

Exhibit “A-1”

July 2026 Financial Statements

Winnie-Stowell Hospital District
Balance Sheet
As of July 31, 2026

	Jul 31, 26
ASSETS	
Current Assets	
Checking/Savings	
100 Prosperity Bank -Checking	370,453.18
102 First Financial Bank	
102b FFB #4846 DACA	2,454,086.45
102c FFB #7190 Money Market	30,975,530.57
Total 102 First Financial Bank	33,429,617.02
105 TexStar	7,321,003.16
108 Nursing Home Banks Combined	5,746,229.61
Total Checking/Savings	46,867,302.97
Other Current Assets	
110 Sales Tax Receivable	159,481.30
114 Accounts Receivable NH	90,760,312.83
115 Riceland Hospital Rec.	274,802.88
117 NH - QIPP Prog Receivable	49,061,000.88
119 Prepaid IGT	36,678,175.49
Total Other Current Assets	176,933,773.38
Total Current Assets	223,801,076.35
Fixed Assets	3,888,705.98
Other Assets	
118.01 Prepaid NH Fees	12,806.48
Total Other Assets	12,806.48
TOTAL ASSETS	227,702,588.81
LIABILITIES & EQUITY	
Liabilities	
Current Liabilities	
Other Current Liabilities	
190 NH Payables Combined	5,060,881.31
201 NHP Accounts Payable	15,294,692.21
206 FFB Loan 28	31,276,800.00
206 FFB Loan 29	31,727,700.00
235 Payroll Liabilities	7,134.88
240 Accounts Payable NH Oper.	91,329,619.14
Total Other Current Liabilities	174,696,827.54
Total Current Liabilities	174,696,827.54
Total Liabilities	174,696,827.54
Equity	53,005,761.27
TOTAL LIABILITIES & EQUITY	227,702,588.81

Winnie-Stowell Hospital District

Profit & Loss Budget vs. Actual

January through July 2026

	Jan - Jul 26	Budget	\$ Over Budget	% of Budget
Ordinary Income/Expense				
Income				
400 Sales Tax Revenue	534,398.09	850,000.00	-315,601.91	62.9%
405 Investment Income	624,282.99	600,000.00	24,282.99	104.0%
407 Rental Income	28,000.00	42,000.00	-14,000.00	66.7%
409 Tobacco Settlement	19,315.73	15,000.00	4,315.73	128.8%
411 Opioid Abatement Funds	49,550.27	49,550.00	0.27	100.0%
415 Nursing Home - QIPP Program	78,704,624.13	131,858,612.00	-53,153,987.87	59.7%
Total Income	79,960,171.21	133,415,162.00	-53,454,990.79	59.9%
Gross Profit	79,960,171.21	133,415,162.00	-53,454,990.79	59.9%
Expense				
500 Admin				
501 Admin-Administrative Salary	49,487.50	101,000.00	-51,512.50	49.0%
502 Admin-Administrative Assnt	14,746.89	42,950.00	-28,203.11	34.3%
503 Admin - Staff Incentive Pay	530.11	9,500.00	-8,969.89	5.6%
504 Admin-Administrative PR Tax	8,082.17	12,000.00	-3,917.83	67.4%
505 Admin-Board Bonds	0.00	250.00	-250.00	0.0%
506 Admin - Emp. Insurance	36,175.59	65,000.00	-28,824.41	55.7%
507 Admin-Retirement	12,078.09	18,000.00	-5,921.91	67.1%
515 Admin-Bank Service Charges	1,086.30	2,000.00	-913.70	54.3%
521 Professional Fees - Accntng	34,517.00	76,800.00	-42,283.00	44.9%
522 Professional Fees - Audit	1,637.50	34,000.00	-32,362.50	4.8%
523 Professional Fees - Legal	26,553.60	100,000.00	-73,446.40	26.6%
550 Admin-D&O / Liability Ins.	17,223.21	20,000.00	-2,776.79	86.1%
560 Admin-Cont Ed, Travel	434.81	6,500.00	-6,065.19	6.7%
562 Admin-Travel&Mileage Reimb.	784.99	2,500.00	-1,715.01	31.4%
569 Admin-Meals	4,997.74	8,000.00	-3,002.26	62.5%
570 Admin-District/County Prom	876.40	5,000.00	-4,123.60	17.5%
571 Admin-Office Supp. & Exp.	22,512.92	25,000.00	-2,487.08	90.1%
572 Admin-Web Site	160.70	1,000.00	-839.30	16.1%
573 Admin-Copier Lease/Contract	3,055.00	5,000.00	-1,945.00	61.1%
575 Admin-Cell Phone Reimburse	1,050.00	1,800.00	-750.00	58.3%
576 Admin-Telephone/Internet	2,819.73	4,000.00	-1,180.27	70.5%
577 - Admin Dues	1,895.00	1,895.00	0.00	100.0%
591 Admin-Notices & Fees	1,627.15	3,000.00	-1,372.85	54.2%
592 Admin Office Rent	2,040.00	4,080.00	-2,040.00	50.0%
593 Admin-Utilities	3,482.82	4,000.00	-517.18	87.1%
594 Admin-Casualty & Windstorm	0.00	2,800.00	-2,800.00	0.0%
597 Admin-Flood Insurance	1,583.00	1,800.00	-217.00	87.9%
598 Admin-Building Maintenance	13,056.71	20,000.00	-6,943.29	65.3%
Total 500 Admin	262,494.93	577,875.00	-315,380.07	45.4%
600 - IC Healthcare Expenses				
601 IC Provider Expenses				
601.01a IC Pmt to Hosp-Indigent	196,160.12	500,000.00	-303,839.88	39.2%
601.01b IC Pmt to Coastal (Ind)	6,019.61	25,000.00	-18,980.39	24.1%
601.01c IC Pmt to Thompson	5,624.28	18,000.00	-12,375.72	31.2%
601.02 IC Pmt to UTMB	172,664.24	525,000.00	-352,335.76	32.9%
601.03 IC Special Programs				
601.03a Dental	13,289.00	30,000.00	-16,711.00	44.3%
601.03b IC Vision	1,210.00	2,750.00	-1,540.00	44.0%
601.04 IC-Non Hosp Cost-Other	4,705.46	35,000.00	-30,294.54	13.4%
601.05 IC - Chairty Care Prog	0.00	25,000.00	-25,000.00	0.0%
Total 601.03 IC Special Programs	19,204.46	92,750.00	-73,545.54	20.7%
Total 601 IC Provider Expenses	399,672.71	1,160,750.00	-761,077.29	34.4%
602 IC-WCH 1115 Waiver Prog	272,389.79	610,000.00	-337,610.21	44.7%
603 IC-Pharmaceutical Costs	25,605.54	80,000.00	-54,394.46	32.0%
605 IC-Office Supplies/Postage	244.48	2,000.00	-1,755.52	12.2%
610 IC-Community Health Prog.	61,821.69	111,893.00	-50,071.31	55.3%
611 IC-Indigent Care Dir Salary	41,500.00	68,830.00	-27,330.00	60.3%
612 IC-Payroll Taxes -Ind Care	0.00	5,000.00	-5,000.00	0.0%
615 IC-Software	14,161.00	25,000.00	-10,839.00	56.6%
616 IC-Travel	0.00	1,000.00	-1,000.00	0.0%
617 Youth Programs				
617.01 Youth Counseling	3,910.00	25,000.00	-21,090.00	15.6%
617.02 Irlen Program	0.00	1,600.00	-1,600.00	0.0%
Total 617 Youth Programs	3,910.00	26,600.00	-22,690.00	14.7%
Total 600 - IC Healthcare Expenses	819,305.21	2,091,073.00	-1,271,767.79	39.2%
620 WSHD - Grants				
620.01 WCH/RMC	0.00	133,000.00	-133,000.00	0.0%
620.03 WSVEMS	113,515.34	157,774.00	-44,258.66	71.9%
620.05 East Chambers ISD	185,443.36	278,165.00	-92,721.64	66.7%
620.06 FQHC(Coastal)	996,271.80	1,549,185.00	-552,913.20	64.3%
620.09 Admin-Cont Ed-Med Pers.	12,611.20	22,000.00	-9,388.80	57.3%
620.11 Thompson OPC	0.00			
Total 620 WSHD - Grants	1,307,841.70	2,140,124.00	-832,282.30	61.1%

