperity Bank -Checking						(215,109.00)	44,256.97

Winnie-Stowell Hospital District
Bank Accounts Register
April 22, 2026 to May 20, 2026

Type	Date	Num	Name	Memo	Clr	Amount	Balance
102 First Financial Bank							55,930,646.06
102b FFB #4846 DACA							977,542.21
Check	2026-04-01			UHC CAPITAWinnie-Stowell HCCD 1611500560	X	(8,750.00)	968,792.21
Check	2026-04-01			UHC CapitaWinnie-Stowell HCCD 1611500560	X	(16,875.00)	951,917.21
Check	2026-04-01			UHC CAPITAWinnie-Stowell HCCD 1611500560	X	(164,700.00)	787,217.21
Check	2026-04-01			Memo:Transfer from DDA Acct No. 1110214838-D Payee:Transfer fro...	X	16,230.00	803,447.21
Deposit	2026-04-01			Memo:Transfer from XXX7190 to XXX4846: Conf #:29940528 Payee:T...	X	13,500,000.00	14,303,447.21
Check	2026-04-06			Memo:Transfer from DDA Acct No. 1110214838-D Payee:Transfer fro...	X	2,311,338.54	16,614,785.75
Check	2026-04-08		LTC Group	LTC PMT Winnie-Stowell HCCD 1611500560	X	(461,000.00)	16,153,785.75
Check	2026-04-08			Y9Q1 QIPP Winnie-Stowell HCCD 1611500560	X	(41,811.92)	16,111,973.83
Check	2026-04-08			Y9Q QIPP Winnie-Stowell HCCD 1611500560	X	(73,607.19)	16,038,366.64
Check	2026-04-08			Y9Q1 QIPP Winnie-Stowell HCCD 1611500560	X	(134,960.32)	15,903,406.32
Check	2026-04-08			Y9Q1 QIPP Winnie-Stowell HCCD 1611500560	X	(173,020.29)	15,730,386.03
Check	2026-04-08			Y9Q1 QIPP Winnie-Stowell HCCD 1611500560	X	(192,348.78)	15,538,037.25
Check	2026-04-08			Y9Q1 QIPP Winnie-Stowell HCCD 1611500560	X	(196,505.70)	15,341,531.55
Check	2026-04-08			Q9Q1 QIPP Winnie-Stowell HCCD 1611500560	X	(334,346.21)	15,007,185.34
Check	2026-04-08			Y9Q1 QIPP Winnie-Stowell HCCD 1611500560	X	(540,809.75)	14,466,375.59
Check	2026-04-08			Y9Q1 QIPP Winnie-Stowell HCCD 1611500560	X	(615,288.55)	13,851,087.04
Check	2026-04-08			Y9Q1 QIPP Winnie-Stowell HCCD 1611500560	X	(730,031.92)	13,121,055.12
Check	2026-04-08			Y9Q1 QIPP Winnie-Stowell HCCD 1611500560	X	(801,852.05)	12,319,203.07
Check	2026-04-08			Y9Q1 QIPP Winnie-Stowell HCCD 1611500560	X	(1,145,112.46)	11,174,090.61
Check	2026-04-08			Y9Q1 QIPP Winnie-Stowell HCCD 1611500560	X	(1,792,914.62)	9,381,175.99
Check	2026-04-15				X	(89.95)	9,381,086.04
Check	2026-04-21			Memo:ACH Paymen WSHD Holding PPD **WSHD - DACA Payee:ACH ...	X	152,052.59	9,533,138.63
Check	2026-04-21			Memo:Transfer from DDA Acct No. 1110214838-D Payee:Transfer fro...	X	198,500.00	9,731,638.63
Check	2026-04-22			Memo:Transfer from DDA Acct No. 1110214838-D Payee:Transfer fro...	X	67,720.48	9,799,359.11
Check	2026-04-22			QIPP Y8A1 Winnie-Stowell HCCD 1611500560	X	(43,578.63)	9,755,780.48
Check	2026-04-22			QIPP Y8A1 Winnie-Stowell HCCD 1611500560	X	(63,795.86)	9,691,984.62
Check	2026-04-22			QIPP Y8A1 Winnie-Stowell HCCD 1611500560	X	(112,827.22)	9,579,157.40
Check	2026-04-23			Y9Q1 Winnie-Stowell HCCD 1611500560	X	(96,795.55)	9,482,361.85
Check	2026-04-27			Memo:Transfer from DDA Acct No. 1110214838-D Payee:Transfer fro...	X	46,350.00	9,528,711.85
Check	2026-04-30			Memo:Transfer from DDA Acct No. 1110214838-D Payee:Transfer fro...	X	8,327.22	9,537,039.07
Total 102b FFB #4846 DACA						8,559,496.86	9,537,039.07
102c FFB #7190 Money Market							54,953,103.85
Deposit	2026-04-01			Memo:Transfer from XXX7190 to XXX4846: Conf #:29940528 Payee:T...	X	(13,500,000.00)	41,453,103.85
Check	2026-04-01				X	(16,019,792.25)	25,433,311.60
Check	2026-04-01				X	(169,416.00)	25,263,895.60
Check	2026-04-15				X	(14.71)	25,263,880.89
Deposit	2026-04-22				X	43,535.64	25,307,416.53
Deposit	2026-04-30				X	30,848.46	25,338,264.99
Total 102c FFB #7190 Money Market						(29,614,838.86)	25,338,264.99
Total 102 First Financial Bank						(21,055,342.00)	34,875,304.06
TOTAL						(21,270,451.00)	34,919,561.03

EXHIBIT “B”
Indigent Care Report

**May 20, 2026****WSHD Regular Board Meeting Indigent Care Report****1. Summary:**

In April, the Indigent Care Program decreased by 7 clients for a total of 83 active clients.

Budget and Billing Update

As of the current reporting period, the program has utilized **23%** of its overall budget.

There are no billing issues to report currently.

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:

2026 Indigent Care Statistics	Jan	Feb	Mar	Apr	YTD Monthly Average
Indigent Care Clients	94	87	90	83	89
Youth Counseling	4	5	5	5	5
Irlen Services	0	0	0	0	0

3. Renewals & Approvals:

April 2026 Client Activity	Total	Approved	Denied	No Show	Withdrew	Pending
Renewals	11	8	0	3	0	0
Late Renewals/Previous Client	5	2	0	1	0	2
New Applicants	4	1	0	1	0	2

Services Usage**Youth Counseling:**

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

Dental:

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

Vision Services:

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



4. Indigent Care Vendor Payment Trends:

Service Provider	Jan	Feb	Mar	Apr	YTD Monthly Average
Local Clinics	\$ 1,818.54	\$ 1,429.97	\$ 2,635.82	\$ 1,500.18	\$ 1,846.13
UTMB (Includes Charity Care)	\$ 40,277.51	\$ 51,924.88	\$ 24,639.86	\$ 15,339.33	\$ 33,045.40
Riceland Medical Center	\$ 52,195.44	\$ 22,725.87	\$ 14,878.59	\$ 29,192.66	\$ 29,748.14
Pharmacy Costs (Includes Charity Care)	\$ 3,525.69	\$ 2,781.44	\$ 2,941.37	\$ 4,371.48	\$ 3,405.00
Indigent Special Services (Dental & Vision)	\$ 5,560.00	\$ 3,186.00	\$ 1,643.00	\$ 1,090.00	\$ 2,869.75
Medical Supplies (C-PAP)	\$ -	\$ -	\$ -	\$ -	\$ -
Non Contract ER Services (Includes WSEMS)	\$ 2,954.08	\$ -	\$ 315.75	\$ -	\$ 817.46
Other Services					
Irlen Services	\$ -	\$ -	\$ -	\$ -	\$ -
Youth Counseling	\$ 340.00	\$ 595.00	\$ 425.00	\$ 680.00	\$ 510.00
Total	\$ 106,671.26	\$ 82,643.16	\$ 47,479.39	\$ 52,173.65	\$ 24,080.62

5. YTD Budget Expenditures:

Indigent Service	2026 Budget	YTD Expense	% of Budget
Pharmacy	\$80,000.00	\$13,619.98	17%
WCH	\$500,000.00	\$118,992.56	24%
UTMB	\$525,000.00	\$132,181.58	25%
Youth Counseling	\$25,000.00	\$2,040.00	8%
Irlen	\$1,600.00	\$0.00	0%
Dental	\$30,000.00	\$10,539.00	35%
Vision	\$2,750.00	\$940.00	34%
CGHC Clinic	\$25,000.00	\$3,280.51	13%
Thompson Clinic	\$18,000.00	\$3,969.00	22%
Other Non-Contract/Unspecified Services	\$35,000.00	\$3,404.83	10%
Charity Care	\$20,000.00	\$0.00	0%
Charity Care Pharmacy	\$5,000.00	\$0.00	0%
Adjustments & Credits			
TOTALS	\$1,267,350.00	\$288,967.46	23%



6. Riceland Medical Center 2026 Expenditure Breakdown:

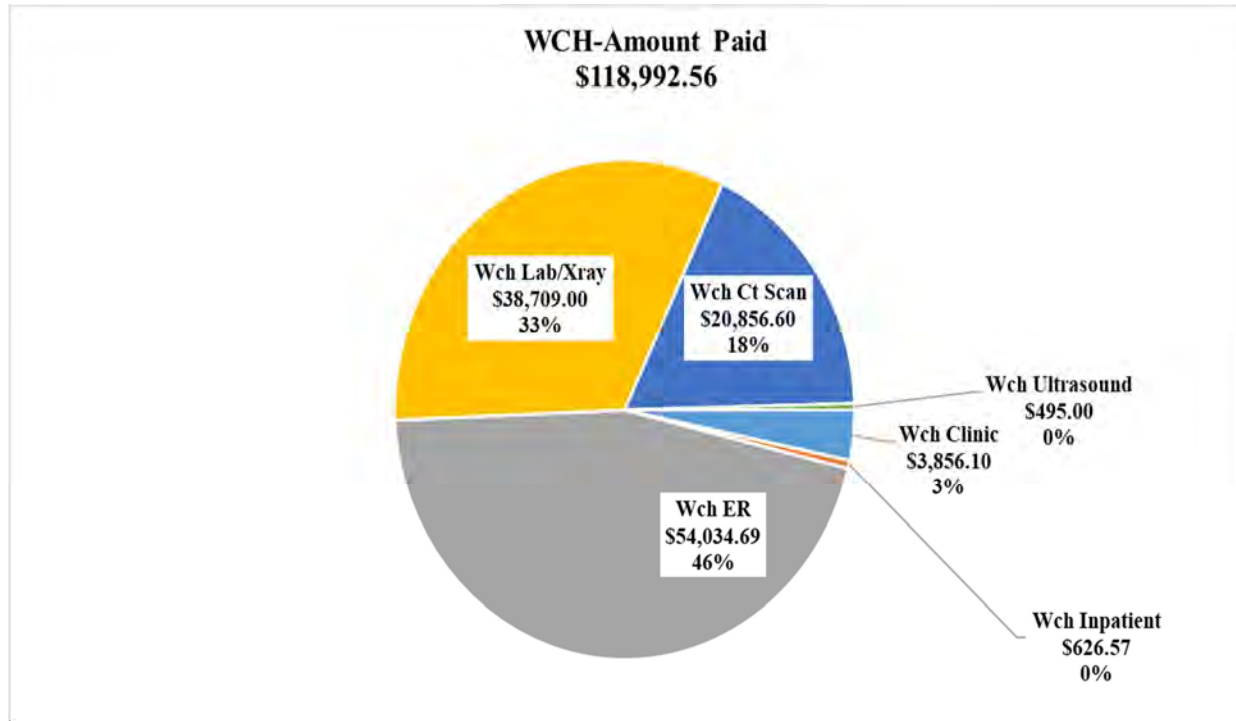


EXHIBIT “C”
Grant Report



COMMISSIONER JIMMY GORE
211 Broadway | PO BOX 260
Winnie, Texas 77665
409-296-8250

Apr-26

VEHICLE #1 EAST SIDE VAN #1	
TOTAL MILES DRIVEN	2783
TOTAL HOURS DRIVEN	138.13
TOTAL EXPENSES FOR MONTH	\$716.40
FUEL COST	\$716.40
REPAIRS & MAINTENANCE COST	\$0.00
MISC EXPENSES	\$0.00
TOTAL RIDERS	18
TOTAL WSHD RIDERS	1
TOTAL TRIPS	49
TOTAL TRIPS FOR WSHD RIDERS	1
VEHICLE #2 EAST SIDE VAN #2	
TOTAL MILES DRIVEN	1281
TOTAL HOURS DRIVEN	53.43
TOTAL EXPENSES FOR MONTH	\$167.65
FUEL COST	\$167.65
REPAIRS & MAINTENANCE COST	\$0.00
MISC EXPENSES	\$0.00
TOTAL RIDERS	15
TOTAL WSHD RIDERS	0
TOTAL TRIPS	15
TOTAL TRIPS FOR WSHD RIDERS	0
VEHICLE #3 EAST SIDE VAN #3	
TOTAL MILES DRIVEN	3832
TOTAL HOURS DRIVEN	171.25
TOTAL EXPENSES FOR MONTH	\$1,894.54
FUEL COST	\$1,052.63
REPAIRS & alignment, new windshield	\$784.95
oil change, labor	\$56.96
TOTAL RIDERS	17
TOTAL WSHD RIDERS	1
TOTAL TRIPS	50
TOTAL TRIPS FOR WSHD RIDERS	1
VEHICLE #4 RAV 4	
TOTAL MILES DRIVEN	5161
TOTAL HOURS DRIVEN	169.50
TOTAL EXPENSES FOR MONTH	\$691.57
FUEL COST	\$639.69
REPAIRS & oil change, labor	\$51.88
MISC EXPENSES	\$0.00
TOTAL RIDERS	26
TOTAL WSHD RIDERS	2
TOTAL TRIPS	43
TOTAL TRIPS FOR WSHD RIDERS	2
VEHICLE #5	
TOTAL MILES DRIVEN	811
TOTAL HOURS DRIVEN	93.50
TOTAL EXPENSES FOR MONTH	\$133.92
FUEL COST	\$77.04
REPAIRS & oil change, labor	\$56.88
MISC EXPENSES	\$0.00
TOTAL RIDERS	16
TOTAL WSHD RIDERS	1
TOTAL TRIPS	21
TOTAL TRIPS FOR WSHD RIDERS	1
VEHICLE #6	
TOTAL MILES DRIVEN	3399
TOTAL HOURS DRIVEN	172.90
TOTAL EXPENSES FOR MONTH	\$870.70
FUEL COST	\$818.44
REPAIRS & oil change, labor	\$52.26
MISC EXPENSES	\$0.00
TOTAL RIDERS	35
TOTAL WSHD RIDERS	3
TOTAL TRIPS	50
TOTAL TRIPS FOR WSHD RIDERS	3
GRAND TOTALS	
MILES DRIVEN	17267
TOTAL HOURS DRIVEN	798.71
RIDERS	127
WSHD RIDERS	8
TRIPS	228
WSHD TRIPS	8
EXPENSES	\$3,644.16



CALL SUMMARY

INVOICED/BILLED						
Insurance Billed for Services this Month	\$104,704.89	\$11,066.68	\$3,907.87	\$12,474.42	\$6,128.26	\$33,577.23
Self-Pay Billed for Services this Month	\$8,471.47	\$0.00	\$0.00	\$3,334.00	\$4,875.12	\$8,209.12
Total	\$113,176.36	\$11,066.68	\$3,907.87	\$15,808.42	\$11,003.38	\$41,786.35

ACCOUNTS RECEIVABLE-FUNDS OWED						
Owed by Insurance for Services this Month	\$62,099.48	\$8,407.00	\$2,460.00	\$7,475.02		\$18,342.02
Owed by Self-Pay for Services this Month	\$4,570.63	\$0.00	\$0.00	\$3,334.00		
Total	\$66,670.11	\$8,407.00	\$2,460.00	\$10,809.02	\$0.00	\$18,342.02