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

	Jan - Jul 26	Budget	\$ Over Budget	% of Budget
630 NH Program				
630 NH Program-Mgt Fees	27,889,976.56	47,607,558.00	-19,717,581.44	58.6%
631 NH Program-IGT	36,882,868.55	63,697,923.00	-26,815,054.45	57.9%
632 NH Program-Telehealth Fees	211,054.97	400,000.00	-188,945.03	52.8%
633 NH Program-Acctg Fees	7,675.50	30,000.00	-22,324.50	25.6%
634 NH Program-Legal Fees	154,912.41	300,000.00	-145,087.59	51.6%
635 NH Program-LTC Fees	3,227,000.00	5,554,000.00	-2,327,000.00	58.1%
637 NH Program-Interest Expense	1,766,745.61	4,895,660.00	-3,128,914.39	36.1%
638 NH Program-Loan/Bank Fees	411,188.62	658,768.00	-247,579.38	62.4%
639 NH Program-Appraisal	3,640.00	96,000.00	-92,360.00	3.8%
641 NH Program-NH Manager	9,660.00	20,400.00	-10,740.00	47.4%
Total 630 NH Program	70,564,722.22	123,260,309.00	-52,695,586.78	57.2%
674 Prop Acquisition/Development				
674.01 Clinic (New Const.)	174,945.96	4,000,000.00	-3,825,054.04	4.4%
674.02 Office Bldg (New Const.)	10,800.00	750,000.00	-739,200.00	1.4%
674 Prop Acquisition/Development - Other	0.00	0.00	0.00	0.0%
Total 674 Prop Acquisition/Development	185,745.96	4,750,000.00	-4,564,254.04	3.9%
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	16,887.84	17,500.00	-612.16	96.5%
675.04 Seabreeze Prop. Expenses	26,915.40	30,000.00	-3,084.60	89.7%
Total 675 HWY 124 Expenses	49,777.35	83,500.00	-33,722.65	59.6%
Payroll Expenses	0.00			
Total Expense	73,189,887.37	132,902,881.00	-59,712,993.63	55.1%
Net Ordinary Income	6,770,283.84	512,281.00	6,258,002.84	1,321.6%
Other Income/Expense				
Other Income				
416 Nursing Home Operations	327,624,395.00			
Other Income	19,726.71			
Total Other Income	327,644,121.71			
Other Expense				
640 Nursing Home Oper. Expenses	327,624,395.00			
Total Other Expense	327,624,395.00			
Net Other Income	19,726.71			
Net Income	6,790,010.55	512,281.00	6,277,729.55	1,325.4%

Exhibit “A-2”

August 24, 2026 Treasurer’s Report

WSHD Treasurer's Report					
Reporting Date:		Monday, August 24, 2026			
Pending Expenses		For	Amount	Funds Summary	
Bayside Dental		SP Program	\$770.00	Prosperity Operating (Unrestricted)	
Brookshire Brothers		Indigent Care	\$1,619.13	First Financial DACA (Unrestricted)	
Coastal Gateway Health Center		Indigent Care	\$711.19	First Financial DACA (Restricted)	
Dr. June Stansky		SP Program	\$240.00	First Financial Money Market	
\$25 Optical		SP Program	\$100.00	TexStar (Restricted)	
				FFB CD Balance	
Thompson Outpatient Clinic, LLC		Indigent Care	\$1,183.06	Total District Funds	
Wilcox Pharmacy		Indigent Care /Charity Care	\$1,936.84	Less First Financial (Restricted)	
Technology Solutions		Inv # 2070 & 2069	\$1,344.22	Less TexStar Restricted Amount	
Benckenstein & Oxford		Inv# 51806	\$10,847.66	Less LOC Outstanding	
Graciela Chavez		Inv # 966000	\$240.00	Less First Financial Money Market	
US Department of Education		Acct# 1778777782 - Ben Odom	\$1,881.93	Less Committed Funds (See Total Commitment)	
3Branch & More		Inv # 46238	\$8,831.67	Cash Position (Less First Financial Restricted)	
Function4		INV1301739	\$135.00	Pending Expenses	
Indigent Healthcare Solution:		Indigent Care Inv # 82484	\$2,023.00	Ending Balance (Cash Position/Pending Expenses)	
Vidal Accounting Services		Inv# 00152	\$8,120.00	*Total Funds (Ending Balance+LOC Outstanding+ QIPP Funds Outstanding+Outstanding Chow Loans)	
Hubert Oxford		Retainer	\$1,000.00	Prior Month	
Coastal Gateway Health Center		Grant Payment	\$36,401.36	Prosperity Operating (Unrestricted)	
THR3E Design LLC		Inv#	\$1,500.00	First Financial (Unrestricted)	
THR3E Design LLC		Inv# 2196	\$39,067.50	First Financial (Restricted)	
UTMB at Galveston		Indigent Care July	\$60,885.60	First Financial Money Market	
Kahla Home & Earth Solutions		Lawn (Broadway & 124)	\$1,000.00	TexStar (Restricted)	
Lisa Rae, LLC		Invoice #1295	\$855.00	FFB CD Balance	
Winnie Stowell Volunteer EMS		SP Program	\$315.75	Total District Funds	
Jefferson Emergency Physicians		Indigent Care July	\$183.81	Less First Financial (Restricted)	
Christus St. Elizabeth		Indigent Care July	\$4,787.45	Less TexStar Reserve Account	
Christus Trinity Clinic		Indigent Care July	\$12.84	Less LOC Outstanding	
Caba Therapy Svcs DbA Physio		Indigent Care July	\$487.44	Less First Financial Money Market (Restricted)	
Texas Conference of Urban Counties		Invoice #10372160	\$960.00	Less Committed Funds (See Total Commitment)	
UTMB Faculty Group Practice		Indigent Care July	\$8,195.31	Cash Position (Less First Financial Restricted)	
		Total Expenses	\$195,635.76	Pending Expenses	
				Ending Balance (Cash Position/Pending Expenses)	
				Total Funds (Ending Balance+LOC Outstanding+ QIPP Funds Outstanding+Committed Funds)	
First Financial Bank Reconciliations					
FFB Balance		\$2,792,413.63			
		Restricted Funds	Total Scheduled Payment	Balance Received	Balance Due
					Due to District
YR6 Final Adjustment & Y7 Final IGT Refund					
YR 6 Final Adj/YR 7 Final IGT Refund - Not distributed yet		\$399,662.37	\$601,122.26	\$601,122.26	\$0.00
Variance Payment Totals		\$399,662.37	\$601,122.26	\$601,122.26	\$0.00
Non-QIPP Funds		\$237,600.57			
Restricted		\$399,662.37			
Unrestricted		\$2,155,150.69			
Total Funds		\$2,792,413.63			
Committed Funds					
Commitment		Total Initial Commitment	YTD Paid by District	Committed Balance	
1. FOHC Grant Funding - 2026		\$1,549,185.00	\$1,008,535.46	\$540,649.54	
2. East Chambers ISD		\$278,165.04	\$185,442.72	\$92,722.32	
3. WSVEMS Grant		\$152,774.40	\$114,580.80	\$38,193.60	
Total Commitments		\$1,980,124.44	\$1,308,558.98	\$671,565.46	

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		
May 31, 2026	\$0.00	\$58,364.09	\$294,608.76		
June 30, 2026	\$0.00	\$18,803.47	\$275,805.29		
	\$2,116,856.95	\$1,841,051.66	\$275,805.29		
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:	7.00%	Payments Per Year:	12	Origination Fee:	\$319,768.00
Years:	1	Amount:	\$31,276,800.00		
Amortization Table	Component Payment	Principle	Interest	Payment	Balance
February 1, 2026			(\$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			(\$169,416.00)	(\$169,416.00)	\$31,276,800.00
June 1, 2026			(\$169,416.00)	(\$169,416.00)	\$31,276,800.00
July 1, 2026			(\$169,416.00)	(\$169,416.00)	\$31,276,800.00
August 1, 2026			(\$169,416.00)	(\$169,416.00)	\$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)	(\$1,801,891.20)	(\$32,076,440.76)	
First Financial Bank-11 Month Outstanding Short Term Revenue Note-Loan 27 (July 31, 2025 - July 25, 2026)					
1st Half of Year 9					
Annual Interest Rate:	7.00%	Payments Per Year:	12	Origination Fee:	\$323,700.00
Years:	1	Amount:	\$31,727,650.00		
Amortization Table	Component Payment	Principle	Interest	Payment	Balance
July 1, 2026				\$0.00	\$31,727,650.00
August 1, 2026			(\$273,651.40)	(\$273,651.40)	\$31,727,650.00
September 1, 2026			(\$185,077.96)	(\$185,077.96)	\$31,727,650.00
October 1, 2026			(\$190,900.33)	(\$190,900.33)	\$31,727,650.00
November 1, 2026			(\$185,077.96)	(\$185,077.96)	\$31,727,650.00
December 1, 2026			(\$185,077.96)	(\$185,077.96)	\$31,727,650.00
January 1, 2027			(\$184,050.42)	(\$184,050.42)	\$31,727,650.00
February 1, 2027			(\$185,077.96)	(\$185,077.96)	\$31,727,650.00
March 1, 2027	\$15,863,825.00	(\$15,863,825.00)	(\$185,077.96)	(\$16,048,902.96)	\$15,863,825.00
April 1, 2027	\$0.00	\$0.00	(\$92,538.98)	(\$92,538.98)	\$15,863,825.00
May 1, 2027	\$0.00	\$0.00	(\$92,538.98)	(\$92,538.98)	\$15,863,825.00
June 1, 2027	\$15,863,825.00	(\$15,863,825.00)	(\$92,538.98)	(\$15,956,363.98)	\$0.00
Amount Paid	\$31,727,650.00	(\$31,727,650.00)	(\$1,851,608.88)	(\$33,579,258.88)	
District's Investments					
	Balance	Interest Paid	Reporting Period	Paid this Reporting Perioc	Interest Paid YTD
*CD at First Financial Bank Banl UPDATE					
Money Market-First Financial Banl	\$30,528,567.17	3.144%	July 2026	\$85,219.70	\$496,223.23
Texstar C.D. #1110	\$7,343,516.83	3.621%	July 2026	\$22,513.67	\$153,578.89
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”

Check Register and Supporting Invoices

Winnie-Stowell Hospital District
Bank Accounts Register
June 18, 2026 to July 22, 2026