STAFFING EXPENSES

DATE	EMPLOYEE NAME	SHIFT SCHEDULE	GRANT ALLOWED SALARY (SPR HR)	MAXIMUM HOURS	MAXIMUM PAY	HOURS WORKED	Not Staffed SURPLUS or (DEFICIT)	OVER-TIME HOURS	GRANT FUNDED PAYROLL AMOUNT	Maximum v. Actual SURPLUS or (DEFICIT)	ACTUAL SALARY (SPR HR)	ACTUAL PAYROLL AMOUNT	GRANT vs ACTUAL SURPLUS or (DEFICIT)
4/1/2025	Ben Robertson	7am - 7am	\$17.39	24.0	\$417.42	24	0.0	0	\$417.42	\$0.00	\$24.00	\$576.00	(\$158.58)
4/2/2025	Olivia Kitzmiller	7am - 7am	\$17.39	24.0	\$417.42	24	0.0	0	\$417.42	\$0.00	\$22.00	\$528.00	(\$110.58)
4/3/2025	Andrew Broussard	7am - 7am	\$17.39	24.0	\$417.42	24	0.0	0	\$417.42	\$0.00	\$21.00	\$504.00	(\$86.58)
4/4/2025	Boyd Aabshire	7am - 7am	\$17.39	24.0	\$417.42	24	0.0	0	\$417.42	\$0.00	\$19.00	\$456.00	(\$38.58)
4/5/2025	Haley Bridges	7am - 7am	\$17.39	24.0	\$417.42	24	0.0	0	\$417.42	\$0.00	\$22.00	\$528.00	(\$110.58)
4/6/2025	Brad Eads	7am - 7am	\$17.39	24.0	\$417.42	24	0.0	0	\$417.42	\$0.00	\$22.00	\$528.00	(\$110.58)
4/7/2025	Lori Peine	7am - 7am	\$17.39	24.0	\$417.42	24	0.0	0	\$417.42	\$0.00	\$18.00	\$432.00	(\$14.58)
4/8/2025	Ruthann Broussard	7am - 7am	\$17.39	24.0	\$417.42	24	0.0	0	\$417.42	\$0.00	\$20.00	\$480.00	(\$62.58)
4/9/2025	Andrew Broussard	7am - 7am	\$17.39	24.0	\$417.42	24	0.0	0	\$417.42	\$0.00	\$21.00	\$504.00	(\$86.58)
4/10/2025	Ben Robertson	7am - 7am	\$17.39	24.0	\$417.42	24	0.0	0	\$417.42	\$0.00	\$24.00	\$576.00	(\$158.58)
4/11/2025	Mark Matak	7am - 7am	\$17.39	24.0	\$417.42	24	0.0	0	\$417.42	\$0.00	\$19.00	\$456.00	(\$38.58)
4/12/2025	Austin Isaacks	7am - 7am	\$17.39	24.0	\$417.42	24	0.0	0	\$417.42	\$0.00	\$17.00	\$408.00	\$9.42
4/13/2025	Brad Eads	7am - 7am	\$17.39	24.0	\$417.42	24	0.0	0	\$417.42	\$0.00	\$22.00	\$528.00	(\$110.58)
4/14/2025	Lori Peine	7am - 7am	\$17.39	24.0	\$417.42	24	0.0	0	\$417.42	\$0.00	\$18.00	\$432.00	(\$14.58)
4/15/2025	Ruthann Broussard	7am - 7am	\$17.39	24.0	\$417.42	24	0.0	0	\$417.42	\$0.00	\$20.00	\$480.00	(\$62.58)
4/16/2025	Andrew Broussard	7am - 4pm	\$17.39	12.0	\$208.71	9	(3.0)	0	\$156.53	(\$52.18)	\$21.00	\$189.00	(\$32.47)
4/16/2026	Andrew Broussard	7pm - 7am	\$17.39	12.0	\$208.71	12	0.0	0	\$208.71	\$0.00	\$21.00	\$252.00	(\$43.29)
4/17/2025	Haley Bridges	7am - 7am	\$17.39	24.0	\$417.42	24	0.0	0	\$417.42	\$0.00	\$22.00	\$528.00	(\$110.58)
4/18/2025	Kayla Callesto	7am - 7am	\$17.39	24.0	\$417.42	24	0.0	0	\$417.42	\$0.00	\$18.00	\$432.00	(\$14.58)
4/19/2025	Austin Isaacks	7am - 7am	\$17.39	24.0	\$417.42	24	0.0	0	\$417.42	\$0.00	\$17.00	\$408.00	\$9.42
4/20/2025	Brad Eads	7am - 7am	\$17.39	24.0	\$417.42	24	0.0	0	\$417.42	\$0.00	\$22.00	\$528.00	(\$110.58)
4/21/2025	Lori Peine	7am - 7am	\$17.39	24.0	\$417.42	24	0.0	0	\$417.42	\$0.00	\$18.00	\$432.00	(\$14.58)
4/22/2025	Andrew Broussard	7am - 7am	\$17.39	24.0	\$417.42	24	0.0	0	\$417.42	\$0.00	\$21.00	\$504.00	(\$86.58)
4/23/2025	Haley Bridges	7am - 7am	\$17.39	24.0	\$417.42	24	0.0	0	\$417.42	\$0.00	\$22.00	\$528.00	(\$110.58)
4/24/2025	Ruthann Broussard	7am - 7am	\$17.39	24.0	\$417.42	24	0.0	0	\$417.42	\$0.00	\$20.00	\$480.00	(\$62.58)
4/25/2025	Hunter Traweek	7am - 7am	\$17.39	24.0	\$417.42	24	0.0	0	\$417.42	\$0.00	\$17.00	\$408.00	\$9.42
4/26/2025	Austin Isaacks	7am - 7am	\$17.39	24.0	\$417.42	24	0.0	0	\$417.42	\$0.00	\$17.00	\$408.00	\$9.42
4/27/2025	Lori Peine	7am - 7am	\$17.39	24.0	\$417.42	24	0.0	0	\$417.42	\$0.00	\$18.00	\$432.00	(\$14.58)
4/28/2025	Kirk Schiesler	7am - 10am	\$17.39	5.0	\$86.96	3	(2.0)	0	\$52.18	(\$34.78)	\$22.00	\$66.00	(\$13.82)
4/28/2026	Cody Nance	2:30pm - 7am	\$17.39	19.0	\$330.45	16.5	(2.5)	0	\$286.97	(\$43.48)	\$24.00	\$396.00	(\$109.03)
4/29/2025	Ruthann Broussard	7am - 7am	\$17.39	24.0	\$417.42	24	0.0	0	\$417.42	\$0.00	\$20.00	\$480.00	(\$62.58)
4/30/2025	Andrew Broussard	7am - 7am	\$17.39	24.0	\$417.42	24	0.0	0	\$417.42	\$0.00	\$21.00	\$504.00	(\$86.58)

TOTAL SALARY EXPENSE FOR THE MONTH:	GRANT ALLOWED SALARY (\$PR HR)	MAXIMUM HOURS	MAXIMUM PAY	HOURS WORKED	Not Staffed SURPLUS or (DEFICIT)	OVER-TIME HOURS	GRANT FUNDED PAYROLL AMOUNT	Maximum v. Actual SURPLUS or (DEFICIT)	ACTUAL SALARY (\$PR HR)	ACTUAL PAYROLL AMOUNT	GRANT vs ACTUAL SURPLUS or (DEFICIT)
	\$17.39	720.0	\$12,522.49	712.50	(7.5)	0	\$12,392.05	(\$130.44)	\$20.31	\$14,391.00	(\$1,998.95)

Community Health Worker Program

	2025 YTD	JAN	FEB	MAR	APR	2026 YTD
CLIENTS SERVED						
ICAP	278	15	16	14	12	57
Non-ICAP	319	23	18	27	26	94
Total Clients Served	597	38	34	41	38	151
BENEFIT APPLICATION TYPE						
Indigent Care Assistance Program (ICAP)	22	3	0	2	0	5
Prescription Assistance Program (PAP)	57	1	5	3	3	12
Medicaid	98	8	5	8	9	30
Medicare	7	1	0	2	0	3
Medicare Savings Plan	30	2	2	0	2	6
Food Stamps (SNAP)	377	23	18	19	18	78
Supplemental Security Income (SSI)	56	3	5	4	6	18
Retirement, Survivor, Disability Income (RSDI)	51	1	0	0	1	2
Unemployment/Texas Workforce	10	1	0	0	0	1
Housing	18	0	0	0	1	1
Utilities	2	0	0	0	2	2
Legal Aid	2	0	0	0	0	0
OTHER	18	4	1	5	1	11
Total Applications Facilitated	748	47	36	43	43	169
EXPENSES						
Personnel	\$83,153.67	\$6,766.00	\$6,820.00	\$6,469.00	\$6,820.00	\$26,875.00
Operational	\$26,528.93	\$20.00	\$13.40	\$4.00	\$4.00	\$41.40
Total	\$109,682.60	\$6,786.00	\$6,833.40	\$6,473.00	\$6,824.00	\$26,916.40
BUDGET REMAINING	\$2,210.40	\$88,734.00	\$81,900.60	\$75,427.60	\$68,603.60	\$68,603.60

Year to Date Details	2025-2026	1st Qtr Totals 2025-Nov 2025	Sept Dec 2025-Feb 2026	2nd Qtr Totals Mar 2026-May 2026	3rd Qtr Totals June 2026-Aug 2026	4th Qtr Totals	YTD DATE
ACCIDENT INSURANCE							
Number of Students Insured		1564	1570				
Number of Claims Filed		34	19				53
CONTRACTED SERVICES (THERAPY)							
Number of Students Using:		301	323	0	0		624
Counseling		63	88				151
Occupational Therapy		111	115				226
Speech Therapy-provided by district speech pathologist		104	95				199
Physical Therapy		23	25				48
SCREENINGS							
Number of Students Screened:		192	478	0	0		670
Vision		97	258				355
Hearing		95	104				199
Scoliosis		0	116				116
NURSE SALARY & BENEFITS, SUPPLIES, IMMUNIZATIONS, & MISC SERVICES							
Number of Nurses:		3	3				
Number of Students:		3178	2624				5802
Given First Aid		604	365				969
Medication Administered		1405	1294				2699
Injuries		11	11				22
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)	\$ 110,343.01	\$204,065.00		\$0.00	\$93,721.99		
Nurse Supplies/Expenses (Partial)	\$ 5,351.94	\$20,000.00		\$0.00	\$14,648.06		
Immunizations		\$0.00		\$0.00	\$0.00		
Total	\$116,294.95	\$278,165.00	\$0.00	\$0.00	\$161,870.05		

EXHIBIT “D”
Coastal Gateway Report



Report to Winnie-Stowell Hospital District May 20, 2026

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

- Our Inaugural Spring Fundraising event (“Singo Bingo”) was a SUCCESS! We had wonderful turnout of community members and supporters, as well as donations of prizes and door prizes. We made a profit of ~**\$2,600**. A portion will go back to the United of Greater Baytown and Chambers County as part of our Workplace Campaign.
- Attended the Foundation for Southeast Texas Awards Ceremony to accept our \$1,000 grant check. This funding will be used towards our ‘Coastal Care Box’ initiative.
- Approved as a National Health Service Corp (NHSC)—our HPSA score is a 16. Scores range from 0-25, higher the score, the greater the need for clinicians in the service area. However, a score of 18/19 may be needed for a clinician to receive loan repayment.
- We have scheduled for a remote Mobile Mammography Bus down at Crystal Beach on July 29th to specifically reach the residents of the Bolivar Peninsula.
- **Rural Health Transformation Funding.** Looking to apply for Initiative #6 (focused on capital, infrastructure, and renovation), but it is still uncertain if we qualify. A question has been submitted to HHSC, pending a response. This grant will be a quick turnaround; the due date is June 1st.
- **Incubator Funding.** Received our first drawdown of \$100,000 and working through the items and projects on our Workplan.
- **Grants**
 - **United Way of Greater Baytown and Chambers County.** Application submitted for FY 2027, waiting on our scheduled interview.
 - **Rural Health Transformation Funds.** No new information. We were approved to join TACHCs CIN, which will open us for funding.
 - **DSHS Incubator Grant.** Awarded **\$650,000**.
 - **MD Anderson (SAVE TX).** Funding was approved by CPRIT, still waiting on the funding package to be issued from MD Anderson.
 - **Small Grants:** Applied for two small grants (both for \$1,000) from Beaumont Junior League and Southeast Texas Foundation. The grant request is for our “Coastal Care Boxes”.
 - **Beaumont Junior League** – Notification received, approved.
 - **Southeast Texas Foundation** – Notification received, approved.
- **Upcoming Events/Activities**
 - 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 April is attached for your review; there were **507** patient encounters.

**Coastal Gateway Health Center
Statistical Report CY 2026**

Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Total
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[illegible]

Unduplicated Patients (Rolling YTD)	462	694	1,039	1,220								
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Referrals (By Specialist)

[illegible][illegible]

Annual Wellness Visits (AWVs)	5	7	8	1								21
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Eligibility

[illegible]

Payors

[illegible]

EXHIBIT “E”
LTC, QIPP and Nursing Home Operations Materials

Facility Name	Q1 Comp 1		Q1 Comp 2		Q1 Comp 3	Q1 Comp 4	Total Q1
	% Metrics Attained	Payout % Earned	% Metrics Attained	Payout % Earned	% Metrics Attained	% Metrics Attained	% Metrics Attained
Avir at Coronado	80.00%	100.00%	100.00%	100.00%	66.67%	50.00%	76.92%
Avir at Garland	60.00%	100.00%	0.00%	0.00%	33.33%	100.00%	46.15%
Avir at Giddings	75.00%	100.00%	100.00%	100.00%	33.33%	50.00%	66.67%
Avir at Overton	60.00%	100.00%	100.00%	100.00%	100.00%	50.00%	76.92%
Avir at Paris	100.00%	100.00%	100.00%	100.00%	66.67%	50.00%	81.82%
Avir at Town Creek	66.67%	100.00%	100.00%	100.00%	100.00%	50.00%	81.82%
Magnolia Place Health Care	75.00%	100.00%	100.00%	100.00%	100.00%	100.00%	91.67%
Garrison Nursing Home & Rehabilitation Center	80.00%	100.00%	100.00%	100.00%	100.00%	100.00%	92.31%
Golden Villa	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%
Gracy Woods Nursing Center	80.00%	100.00%	100.00%	100.00%	100.00%	100.00%	92.31%
Highland Park Rehabilitation & Nursing Center	80.00%	100.00%	100.00%	100.00%	100.00%	50.00%	84.62%
Marshall Manor Nursing & Rehabilitation Center	60.00%	100.00%	100.00%	100.00%	100.00%	50.00%	76.92%
Marshall Manor West	80.00%	100.00%	100.00%	100.00%	100.00%	50.00%	84.62%
Oak Brook Health Care Center	80.00%	100.00%	100.00%	100.00%	100.00%	100.00%	92.31%
Rose Haven Retreat	80.00%	100.00%	66.67%	85.00%	100.00%	100.00%	84.62%
The Villa at Texarkana	80.00%	100.00%	66.67%	85.00%	100.00%	100.00%	84.62%
Cascades at Galveston	40.00%	100.00%	0.00%	0.00%	33.33%	50.00%	30.77%
Cascades at Port Arthur	75.00%	100.00%	0.00%	0.00%	100.00%	100.00%	66.67%
Parkview Manor Nursing & Rehabilitation	75.00%	100.00%	33.33%	60.00%	100.00%	50.00%	66.67%
Winnie L Nursing & Rehabilitation	100.00%	100.00%	33.33%	60.00%	66.67%	100.00%	75.00%
Afton Oaks Nursing and Rehabilitation Center	80.00%	100.00%	100.00%	100.00%	66.67%	100.00%	84.62%
Sterling Oaks	60.00%	100.00%	100.00%	100.00%	66.67%	100.00%	76.92%
Hemphill Care Center	50.00%	90.00%	66.67%	85.00%	100.00%	50.00%	66.67%
Copperas Cove Nursing & Rehabilitation	50.00%	100.00%	100.00%	100.00%	100.00%	50.00%	75.00%
Corrigan LTC Nursing & Rehabilitation	33.33%	90.00%	33.33%	60.00%	100.00%	50.00%	54.55%
Creekside Village	60.00%	100.00%	33.33%	60.00%	100.00%	50.00%	61.54%
Oak Village Healthcare	75.00%	100.00%	33.33%	60.00%	66.67%	50.00%	58.33%
Wells LTC Nursing & Rehabilitation	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%
Woodlake Nursing Center	50.00%	100.00%	66.67%	85.00%	66.67%	50.00%	58.33%
Woodland Park Nursing & Rehab	50.00%	100.00%	33.33%	60.00%	66.67%	50.00%	50.00%
Accel at College Station	50.00%	100.00%	0.00%	0.00%	100.00%	50.00%	50.00%
Arbrook Plaza	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%
Cimarron Place Health & Rehabilitation	75.00%	100.00%	100.00%	100.00%	100.00%	100.00%	91.67%
Crowley Nursing and Rehabilitation	60.00%	100.00%	100.00%	100.00%	100.00%	100.00%	84.62%
Deerbrook Skilled Nursing and Rehab Center	80.00%	100.00%	33.33%	60.00%	100.00%	50.00%	69.23%
Forum Parkway Health & Rehabilitation	75.00%	100.00%	100.00%	100.00%	100.00%	100.00%	91.67%
Friendship Haven Healthcare and Rehabilitation	40.00%	100.00%	100.00%	100.00%	100.00%	100.00%	76.92%
Green Oaks Nursing and Rehabilitation	50.00%	100.00%	0.00%	0.00%	100.00%	100.00%	58.33%
Gulf Pointe Plaza	50.00%	100.00%	100.00%	100.00%	100.00%	100.00%	83.33%
Harbor Lakes Nursing and Rehabilitation Center	80.00%	100.00%	66.67%	85.00%	100.00%	50.00%	76.92%
Hewitt Nursing and Rehabilitation	75.00%	100.00%	33.33%	60.00%	100.00%	100.00%	75.00%
Holland Lake Rehabilitation and Wellness Center	50.00%	100.00%	100.00%	100.00%	100.00%	100.00%	83.33%
Lone Star Rehabilitation & Wellness Center	75.00%	100.00%	100.00%	100.00%	100.00%	100.00%	91.67%
Mission Nursing and Rehabilitation Center	75.00%	100.00%	66.67%	85.00%	100.00%	100.00%	83.33%

Park Manor of Conroe	100.00%	100.00%	66.67%	85.00%	100.00%	100.00%	92.31%
Park Manor of Cyfair	50.00%	100.00%	66.67%	85.00%	100.00%	100.00%	75.00%
Park Manor of Cypress Station	80.00%	100.00%	33.33%	60.00%	100.00%	100.00%	76.92%
Park Manor of Humble	60.00%	100.00%	100.00%	100.00%	100.00%	100.00%	84.62%
Park Manor of Quail Valley	75.00%	100.00%	66.67%	85.00%	100.00%	100.00%	83.33%
Park Manor of South Belt	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%
Park Manor of the Woodlands	75.00%	100.00%	100.00%	100.00%	100.00%	100.00%	91.67%
Park Manor of Tomball	60.00%	100.00%	66.67%	85.00%	100.00%	50.00%	69.23%
Park Manor of Westchase	80.00%	100.00%	0.00%	0.00%	100.00%	100.00%	69.23%
Pecan Bayou Nursing and Rehabilitation	50.00%	100.00%	100.00%	100.00%	100.00%	100.00%	83.33%
Red Oak Health and Rehabilitation Center	80.00%	100.00%	66.67%	85.00%	100.00%	100.00%	84.62%
Silver Spring	75.00%	100.00%	0.00%	0.00%	100.00%	100.00%	66.67%
Stallings Court Nursing and Rehabilitation	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%
Stonegate Nursing and Rehabilitation	75.00%	100.00%	100.00%	100.00%	100.00%	100.00%	91.67%
Treviso Transitional Care	80.00%	100.00%	100.00%	100.00%	100.00%	100.00%	92.31%
Willowbrook Nursing Center	100.00%	100.00%	33.33%	60.00%	100.00%	100.00%	84.62%
Beaumont Health Care Center	50.00%	100.00%	66.67%	85.00%	33.33%	50.00%	50.00%
Cleveland Health Care Center	60.00%	100.00%	66.67%	85.00%	100.00%	100.00%	76.92%
Conroe Health Care Center	75.00%	100.00%	100.00%	100.00%	100.00%	50.00%	83.33%
Huntsville Healthcare Center	75.00%	100.00%	0.00%	0.00%	66.67%	50.00%	50.00%
Lawrence Street Healthcare Center	60.00%	100.00%	33.33%	60.00%	66.67%	50.00%	53.85%
Liberty Health Care Center	75.00%	100.00%	33.33%	60.00%	66.67%	50.00%	58.33%
Richmond Health Care Center	40.00%	100.00%	66.67%	85.00%	100.00%	100.00%	69.23%
Sugar Land Healthcare Center	20.00%	90.00%	0.00%	0.00%	66.67%	100.00%	38.46%
West Janisch Health Care Center	50.00%	100.00%	66.67%	85.00%	66.67%	100.00%	66.67%
Flatonina Nursing Center	60.00%	100.00%	100.00%	100.00%	100.00%	100.00%	84.62%
Oak Grove Nursing Home	50.00%	100.00%	100.00%	100.00%	66.67%	100.00%	75.00%
Mont Belvieu	75.00%	100.00%	66.67%	85.00%	66.67%	100.00%	75.00%
Hallettsville Nursing and Rehabilitation Center	80.00%	100.00%	33.33%	60.00%	100.00%	100.00%	76.92%
Monument Hill Nursing and Rehabilitation Center	75.00%	100.00%	66.67%	85.00%	100.00%	100.00%	83.33%
Spindletop Hill Nursing and Rehabilitation Center	50.00%	100.00%	33.33%	60.00%	66.67%	50.00%	50.00%
The Woodlands Nursing and Rehabilitation Center	60.00%	100.00%	100.00%	100.00%	66.67%	100.00%	76.92%
Seabreeze Nursing and Rehabilitation	60.00%	100.00%	66.67%	85.00%	100.00%	100.00%	76.92%
Bayou Pines	50.00%	100.00%	0.00%	0.00%	66.67%	100.00%	50.00%

Q1 Comp 1 Metrics Met		Q1 Comp 2 Metrics Met		Q1 Comp 3	Q1 Comp 4	Q1 Total
% Attained	Avg Payout Earned	% Attained	Avg Payout Earned	% Attained	% Attained	% Attained
69.1%	99.6%	67.5%	76.5%	88.8%	82.7%	75.7%



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 Vratiss

Scott Johnson, Nursing Facility Specialist
Winnie-Stowell Hospital District

Crowley Nursing and Rehabilitation
920 East FM 1187
Crowley, TX 76036

April 23, 2026

Facility Administrator: Cody Bedford
Facility BOM: Cindy Bowers

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

Crowley Nursing and Rehabilitation is licensed for 120 beds, and its current census is 97 residents including 25 skilled patients. There are three admissions planned today, but also two discharges. Discussed recent referral volume which has seen steady growth in recent months. The team is working to ensure referral review processes are succinct and provide prompt responses to referral sources.

The facility is recruiting a social worker, an MDS nurse, and some floor staff. Discussed coverage plans for the social services and MDS departments as the facility recruits replacements for these openings.

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

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

The facility held its monthly QAPI meeting recently. The interdisciplinary team discussed observations and outcomes reported in March. Discussed the importance of collaborating as an interdisciplinary team to deliver person-centered care to the residents.

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

The facility is preparing for celebrating Nurses Week and Nursing Home Week. Discussed the importance of recognizing staff members and supporting retention efforts.



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Scott Johnson, Nursing Facility Specialist
Winnie-Stowell Hospital District

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

April 17, 2026

Facility Administrator: Rachel Amiri

Green Oaks Nursing & Rehabilitation is licensed for 142 beds, and its current census is 113 residents including 42 skilled patients. The facility has six more admissions planned today. The facility is nearing its current functional capacity of roughly 125 residents. There are twenty new referrals under review at this time as well. The facility has worked to be very prompt with responding to referrals which is having a positive contribution to the volume of admissions. The facility recently broke previous census record highs of 110 total residents and 37 skilled patients.

Discussed staffing challenges with the census growth and flexing staff assignments to meet the needs of the residents. Discussed the timing of most new patients admitting during the evening shift. The facility has begun bringing in additional nurses to handle the new admissions during the evening hours. The facility works to create a great admission process so that residents have a positive first experience when they transition to the building.

The facility has openings for a CNA and a CMA. Discussed utilizing the facility's PRN pool for coverage. There are some PRN staff who may transition to fulltime employment soon. The facility has hired a social worker who is scheduled to start employment next Friday. Discussed efforts by the interdisciplinary team to support social services until the new social workers starts.

There have not been any recent visits by state surveyors.

Green Oaks Nursing & Rehabilitation has a 4-star rating overall. It has a 3-star rating in Health Inspections, a 2-star rating in Staffing, and a 5-star rating in Quality Measures.

The facility held its monthly QAPI meeting on Wednesday. The team isn't triggering under any quality measures, but is continuing to focus on clinical outcomes. There was an increase in RTAs last month. Discussed the clinical acuity of residents and challenges meeting some

complex needs like transfusions. The facility is also watching falls. Discussed a competition with the nursing team to track falls and encourage staff to be active participants supporting fall prevention efforts. Falls and RTAs have been improving this month.

There are no outbreaks or trends under infection control.

There were five grievances in March which were all addressed and resolved. Despite the census growth, there haven't been any grievance trends.

Discussed renting some beds and wheelchairs to accommodate the recent census growth.



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Sect.: Jeff Rollo

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Dir. Kacey Vratiss

Scott Johnson, Nursing Facility Specialist
Winnie-Stowell Hospital District

Hewitt Nursing and Rehabilitation
8836 Mars Drive
Hewitt, TX 76643

April 17, 2026

Facility Administrator: Chris Gallardo

Hewitt Nursing and Rehabilitation is licensed for 140 beds, and its current census is 67 residents. There have been a few recent discharges, but the facility has several referrals under review. There are a few admissions pending hospital discharge and insurance authorization.

The facility is seeking some CNAs and a nurse. The MDS nurse has been doing great in the role and is managing assessments and related workflows.

There have not been any recent visits by state surveyors. The facility submitted a new self-report regarding a resident who experienced a fracture due to osteoporosis. The facility was initially unsure of the cause of the fracture, so the incident was reported as an injury of unknown origin. The hospital later reported the fracture was due to the resident's osteoporosis.

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 4-star rating in Quality Measures.

The facility reported on its recent QAPI meeting held earlier this month. The facility is maintaining its efforts to support clinical outcomes in the building. The administrator reported there have been great improvements in the timely completion of therapy assessments.

There are no infection control outbreaks and no grievance trends.

Provided quarterly joint training regarding advance care planning. Discussed the importance of including residents and their families or surrogate decision-makers to support informed healthcare decisions. Discussed the importance of aligning medical care with individual preferences, including decisions related to life-sustaining measures and other medical interventions. Reviewed the use of legal documents, including the Directive to Physicians, Medical Power of Attorney, and Out-of-Hospital Do-Not-Resuscitate (DNR) orders, to ensure

decisions are documented and honored. Discussed the need for ongoing, periodic discussions to maintain current and accurate care preferences.

The administrator emphasized the importance of advance care planning and routinely auditing the advance directives in the facility. The facility strives to ensure person-centered care is prioritized in all aspects of care.

Joint Training Information

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Advance care planning is an ongoing, structured process that includes education, discussion, documentation, and regular review. Facilities are expected to provide residents and their representatives with information about available advance directive options. Staff should be educated on advance care planning practices and understand their role in supporting resident preferences.

Key components of advance care planning include the documentation of advance directives such as the Directive to Physicians, Medical Power of Attorney, and Out-of-Hospital Do-Not-Resuscitate (DNR) orders. These documents outline preferences regarding life-sustaining treatments, including CPR, artificial ventilation, nutrition, hydration, and broader care goals. Clear documentation and communication are essential for advance care planning compliance. Advance care planning discussions should occur upon admission and be revisited regularly, including when there are changes in condition or resident preferences.

Effective advance care planning requires a proactive, interdisciplinary approach focused on resident choice, communication, and documentation. Implementation of these best practices supports regulatory compliance, improves quality of care, and ensures residents' wishes are consistently honored.

Please see the following links for additional information and resources on this topic:

[Advance Care Planning](#)

[Advance Care Planning Facility Checklist](#)

[Advance Care Planning Protocol](#)

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Scott Johnson, Nursing Facility Specialist
Winnie-Stowell Hospital District

Holland Lake Rehabilitation and Wellness Center

1201 Holland Lake Drive
Weatherford, TX 76086

April 14, 2026

Facility Administrator: Donna Tillman

Holland Lake Rehabilitation and Wellness Center is licensed for 120 beds, and its current census is 101 residents including 40 skilled patients. The facility received eight notices of non-coverage yesterday from insurance and four residents have appealed thus far. There is one resident in the hospital at this time who is expected to return to the facility soon. Discussed meeting with some physicians at the local hospital and positive feedback received about the facility. The facility works to maintain its strong relationships with community providers.

The facility will be hosting its 30th Anniversary Ribbon Cutting next month on May 14. Discussed plans being made for this event and support from the local community.

The facility has some openings due to new positions being added to support the census growth this year. There are several classes of students who visit the building to complete portions of their respective programs. Discussed the manner in which these relationships support the facility in having access to a wide talent pool as students graduate from their programs.

A surveyor visited the facility last Friday to investigate a complaint and a self-report. There were no findings related to the self-report or complaint. The surveyor took three days to complete their investigations and recommended two tags related to care plans and an observation regarding administration of blood pressure medication and parameters for administration. Discussed education and in-servicing being provided to staff members in response to the recent visit.

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

The facility will hold its monthly QAPI meeting soon and will review progress made in March. The interdisciplinary team is continuing to focus on improving falls. Discussed successful support of the wound care program which is resulting in strong outcomes.

There are no current trends or outbreaks in infection control. The facility recently admitted a resident with isolation precautions. The resident was on isolation precautions for a few days and there were no other issues.

The facility plans to bring in a small crew to complete touchup painting where needed throughout the building. Discussed some review of tiling in the back hall and options for making changes. The team recently purchased a new laundry unit and is ordering more lids and bottoms for dietary meal service. The facility has a quote for five more beds to replace the remaining rental beds.

Provided quarterly joint training regarding advance care planning. Discussed the importance of including residents and their families or surrogate decision-makers to support informed healthcare decisions. Discussed the importance of aligning medical care with individual preferences, including decisions related to life-sustaining measures and other medical interventions. Reviewed the use of legal documents, including the Directive to Physicians, Medical Power of Attorney, and Out-of-Hospital Do-Not-Resuscitate (DNR) orders, to ensure decisions are documented and honored. Discussed the need for ongoing, periodic discussions to maintain current and accurate care preferences.

Discussed advance care planning and focusing on setting expectations while meeting the preferences of residents. Discussed the review process and ensuring care plans are followed and updated when changes are needed. The team ensures advance directives are in place as part of these processes.

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Mission Nursing and Rehabilitation Center

1013 S. Bryan Road
Mission, TX 78572

April 21, 2026

Facility Administrator: Daniel Rodriguez

Mission Nursing and Rehabilitation Center is licensed for 170 beds, and its current census is 102 residents including 19 skilled patients. The facility reports its census has been very strong and continues to grow. The facility's new marketer has continued to be a great support in building relationships in the community while increasing referrals and admissions. The facility reports having an admission nearly every day through recent weeks. The facility's secure unit has 12 residents and there are referrals for two more potential admissions to this unit.