Type	Date	Num	Name	Memo	Clr	Amount	Balance
100 Prosperity Bank -Checking							57,950.55
Check	06/22/2026			ACH, Withdrawal, Processed	X	(3,953.70)	53,996.85
Check	06/23/2026		Entergy	ACH, Withdrawal, Processed	X	(220.00)	53,776.85
Check	06/24/2026		Entergy	ACH, Withdrawal, Processed	X	(204.54)	53,572.31
Liability C...	06/29/2026		QuickBooks Payroll Service	Created by Payroll Service on 06/26/2026	X	(6,921.34)	46,650.97
Check	06/29/2026	4981	Stone Hilton PLLC			(9,932.89)	36,718.08
Paycheck	06/30/2026	DD1504	Walters, Reagan D	Direct Deposit	X		36,718.08
Paycheck	06/30/2026	DD1505	Carlo, Victoria M	Direct Deposit	X		36,718.08
Paycheck	06/30/2026	DD1506	Davis, Tina R	Direct Deposit	X		36,718.08
Check	06/30/2026	4982	J. S. Edwards and Sherlock Ins.	Policy # 4275901534S03 2626 TX 124 Property		(9,910.70)	26,807.38
Deposit	06/30/2026			Deposit, Processed	X	3,500.00	30,307.38
Deposit	06/30/2026			Deposit, Processed	X	72.69	30,380.07
Deposit	06/30/2026			Deposit, Processed	X	10,100.00	40,480.07
Check	07/13/2026					(150.00)	40,330.07
Liability C...	07/14/2026	4983	Lilia Anaya	Inv# 2026-0708-01 Cleaning Hwy 124 Bldg		(6,897.66)	33,432.41
Paycheck	07/15/2026	DD1507	QuickBooks Payroll Service	Created by Payroll Service on 07/13/2026			33,432.41
Paycheck	07/15/2026	DD1508	Walters, Reagan D	Direct Deposit	X		33,432.41
Paycheck	07/15/2026	DD1509	Carlo, Victoria M	Direct Deposit	X		33,432.41
Paycheck	07/15/2026	DD1509	Davis, Tina R	Direct Deposit	X		33,432.41
Check	07/22/2026	4985	Brookshire Brothers	Batch Date 06/04/26		(2,112.74)	31,319.67
Check	07/22/2026	4986	Coastal Gateway Health Center	Batch Date 06/11/26		(999.02)	30,320.65
Check	07/22/2026	4987	Indigent Healthcare Solutions, ...	Inv # 82308		(2,023.00)	28,297.65
Check	07/22/2026	4988	\$25 Optical	Batch Date 06/08/26		(50.00)	28,247.65
Check	07/22/2026	4989	Bayside Dental	Batch Date 06/08/26		(990.00)	27,257.65
Check	07/22/2026	4990	Dr. June Stansky, Optometrist	Batch Date 06/08/26		(60.00)	27,197.65
Check	07/22/2026	4991	Thompson Outpatient Clinic, LLC	Batch Date 06/11/26		(861.94)	26,335.71
Check	07/22/2026	4992	Wilcox Pharmacy	Batch 06/03/26		(2,145.51)	24,190.20
Check	07/22/2026	4993	Winnie-Stowell Volunteer EMS	Batch Date 06/09/26		(672.73)	23,517.47
Check	07/22/2026	4994	Benjamin Odum	Batch Date 06/02/26		(255.00)	23,262.47
Check	07/22/2026	4995	3Branch & More	Inv # 46211		(8,831.67)	14,430.80
Check	07/22/2026	4996	Benckenstein & Oxford	Inv # 51787		(15,380.00)	(949.20)
Check	07/22/2026	4997	Coastal Gateway Health Center	Funding Request		(10,724.55)	(11,673.75)
Check	07/22/2026	4998	Curtis Scott Johnson	Inv #'s WSHD202605 & WSHD202606		(2,720.00)	(14,393.75)
Check	07/22/2026	4999	Ethan Kahla	Inv #'s 010326-R-0007 & 1202226-R-0007		(1,000.00)	(15,393.75)
Check	07/22/2026	5000	Function 4	3A0064		(135.00)	(15,528.75)
Check	07/22/2026	5001	Graciela Chavez	Inv# 966000		(160.00)	(15,688.75)
Check	07/22/2026	5002	Hubert Oxford			(1,000.00)	(16,688.75)
Check	07/22/2026	5003	Technology Solutions of Texas, ...	Inv # 2061		(160.70)	(16,849.45)
Check	07/22/2026	5004	Th3e Design	Inv #'s 2162 & 2163		(78,718.70)	(95,568.15)
Check	07/22/2026	5005	Ur Department of Education	Acct #177877792-1		(1,801.60)	(97,369.75)
Check	07/22/2026	5006	Vidal Accounting, PLLC	Inv# 00148		(6,877.50)	(104,247.25)
Check	07/22/2026	5007	Wright Flood Ins	Policy Number 42 1152621298 02 (NFIP Policy Number 1152621298)		(1,583.00)	(105,830.25)
Total 100 Prosperity Bank -Checking						(163,780.80)	(105,830.25)
102 First Financial Bank							73,896,986.24
102b FFB #4846 DACA							62,880,608.68
Check	06/18/2026			TEXNET STATE COMPTLR CCD 09225091/60617	X	(125,387.00)	62,755,221.68
Check	06/18/2026			TEXNET STATE COMPTLR CCD 09225069/60617	X	(146,254.00)	62,608,967.68
Check	06/18/2026			TEXNET STATE COMPTLR CCD 09225142/60617	X	(187,765.00)	62,421,202.68
Check	06/18/2026			TEXNET STATE COMPTLR CCD 09225138/60617	X	(198,762.00)	62,222,440.68
Check	06/18/2026			TEXNET STATE COMPTLR CCD 09225006/60617	X	(215,059.00)	62,007,381.68
Check	06/18/2026			TEXNET STATE COMPTLR CCD 09225139/60617	X	(223,158.00)	61,784,223.68
Check	06/18/2026			TEXNET STATE COMPTLR CCD 09225093/60617	X	(227,197.00)	61,557,026.68
Check	06/18/2026			TEXNET STATE COMPTLR CCD 09225119/60617	X	(227,220.00)	61,329,806.68
Check	06/18/2026			TEXNET STATE COMPTLR CCD 09225113/60617	X	(237,449.00)	61,092,357.68
Check	06/18/2026			TEXNET STATE COMPTLR CCD 09225022/60617	X	(237,883.00)	60,854,474.68
Check	06/18/2026			TEXNET STATE COMPTLR CCD 09225170/60617	X	(249,437.00)	60,605,037.68
Check	06/18/2026			TEXNET STATE COMPTLR CCD 09225141/60617	X	(251,963.00)	60,353,074.68
Check	06/18/2026			TEXNET STATE COMPTLR CCD 09225088/60617	X	(257,115.00)	60,095,959.68
Check	06/18/2026			TEXNET STATE COMPTLR CCD 09225017/60617	X	(263,877.00)	59,832,082.68
Check	06/18/2026			TEXNET STATE COMPTLR CCD 09225042/60617	X	(263,926.00)	59,568,156.68
Check	06/18/2026			TEXNET STATE COMPTLR CCD 09225120/60617	X	(267,381.00)	59,300,775.68
Check	06/18/2026			TEXNET STATE COMPTLR CCD 09225095/60617	X	(270,316.00)	59,030,459.68
Check	06/18/2026			TEXNET STATE COMPTLR CCD 09225020/60617	X	(273,177.00)	58,757,282.68
Check	06/18/2026			TEXNET STATE COMPTLR CCD 09225059/60617	X	(276,669.00)	58,480,613.68
Check	06/18/2026			TEXNET STATE COMPTLR CCD 09225164/60617	X	(276,722.00)	58,203,891.68
Check	06/18/2026			TEXNET STATE COMPTLR CCD 09225098/60617	X	(277,666.00)	57,926,225.68
Check	06/18/2026			TEXNET STATE COMPTLR CCD 09225098/60617	X	(279,704.00)	57,646,521.68
Check	06/18/2026			TEXNET STATE COMPTLR CCD 09225057/60617	X	(280,422.00)	57,366,099.68
Check	06/18/2026			TEXNET STATE COMPTLR CCD 09225132/60617	X	(281,189.00)	57,084,910.68
Check	06/18/2026			TEXNET STATE COMPTLR CCD 09225156/60617	X	(282,081.00)	56,802,829.68
Check	06/18/2026			TEXNET STATE COMPTLR CCD 09225026/60617	X	(289,365.00)	56,513,464.68
Check	06/18/2026			TEXNET STATE COMPTLR CCD 09225094/60617	X	(292,632.00)	56,220,832.68
Check	06/18/2026			TEXNET STATE COMPTLR CCD 09225061/60617	X	(300,762.00)	55,920,070.68
Check	06/18/2026			TEXNET STATE COMPTLR CCD 09225163/60617	X	(302,341.00)	55,617,729.68
Check	06/18/2026			TEXNET STATE COMPTLR CCD 09225172/60617	X	(304,270.00)	55,313,459.68
Check	06/18/2026			TEXNET STATE COMPTLR CCD 09225086/60617	X	(309,623.00)	55,003,836.68
Check	06/18/2026			TEXNET STATE COMPTLR CCD 09225117/60617	X	(310,861.00)	54,692,975.68
Check	06/18/2026			TEXNET STATE COMPTLR CCD 09225087/60617	X	(317,796.00)	54,375,179.68
Check	06/18/2026			TEXNET STATE COMPTLR CCD 09225165/60617	X	(320,347.00)	54,054,832.68
Check	06/18/2026			TEXNET STATE COMPTLR CCD 09225171/60617	X	(336,195.00)	53,718,637.68
Check	06/18/2026			TEXNET STATE COMPTLR CCD 09225056/60617	X	(336,471.00)	53,382,166.68
Check	06/18/2026			TEXNET STATE COMPTLR CCD 09225092/60617	X	(345,611.00)	53,036,555.68
Check	06/18/2026			TEXNET STATE COMPTLR CCD 09225047/60617	X	(351,852.00)	52,684,703.68
Check	06/18/2026			TEXNET STATE COMPTLR CCD 09225154/60617	X	(355,121.00)	52,329,582.68
Check	06/18/2026			TEXNET STATE COMPTLR CCD 09225045/60617	X	(355,939.00)	51,973,643.68
Check	06/18/2026			TEXNET STATE COMPTLR CCD 09225103/60617	X	(357,920.00)	51,615,723.68
Check	06/18/2026			TEXNET STATE COMPTLR CCD 09225012/60617	X	(370,750.00)	51,244,973.68
Check	06/18/2026			TEXNET STATE COMPTLR CCD 09225079/60617	X	(398,317.00)	50,846,656.68
Check	06/18/2026			TEXNET STATE COMPTLR CCD 09225151/60617	X	(399,629.00)	50,447,027.68
Check	06/18/2026			TEXNET STATE COMPTLR CCD 09225085/60617	X	(401,487.00)	50,045,540.68
Check	06/18/2026			TEXNET STATE COMPTLR CCD 09225071/60617	X	(412,930.00)	49,632,610.68
Check	06/18/2026			TEXNET STATE COMPTLR CCD 09225099/60617	X	(430,317.00)	49,202,293.68
Check	06/18/2026			TEXNET STATE COMPTLR CCD 09225053/60617	X	(434,943.00)	48,767,350.68
Check	06/18/2026			TEXNET STATE COMPTLR CCD 09225128/60617	X	(442,701.00)	48,324,649.68
Check	06/18/2026			TEXNET STATE COMPTLR CCD 09225077/60617	X	(444,261.00)	47,880,388.68
Check	06/18/2026			TEXNET STATE COMPTLR CCD 09225148/60617	X	(448,050.00)	47,432,338.68
Check	06/18/2026			TEXNET STATE COMPTLR CCD 09225080/60617	X	(456,793.00)	46,975,545.68
Check	06/18/2026			TEXNET STATE COMPTLR CCD 09225065/60617	X	(460,880.00)	46,514,665.68
Check	06/18/2026			TEXNET STATE COMPTLR CCD 09225015/60617	X	(467,109.00)	46,047,556.68
Check	06/18/2026			TEXNET STATE COMPTLR CCD 09225161/60617	X	(468,905.00)	45,578,651.68
Check	06/18/2026			TEXNET STATE COMPTLR CCD 09225109/60617	X	(471,711.00)	45,106,940.68
Check	06/18/2026			TEXNET STATE COMPTLR CCD 09225159/60617	X	(494,416.00)	44,612,524.68
Check	06/18/2026			TEXNET STATE COMPTLR CCD 09225004/60617	X	(497,685.00)	44,114,839.68
Check	06/18/2026			TEXNET STATE COMPTLR CCD 09225144/60617	X	(498,057.00)	43,616,782.68
Check	06/18/2026			TEXNET STATE COMPTLR CCD 09225068/60617	X	(500,311.00)	43,116,471.68
Check	06/18/2026			TEXNET STATE COMPTLR CCD 09225083/60617	X	(520,645.00)	42,595,826.68

Winnie-Stowell Hospital District
Bank Accounts Register
June 18, 2026 to July 22, 2026

<i>Type</i>	<i>Date</i>	<i>Num</i>	<i>Name</i>	<i>Memo</i>	<i>Clr</i>	<i>Amount</i>	<i>Balance</i>
Check	06/18/2026			TEXNET STATE COMPTLR CCD 09225100/60617	X	(530,726.00)	42,065,100.68
Check	06/18/2026			TEXNET STATE COMPTLR CCD 09225025/60617	X	(547,957.00)	41,517,143.68
Check	06/18/2026			TEXNET STATE COMPTLR CCD 09225123/60617	X	(556,880.00)	40,960,263.68
Check	06/18/2026			TEXNET STATE COMPTLR CCD 09225114/60617	X	(563,370.00)	40,396,893.68
Check	06/18/2026			TEXNET STATE COMPTLR CCD 09225135/60617	X	(565,301.00)	39,831,592.68
Check	06/18/2026			TEXNET STATE COMPTLR CCD 09225130/60617	X	(573,178.00)	39,258,414.68
Check	06/18/2026			TEXNET STATE COMPTLR CCD 09225149/60617	X	(575,159.00)	38,683,255.68
Check	06/18/2026			TEXNET STATE COMPTLR CCD 09225124/60617	X	(600,967.00)	38,082,288.68
Check	06/18/2026			TEXNET STATE COMPTLR CCD 09225131/60617	X	(605,524.00)	37,476,764.68
Check	06/18/2026			TEXNET STATE COMPTLR CCD 09225146/60617	X	(606,441.00)	36,870,323.68
Check	06/18/2026			TEXNET STATE COMPTLR CCD 09225106/60617	X	(608,843.00)	36,261,480.68
Check	06/18/2026			TEXNET STATE COMPTLR CCD 09225121/60617	X	(621,772.00)	35,639,708.68
Check	06/18/2026			TEXNET STATE COMPTLR CCD 09225134/60617	X	(644,385.00)	34,995,323.68
Check	06/18/2026			TEXNET STATE COMPTLR CCD 09225140/60617	X	(651,543.00)	34,343,780.68
Check	06/18/2026			TEXNET STATE COMPTLR CCD 09225168/60617	X	(703,060.00)	33,640,720.68
Check	06/18/2026			TEXNET STATE COMPTLR CCD 09225162/60617	X	(771,370.00)	32,869,350.68
Check	06/18/2026			TEXNET STATE COMPTLR CCD 09225075/60617	X	(796,113.00)	32,073,237.68
Check	06/18/2026			TEXNET STATE COMPTLR CCD 09225155/60617	X	(920,250.00)	31,152,987.68
Deposit	06/23/2026			Memo:Transfer to DDA Acct No. 1110214846-D Payee:Transfer to DD...	X	201,075.00	31,354,062.68
Deposit	06/24/2026			Memo:Transfer to DDA Acct No. 1110214846-D Payee:Transfer to DD...	X	175,482.83	31,529,545.51
Check	06/24/2026			Non QIPP WINNIEMONEYMRKT CCD B611500560	X	(2,061.86)	31,527,483.65
Deposit	06/26/2026			Memo:Transfer to DDA Acct No. 1110214846-D Payee:Transfer to DD...	X	565,065.11	32,092,548.76
Deposit	06/30/2026			Memo:Transfer to DDA Acct No. 1110214846-D Payee:Transfer to DD...	X	2,705,708.12	34,798,256.88
Check	06/30/2026			Y9Q1 QIPP Winnie-Stowell HCCD 1611500560	X	(60,958.11)	34,737,298.77
Check	06/30/2026			Y9Q1 QIPP WINNIEMONEYMRKT CCD B611500560	X	(202,347.92)	34,534,950.85
Total 102b FFB #4846 DACA						(28,345,657.83)	34,534,950.85
102c FFB #7190 Money Market							11,016,377.56
Deposit	06/30/2026				X	43,372.25	11,059,749.81
Total 102c FFB #7190 Money Market						43,372.25	11,059,749.81
Total 102 First Financial Bank						(28,302,285.58)	45,594,700.66
TOTAL						(28,466,066.38)	45,488,870.41