Discussed current staffing needs which includes six CNAs. The facility is onboarding two staff who will cover two of these six positions. The facility is providing appropriate coverage through fulltime and PRN staff. The facility reported its overtime is at 3% and under its target of 4%. Discussed reviewing staffing schedules and overtime to make appropriate changes when needed.

The facility received the 2567 from its recent full book survey. As previously reviewed, there were low level tags cited including five D-tags and one E-tag. The facility received the 2567 today and will begin working on completing and submitting the plan of correction. The facility expects that it will still be a 5-star overall due to the recent survey only citing low level tags.

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

The facility will hold its QAPI meeting later this week. Discussed ongoing review of clinical outcomes and systems. The facility has been watching antipsychotic medication utilization. Discussed working with its physician partners and pharmacy consultant to implement interventions and GDRs where appropriate.

Infection control efforts are going well, and there are no reported trends or outbreaks. The scabies infections that had been in the facility have been resolved. There are no longer any residents on isolation with scabies.

The facility will continue finishing final touches on its transitional hall. Discussed working to add more art and furniture in this hall to improve the environment and make it feel more homelike.

Provided quarterly joint training regarding advance care planning. Discussed the importance of including residents and their families or surrogate decision-makers to support informed healthcare decisions. Discussed the importance of aligning medical care with individual preferences, including decisions related to life-sustaining measures and other medical interventions. Reviewed the use of legal documents, including the Directive to Physicians, Medical Power of Attorney, and Out-of-Hospital Do-Not-Resuscitate (DNR) orders, to ensure decisions are documented and honored. Discussed the need for ongoing, periodic discussions to maintain current and accurate care preferences.

The facility does well managing advance care planning processes. The team discusses residents' advanced directives and updates to care plans in the daily morning meetings. The social worker also reports any changes identified as audits of the system are completed. Discussed the importance of this process to ensure that residents are receiving the care that aligns with their wishes.

Joint Training Information

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Effective advance care planning requires a proactive, interdisciplinary approach focused on resident choice, communication, and documentation. Implementation of these best practices

supports regulatory compliance, improves quality of care, and ensures residents' wishes are consistently honored.

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Pecan Bayou Nursing and Rehabilitation
2700 Memorial Park Drive
Brownwood, TX 76801

April 14, 2026

Facility Administrator: Josie Pebsworth

Pecan Bayou Nursing and Rehabilitation is licensed for 90 beds, and its current census is 63 residents including 13 skilled patients. Discussed recent referrals and efforts to complete clinical review in preparation for potential admissions. There is one referral pending admission once their surgery is completed later this month.

The facility is currently recruiting one CNA, a cook, and a floor tech. The newly hired activity director has continued to have great outcomes in their role and the facility reports strong participation in activities with residents. The facility hired a new payroll coordinator who is starting employment next week.

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

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

The facility will hold its monthly QAPI meeting soon. The administrator reported there have been strong improvements in falls. Discussed ongoing interventions and support by staff members to meet the needs of residents. The team has continued to monitor psychotropic medication utilization and discussed potential changes in medication regimens of some residents.

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

The facility recently received some new bedroom furniture and beds. Discussed auditing the building and working to promptly repair or replace equipment or fixtures needing servicing.

Provided quarterly joint training regarding advance care planning. Discussed the importance of including residents and their families or surrogate decision-makers to support informed healthcare decisions. Discussed the importance of aligning medical care with individual preferences, including decisions related to life-sustaining measures and other medical interventions. Reviewed the use of legal documents, including the Directive to Physicians, Medical Power of Attorney, and Out-of-Hospital Do-Not-Resuscitate (DNR) orders, to ensure decisions are documented and honored. Discussed the need for ongoing, periodic discussions to maintain current and accurate care preferences.

The facility works hard to support advance care planning processes to ensure residents' preferences are met. Discussed making changes as needed and keeping plans up to date. The facility reviews residents' advance directives and DNRs ensuring they are complete and being followed. Discussed holding routine care plan meetings with residents and family members in order to discuss any changes in condition. The facility works to ensure resident expectations and preferences are followed correctly.

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Stephenville Rehabilitation and Wellness Center
2601 Northwest Loop
Stephenville, TX 76401

April 27, 2026

Facility Administrator: Jana Sanders

Stephenville Rehabilitation and Wellness Center is licensed for 122 beds, and its current census is 91 residents including 13 skilled patients. The facility is working to build up its total and skilled census. Discussed recent trends with referrals in the community and plans this week for two admissions and two discharges.

The facility is seeking one RN and three CNAs at this time. Discussed ongoing staff recruitment and retention efforts. Discussed historical staffing changes each summer with some staff generally departing for school. The facility is planning to start another CNA class soon in order to help maintain staffing levels during the summer. The team has started to interview candidates for the upcoming cohort of this training program.

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

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

The facility reported on its recent QAPI meeting and efforts by the team to drill down on fall prevention efforts. Discussed updates to interventions and education provided to staff members. The team also provided updates on emergency plans and recent completion of a tornado drill.

There are no trends or outbreaks reported under infection control.

There are no longer any trends under grievances, but the administrator discussed working with some challenging residents from time to time. Discussed the importance of treating all issues appropriately and working to make the residents' experiences better.

Provided quarterly joint training regarding advance care planning. Discussed the importance of including residents and their families or surrogate decision-makers to support informed healthcare decisions. Discussed the importance of aligning medical care with individual preferences, including decisions related to life-sustaining measures and other medical interventions. Reviewed the use of legal documents, including the Directive to Physicians, Medical Power of Attorney, and Out-of-Hospital Do-Not-Resuscitate (DNR) orders, to ensure decisions are documented and honored. Discussed the need for ongoing, periodic discussions to maintain current and accurate care preferences.

Discussed audits the facility completes for advance directives and DNRs. The administrator stated the interdisciplinary team also reviews any changes or items needing addressed related to advance care planning in standup meetings. Discussed the importance of keeping all resident information up to date.

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

April 30, 2026

Facility Administrator: Kendal Kappeler

Stonegate Nursing and Rehabilitation is licensed for 134 beds, and its current census is 94 residents. Discussed recent trends in referrals and clinical review completed by the facility. The interdisciplinary team works to collaborate during admitting processes to ensure there is a smooth transition for incoming residents.

The facility is fully staffed with CNAs at this time and is seeking some nurses. The administrator is working in an interim capacity, and the facility is recruiting a fulltime replacement.

Discussed ongoing monitoring of recent plans of correction submitted in response to findings in the annual survey. Discussed coordinating efforts by the interdisciplinary team to ensure all staff are updated with changes, training, and education.

Stonegate Nursing and Rehabilitation has a 3-star rating overall. The facility has a 2-star rating in Health Inspections, a 2-star rating in Staffing, and a 5-star rating in Quality Measures. The facility's staffing star rating decreased from a 3-star rating. Discussed recent trends with staff recruitment and retention in the facility.

Discussed the facility recent QAPI meeting and efforts to continuously improve. The interdisciplinary team reported on outcomes observed during the reporting period and efforts to achieve QIPP metrics.

The facility is maintaining focus on grievance management and resolution. Discussed opportunities to train staff to ensure conduct and duties are completed successfully.



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Cimarron Place Health & Rehabilitation
3801 Cimarron Blvd.
Corpus Christi, TX 78414

April 22, 2026

Facility Administrator: Ernest De La Garza

The following report is from the site visit to Cimarron Place Health & Rehabilitation on April 22, 2026. A meeting with the administrator and a tour of the facility was provided after the ribbon cutting ceremony.

Cimarron Place Health & Rehabilitation Center is licensed for 120 beds, and its current census is 86 residents. The facility reported plans to continue growing the Veteran population in the facility due to the recent execution of a contract with the VA. The facility has already admitted thirteen residents who are veterans since the new contract was implemented. Discussed recent referrals and planned admissions through the remainder of this week, and expectations for more Veterans to be admitted soon.

Discussed recent staff recruitment and retention efforts. The facility focuses on recognizing staff for their hard work and the important role each team member plays caring for the residents. Discussed collaboration by the interdisciplinary team to support all of the residents' needs. The facility reported on continued progress developing relationships with students of local nurse licensing and CNA certification programs. Discussed the impact these relationships play on sourcing high quality staff.

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 4-star rating in Quality Measures.

The facility reported on its recent QAPI meeting and efforts to continuously improve outcomes. Reviewed progress made during the recent period improving pressure ulcers and fall rates. Discussed best practices for these programs and ensuring all interventions are personalized to meet the needs of the residents.

The administrator reported on infection control efforts including utilization of proper precautions. Discussed working closely with the referring hospital to ensure the facility is prepared to admit residents safely, particularly when the admitting resident has an active infection.

Discussed ongoing efforts to further develop and build the activities program and community relationships. The facility has offered many new group activities including hockey, a comedy show, and upcoming plans for a guest wrestling match. The facility is working hard to partner with local businesses and schools to continue building new programs and events to support the residents.

The facility showcased the hallway being designated for Veterans during the ribbon cutting ceremony. There were over 100 people in attendance of the event which included musical performances by the Veterans band. The Veterans Memorial High School JROTC also came to support the event. Many Veterans were recognized during the ribbon cutting ceremony and expressed gratitude to the facility for supporting Veterans.

The facility was clean and the hallways were free of clutter and debris. The environment was lively, but also comfortable and homelike. There were no odors throughout the building and the residents were dressed and groomed. The staff were seen assisting residents and answering call lights promptly.

The central nurse station has clear visibility down each of the four resident hallways to support ongoing monitoring and rounding. The facility updates completed over the last year have positively improved the aesthetics in the building. The dining room is well utilized for meal service and group events. The courtyard has been well maintained and offers a walking path for residents to enjoy being outdoors while exercising.



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

April 22, 2026

Facility Administrator: Calvin Crosby

Harbor Lakes Nursing and Rehabilitation Center is licensed for 142 beds, and its current census is 90 residents including 18 skilled patients. The local referring hospital census is low, which has impacted the referrals to the facility. Discussed efforts by the interdisciplinary team to continue finding new referral sources to support the census.

The facility is recruiting one nightshift CNA at this time. The marketer recently submitted notice of resignation, but the administrator has hired a replacement who will start employment on Monday. The new marketer has experience at the hospital and also has background as an EMT. Discussed expectations for these experiences to support clinical knowledge and communications with case managers.

The facility reported 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 5-star rating in Health Inspections, a 3-star rating in Staffing, and a 5-star rating in Quality Measures.

The facility recently held its monthly QAPI meeting and reported on clinical outcomes in March. The team has an ongoing performance improvement plan addressing falls. The facility is working to be below a 6% fall rate and is slightly exceeding this target. Discussed efforts to continue supporting improvement and finding effective interventions for residents.

Infection control efforts are under control with no outbreaks at this time. The facility reported a small uptick in urinary tract infections. Discussed analysis of the root cause of these infections and recognizing a change with the restorative team that impacted resident hydration. Discussed steps taken to ensure resident hydration improves.

The facility recently worked on its patio and added some seating areas. There are also raised gardens for the residents to utilize in this space.

Provided quarterly joint training regarding advance care planning. Discussed the importance of including residents and their families or surrogate decision-makers to support informed healthcare decisions. Discussed the importance of aligning medical care with individual preferences, including decisions related to life-sustaining measures and other medical interventions. Reviewed the use of legal documents, including the Directive to Physicians, Medical Power of Attorney, and Out-of-Hospital Do-Not-Resuscitate (DNR) orders, to ensure decisions are documented and honored. Discussed the need for ongoing, periodic discussions to maintain current and accurate care preferences.

The interdisciplinary team manages and audits DNR and advanced directives. Discussed a meeting which was held yesterday auditing these systems. Discussed processes and procedures the facility follows when there are changes to these care plans. The facility works to ensure staff are also educated and aware of changes.

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Red Oak Health and Rehabilitation Center

101 Reese Drive
Red Oak, TX 74154

April 16, 2026

Facility Administrator: Lee Richard

Red Oak Health and Rehabilitation Center is licensed for 144 beds, and its current census is 106 residents including 9 skilled patients. The facility has one planned discharge and one new admission tomorrow. Discussed marketing efforts to share news of the recent overall star rating increase to 4-star. A team member from the Methodist Hospital is visiting the facility soon to discuss the opportunity to participate in the hospital's ACO plan.

The facility is seeking an ADON, four nurses, and nine CNAs. There were fourteen staff who have started orientation this week and will be filling several of these openings. Discussed continued efforts to support staff recruitment and retention efforts.

A state surveyor is in the facility today to investigate a complaint and review corrections made in response to the fullbook survey last month. The visit has been going well, and the administrator expects the surveyor to exit soon.

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

The facility held its monthly QAPI meeting yesterday and reviewed clinical outcomes and quality measures observed in March. The team is continuing to focus on fall prevention and staffing.

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

Discussed opportunities to improve customer service. The facility offers routine education and in-servicing on this topic to staff members.

Discussed plant operations and waiting on delivery of a part to finish repairs on the call light system. The call lights work, but there are issues with the alerts not sounding at the nurse station. Discussed ongoing rounds and having staff work on the floor to ensure all residents' needs and call lights are being answered.



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

April 24, 2026

Facility Administrator: Bobby Simpkins

Silver Spring is licensed for 120 beds, and its current census is 83 residents including 21 skilled patients. There are three residents in the hospital who are expected to readmit to the facility soon. There are two new admissions planned of residents transferring to Silver Spring from another facility.

There is only one opening for a dayshift nurse at this time. The new medical records manager is in place.

There have not been any recent visits by state surveyors. The facility submitted a new self-report regarding an allegation of abuse. Discussed internal investigations completed and actions taken to educate and in-service staff. Discussed continued feedback and monitoring of changes in the plans of correction from fullbook survey in January.

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

The facility held its monthly QAPI meeting and outcomes observed in March. The facility is focusing on updating personnel files. There is a PIP in place to routinely check personnel files. Discussed updates with the medical director and plans for upcoming changes and improved collaboration.

There are no trends or outbreaks reported under infection control.

Discussed some grievances regarding meal service. There have been some changes to the alternate menu. Discussed review of the menus to see where further changes can be made to improve resident satisfaction.

Provided quarterly joint training regarding advance care planning. Discussed the importance of including residents and their families or surrogate decision-makers to support informed healthcare decisions. Discussed the importance of aligning medical care with individual preferences, including decisions related to life-sustaining measures and other medical interventions. Reviewed the use of legal documents, including the Directive to Physicians, Medical Power of Attorney, and Out-of-Hospital Do-Not-Resuscitate (DNR) orders, to ensure decisions are documented and honored. Discussed the need for ongoing, periodic discussions to maintain current and accurate care preferences.

The facility reports having good processes in place to manage advance care planning. The facility's social worker is hands on managing these processes and maintaining up to date advance directives.

Joint Training Information

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Key components of advance care planning include the documentation of advance directives such as the Directive to Physicians, Medical Power of Attorney, and Out-of-Hospital Do-Not-Resuscitate (DNR) orders. These documents outline preferences regarding life-sustaining treatments, including CPR, artificial ventilation, nutrition, hydration, and broader care goals. Clear documentation and communication are essential for advance care planning compliance. Advance care planning discussions should occur upon admission and be revisited regularly, including when there are changes in condition or resident preferences.

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Please see the following links for additional information and resources on this topic:

[Advance Care Planning](#)

[Advance Care Planning Facility Checklist](#)

[Advance Care Planning Protocol](#)

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Gulf Pointe Plaza
1008 Enterprise Blvd.
Rockport, TX 78382

April 21, 2026

Facility Administrator: Michael Higgins

The following report is from the site visit to Gulf Pointe Plaza on April 21, 2026. A tour of the building was provided after a meeting was held with the administrator for an update on the facility.