Winnie-Stowell Hospital District

Bank Accounts Register

<i>Type</i>	<i>Date</i>	<i>Num</i>	<i>Name</i>
100 Prosperity Bank -Checking			
Check	07/23/2026		Entergy
Check	07/23/2026		Entergy
Check	07/23/2026	4995	3Branch & More
Check	07/24/2026	4996	Benckenstein & Oxford
Check	07/24/2026	4992	Wilcox Pharmacy
Check	07/24/2026	5001	Graciela Chavez
Check	07/27/2026	4999	Ethan Kahla
Check	07/27/2026	5006	Vidal Accounting, PLLC
Check	07/28/2026	5004	THR3E DESIGN LLC
Check	07/28/2026	5003	Technology Solutions of Texas,...
Check	07/29/2026	5007	Wright Flood Ins
Check	07/29/2026	4985	Brookshire Brothers
Check	07/29/2026	5000	Funcion 4-Lease fka Star Grap...
Liability C...	07/30/2026		QuickBooks Payroll Service
Check	07/30/2026	4984	Winnie-Stowell Volunteer EMS
Check	07/30/2026	5002	Hubert Oxford
Check	07/30/2026	4991	Thompson Outpatient Clinic, L...
Check	07/30/2026	4987	Indigent Healthcare Solutions,...
Check	07/30/2026	4989	Bayside Dental
Paycheck	07/31/2026	DD1510	Walters, Reagan D
Paycheck	07/31/2026	DD1511	Carlo, Victoria M
Paycheck	07/31/2026	DD1512	Davis, Tina R
Check	07/31/2026		ECISD
Check	07/31/2026		
Check	07/31/2026		
Deposit	07/31/2026		
Check	07/31/2026	5005	US Department of Education
Deposit	07/31/2026		
Check	08/04/2026	5008	Voided
Check	08/04/2026	5009	Voided
Check	08/04/2026	5010	Voided
Check	08/04/2026	5011	Voided
Paycheck	08/14/2026	5012	Walters, Reagan D
Paycheck	08/14/2026	5013	Carlo, Victoria M
Paycheck	08/14/2026	5014	Davis, Tina R
Check	08/24/2026		Benckenstein & Oxford
Check	08/24/2026		Brookshire Brothers
Check	08/24/2026		Jefferson Emergency Physicians
Check	08/24/2026		Christus St Elizabeth
Check	08/24/2026		Christus Trinity Clinic
Check	08/24/2026		Coastal Gateway Health Center
Check	08/24/2026		Indigent Healthcare Solutions,...
Check	08/24/2026		\$25 Optical
Check	08/24/2026		Bayside Dental
Check	08/24/2026		CABA Therapy Services dba P...
Check	08/24/2026		Dr. June Stansky, Optometrist
Check	08/24/2026		TIHCA
Check	08/24/2026		Thompson Outpatient Clinic, L...
Check	08/24/2026		UTMB Faculty Group Practice
Check	08/24/2026		UTMB at Galveston
Check	08/24/2026		Wilcox Pharmacy
Check	08/24/2026		Winnie-Stowell Volunteer EMS
Check	08/24/2026		3Branch & More
Check	08/24/2026		Hubert Oxford
Check	08/24/2026		Coastal Gateway Health Center
Check	08/24/2026		Function 4

Winnie-Stowell Hospital District
Bank Accounts Register

Type	Date	Num	Name
Check	08/24/2026		Graciela Chavez
Check	08/24/2026		Ethan Kahla
Check	08/24/2026		Lisa Rae LLC
Check	08/24/2026		Technology Solutions of Texas,...
Check	08/24/2026		THR3E DESIGN LLC
Check	08/24/2026		US Department of Education
Check	08/24/2026		Vidal Accounting, PLLC

Total 100 Prosperity Bank -Checking

102 First Financial Bank
102b FFB #4846 DACA

Check	07/22/2026
Check	07/23/2026
Check	07/23/2026
Check	07/24/2026
Check	07/24/2026
Check	07/24/2026
Check	07/24/2026
Check	07/24/2026
Check	07/24/2026
Check	07/31/2026

Total 102b FFB #4846 DACA

102c FFB #7190 Money Market

Deposit	07/31/2026
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Total 102c FFB #7190 Money Market

Total 102 First Financial Bank

TOTAL

Winnie-Stowell Hospital District

Bank Accounts Register

<i>Memo</i>	<i>Clr</i>	<i>Amount</i>
ACH, Withdrawal, Processed	X	(243.71)
ACH, Withdrawal, Processed	X	(298.69)
Check, Draft, Withdrawal, Processed	X	(8,831.67)
Check, Draft, Withdrawal, Processed	X	(15,380.00)
Check, Draft, Withdrawal, Processed	X	(2,145.51)
Check, Draft, Withdrawal, Processed	X	(160.00)
Check, Draft, Withdrawal, Processed	X	(1,000.00)
Check, Draft, Withdrawal, Processed	X	(6,877.50)
Check, Draft, Withdrawal, Processed	X	(78,718.70)
Check, Draft, Withdrawal, Processed	X	(160.70)
Check, Draft, Withdrawal, Processed	X	(1,583.00)
Check, Draft, Withdrawal, Processed	X	(2,112.74)
Check, Draft, Withdrawal, Processed	X	(135.00)
Created by Payroll Service on 07/29/2026	X	(7,458.99)
Qrt 3 Grant		(38,193.60)
Check, Draft, Withdrawal, Processed	X	(1,000.00)
Check, Draft, Withdrawal, Processed	X	(861.94)
Check, Draft, Withdrawal, Processed	X	(2,023.00)
Check, Draft, Withdrawal, Processed	X	(990.00)
Direct Deposit	X	
Direct Deposit	X	
Direct Deposit	X	
ACH, Withdrawal, Processed	X	(23,180.42)
ACH, Withdrawal, Processed	X	(34.99)
ACH, Withdrawal, Processed	X	(5,029.25)
Deposit, Processed	X	3,500.00
Check, Draft, Withdrawal, Processed	X	(1,801.60)
Deposit, Processed	X	80.26
VOID:	X	
VOID:	X	
VOID:	X	
VOID:	X	
		(1,180.48)
		(3,234.90)
		(2,419.83)
51806		(10,847.66)
7/4/26		(1,919.13)
7/1/26		(183.81)
7/1/26		(4,787.45)
7/1/26		(12.84)
7/11/26		(711.19)
82484		(2,023.00)
7/8/26		(100.00)
7/8/26		(770.00)
		(487.44)
		(240.00)
		(960.00)
		(1,183.06)
		(8,195.31)
		(60,885.60)
		(1,936.84)
		(315.75)
46238		(8,831.67)
Retainer		(1,000.00)
Grant		(36,401.36)
3A0064		(135.00)

Winnie-Stowell Hospital District

Bank Accounts Register

<i>Memo</i>	<i>Clr</i>	<i>Amount</i>
975952		(240.00)
1202226-R-0008		(1,000.00)
1295		(855.00)
		(1,344.22)
		(40,567.50)
Acct #1778777792-1		(1,881.93)
		(8,120.00)
		(397,411.72)
Memo:Transfer from DDA Acct No. 1110214838-D Payee:Transfer fr...	X	10,674.61
Transfer from XXX4846 to XXX9919: Conf #:31587772	X	(1,154.00)
Transfer from XXX4846 to XXX9919: Conf #:31587649	X	(14,175.00)
CapitationWinnie-Stowell HCCD 1611500560	X	(20,000.00)
Y9Q1 WSHD Winnie-Stowell HCCD 1611500560	X	(70,523.48)
CapitationWINNIEMONEYMRKT CCD B611500560	X	(166,500.00)
Q1 HRP Winnie-Stowell HCCD 1611500560	X	(332.00)
UHC LHC GRWINNIEMONEYMRKT CCD B611500560	X	(343.64)
Q1 HRP WINNIEMONEYMRKT CCD B611500560	X	(4,775.00)
Memo:Transfer from DDA Acct No. 1110214838-D Payee:Transfer fr...	X	2,495.65
		(264,632.86)
Interest	X	85,219.70
		85,219.70
		(179,413.16)
		(576,824.88)

Winnie-Stowell Hospital District
Bank Accounts Register

Balance

565,093.93
564,850.22
564,551.53
555,719.86
540,339.86
538,194.35
538,034.35
537,034.35
530,156.85
451,438.15
451,277.45
449,694.45
447,581.71
447,446.71
439,987.72
401,794.12
400,794.12
399,932.18
397,909.18
396,919.18
396,919.18
396,919.18
396,919.18
373,738.76
373,703.77
368,674.52
372,174.52
370,372.92
370,453.18
370,453.18
370,453.18
370,453.18
370,453.18
369,272.70
366,037.80
363,617.97
352,770.31
350,851.18
350,667.37
345,879.92
345,867.08
345,155.89
343,132.89
343,032.89
342,262.89
341,775.45
341,535.45
340,575.45
339,392.39
331,197.08
270,311.48
268,374.64
268,058.89
259,227.22
258,227.22
221,825.86
221,690.86

Winnie-Stowell Hospital District
Bank Accounts Register

<i>Balance</i>
221,450.86
220,450.86
219,595.86
218,251.64
177,684.14
175,802.21
167,682.21
167,682.21
33,609,030.18
2,718,719.31
2,729,393.92
2,728,239.92
2,714,064.92
2,694,064.92
2,623,541.44
2,457,041.44
2,456,709.44
2,456,365.80
2,451,590.80
2,454,086.45
2,454,086.45
30,890,310.87
30,975,530.57
30,975,530.57
33,429,617.02
<u><u>33,597,299.23</u></u>

Exhibit “B”

District Indigent Care Director Report

**August 26, 2026****WSHD Regular Board Meeting Indigent Care Report****1. Summary:**

In July, the Indigent Care Program decreased by 1 client for a total of 86 active clients.

Budget and Billing Update

As of the current reporting period, the program has utilized **38%** of its overall budget.

Both June and July UTMB billing was received posted and submitted for payment.

Per Karen Horn, Riceland was in the middle of a software conversion, and they were unable to provide billing by the cutoff.

We currently have two clients that have exhausted benefits.

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	May	June	July	YTD Monthly Average
Indigent Care Clients	94	87	90	83	86	87	86	88
Youth Counseling	4	5	5	5	4	4	3	4
Irlen Services	0	0	0	0	0	0	0	0

3. Renewals & Approvals:

July 2026 Client Activity	Total	Approved	Denied	No Show	Withdrew	Pending
Renewals	18	15	0	1	0	2
Late Renewals/Previous Client	4	3	0	1	0	0
New Applicants	4	2	0	2	0	1

Services Usage**Youth Counseling:**

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

Dental:

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

Vision Services:

- Four (4) client used their benefit in June.