Gulf Pointe Plaza is licensed for 120 beds, and its current census is 69 residents. The facility discussed efforts to develop and grow the census. There have been several discharges of long-term care patients this year. Discussed working to build back up the long-term care base. The facility reported it serves in an area with a high Veteran population. The team is working to execute a VA contract in order to admit Veterans to the facility. Once this contract is executed, Gulf Pointe Plaza will be the only facility with a Veterans contract in the area.

Staffing efforts are being managed well with no major issues reported. The facility is seeking one CNA at this time. Overtime is under control and the facility is working to have overtime at or below 4%. Discuss utilization of 12-hour shifts in the facility and efforts to support and develop team members. The weekend staff is also doing well and the administrator reports having strong nurses on the weekends.

The facility recently submitted its plan of correction for the recent full book survey. The plan of correction was accepted and reviewed. There has not been any other survey activity and no reports of any new self-reports.

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

The facility held its monthly QAPI meeting on April 15. Discussed work by the interdisciplinary team to investigate a spike in anti-anxiety utilization. All residents utilizing these medications have their proper diagnoses so the team is investigating why the spike was reflected in the data. The facility is also triggering for falls with major injury, but this is largely due to the

historical data which will eventually fall off. Falls have decreased due to the implementation of activities after meals. After each meal, the facility offers activities and reports great participation by residents. These activities have supported keeping residents supervised and having something to do after their meals which is supporting fall prevention efforts.

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

There are no trends in grievances reported.

The facility reported there are some termites in a part of the kitchen. The pest control company visited the building today to provide a quote for termite services.

The facility is also working to paint the facility to be updated and uniform with its color schemes. Discussed working to do some touchup work to further uplift the environment.

The facility was very calm and peaceful, offering a homelike environment for residents. There was a large group of residents gathered in the front lobby participating in an activity together having just completed lunch service.

Staff were seen throughout the building, tending to the needs of the residents and answering call lights. The hallways were clean, organized, and free of clutter. There were some blemishes and markings on the walls and door frames, but these are being addressed with the upcoming painting project.

The facility has updated a shower room with tile which looks very professional. Discussed adjustments made to one of the fire exits at the end of the north hall.

The facility is adding a placard and display for veterans which will be in the resident lounge outside the dining room. The veterans are planned to be on the southeast hall when they're approved to be admitted. The therapy gym at the end of the northeast hall will be reopened as the census grows demanding more therapy services.

The dining room was immaculate having completed lunch services. The space had already been wiped down and the floors have been mopped. The room offers a very professional yet welcoming environment for residents to enjoy mealtime. Discussed plans to replace one of the windows in the dining room, as well as the administrator's office due to moisture being trapped between the two glass panes.

Discussed an upcoming nurse meeting that the administrator and DON will be attending. Discussed other activities that are ongoing for staff recognition and retention efforts. The team is consistently working to build and develop staff skills and depth. Discussed the importance of creating an environment where staff want to work.



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Arbrook Plaza
401 West Arbrook Blvd.
Arlington, TX 76014

April 23, 2026

Facility Administrator: Jodi Scarbro

Arbrook Plaza is licensed for 120 beds, and its current census is 90 residents including 26 skilled patients. The facility does not have any planned discharges, and there are three skilled admissions planned today.

There was only one staff opening reported for a CNA. The former treatment nurse took a charge nurse position. The team is considering if it will replace the treatment nurse. The administrator is involved in building an AIT development program.

The facility was visited by the state on April 14 to investigate a complaint. All investigations were unsubstantiated related to the complaint, but the facility received a state tag regarding incident reporting due to staff interviews conducted by the surveyor.

The facility has one new self-report being submitted regarding a resident who had a fracture that seemed to occur during a transfer. Discussed review of the transfer and confirming protocol was followed. The resident is expected to return to the facility tomorrow.

Arbrook Plaza has a 4-star rating overall. The facility has a 4-star rating in Health Inspections, a 1-star rating in Staffing, and a 5-star rating in Quality Measures. The facility's overall and health inspections star ratings increased from 3-star and 2-star ratings. The facility has the best overall star rating in Arlington as there are no other buildings with 4-star or 5-star overall ratings in Arlington.

The facility held its monthly QAPI meeting and the facility reported on progress with focus areas. The facility closed two performance improvement plans due to successful completion.

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

Provided quarterly joint training regarding advance care planning. Discussed the importance of including residents and their families or surrogate decision-makers to support informed healthcare decisions. Discussed the importance of aligning medical care with individual preferences, including decisions related to life-sustaining measures and other medical interventions. Reviewed the use of legal documents, including the Directive to Physicians, Medical Power of Attorney, and Out-of-Hospital Do-Not-Resuscitate (DNR) orders, to ensure decisions are documented and honored. Discussed the need for ongoing, periodic discussions to maintain current and accurate care preferences.

The facility reported on its processes to manage advance care planning. The social worker is very diligent in keeping these documents up to date and ensuring care plans are current at all times. Discussed the importance of managing advance directives and DNRs to ensure services rendered align with residents' choices.

Joint Training Information

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Advance care planning is an ongoing, structured process that includes education, discussion, documentation, and regular review. Facilities are expected to provide residents and their representatives with information about available advance directive options. Staff should be educated on advance care planning practices and understand their role in supporting resident preferences.

Key components of advance care planning include the documentation of advance directives such as the Directive to Physicians, Medical Power of Attorney, and Out-of-Hospital Do-Not-Resuscitate (DNR) orders. These documents outline preferences regarding life-sustaining treatments, including CPR, artificial ventilation, nutrition, hydration, and broader care goals. Clear documentation and communication are essential for advance care planning compliance. Advance care planning discussions should occur upon admission and be revisited regularly, including when there are changes in condition or resident preferences.

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Please see the following links for additional information and resources on this topic:

[Advance Care Planning](#)

[Advance Care Planning Facility Checklist](#)

[Advance Care Planning Protocol](#)

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

April 22, 2026

Facility Administrator: Matt Mewborn

Treviso Transitional Care Center is licensed for 140 beds, and its current census is 102 residents including 23 skilled patients. The facility has three admissions planned today with a possible fourth admission. There are a few discharges this weekend, and the facility has several referrals under review.

The facility is fully staffed on nurses at this time. The team is recruiting to hire two nightshift CNAs.

There have not been any recent visits to the facility by state surveyors, and there are no new self-reports at this time. The facility is in its annual fullbook survey window and discussed mock survey plans. The administrator is also updating and reviewing the survey binder.

Treviso Transitional Care Center has a 1-star overall rating. The facility has a 1-star rating in Health Inspections, a 2-star rating in Staffing and a 4-star rating in Quality Measures.

The facility reported it held its monthly QAPI meeting on Monday. The team is still watching falls and has a performance improvement plan addressing fall prevention efforts. Readmissions have been trending down, but the facility is maintaining a focus to ensure there is further improvement.

Infection control efforts are going well, and there are no current outbreaks or trends. Discussed accepting new admissions from the hospital who sometimes have active infections. The team prepares for these new admissions to ensure their needs are managed while ensuring all other residents are safe.

The facility reported its corporate team visited the building yesterday in order to recognize the team's director of therapy. Discussed the importance of taking opportunities to recognize staff members and show appreciation.

Provided quarterly joint training regarding advance care planning. Discussed the importance of including residents and their families or surrogate decision-makers to support informed healthcare decisions. Discussed the importance of aligning medical care with individual preferences, including decisions related to life-sustaining measures and other medical interventions. Reviewed the use of legal documents, including the Directive to Physicians, Medical Power of Attorney, and Out-of-Hospital Do-Not-Resuscitate (DNR) orders, to ensure decisions are documented and honored. Discussed the need for ongoing, periodic discussions to maintain current and accurate care preferences.

The facility discussed opportunities to ensure advanced care planning is managed well. The team works to ensure residents' wishes are honored and respected in all aspects of care.

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Forum Parkway Health & Rehabilitation
2112 Forum Parkway
Bedford, TX 76021

April 24, 2026

Facility Administrator: Eric Johnan

Forum Parkway Health & Rehabilitation is licensed for 139 beds, and its current census is 91 residents including 20 skilled patients. There are a few pending admissions today. Discussed other referrals under review and evaluation of marketing efforts.

The facility has been focusing on making appropriate adjustments to manage shifts and meet staffing ratios. Discussed the importance of maintaining staffing levels in line with changes in the census.

There have not been any recent visits by state surveyors and there are no new self-reports. The administrator submitted evidence of compliance related to the recently submitted plan of correction for fullbook survey. The team expects to receive acceptance notice from the state soon.

Forum Parkway Health & Rehabilitation has a 4-star rating overall. The facility has a 3-star rating in Health Inspections, a 2-star rating in Staffing, and a 5-star rating in Quality Measures.

The facility reported on its monthly QAPI meeting and clinical discussions. The facility reports outcomes have been steady, but the team is still watching falls. Discussed work by the interdisciplinary team to support corrections from the recent fullbook survey.

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

Discussed efforts to ensure grievances are being properly documented and tracked. There haven't been any trends in grievances, but the facility aims to promptly resolve any issues.

Discussed a recent fundraising event to raise money to support staff through emergencies and extenuating circumstances.

Provided quarterly joint training regarding advance care planning. Discussed the importance of including residents and their families or surrogate decision-makers to support informed healthcare decisions. Discussed the importance of aligning medical care with individual preferences, including decisions related to life-sustaining measures and other medical interventions. Reviewed the use of legal documents, including the Directive to Physicians, Medical Power of Attorney, and Out-of-Hospital Do-Not-Resuscitate (DNR) orders, to ensure decisions are documented and honored. Discussed the need for ongoing, periodic discussions to maintain current and accurate care preferences.

The administrator reported the facility routinely completes chart audits for DNRs and advance directives. Discussed the importance of ensuring these processes are maintained to support providing care aligned with residents' choices. Reviewed the facility's process to review advance directives during the admitting process as well.

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Winnie-Stowell Hospital District

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

April 21, 2026

Facility Administrator: Martha Paddie

Copperas Cove LTC is licensed for 124 beds, and its current census is 82 residents. The facility reported a respite patient recently discharged, but there is one admission pending insurance authorization.

Staffing efforts have seen some recent hires including an MDS nurse and an ADON who have both started employment. There is also a new weekend supervisor who is going through training now. The facility is still seeking a wound care nurse, two charge nurses, and five CNAs. The facility has lots of applicants for PRN employment, but is focusing efforts to hire full-time staff. When there are vacancies needing coverage, the facility uses full-time and PRN staff and supplements with agency staffing when needed.

The facility reported state surveyors visited to complete the life safety portion of the facility's fullbook survey which was not completed last year. The state came on March 25 and there were five tags. The findings were related to sealing a hole in water heater room wall, completing fire drills monthly, repair or replacement of some exhaust fans, and there were some sprinkler heads in the kitchen that needed to be replaced. The majority of these findings have already been fixed, and a team will be out to address the sprinkler heads this week.

There was a separate visit by state surveyors last week who were in the facility for three days. The investigators were there to investigate some outstanding self-reports and complaints. There were two self-reports which were unsubstantiated and two complaints that were also unsubstantiated. During the visit through observations, there was a finding related to documentation, and a second finding related to failing to follow up physician orders. Discussed focusing on documentation for nurses and CNAs. The administrator expects these findings to be low scope and severity.

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

The facility will hold its monthly QAPI meeting this week on Thursday. Discussed follow up from recent survey activity and ensuring monitoring is in place. The facility is really working to improve documentation and compliance. Discussed working with the new ADON to support the QAPI processes. The facility is also watching falls and discussed fall prevention best practices and strategies.

Infection control efforts are going well at this time with no reported outbreaks or trends. The facility reported there was a resident and their roommate who had lice, but there have been no issues since.

The facility recently switched its food vendor, and there have consequently been some changes with the menus. Discussed some grievances due to the change in menus, but compliments about improvements on the taste of the food in the building. There's also a new juice vendor making juice available to residents, which has been a very pleasant addition.

Provided quarterly joint training regarding advance care planning. Discussed the importance of including residents and their families or surrogate decision-makers to support informed healthcare decisions. Discussed the importance of aligning medical care with individual preferences, including decisions related to life-sustaining measures and other medical interventions. Reviewed the use of legal documents, including the Directive to Physicians, Medical Power of Attorney, and Out-of-Hospital Do-Not-Resuscitate (DNR) orders, to ensure decisions are documented and honored. Discussed the need for ongoing, periodic discussions to maintain current and accurate care preferences.

The facility reviews advanced directives upon admission and reviews them during care planning processes too. Discussed the importance of keeping these up-to-date and ensuring that staff are aware when there are changes to these care plans.

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

April 28, 2026

Facility Administrator: Brittany Smith

Winnie L LTC is licensed for 105 beds, and its current census is 39 residents. For the month of March, the facility averaged a census of 41 residents. The facility admitted a new resident yesterday, and has another admission planned Friday. There is one resident in the hospital who is expected to return to the facility soon.

The facility currently has openings for two CNAs and one nurse. Brittany Smith the facility's administrator will be departing on May 11. The facility is recruiting a replacement administrator. During the month of March, the facility had 68 total employees and a 2% turnover rate.

The facility was visited by state surveyors last week to investigate two self-reports and one complaint. All reasons for investigation were unsubstantiated.

Winnie L LTC has a 2-star overall rating. The facility has a 2-star rating in Health Inspections, a 2-star rating in Staffing, and a 4-star rating in Quality Measures.

Discussed fall prevention efforts to support reducing the fall rate in the building. There were eighteen total falls and three residents who experienced repeat falls in March. Infections have been managed well and there were no major outbreaks or trends last month.

The facility reported on clinical outcomes observed in March. There were two residents with pressure ulcers, and six residents who experienced significant weight loss. Discussed interventions to improve outcomes with residents affected by these systems.

In March, the facility met its Component 1 targets for falls with major injury, lost too much weight, and antipsychotic medication utilization. Discussed continued efforts to improve outcomes for urinary tract infections and locomotion independently worsened. The facility met its target under Component 2 for CNA Hours, but did not reach its targets for licensed

nurse hours or total nursing hours. The facility is still maintaining its PIP addressing new/worsened bowel/bladder incontinence under Component 3. All targets were met under Component 4.



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

April 15, 2026

Facility Administrator: Lorraine Haynes

The Villa at Texarkana is licensed for 120 beds, and its current census is 95 residents. There are five residents in the hospital at this time who are expected to be readmitted to the facility soon. The facility has several new referrals under review at this time as well. Discussed the referral review process and methods the facility uses to ensure new residents have a successful admission.

The facility has a few staff openings, but is managing all coverage needs. The facility maintains its staffing without utilizing agency.

Discussed the facility's recent fullbook survey and acceptance of the POCs for the health and life safety surveys. The facility was visited by a state surveyor last week to investigate an intake. All reasons for investigation during this visit were unsubstantiated. The facility is submitting a new self-report regarding a resident with an injury of unknown origin.

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

The facility will hold its monthly QAPI meeting this Friday. Discussed preparation by the interdisciplinary team to review clinical outcomes and systems as a team. The administrator will also review the recent POCs submitted to the state and the facility's adherence to ongoing monitoring and corrections.

There is no COVID in the facility at this time. Discussed ongoing efforts to ensure staff and residents are informed about infection control policies in the facility.



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Parkview Manor Nursing & Rehabilitation
206 N. Smith St.
Weimar, TX 78962

April 27, 2026

Facility Administrator: Kristi Kelly
Facility DON: Cynthia Jordan

Parkview Manor Nursing & Rehabilitation is licensed for 94 beds, and its current census is 35 residents. For the month of March, the facility averaged a census of 31 residents.

The facility has four openings at this time including an administrator and two direct care staff. The facility has hired a new DON who will begin employment tomorrow. There is an interim administrator in place until a permanent replacement is hired. During the month of March, the facility reported 57 total employees.

There was a visit by the state on March 4 which ultimately resulted in three deficiencies including a substandard H-tag due to an abuse allegation. The allegation had previously been investigated and closed in December, but a new surveyor reopened the investigation and substantiated the finding. The facility's POC is in progress and the team has provided additional education and in-services to staff.