4. Indigent Care Vendor Payment Trends:

Service Provider	Jan	Feb	Mar	Apr	May	June	July	YTD Monthly Average
Local Clinics	\$ 1,818.54	\$ 1,429.97	\$ 2,635.82	\$ 1,500.18	\$ 2,521.91	\$ 1,860.96	\$ 2,381.69	\$ 2,021.30
UTMB (Includes Charity Care)	\$ 40,277.51	\$ 51,924.88	\$ 24,639.86	\$ 15,339.33	\$ 15,778.86	\$ -	\$ 69,080.91	\$ 31,005.91
Riceland Medical Center	\$ 52,195.44	\$ 22,725.87	\$ 14,878.59	\$ 29,192.66	\$ 58,364.09	\$ 18,803.47	\$ -	\$ 28,022.87
Pharmacy Costs (Includes Charity Care)	\$ 3,525.69	\$ 2,781.44	\$ 2,941.37	\$ 4,371.48	\$ 3,839.73	\$ 4,258.25	\$ 3,555.97	\$ 3,610.56
Indigent Special Services (Dental & Vision)	\$ 5,560.00	\$ 3,186.00	\$ 1,643.00	\$ 1,090.00	\$ 500.00	\$ 1,100.00	\$ 1,110.00	\$ 2,027.00
Medical Supplies (C-PAP)	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Non Contract ER Services (Includes WSEMS)	\$ 2,954.08	\$ -	\$ 315.75	\$ -	\$ -	\$ 672.73	\$ 5,299.85	\$ 1,320.34
Other Services								
Irlen Services	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Youth Counseling	\$ 340.00	\$ 595.00	\$ 425.00	\$ 680.00	\$ 510.00	\$ 255.00	\$ 170.00	\$ 425.00
Total	\$ 106,671.26	\$ 82,643.16	\$ 47,479.39	\$ 52,173.65	\$ 81,514.59	\$ 26,950.41	\$ 81,598.42	\$ 39,919.24

5. YTD Budget Expenditures:

Indigent Service	2026 Budget	YTD Expense	% of Budget
Pharmacy	\$80,000.00	\$24,334.32	30%
WCH	\$500,000.00	\$196,160.12	39%
UTMB	\$525,000.00	\$217,041.35	41%
Youth Counseling	\$25,000.00	\$2,975.00	12%
Irlen	\$1,600.00	\$0.00	0%
Dental	\$30,000.00	\$12,739.00	42%
Vision	\$2,750.00	\$1,450.00	53%
CGHC Clinic	\$25,000.00	\$6,130.77	25%
Thompson Clinic	\$18,000.00	\$7,395.89	41%
Other Non-Contract/Unspecified Services	\$35,000.00	\$9,864.85	28%
Charity Care	\$20,000.00	\$0.00	0%
Charity Care Pharmacy	\$5,000.00	\$939.61	19%
Adjustments & Credits			
TOTALS	\$1,267,350.00	\$479,030.91	38%



6. Riceland Medical Center 2026 Expenditure Breakdown:

As there were no charges submitted for July, the RMC expenditure breakdown remains the same as last month.

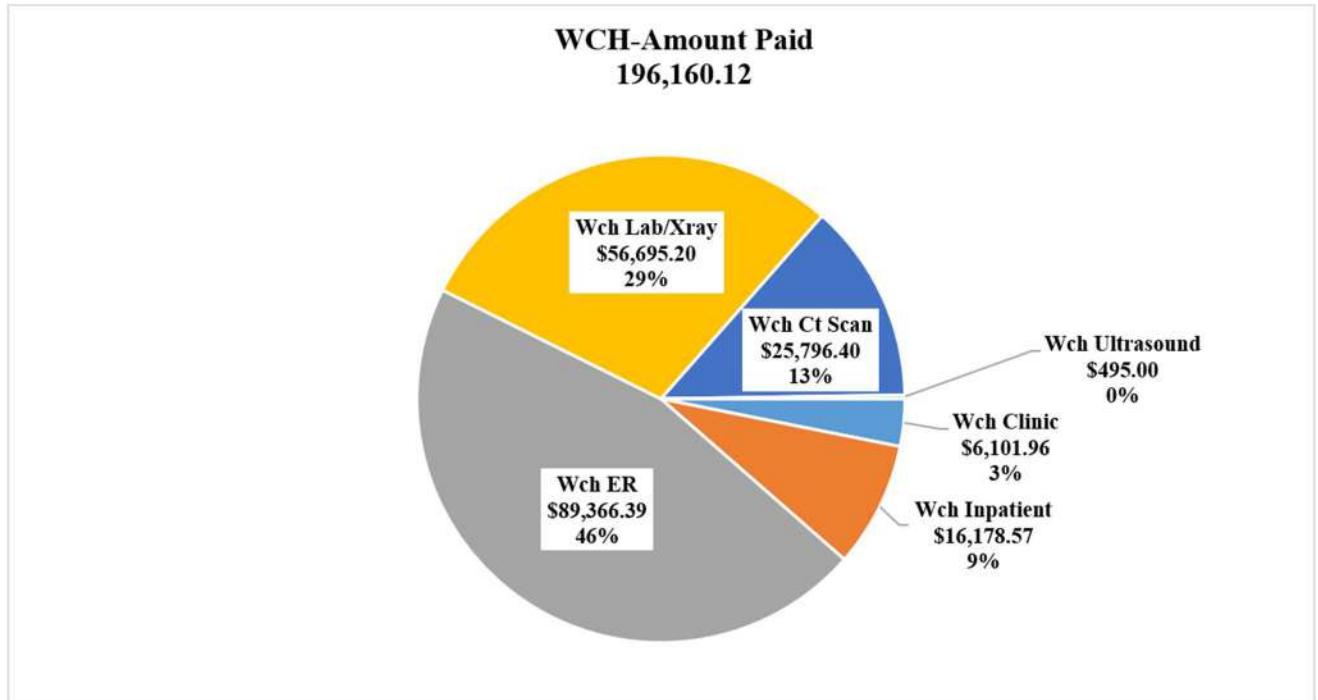


Exhibit “C”

Grant Report and Transportation/Ambulance Grant Materials



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

Jul-26

VEHICLE #1 EAST SIDE VAN #1	
TOTAL MILES DRIVEN	3551
TOTAL HOURS DRIVEN	182.67
TOTAL EXPENSES FOR MONTH	\$940.78
FUEL COST	\$870.82
REPAIRS & oil change, labor	\$69.96
MISC EXPENSES	\$0.00
TOTAL RIDERS	22
TOTAL WSHD RIDERS	0
TOTAL TRIPS	66
TOTAL TRIPS FOR WSHD RIDERS	0
VEHICLE #2 EAST SIDE VAN #2	
TOTAL MILES DRIVEN	3220
TOTAL HOURS DRIVEN	158.02
TOTAL EXPENSES FOR MONTH	\$436.17
FUEL COST	\$436.17
REPAIRS & MAINTENANCE COST	\$0.00
MISC EXPENSES	\$0.00
TOTAL RIDERS	33
TOTAL WSHD RIDERS	5
TOTAL TRIPS	48
TOTAL TRIPS FOR WSHD RIDERS	6
VEHICLE #3 EAST SIDE VAN #3	
TOTAL MILES DRIVEN	4391
TOTAL HOURS DRIVEN	182.83
TOTAL EXPENSES FOR MONTH	\$1,324.39
FUEL COST	\$1,064.39
REPAIRS & tow service	\$260.00
MISC EXPENSES	\$0.00
TOTAL RIDERS	23
TOTAL WSHD RIDERS	2
TOTAL TRIPS	79
TOTAL TRIPS FOR WSHD RIDERS	2
VEHICLE #4 RAV 4	

TOTAL MILES DRIVEN	5179
TOTAL HOURS DRIVEN	167.73
TOTAL EXPENSES FOR MONTH	\$635.59
FUEL COST	\$613.59
REPAIRS & PARKING FEE	\$22.00
MISC EXPENSES	\$0.00
TOTAL RIDERS	22
TOTAL WSHD RIDERS	2
TOTAL TRIPS	39
TOTAL TRIPS FOR WSHD RIDERS	3
VEHICLE #5	
TOTAL MILES DRIVEN	1067
TOTAL HOURS DRIVEN	103.50
TOTAL EXPENSES FOR MONTH	\$238.88
FUEL COST	\$176.09
REPAIRS & oil change, labor	\$62.79
MISC EXPENSES	\$0.00
TOTAL RIDERS	14
TOTAL WSHD RIDERS	2
TOTAL TRIPS	19
TOTAL TRIPS FOR WSHD RIDERS	3
VEHICLE #6	
TOTAL MILES DRIVEN	1964
TOTAL HOURS DRIVEN	110.52
TOTAL EXPENSES FOR MONTH	\$585.73
FUEL COST	\$570.73
REPAIRS & MAINTENANCE COST	\$0.00
parkinf fee	\$15.00
TOTAL RIDERS	22
TOTAL WSHD RIDERS	2
TOTAL TRIPS	28
TOTAL TRIPS FOR WSHD RIDERS	2
GRAND TOTALS	
MILES DRIVEN	19372
TOTAL HOURS DRIVEN	905.27
RIDERS	136
WSHD RIDERS	13
TRIPS	279
WSHD TRIPS	16
EXPENSES	\$2,942.61



Winnie-Stowell Volunteer EMS
Winnie-Stowell Hospital District Report

Year to Date Details for 2026	Previous Year (2025) End	Jan-26	Feb-26	Mar-26	Apr-26	May-26	Jun-26	Jul-26	YTD DATE
CALL SUMMARY									
CALLS/TRANSPORTS REQUESTED	100	8	4	13	10	12	9	4	60
CALLS/TRANSPORTS MADE									
INSURED	78	7	3	8	5	8	6	3	40
SELF-PAY	7	0	1	2	2	3	2	0	10
TOTAL CALLS MADE	85	7	4	10	7	11	8	3	50
CALLS/TRANSPORTS DELAYED	0	0	0	0	0	0	0	0	0
TRANSPORTS NOT MADE	15	1	0	3	3	1	1	1	10
PERCENTAGE OF CALLS MADE	85.0%	87.5%	100.0%	76.9%	70.0%	91.7%	88.9%	75.0%	83.3%
INVOICED/BILLED									
Insurance Billed for Services this Month	\$100,553.06	\$9,607.95	\$2,191.06	\$11,084.76	\$4,965.61	\$5,995.53	\$4,894.60	\$1,254.93	\$39,994.44
Self-Pay Billed for Services this Month	\$7,233.53	\$0.00	\$578.45	\$2,989.41	\$1,530.10	\$2,470.73	\$1,418.13	\$0.00	\$8,986.82
Total	\$107,786.59	\$9,607.95	\$2,769.51	\$14,074.17	\$6,495.71	\$8,466.26	\$6,312.73	\$1,254.93	\$48,981.26
PAYMENTS RECEIVED									
Insurance Payments Rcvd for Services this Month	\$47,303.61	\$5,439.70	\$2,091.06	\$8,053.40	\$2,605.55	\$2,756.13	\$3,005.31	\$615.28	\$24,566.43
Self-Pay Billed Rcvd for Services this Month	\$6,476.67	\$0.00	\$578.45	\$1,919.87	\$765.05	\$0.00	\$0.00	\$0.00	\$3,263.37
Total	\$53,780.28	\$5,439.70	\$2,669.51	\$9,973.27	\$3,370.60	\$2,756.13	\$3,005.31	\$615.28	\$27,829.80
ACCOUNTS RECEIVABLE-FUNDS OWED									
Owed by Insurance for Services this Month	\$53,960.29	\$4,168.25	\$100.00	\$6,557.36	\$2,360.06	\$3,239.40	\$1,889.29	\$3,639.65	\$21,954.01
Owed by Self-Pay for Services this Month	\$756.86	\$0.00	\$0.00	\$2,989.41	\$765.05	\$2,470.73	\$1,418.13	\$0.00	
Total	\$54,717.15	\$4,168.25	\$100.00	\$9,546.77	\$3,125.11	\$5,710.13	\$3,307.42	\$3,639.65	\$21,954.01
STAFFING EXPENSES									
	\$151,396.93	\$12,448.57	\$11,687.66	\$12,490.49	\$12,392.05	\$12,928.26	\$12,522.49	\$12,796.42	\$151,130.65

Jul-26

MONTHLY CALLS/TRANSPORTS REPORT

CALLS REQUESTED			CALL RESULTS			BILLING DETAILS
DATE	PICK UP LOCATION	DROP OFF LOCATION	MADE: M	DELAYED: D	REASSIGNED: R	WSEMS Incident#
7/2/2026	Riceland ER	St. Lukes TMC	M			26-20980
7/3/2026	Riceland ER	VA Hospital Houston	M			26-21076
7/19/2026	Riceland ER	UTMB Galveston	M			26-22736
7/28/2026	Riceland ER	Baytown Methodist (Unable to take, no paramedic available.			R	
TOTAL CALLS & RESULTS			4	3	0	1

Jul-26 MONTHLY TRANSPORT AMBULANCE EMPLOYEE SCHEDULE & PAYROLL													
DATE	EMPLOYEE NAME	SHIFT SCHEDULE	GRANT ALLOWED SALARY (SPR HR)	MAXIMUM HOURS	MAXIMUM PAY	HOURS WORKED	Not Staffed (SURPLUS or DEFICIT)	OVER-TIME HOURS	GRANT FUNDED PAYROLL AMOUNT	Maximum v. Actual (SURPLUS or DEFICIT)	ACTUAL SALARY (SPR HR)	ACTUAL PAYROLL AMOUNT	GRANT vs ACTUAL (SURPLUS or DEFICIT)
7/1/2026	Haley Bridges	7am - 7am	\$17.39	24.0	\$417.42	24	0.0	0	\$417.42	\$0.00	\$22.00	\$528.00	(\$110.58)
7/2/2026	Andrew Broussard	7am - 7am	\$17.39	24.0	\$417.42	24	0.0	0	\$417.42	\$0.00	\$21.00	\$504.00	(\$86.58)
7/3/2026	Ruthann Broussard	7am - 7am	\$17.39	24.0	\$417.42	24	0.0	0	\$417.42	\$0.00	\$20.00	\$480.00	(\$62.58)
7/4/2026	Austin Isaacks	7am - 7am	\$17.39	24.0	\$417.42	24	0.0	0	\$417.42	\$0.00	\$17.00	\$408.00	\$9.42
7/5/2026	Boyd Abshire	7am - 7am	\$17.39	24.0	\$417.42	24	0.0	0	\$417.42	\$0.00	\$19.00	\$456.00	(\$38.58)
7/6/2026	Brad Eads	7am - 7am	\$17.39	24.0	\$417.42	24	0.0	0	\$417.42	\$0.00	\$21.00	\$504.00	(\$86.58)
7/7/2026	Lori Peine	7am - 7am	\$17.39	24.0	\$417.42	23	(1.0)	0	\$400.02	(\$17.39)	\$18.00	\$414.00	(\$13.98)
7/8/2026	Ruthann Broussard	7am - 7am	\$17.39	24.0	\$417.42	24	0.0	0	\$417.42	\$0.00	\$20.00	\$480.00	(\$62.58)
7/9/2026	Andrew Broussard	7am - 7am	\$17.39	24.0	\$417.42	24	0.0	0	\$417.42	\$0.00	\$21.00	\$504.00	(\$86.58)
7/10/2026	Brady Kirkgard	7am - 7am	\$17.39	24.0	\$417.42	24	0.0	0	\$417.42	\$0.00	\$22.00	\$528.00	(\$110.58)
7/11/2026	Haley Bridges	7am - 7am	\$17.39	24.0	\$417.42	24	0.0	0	\$417.42	\$0.00	\$22.00	\$528.00	(\$110.58)
7/12/2026	Austin Isaacks	7am - 7am	\$17.39	24.0	\$417.42	24	0.0	0	\$417.42	\$0.00	\$17.00	\$408.00	\$9.42
7/13/2026	Brad Eads	7am - 7am	\$17.39	24.0	\$417.42	24	0.0	0	\$417.42	\$0.00	\$21.00	\$504.00	(\$86.58)
7/14/2026	Lori Peine	7am - 7am	\$17.39	24.0	\$417.42	24	0.0	0	\$417.42	\$0.00	\$18.00	\$432.00	(\$14.58)
7/15/2026	Olivia Kitzmiller	7am - 7am	\$17.39	24.0	\$417.42	18.75	(5.3)	0	\$326.11	(\$91.31)	\$22.00	\$412.50	(\$86.39)
7/16/2026	Andrew Broussard	7am - 7pm	\$17.39	24.0	\$417.42	22	(2.0)	0	\$382.63	(\$34.78)	\$21.00	\$462.00	
7/17/2026	Austin Isaacks	7am - 7am	\$17.39	24.0	\$417.42	24	0.0	0	\$417.42	\$0.00	\$17.00	\$408.00	\$9.42
7/18/2026	Brady Kirkgard	7am - 7am	\$17.39	24.0	\$417.42	24	0.0	0	\$417.42	\$0.00	\$22.00	\$528.00	(\$110.58)
7/19/2026	Ruthann Broussard	7am - 7am	\$17.39	24.0	\$417.42	24	0.0	0	\$417.42	\$0.00	\$20.00	\$480.00	(\$62.58)
7/20/2026	Brad Eads	7am - 7am	\$17.39	24.0	\$417.42	24	0.0	0	\$417.42	\$0.00	\$21.00	\$504.00	(\$86.58)
7/21/2026	Ruthann Broussard	7am - 7am	\$17.39	24.0	\$417.42	24	0.0	0	\$417.42	\$0.00	\$20.00	\$480.00	(\$62.58)
7/22/2026	Andrew Broussard	7am - 7am	\$17.39	24.0	\$417.42	24	0.0	0	\$417.42	\$0.00	\$21.00	\$504.00	(\$86.58)
7/23/2026	Rachel O'Dell	7am - 7am	\$17.39	24.0	\$417.42	24	0.0	0	\$417.42	\$0.00	\$30.00	\$720.00	(\$302.58)
7/24/2026	Kayla Callesio	7am - 7am	\$17.39	24.0	\$417.42	24	0.0	0	\$417.42	\$0.00	\$18.00	\$432.00	(\$14.58)
7/25/2026	Haley Bridges	7am - 7am	\$17.39	24.0	\$417.42	24	0.0	0	\$417.42	\$0.00	\$22.00	\$528.00	(\$110.58)
7/26/2026	Austin Isaacks	7am - 7am	\$17.39	24.0	\$417.42	24	0.0	0	\$417.42	\$0.00	\$17.00	\$408.00	\$9.42
7/27/2026	Brad Eads	7am - 7am	\$17.39	24.0	\$417.42	24	0.0	0	\$417.42	\$0.00	\$21.00	\$504.00	(\$86.58)
7/28/2026	Lori Peine	7am - 7am	\$17.39	24.0	\$417.42	24	0.0	0	\$417.42	\$0.00	\$18.00	\$432.00	(\$14.58)
7/29/2026	Olivia Kitzmiller	7am - 7am	\$17.39	24.0	\$417.42	24	0.0	0	\$417.42	\$0.00	\$22.00	\$528.00	(\$110.58)
7/30/2026	Haley Bridges	7am - 7am	\$17.39	24.0	\$417.42	24	0.0	0	\$417.42	\$0.00	\$22.00	\$528.00	(\$110.58)
7/31/2026	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 (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)
			\$17.39	744.0	\$12,939.91	735.75	(8.3)	0	\$12,796.42	(\$143.49)	\$20.45	\$15,040.50	(\$2,244.08)