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

The facility reported on outcomes observed in March as discussed in its recent QAPI meeting. There were sixteen total falls and three residents who experienced repeat falls. The facility discussed evaluation of fall prevention efforts and interventions. There were only two facility acquired infections during March, and two residents with pressure ulcers.

Discussed QIPP Measures and tracking progress relative to targets in March. The facility met three targets under Component 1 and is working to improve falls with major injury and urinary tract infections. Discussed coding of MDS assessments affecting UTIs. The facility did not meet any staffing targets in Component 2, but it met all targets in Component 3. The facility

did not meet its target for pressure ulcers under Component 4 and is reviewing assessments for accuracy.



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Scott Johnson, Nursing Facility Specialist
Winnie-Stowell Hospital District

Gracy Woods Nursing Center
12021 Metric Blvd
Austin, TX 78758

April 29, 2026

Facility Administrator: Heather Devine

Gracy Woods Nursing Center is licensed for 122 beds, and its current census is 93 residents including 2 skilled patients. The facility has one resident in the hospital who is expected to return soon.

The facility has a few CNA openings at this time. There were six nurse aides in training who were separated from employment due to not completing their testing timely. Despite these staff leaving, the facility has replacements lined up to cover these openings. Discussed taking opportunities to ensure new staff are trained properly.

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

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 graduated from its rapid response program with the quality monitoring team. The facility is expecting a visit at the end of May or June for another special focus survey. The facility held its monthly QAPI meeting on April 14. The main focus of the team is state readiness preparations and maintaining improvements made through working with the rapid response team.

There are no reported trends or outbreaks related to infection control. Discussed the management of two recent cases of ESBL.

The facility's laundry issues have been largely resolved, and the team is focusing on customer service at this time. Discussed working on dialect and tone when speaking to residents. The team is also looking closely at reviews of the facility left by visitors and residents on Google.

The facility uses these reviews as a source of information of issues, feedback, and complaints. The team is taking opportunities to in-service staff to improve customer service.

The facility's gutters have been taken down and the building has been painted and is being power washed. The contractor reported the tile is in route to replace the facility's carpet floors. The tile for the shower rooms has arrived and the project will be started next week. Each shower room will take about three days and all should be complete in a month's time.

Provided quarterly joint training regarding advance care planning. Discussed the importance of including residents and their families or surrogate decision-makers to support informed healthcare decisions. Discussed the importance of aligning medical care with individual preferences, including decisions related to life-sustaining measures and other medical interventions. Reviewed the use of legal documents, including the Directive to Physicians, Medical Power of Attorney, and Out-of-Hospital Do-Not-Resuscitate (DNR) orders, to ensure decisions are documented and honored. Discussed the need for ongoing, periodic discussions to maintain current and accurate care preferences.

The facility completes advance care planning audits at least weekly. Discussed the importance of having routine audits to ensure all updates advance directives are current. The facility has a code status binder that is maintained to ensure staff know current status of residents.

Joint Training Information

Advance Care Planning in nursing facilities is an essential component of providing person-centered care to residents. The primary purpose of advance care planning is to ensure clinical care aligns with each resident's preferences, particularly when they are near end of life or when they lack decision-making capacity. This process improves quality of life and resident satisfaction by providing clinical care aligned with the expressed wishes of the resident.

Advance care planning is an ongoing, structured process that includes education, discussion, documentation, and regular review. Facilities are expected to provide residents and their representatives with information about available advance directive options. Staff should be educated on advance care planning practices and understand their role in supporting resident preferences.

Key components of advance care planning include the documentation of advance directives such as the Directive to Physicians, Medical Power of Attorney, and Out-of-Hospital Do-Not-Resuscitate (DNR) orders. These documents outline preferences regarding life-sustaining treatments, including CPR, artificial ventilation, nutrition, hydration, and broader care goals. Clear documentation and communication are essential for advance care planning compliance. Advance care planning discussions should occur upon admission and be revisited regularly, including when there are changes in condition or resident preferences.

Effective advance care planning requires a proactive, interdisciplinary approach focused on resident choice, communication, and documentation. Implementation of these best practices supports regulatory compliance, improves quality of care, and ensures residents' wishes are consistently honored.

Please see the following links for additional information and resources on this topic:

[Advance Care Planning](#)

[Advance Care Planning Facility Checklist](#)

[Advance Care Planning Protocol](#)

Thank you for your attention to advance care planning and your commitment to providing person-centered care. Your efforts are essential in supporting resident dignity and quality of life. Please contact me at your convenience if you have any questions.



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

Garland Nursing and Rehabilitation
321 N Shiloh Rd
Garland, TX 75042

April 29, 2026

Facility Administrator: Wanda Ledford

Garland Nursing and Rehabilitation is licensed for 122 beds, and its current census is 80 residents. The facility has one resident returning from the hospital today with a few more pending later this week.

The facility is still working through candidates for a new social worker. There are three CNA openings at this time as well. A nurse was hired but didn't show for orientation today. Discussed working to ensure staff are held accountable according to facility policy.

There was a visit by a state surveyor last Friday for the investigation of six self-reports and two complaints. There was a deficiency cited for abuse due to a resident bruising another resident. The aggressor did not have a history of being aggressive, but she grabbed the arm of another resident and caused bruising on her arm. Discussed separating these residents and ensuring all residents are safe. There are no outstanding self-reports at this time.

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 held its monthly QAPI meeting earlier this week. Discussed working on care plans and maintaining monitoring of recent survey findings. Discussed ongoing review of medication administration and resident safety. The team is making sure all residents take medication correctly, even when self-administering to ensure there are no medication errors. Weights are continuing to improve due to recent interventions.

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

Provided quarterly joint training regarding advance care planning. Discussed the importance of including residents and their families or surrogate decision-makers to support informed healthcare decisions. Discussed the importance of aligning medical care with individual

preferences, including decisions related to life-sustaining measures and other medical interventions. Reviewed the use of legal documents, including the Directive to Physicians, Medical Power of Attorney, and Out-of-Hospital Do-Not-Resuscitate (DNR) orders, to ensure decisions are documented and honored. Discussed the need for ongoing, periodic discussions to maintain current and accurate care preferences.

Discussed routine audits completed to verify DNR status for residents. The facility strives to ensure all aspects of care are personalized and match the preferences of the residents.

Joint Training Information

Advance Care Planning in nursing facilities is an essential component of providing person-centered care to residents. The primary purpose of advance care planning is to ensure clinical care aligns with each resident's preferences, particularly when they are near end of life or when they lack decision-making capacity. This process improves quality of life and resident satisfaction by providing clinical care aligned with the expressed wishes of the resident.

Advance care planning is an ongoing, structured process that includes education, discussion, documentation, and regular review. Facilities are expected to provide residents and their representatives with information about available advance directive options. Staff should be educated on advance care planning practices and understand their role in supporting resident preferences.

Key components of advance care planning include the documentation of advance directives such as the Directive to Physicians, Medical Power of Attorney, and Out-of-Hospital Do-Not-Resuscitate (DNR) orders. These documents outline preferences regarding life-sustaining treatments, including CPR, artificial ventilation, nutrition, hydration, and broader care goals. Clear documentation and communication are essential for advance care planning compliance. Advance care planning discussions should occur upon admission and be revisited regularly, including when there are changes in condition or resident preferences.

Effective advance care planning requires a proactive, interdisciplinary approach focused on resident choice, communication, and documentation. Implementation of these best practices supports regulatory compliance, improves quality of care, and ensures residents' wishes are consistently honored.

Please see the following links for additional information and resources on this topic:

[Advance Care Planning](#)

[Advance Care Planning Facility Checklist](#)

[Advance Care Planning Protocol](#)

Thank you for your attention to advance care planning and your commitment to providing person-centered care. Your efforts are essential in supporting resident dignity and quality of life. Please contact me at your convenience if you have any questions.

Administrator: Stanley Lira, LNFA, CHC, CCR
DON: Adriane Ruffin, RN
Director of Talent and Learning: Ryan Walter, LNFA

FACILITY INFORMATION

Park Manor Cy-fair is a 120-bed facility with a current overall star rating of 5 (now have a banner at front of building) and 5 in quality measures. The census on the day of the call was 109: PP: 10, MC: 3, MDC: 56 + 4 pending, HMO: 32, Hospice: 4.

The QIPP site visit was conducted over the phone. The Administrator was out of the country but Ryan Walter, LNFA was available and very helpful. The Ryan reports the facility is currently COVID_19 free.

The facility has regular outings to the store and for Bingo. Residents and staff can purchase snacks in a store at the front lobby area (everything is \$1.00). The facility had their Easter celebration with an egg hunt (including school children) and an Easter dinner. Ryan reports the facility has a Mother's Day celebration that will include both residents and staff.

Ryan reports is Director of Talent and continues with a MAD genius program, birthdays, monthly food provisions and they also do employee of the month program. The facility has a monthly celebration for staff and this month it was a potluck. Ryan reports that the facility will be celebrating Nursing Home week and Nurse's week.

EDUCATION PROVIDED

- Reviewed QIPP year 9 –Data collection for QTR 3 ended 03/31/2026. The facility is currently meeting 4 of 4 components with a PIP in place for staffing, weight loss and anti-anxiety.
- Reviewed upcoming QIPP year 10 – To start as of 09/01/2026. Same MDS quality measures. Only change is the 3 metrics in component 2 will all be equally weighted.

SURVEY INFORMATION

The facility had the state in the building in November 2025, to investigate 2 complaints that were unsubstantiated, no citations.

REPORTABLE INCIDENTS

In **Oct/Nov/Dec 2025**- the facility had 0 self-reports.

CLINICAL TRENDING FOR JAN/FEB/MARCH 202

Incidents/Falls:

Park Manor of Cyfair reported - 14 total falls without injury and 5 falls with injury with 2 repeat falls, 4 skin tears, 0 bruises, 0 fractures, 0 behaviors, 1 Laceration and 0 Elopements.

Infection Control:

Park Manor of Cyfair reported a total of 9 infections- 4 UTI's; and 3 Wound infections, 2 Respiratory infections; 0 Blood infections; 0 GI infections; 0 Genital infections; 0 EENT infections and 0 Other infection.

Weight loss:

Park Manor Cyfair reported - 3 residents with 5% in 1 month or less weight loss and 5 residents with greater than 10% weight loss in 6 months. The facility does have a PIP in place for this measure.

Pressure Ulcers:

Park Manor Cyfair reported –8 residents with pressure ulcers, totaling 10 sites, 2 of them facility acquired.

Restraints:

Park Manor of Cy-fair is a restraint free facility.

Staffing:

Current Open Positions						
Shift	RN	LVN	Nurse Aide	Hskp.	Dietary	Activity
6 to 2	0	0	0	0	0	0
2 to 10	0	0	0	0	0	0
10 to 6	0	0	0	0	0	0
Other	N/A	N/A	N/A	N/A	N/A	N/A
# Hired this month	0	0	17	0	0	0
# Quit/Fired	0	0	16	0	0	0

Total number employees: 123 Turnover rate%: .09%

CASPER REPORT Information not provided

Indicator	Current %	State %	National %	Comments/PIPs
Percent of residents who used antianxiety or hypnotic medication (L)	8.45%	17.57%	18.53%	
Fall w/Major Injury (L)	0%	3.18%	2.81%	
UTI (L)	0%	0.63%	0.98%	
High risk with pressure ulcers (L)	2.56%	4.35%	5.27%	
Loss of Bowel/Bladder Control(L)	7.93%	13.85%	19.08%	
Catheter(L)	0%	0.32%	0.74%	
Physical restraint(L)	0%	0.03%	0.07%	
Residents whose ability to walk independently worsened (L)	30.08%	14.05%	12.38%	Will review for PIP
Excessive Weight Loss(L)	1.41%	3.07%	5.32%	
Depressive symptoms(L)	0%	2.20%	18.41%	
Antipsychotic medication (L)	5.63%	8.25%	12.62%	

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

of GDR ATTEMPTS in the month: How many successful?
of Anti-anxiety (attempts:10 successful: 10 failed: 0)
of Antidepressants (attempts: 44 successful: 41 Failed: 3)
of Antipsychotic (attempts: 9 successful: 7 failed 2)
of Sedatives (attempts: 9 successful: 8 failed: 1)

DIETICIAN Recommendation concerns/Follow Up? No concerns

SOCIAL SERVICES: NUMBER/TYPE OF GRIEVANCES (RESOLVED OR NOT)- January – 7; February – 9; March - 7

TRAUMA INFORMED CARE IDENTIFIED: None

ACTIVITIES PIP/CONCERNS: None

DIETARY: PIP/CONCERNS: None

ENVIRONMENTAL SERVICES: PIP/CONCERNS: None

MAINTENANCE PIP/CONCERNS: None

MEDICAL RECORDS/ CENTRAL SUPPLY PIPS/CONCERNS: None

MDS PIPS/CONCERNS: None

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

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

Indicator	State Benchmark	Baseline Target	Results	Met (5% improvement) Y/N	Comments
Metric 1: (CMS N013.02) Percent of residents experiencing one or more falls with major injury	3.28%	0.32%	0%	Y	MET BOTH TARGETS
Metric 2: (CMS N024.02) Percent of residents with a urinary tract infection	0.84%	0%	2.70%	N	Will review for PIP
Metric 3: (CMS N029.03) Percent of residents who lose too much weight	4.11%	3.53%	5.88%	N	PIP in place
Metric 4: (CMS N031.04) Percent of residents who received an antipsychotic medication	8.02%	3.48%	4.55%	Y	MET PROGRAM TARGETS

Metric 5: (CMS N035.04) Percent of residents whose ability to walk independently worsened	21.93%	28.97%	16.67%	Y	MET BOTH TARGETS
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Component 2 -Workforce Development HPRD Measures (All Facilities). Achievement in 1 metric earns 70% of eligible funds; achievement in 2 metrics earns 100%

Indicator	National Benchmark	Baseline Target	Performance Target of 1% improvement	Results	Met Y/N	Comments
Payroll Based Journal (PBJ) - Staffing Measure in Hours Per Resident Day (HPRD)	Met Y/N					
Metric 1: Reported Certified Nursing Assistant (CNA) HPRD 60% weighted	2.32%	1.90%		1.93%	N/Y	
Metric 2: Reported Licensed Nursing HPRD 85% weighted	0.87%	1.19%		1.22%	Y	
Metric 3: Reported Total Nursing Staff HPRD 100% weighted	3.86%	3.09%		3.14	N/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?						
• 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?						
• 8 additional hours non-concurrency scheduled?						
• Additional hours provided by direct care staff?						
• 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?						
• 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)	Comments
				Y/N	
Metric 1: (CMS N030.03) Percent of residents who have depressive symptoms	9.79%	0.72%	0%	Y	MET BOTH TARGETS

Metric 2: (CMS N036.03) Percent of residents who used antianxiety or hypnotic medication	19.93%	7.19%	11.11%	Y/N	
Metric 3: (CMS N046.01) Percent of residents with new or worsened bowel or bladder incontinence	20.92%	6.86%	6.45%	Y	MET PROGRAM TARGET

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	4.89 %	5.94%	0.0%	Y	MET BOTH TARGETS
Metric 2: (CMS N026.03) Percent of residents who have/had a catheter inserted and left in their bladder	0.89%	0.74%	0.0%	Y	MET BOTH TARGETS

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

FACILITY INFORMATION

Park Manor Humble is a 125-bed facility with a current census of 95: 3 PP, 4 MCR, 53 MCD, 21 HMO, 3 Hospice and 11 VA. Their overall star rating is 3 and their Quality Measures rating is 5.

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

The Administrator reports that the facility had an Easter Bunny with pictures and an inside Easter egg hunt. The Administrator reports the facility continues with extra transports (2 per month), bowling, Walmart, restaurants, aquarium and to a giant thrift store. Trying to set up outings to a casino and an Astros game. The facility is planning something for Cinco De Mayo, Mother's Day and they will be celebrating Nursing Home week with a food trailer.

The Administrator reports the facility has a Director of Talent and the facility continues to follow the AHCA calendar for recognizing each department. The facility will be including the staff in the food trailer and they will be celebrating Nurse's week.

EDUCATION PROVIDED

- Reviewed QIPP year 9 –Data collection for QTR 3 ended 03/31/2026. The facility is currently meeting 2 of 4 components with a PIP in place for staffing and Pressure ulcers.
- Reviewed upcoming QIPP year 10 – To start as of 09/01/2026. Same MDS quality measures. Only change is the 3 metrics in component 2 will all be equally weighted.

SURVEY INFORMATION

The Administrator reports the facility had their full book survey in April and they are still waiting on the 2567. The state also came in March to investigate a complaint and a self-report, both were cleared, no citations.

REPORTABLE INCIDENTS

Jan/Feb/March 2026 – 1 self-report and 1 complaint, both cleared.

CLINICAL TRENDING JAN/FEB/MARCH 2026

Incidents/Falls:

Park Manor of Humble had 11 total falls without injury (2 repeat falls) and 2 falls with injury, 2 received a skin tear, 1 Elopement, 0 Fractures, 0 Lacerations, 1 behavior and 0 bruises.

Infection Control:

Facility reports 46 total infections – 5 UTI's; 9 Respiratory infections; 0 EENT infections; 0 Blood infections; 12 Wound infections; 8 Stool infections; 3 Genital infections; 3 GI infections and 6 Other infections.

Weight loss:

Park Manor of Humble reported Weight loss information to include 6 total residents with weight loss. Of which 6 has a loss of 5-10% and 0 with a > 10% loss.

Pressure Ulcers:

There were 12 residents with 36 pressure ulcer sites – 6 acquired in house.

Restraints:

Park Manor of Humble is a restraint free facility.

STAFFING COMPONENT:

Current Open Positions						
Shift	RN	LVN	Nurse Aide	Hskp.	Dietary	Activity
6 to 2						
2 to 10			2			
10 to 6			1			
Other						
# Hired this month		4	6	4	2	
# Quit/Fired		2	8	2	1	

Total number employees: 115 **Turnover rate%:** 85%

CASPER REPORT

Indicator	Current %	State %	National %	Comments/PIPs
Percent of residents who used antianxiety or hypnotic medication (L)	6.5%	18.1%	19.7%	
Fall w/Major Injury (L)	2.9%	3.4%	3.4%	
UTI (L)	0%	0.9%	1.8%	
High risk with pressure ulcers (L)	3.0%	4.8%	5.8%	
Loss of Bowel/Bladder Control(L)	9.7%	14.8%	20.4%	
Catheter(L)	0%	0.6%	1.2%	
Physical restraint(L)	0%	0%	0.1%	
Residents whose ability to walk independently worsened (L)	30.0%	17.1%	17.4%	PIP in place, errors in documentation
Excessive Weight Loss(L)	0%	3.2%	5.6%	
Depressive symptoms(L)	0%	2.6%	13.4%	
Antipsychotic medication (L)	12.5%	9.7%	15.4%	Will review for PIP

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

of GDR ATTEMPTS in the month: How many successful?
 # of Anti-anxiety (attempts_8_ successful_5_ failed_3_)
 # of Antidepressants (attempts_ successful_ failed_)
 # of Antipsychotic (attempts_ successful_ failed_)
 # of Sedatives (attempts_ successful_ failed_)

DIETICIAN Recommendation concerns/Follow Up? Comes 2-3 times/month

SOCIAL SERVICES NUMBER/TYPE OF GRIEVANCES (RESOLVED OR NOT)- 36 Grievances, all resolved.

TRAUMA INFORMED CARE IDENTIFIED: NA

ACTIVITIES PIP/CONCERNS: None

DIETARY PIP/CONCERNS: Complaints of Cold food; issue was also part of two complaints during the full book survey. Surveyors reported that concern was still an issue during the survey

ENVIRONMENTAL SERVICES PIP/CONCERNS: None

MAINTENANCE PIP/CONCERNS: None

MEDICAL RECORDS/CENTRAL SUPPLY PIPS/CONCERNS: None

MDS PIPS/CONCERNS: None

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

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

Indicator	State Benchmark	Baseline Target	Results	Met (5% improvement) Y/N	Comments
Metric 1: (CMS N013.02) Percent of residents experiencing one or more falls with major injury	1.06%	3.28%	4.35%	No	Still have some that have not fallen off
Metric 2: (CMS N024.02) Percent of residents with a urinary tract infection	0%	0.84%	0%	Yes	
Metric 3: (CMS N029.03) Percent of residents who lose too much weight	0%	2.47%	0.38%	Yes	

Metric 4: (CMS N031.04) Percent of residents who received an antipsychotic medication	4.81%	8.01%	6.98%	N/Y	
Metric 5: (CMS N035.04) Percent of residents whose ability to walk independently worsened	18.33%	21.93%	24.58%	N	Will review for PIP

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

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	No	1.29%		1.19%	N	PIP in place- believe coding was recorded incorrectly
Metric 2: Reported Licensed Nursing HPRD 85% weighted	Yes	1.9%		1.92%	Y	
Metric 3: Reported Total Nursing Staff HPRD 100% weighted	No	3.11%		3.19%	N/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?						
Did NF maintain 8 additional hours (<i>non-managerial</i>) of RN staffing coverage per day, beyond the CMS mandate?					Y	
• 8 additional hours non-concurrently scheduled?					Y	
• Additional hours provided by direct care staff?					Y	
• Telehealth used?					Y	
NFs provided in total 12 or 16 hours of RN coverage, respectively, on at least 90 percent of the days within the reporting period?						
• Agency usage or need d/t critical staffing levels					N	

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

Indicator	National Benchmark	Baseline Target	Results	Met (5% Improvement)	Comments
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				Y/N	
Metric 1: (CMS N030.03) Percent of residents who have depressive symptoms	9.79%	1.21%	0%	Y	
Metric 2: (CMS N036.03) Percent of residents who used antianxiety or hypnotic medication	9.59%	13.98%	6.82%	Y	
Metric 3: (CMS N046.01) Percent of residents with new or worsened bowel or bladder incontinence	7.76%	11.69%	22.22%	N	Will review for PIP

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

Indicator	State Benchmark	Baseline Target	Results	Met (5% Improvement) Y/N	Comments
Metric 1: (CMS N045.01) Percent of residents with pressure ulcers	4.51%	4.89%	7.28%	N	PIP in place
Metric 2: (CMS N026.03) Percent of residents who have/had a catheter inserted and left in their bladder	0%	0.89%	0%	Y	

Administrator: Joe Quinn, LNFA
DON: Ivette Hernandez, RN

FACILITY INFORMATION

Park Manor Tomball is a 125-bed facility with a current overall star rating of 1 (resulting from IJ in Oct.2025) and Quality Measures star rating of 4. The census on the date of this report was 102: 12 PP; 8 MC; 59 MCD +0 pending; 14 HMO; 9 Hospice.

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

The Administrator reports the facility is currently COVID_19 free.

The facility tries to provide regular outings to the store and for Bingo when transportation is available. Today the facility is having a picnic and pizza coming in and a couple of choirs will be coming in the next few weeks. The facility had an Easter egg hunt with 3 different Easter services. The facility is planning a Memorial Day celebration.

The Administrator reports the facility continues with a MAD genius program, birthdays, monthly food provisions and they also do employee of the month program. The Administrator reports the facility is holding in-services monthly providing food and gift cards as incentives for those who are going above and beyond (meetings offered as webinar also). The facility had a staff final 4 party for the NCAA and random thank you for staff with donuts and kolaches.

EDUCATION PROVIDED

- Reviewed QIPP year 9 –Data collection for QTR 3 ended 03/31/2026. The facility is currently meeting 1 of 4 components with a PIP in place for staffing, anti-psychotics, Falls and UTIs.
- Reviewed upcoming QIPP year 10 – To start as of 09/01/2026. Same MDS quality measures. Only change is the 3 metrics in component 2 will all be equally weighted.

SURVEY INFORMATION

Administrator reports the facility had the state in the building in March for their full book resulting in 7 low level tags and they also cleared 1 complaint and 3 self-reports.

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	7			F552, F656, F693, F700, F755, F761, F812
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	F693, F700	Tube feeding management, bedrails	See attached
Resident Assessment	F656	Development of comprehensive care plan	See attached
Resident Rights	F552	Right to be informed	See attached
Dietary	F812	Hairnets	See attached
Pharmacy	F755, F761	Pharmacy services, label/store drugs	See attached
Environment			
Infection Control			
Administration			

REPORTABLE INCIDENTS

In **Jan/Feb/March 2026**- The facility had 6 self-reports, all cleared.

CLINICAL TRENDING FOR JAN/FEB/MARCH 2026

Incidents/Falls:

Park Manor of Tomball – 57 total falls without injury and 19 falls with injury with 3 repeat falls, 24 skin tears, 14 bruises, 0 fractures, 2 behaviors, 10 Laceration and 1 Elopement. The facility does have a PIP in place for falls.

Infection Control:

Park Manor of Tomball – 92 total infections: 26 UTIs; 15 Respiratory infections, 0 EENT infections, 13 Wound infections, 8 Genital infections, 4 GI infections, 0 Blood infections, 3 stool infection and 23 Other infections.

Weight loss:

Park Manor of Tomball - 17 residents with 5-10% weight loss in 1 month and 0 with >10% weight loss in 6 months.

Pressure Ulcers:

Park Manor of Tomball - 21 residents with 30 pressure ulcer sites and 1 was acquired in house. The facility does have a PIP in place for this measure.

Restraints:

Park Manor of Tomball is a restraint free facility.

STAFFING COMPONENT: Information not provided

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

Total number employees: 123 Turnover rate%: 18.2

CASPER REPORT: Information not provided

Indicator	Current %	State %	National %	Comments/PIPs
Percent of residents who used antianxiety or hypnotic medication (L)	2.9%	7.6%	7.4%	
Fall w/Major Injury (L)	1.1%	3.4%	3.4%	PIP in place
UTI (L)	1.1%	0.9%	1.8%	
High risk with pressure ulcers (L)	4.5%	4.8%	5.8%	
Loss of Bowel/Bladder Control(L)	7.8%	14.8%	20.4%	
Catheter(L)	0.0%	0.6%	1.2%	
Physical restraint(L)	0.0%	0.0%	0.1%	
Residents whose ability to walk independently worsened (L)	11.4%	17.1%	17.4%	
Excessive Weight Loss(L)	0.0%	3.2%	5.6%	PIP in place
Depressive symptoms(L)	0.0%	2.6%	13.4%	
Antipsychotic medication (L)	15.1%	18.1%	19.7%	

PHARMACY Consultant reports/visit/ med destruction? Med destruction completed bi-weekly with pharmacists, no concerns

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

of Anti-anxiety (attempts 2 successful 2 failed 0)

of Antidepressants (attempts 9 successful 9 failed 0)

of Antipsychotic (attempts 3 successful 1 failed 2)

of Sedatives (attempts 1 successful 1 failed 0)

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

TRAUMA INFORMED CARE IDENTIFIED: NA

DIETICIAN Recommendation concerns/Follow Up? Meet weekly, working with them on weight loss PIP

ACTIVITIES PIP/CONCERNS: None

DIETARY PIP/CONCERNS: Received 1 tag, fixed during survey

ENVIRONMENTAL SERVICES PIP/CONCERNS : None

MAINTENANCE PIP/CONCERNS: None except for sprinkler head tag during survey that was fixed same day

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	3.28%	3.12%	1.37%	Y	
Metric 2: (CMS N024.02) Percent of residents with a urinary tract infection	0.84%	0.29%	3.03%	N	PIP in place (several come back with UTI after hospital stay)
Metric 3: (CMS N029.03) Percent of residents who lose too much weight	2.32%	0.32%	0.00%	Y	
Metric 4: (CMS N031.04) Percent of residents who received an antipsychotic medication	6.72%	4.72%	4.29%	Y	
Metric 5: (CMS N035.04) Percent of residents whose ability to walk independently worsened	17.97%	15.97%	10.53%	Y	

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

Indicator	National Benchmark	Baseline Target	Performance Target of 1% improvement	Results	Met Y/N	Comments
Payroll Based Journal (PBJ) - Staffing Measure in Hours Per Resident Day (HPRD)	Met Y/N					
Metric 1: Reported Certified Nursing Assistant (CNA) HPRD 60% weighted	No	1.90%		1.87%	N	PIP in place
Metric 2: Reported Licensed Nursing HPRD 85% weighted	No	1.24%		1.11%	N	

Metric 3: Reported Total Nursing Staff HPRD 100% weighted	No	3.14%		2.98%	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?					Y	
• Additional hours provided by direct care staff?						Yes
Did NF maintain 8 additional hours (<i>non-managerial</i>) of RN staffing coverage per day, beyond the CMS mandate?						No
• 8 additional hours non-concurrently scheduled?						
• Additional hours provided by direct care staff?						
• 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?						12 hours minimum every day
• 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	2.61%	0.61%	0.00%	Y	
Metric 2: (CMS N036.03) Percent of residents who used antianxiety or hypnotic medication	15.21%	13.21%	20.31%	N	PIP in place
Metric 3: (CMS N046.01) Percent of residents with new or worsened bowel or bladder incontinence	12.66%	10.66%	8.62%	Y	

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



Park Manor of Tomball
250 School Street, Tomball, TX 77375

April 22, 2026

Submitted by: L. Sue White, RN, NSGO

Indicator	State Benchmark	Baseline Target	Results	Met (5% Improvement) Y/N	Comments
Metric 1: (CMS N045.01) Percent of residents with pressure ulcers	0.89%	0.64%	1.72%	N	PIP in place
Metric 2: (CMS N026.03) Percent of residents who have/had a catheter inserted and left in their bladder	4.76%	2.76%	3.03%	Y/N	Correct diagnosis for the 1 person triggering so should go down

Administrator: David Holt, LNFA
DON: Tina Cook, RN

FACILITY INFORMATION

Park Manor South Belt is a 120-bed facility with a current census of 96: (9) MC; (29) HMO; (9) PP; (49) MDC; (0) Hospice. Their overall star rating is 4 and Quality Measures star rating is 4.

The QIPP site visit was conducted over the phone. The DON was on the call, and very helpful. The DON reports that the facility is currently COVID_19 free.

The facility had an Easter egg party, and they are going to have a crawfish boil in May with Cinco De Mayo on the 5th. The facility is planning a Mother's Day tea. The facility van is not large enough for regular outings. Some of the residents who are able, get metro passes to go to Walmart.

The DON reports the facility continues with a monthly meal for all staff and they also have employee of the month celebrations. The facility also has the Mad Genius program with tokens for going above and beyond and their CNA that was nominated for employee of the year for the entire company but did not win. The facility is planning something for nursing home week and nurse's day.

EDUCATION PROVIDED

- Reviewed QIPP year 9 – Data collection for QTR 3 ended 03/31/2026. The facility is currently meeting 3 of 4 components with a PIP in place for staffing and pressure ulcers.
- Reviewed upcoming QIPP year 10 –To start as of 09/01/2026. Same MDS quality measures. Only change is the 3 metrics in component 2 will all be equally weighted.

SURVEY INFORMATION – the state came to the facility in January to investigate a complaint that was unsubstantiated, no citations then they came again in February a complaint and self-report that were both unsubstantiated with no citations and they came again in March to investigate a complaint and self-report, both unsubstantiated, no citations.

REPORTABLE INCIDENTS

The facility had 2 self-reports resulting in both being cleared with no deficiencies **Jan/Feb/March 2026**.

CLINICAL TRENDING JAN/FEB/MARCH 2026

Incidents/Falls:

Park Manor of South Belt had 83 total falls (23 repeat), of which 0 resulted in injury. They had 10 Skin Tears, 0 Lacerations, 0 Fractures, 0 Elopements, 9 Bruises and 0 Behaviors.

Infection Control:

Park Manor of South Belt reports 207 total infections: 70 UTIs; 33 Respiratory; 51 Wound; 0 EENT; 5 Blood infections; 6 GI infections; 6 stool infections, 0 Genital infections and 42 Other infections. Several of these were community acquired.

Weight loss:

Park Manor of South Belt had 7 residents with 5-10% weight loss in 1 month and 0 residents with >10% weight loss in 6 months. The facility has a PIP in place for this measure.

Pressure Ulcers:

Park Manor South Belt reported 42 residents with 54 total pressure ulcers and 11 were facility acquired and there is a PIP in place.

Restraints:

Park Manor of South Belt is a restraint free facility.

Staffing:

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

Total number employees: 107 Turnover rate%: 7.5%

CASPER REPORT

Indicator	Current %	State %	National %	Comments/PIPs
Percent of residents who used antianxiety or hypnotic medication (L)	0%	7.6%	7.4%	
Fall w/Major Injury (L)	3.4%	3.4%	3.4%	
UTI (L)	1.7%	1.0%	1.9%	PIP in place (incorrectly claimed, now corrected)
High risk with pressure ulcers (L)	7.1%	0.9%	1.8%	PIP in place
Loss of Bowel/Bladder Control(L)	6.6%	14.8%	20.4%	
Catheter(L)	0%	0.6%	1.2%	
Physical restraint(L)	0%	0.1%	0.1%	
Residents whose ability to walk independently worsened (L)	0%	17.1%	17.4%	
Excessive Weight Loss(L)	0%	3.2%	5.6%	
Depressive symptoms(L)	0%	2.6%	13.4%	
Antipsychotic medication (L)	0%	9.7%	15.4%	

PHARMACY Consultant reports/visit/ med destruction? Monthly destruction and all recommendations are addressed.

of GDR ATTEMPTS in the month: How many successful?
 # of Anti-anxiety (attempts 1 successful 1 failed 0)
 # of Antidepressants (attempts 2 successful 2 failed 0)
 # of Antipsychotic (attempts 1 successful 1 failed 0)
 # of Sedatives (attempts 0 successful 0 failed 0)

DIETICIAN Recommendation concerns/Follow Up? Weekly recommendations addressed.

SOCIAL SERVICES: NUMBER/TYPE OF GRIEVANCES (RESOLVED OR NOT) - **January-** 16 grievances -1 -dental, 3 missing items, 3 customer service, 1 supplies, 1 discharge, 1 MD call, 1 medical records, 1 room change , 4 resident care (1 urinal, 1 call light, 1 ADL,1 shower room not clean); **February-** 26 grievances -3- call lights, 5 discourteous, 1 incont care, 1 medication concern, 1 meal serving, 1 turning and reposition, 2 rehab concerns, 5 missing items 2 PJ, 2 I Phone, 1 dentures. 2 Noise, 3 toilets, 1 Room preference, 1 w/c; **March-** 20 grievances -2- call lights, 3 medication concern, 3 rehab concerns,1 missing item, 2 admissions, 1 smoking policy, 1 feeding assist, 1 family notification, 2 restorative, 1 linens not changed, 1 not to bed in a timely manner, 1 always menu not available, 1 dental. All grievances were resolved and activity director educated on grievances and requests.

TRAUMA INFORMED CARE IDENTIFIED: None

ACTIVITIES PIP/CONCERNS: None

DIETARY PIP/CONCERNS: None

ENVIRONMENTAL SERVICES PIP/CONCERNS: Addressed daily in stand up mtg

MAINTENANCE PIP/CONCERNS: Routine Maintenance

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	3.28%	2.58%	0%	Y	

Metric 2: (CMS N024.02) Percent of residents with a urinary tract infection	0.84%	0%	0%	Y	
Metric 3: (CMS N029.03) Percent of residents who lose too much weight	2.35%	0.35%	0%	Y	
Metric 4: (CMS N031.04) Percent of residents who received an antipsychotic medication	4.01%	2.01%	0%	Y	
Metric 5: (CMS N035.04) Percent of residents whose ability to walk independently worsened	21.93%	27.12%	14.29%	Y	

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

Indicator	National Benchmark	Baseline Target	Performance Target of 1% improvement	Results	Met Y/N	Comments
Payroll Based Journal (PBJ) - Staffing Measure in Hours Per Resident Day (HPRD)	Met Y/N					
Metric 1: Reported Certified Nursing Assistant (CNA) HPRD 60% weighted	2.32%	1.84%	1.91%		N/Y	
Metric 2: Reported Licensed Nursing HPRD 85% weighted	1.23%	1.25%	1.49%		Y	
Metric 3: Reported Total Nursing Staff HPRD 100% weighted	3.86%	3.09%	3.40%		N/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?						
• 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?						
• 8 additional hours non-concurrently scheduled?						
• Additional hours provided by direct care staff?						
• 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?						

• Agency usage or need d/t critical staffing levels						
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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	2.67%	0.67%	0%	Y	
Metric 2: (CMS N036.03) Percent of residents who used antianxiety or hypnotic medication	15.13%	13.13%	9.76%	Y	
Metric 3: (CMS N046.01) Percent of residents with new or worsened bowel or bladder incontinence	17.22%	15.22%	14.29%	Y	

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

Indicator	State Benchmark	Baseline Target	Results	Met (5% Improvement) Y/N	Comments
Metric 1: (CMS N045.01) Percent of residents with pressure ulcers	0.89%	0.28%	0%	Y	
Metric 2: (CMS N026.03) Percent of residents who have/had a catheter inserted and left in their bladder	4.89	5.76%	9.68%	N	It was 1 Pt and the FC has been DC'd

Administrator – Carrie Hill, LNFA
DON- Mayra Polio, RN

FACILITY INFORMATION

Park Manor Westchase is a 125-bed facility with a current census of 95: (6) MC; (11) HMO; (17) PP; (54) MDC; (7) Hospice; (0) VA. Their overall star rating is 1 and Quality Measures star rating is 4.

The QIPP site visit was conducted over the phone. The Administrator and DON were on the call and very helpful. The DON reports the facility is currently COVID_19 free.

The facility celebrates all major holidays including Easter with a visit from the Easter bunny with families participating. The Administrator reports the facility continues outings for fishing and shopping at Walmart 2x per month. The DON reports the facility will have celebrations for Mother's Day and Cinco De Mayo.

The Administrator reports the facility still has employee of the month and the MAD Genius program with prizes or cash. The Administrator reports the facility also provides food every week during staff meetings for all staff appreciation. The facility daily staff huddles are going well. The facility recently celebrated staff birthdays medical records week. The facility is planning something for Nursing Home Week and Nurse's Week.

EDUCATION PROVIDED

- Reviewed QIPP year 9 –Data collection for QTR 3 ended 03/31/2026. The facility is currently meeting 2of 4 components with a PIP in place for bowel and bladder incontinence and pressure ulcers.
- Reviewed upcoming QIPP year 10 – To start as of 09/01/2026. Same MDS quality measures. Only change is the 3 metrics in component 2 will all be equally weighted.

SURVEY INFORMATION

The facility had state in the building in January, February and March to review 4 self-reports and investigate 5 complaints and all were unsubstantiated, no citations. The state also just came in April for the facility's full book survey:

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	4	5	5	See below
Number of Fire Safety Code Deficiencies	9	5	5	See below
Annual Full Book State Survey Characteristics (include only if within last 2 months)				

Deficiency Area	Scope & Severity	Explanation	Plan of Correction
Abuse & Neglect		N/A	
Quality of Care	E	Reasonable Accommodations – call lights	Pending but corrected
Resident Assessment	E	MDS discharge assessments not completed timely.	Pending
Resident Rights	n/a		
Dietary	E	Food labeling and storage; items and smell in the nutrition room.	Pending but corrected
Free of Accident Hazards/Supervision	E	Items found at the bedside of a Dementia Resident	Pending but corrected
Pharmacy	n/a	n/a	n/a
Environment	n/a	n/a	n/a
Infection Control	n/a	n/a	n/a
Administration	n/a	n/a	n/a
Life Safety	Various	• K222 – Egress Doors (S/S:F) • K324 – Cooking Facilities (S/S: F) • K345 – Fire Alarm System (S/S: F) • K351 – Sprinkler System (S/S: E) • K355 – Portable Fire Extinguisher (S/S: E) • K363 – Doors (S/S: D) • K372 – Subdivision of Building Spaces – Smoke Barrier (S/S:F) • K511 – Utilities – Gas and Electric (S/S: F) • K920 – Electrical Equipment – Power Cords (S/S: E)	Pending but corrected

REPORTABLE INCIDENTS

JAN/FEB/MARCH 2026 -The facility had 2 self-reports (both cleared) and 5 complaints (most from same resident) that were unsubstantiated, no citations.

CLINICAL TRENDING -JAN/FEB/MARCH 2026

Incidents/Falls:

PM Westchase reported - 57 total falls without injury and 4 falls with injury, with 13 repeat falls, 10 skin tears, 0 bruises, 0 fractures, 0 behaviors, 2 Lacerations and 1 Elopement.

Infection Control:

PM Westchase reported a total of 40 infections- 20 UTI's; 6 Respiratory infections; 1 GI infection; 3 EENT infections, 1 Wound infection, 0 Blood infections, 0 Genital infections and 9 Other infections.

Weight loss:

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

Pressure Ulcers:

PM of Westchase reported - 22 residents with pressure ulcers, totaling 54 sites, 3 of them facility acquired. PIP in place.

Restraints:

PM of Westchase is a restraint free facility.

Staffing: No open positions at this time

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

Total number employees: 133 Turnover rate%: 22%

Casper Report:

Indicator	Current %	State %	National %	Comments/PIPs
Percent of residents who used antianxiety or hypnotic medication (L)	4.00%	8.57%	12.71%	
Fall w/Major Injury (L)	0.00%	0.26%	2.33%	
UTI (L)	0.00%	0.00%	0.84%	
High risk with pressure ulcers (L)	4.67%	5.15%	4.89%	
Loss of Bowel/Bladder Control(L)	10.70%	8.48%	12.60%	PIP in place
Catheter(L)	0.00%	0.89%	0.89%	
Physical restraint(L)	%	%	%	
Residents whose ability to walk independently worsened (L)	0.00%	6.65%	10.31%	
Excessive Weight Loss(L)	0.00%	2.31%	4.11%	

Depressive symptoms(L)	1.85%	5.35%	8.69%	MET
Antipsychotic medication (L)	5.45%	2.67%	5.33%	PIP in place

PHARMACY Consultant reports/visit/ med destruction? All recommendations followed and drug destruction completed monthly

of GDR ATTEMPTS in the month: How many successful?
of Anti-anxiety (attempts__5__ successful__4__ failed__1__)
of Antidepressants (attempts__6__ successful__4__ failed__2__)
of Antipsychotic (attempts__2__ successful__1__ failed__1__)
of Sedatives (attempts__2__ successful__2__ failed__0__)

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

SOCIAL SERVICES NUMBER/TYPE OF GRIEVANCES (RESOLVED OR NOT)- Grievance data for the first quarter of 2026 reflects a notable downward trend in overall complaint volume, decreasing from 62 grievances in January to 53 in February and 33 in March. While this reduction suggests improvement, the nature of concerns reported highlights ongoing opportunities for operational and quality enhancement.

In January, the 62 grievances were largely centered on customer service, communication gaps with families, call light responsiveness, roommate incompatibility, and resident rights. Additional concerns included missing personal items (with repurchase required), transportation issues, dietary requests, pest control, and medication change communication.

February's 53 grievances showed a shift toward more care-related and compliance-sensitive concerns. These included allegations of physical abuse, residents not being changed timely, and residents having to manage soiled linens independently. Other issues included missing items, staff appearance, roommate incompatibility, dietary upgrades, assistance with resident funds, and communication regarding appointments.

By March, grievances further declined to 33, with themes focusing on service delivery and environmental concerns. Key issues included delays in services, call light response times, professionalism, and customer service. Additional concerns involved dietary quality (e.g., burnt food), infection trends (increase in UTIs), pest presence, communication barriers due to lack of interpreter services, and assistance with petty cash.

TRAUMA INFORMED CARE IDENTIFIED: N/A

ACTIVITIES PIP/CONCERNS: None

DIETARY PIP/CONCERNS: N/one

ENVIRONMENTAL SERVICES PIP/CONCERNS: None

MAINTENANCE PIP/CONCERNS: None

MEDICAL RECORDS/ CENTRAL SUPPLY PIPS/CONCERNS: action plan for going from paperless to computer

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	43.4%	26.3%	26.3%	Y	
Metric 2: (CMS N024.02) Percent of residents with a urinary tract infection	0.9%	0.0%	0.0%	Y	
Metric 3: (CMS N029.03) Percent of residents who lose too much weight	3.2%	0.0%	0.0%	Y	
Metric 4: (CMS N031.04) Percent of residents who received an antipsychotic medication	1.4%	2.3%	2.3%	Y	
Metric 5: (CMS N035.04) Percent of residents whose ability to walk independently worsened	17.1%	0.0%	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	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	Yes	2.03		2.13	Y	
Metric 2: Reported Licensed Nursing HPRD 85% weighted	Yes	1.11		1.11	Y	
Metric 3: Reported Total Nursing Staff HPRD 100% weighted	Yes	3.14		3.23	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?						
Did NF maintain 8 additional hours (<i>non-managerial</i>) of RN staffing coverage per day, beyond the CMS mandate?					Y	

• 8 additional hours non-concurrently scheduled?					Y	
• Additional hours provided by direct care staff?					Y	
• Telehealth used?					Y	
NFs provided in total 12 or 16 hours of RN coverage, respectively, on at least 90 percent of the days within the reporting period?					Y	
• Agency usage or need d/t critical staffing levels					N	

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

Indicator	National Benchmark	Baseline Target	Results	Met (5% Improvement) Y/N	Comments
Metric 1: (CMS N030.03) Percent of residents who have depressive symptoms	13.4%	2.8%	2.8%	Y	
Metric 2: (CMS N036.03) Percent of residents who used antianxiety or hypnotic medication	7.4%	2.4%	2.4%	Y	
Metric 3: (CMS N046.01) Percent of residents with new or worsened bowel or bladder incontinence	20.4%	9.8%	11.4%	N	Action plan in place

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	4.8%	1.2%	1.3%	N	Action plan in place



Park Manor of Westchase
11910 Richmond Ave. Houston, TX 77082
Site Visit Call: 04/28/2026

Submitted by L. Sue White, RN, NSGO

Metric 2: (CMS N026.03) Percent of residents who have/had a catheter inserted and left in their bladder	0.6%	0.0%	0.0%	Y	
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Exhibit “F”

Acknowledgement of Transition of Engagement to Blue & Co., LLC



May 8, 2026

Winnie Stowell Hospital District
1020 SO 23rd St
Beaumont, TX 11107

Re: Acknowledgement of Transition of Engagement to Blue & Co., LLC

Dear Winnie Stowel Hospital District:

We are pleased to inform you that, effective February 1, 2026, D & Co. LLP joined Blue & Co., LLC.

As part of this transition, your engagement has been transferred to Blue & Co., LLC, which has assumed responsibility for continuing to provide services. Going forward, all reports, correspondence, and other deliverables will be issued in the name of Blue & Co., LLC rather than D & Co. LLP. There will be no change to your engagement team, the scope of services, or our commitment to serving you.

This acknowledgment applies only to engagements that were active and in process prior to the date of this letter. Any new or future engagements entered into after that date will be executed under a separate engagement agreement between you and Blue & Co., LLC.

Please indicate your acknowledgement and acceptance of this transition by signing below and returning a copy of this letter to us.

Sincerely,

Donna Korchenko, Lubbock Office Manager
Blue & Co., LLC

ACKNOWLEDGED AND ACCEPTED:

WINNIE STOWELL HOSPITAL DISTRICT

By: _____

Name: Edward Murrell

Title: Board President