	2025 YTD	JAN	FEB	MAR	APR	MAY	JUN	JUL	2026 YTD
CLIENTS SERVED									
ICAP	278	15	16	14	12	17	26	15	115
Non-ICAP	319	23	18	27	26	26	22	20	162
Total Clients Served	597	38	34	41	38	43	48	35	277
BENEFIT APPLICATION TYPE									
Indigent Care Assistance Program (ICAP)	22	3	0	2	0	0	3	0	8
Prescription Assistance Program (PAP)	57	1	5	3	3	1	5	2	20
Medicaid	98	8	5	8	9	9	5	5	49
Medicare	7	1	0	2	0	3	1	3	10
Medicare Savings Plan	30	2	2	0	2	4	2	2	14
Food Stamps (SNAP)	377	23	18	19	18	22	27	27	154
Supplemental Security Income (SSI)	56	3	5	4	6	4	6	3	31
Retirement, Survivor, Disability Income (RSDI)	51	1	0	0	1	0	4	0	6
Unemployment/Texas Workforce	10	1	0	0	0	0	0	1	2
Housing	18	0	0	0	1	1	1	0	3
Utilities	2	0	0	0	2	0	0	0	2
Legal Aid	2	0	0	0	0	0	0	0	0
OTHER	18	4	1	5	1	3	2	3	19
Total Applications Facilitated	748	47	36	43	43	47	56	46	318
EXPENSES									
Personnel	\$83,153.67	\$6,766.00	\$6,820.00	\$6,469.00	\$6,820.00	\$6,820.00	\$6,820.00	\$8,980.00	\$49,495.00
Operational	\$26,528.93	\$20.00	\$13.40	\$4.00	\$4.00	\$292.47	\$495.42	\$6.00	\$835.29
Total	\$109,682.60	\$6,786.00	\$6,833.40	\$6,473.00	\$6,824.00	\$7,112.47	\$7,315.42	\$8,986.00	\$50,330.29
BUDGET REMAINING	\$2,210.40	\$88,734.00	\$81,900.60	\$75,427.60	\$68,603.60	\$61,491.13	\$54,175.71	\$45,189.71	\$45,189.71

Exhibit “D”

Coastal Gateway Health Center Report



Report to Winnie-Stowell Hospital District August 24, 2026

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

- Received news from **HRSA** that we have been awarded two (2) quality badges for ‘**Heart Health**’ and a “**Gold Badge – Health Center Quality Leader**”.
- We served 20 women through the remote Mobile Mammography Bus down at Crystal Beach on July 29th.
- Working to have our three (3) year community needs assessment completed within the next couple of months (HRSA requirement).
- Discussions are still underway with the Houston Food Bank and Catholic Charities (Market-to-Hope) on a partnership or collaboration related to food distribution or formal referral for food.
- **Grants (in process or pending approvals)**
 - **Rural Health Transformation Funds.** Initiative #6: Infrastructure and Capital Investments. Received an email that we are slated for negotiations.
 - **MD Anderson (SAVE TX).** Awarded. Will receive \$245,000 over the next three (3) years. Year 1 = \$75,000, Year 2 = \$85,000, and Year 3 = \$85,000.
 - **Episcopal Health Foundation.** Re-submitted our Letter of Inquiry (LOI) for a second round of review in the amount of \$300,000 (for population health type work), we were invited to the full application (due on September 4th).
 - **Incubator Funding.** In progress.
- **Upcoming Events/Activities**
 - 4th Annual Chambers County Back-to-School Bash took place at White Park in Anahuac/Wallisville on Saturday, July 18th from 10:00 am to 1:00 pm. We are a collaborative partner and committee member again this year. Coastal Gateway Health Center served as the ‘school supply and donation coordinator’ again this year.
 - Attended a Back-to-School Bash in Stowell in the evening of July 18th.
 - Attended ‘Meet the Teacher’ night at East Chambers Elementary
 - Winnie Area Chamber of Commerce hosted a Back-to-School bash on Saturday, August 8th at the Winnie Community Building.
 - 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 June is attached for your review; there were **594** patient encounters.

Exhibit “E”

LTC and Nursing-Facility Operations Report

		Q2 Comp 1		Q2 Comp 2		Q2 Comp 3	Q2 Comp 4	Total Q2	Total YTD
Facility ID	Facility Name	% Metrics Attained	Payout % Earned	% Metrics Attained	Payout % Earned	% Metrics Attained	% Metrics Attained	% Metrics Attained	% Metrics Attained
4028	Avir at Coronado	60.00%	100.00%	100.00%	100.00%	66.67%	100.00%	76.92%	76.92%
5307	Avir at Giddings	75.00%	100.00%	100.00%	100.00%	66.67%	50.00%	75.00%	70.83%
4996	Avir at Overton	66.67%	100.00%	100.00%	100.00%	66.67%	100.00%	81.82%	82.61%
4586	Avir at Paris	100.00%	100.00%	66.67%	85.00%	66.67%	50.00%	72.73%	77.27%
4584	Avir at Town Creek	66.67%	100.00%	100.00%	100.00%	33.33%	50.00%	63.64%	72.73%
5281	Magnolia Place Health Care	60.00%	100.00%	100.00%	100.00%	100.00%	100.00%	84.62%	88.00%
4154	Garrison Nursing Home & Rehabilitation Center	60.00%	100.00%	100.00%	100.00%	100.00%	100.00%	84.62%	88.46%
4376	Golden Villa	100.00%	100.00%	66.67%	85.00%	100.00%	100.00%	92.31%	96.15%
5261	Gracy Woods Nursing Center	40.00%	100.00%	100.00%	100.00%	100.00%	100.00%	76.92%	84.62%
110098	Highland Park Rehabilitation & Nursing Center	80.00%	100.00%	100.00%	100.00%	100.00%	50.00%	84.62%	84.62%
4484	Marshall Manor Nursing & Rehabilitation Center	80.00%	100.00%	33.33%	60.00%	100.00%	100.00%	76.92%	76.92%
4730	Marshall Manor West	80.00%	100.00%	100.00%	100.00%	100.00%	100.00%	92.31%	88.46%
5250	Oak Brook Health Care Center	80.00%	100.00%	66.67%	85.00%	100.00%	100.00%	84.62%	88.46%
4798	Rose Haven Retreat	100.00%	100.00%	66.67%	85.00%	100.00%	100.00%	91.67%	91.67%
5182	The Villa at Texarkana	60.00%	100.00%	0.00%	0.00%	100.00%	100.00%	61.54%	73.08%
5330	Cascades at Galveston	80.00%	100.00%	0.00%	0.00%	33.33%	50.00%	46.15%	38.46%
5322	Cascades at Port Arthur	100.00%	100.00%	0.00%	0.00%	66.67%	50.00%	58.33%	65.22%
4747	Parkview Manor Nursing & Rehabilitation	80.00%	100.00%	0.00%	0.00%	100.00%	50.00%	61.54%	64.00%
5289	Winnie L Nursing & Rehabilitation	100.00%	100.00%	0.00%	0.00%	100.00%	100.00%	75.00%	75.00%
4774	Afton Oaks Nursing and Rehabilitation Center	80.00%	100.00%	100.00%	100.00%	66.67%	100.00%	84.62%	84.62%
106784	Sterling Oaks	80.00%	100.00%	100.00%	100.00%	100.00%	100.00%	92.31%	84.62%
5240	Hemphill Care Center	50.00%	90.00%	#DIV/0!	0.00%	100.00%	50.00%	66.67%	66.67%
5154	Copperas Cove Nursing & Rehabilitation	50.00%	100.00%	33.33%	60.00%	100.00%	50.00%	58.33%	66.67%
5193	Corrigan LTC Nursing & Rehabilitation	66.67%	100.00%	33.33%	60.00%	100.00%	100.00%	72.73%	63.64%
4663	Creekside Village	75.00%	100.00%	33.33%	60.00%	66.67%	50.00%	58.33%	60.00%
5369	Oak Village Healthcare	25.00%	90.00%	33.33%	60.00%	66.67%	50.00%	41.67%	50.00%
5169	Wells LTC Nursing & Rehabilitation	50.00%	100.00%	#DIV/0!	0.00%	100.00%	100.00%	77.78%	90.48%
4340	Woodlake Nursing Center	25.00%	90.00%	100.00%	100.00%	100.00%	50.00%	66.67%	62.50%
5350	Woodland Park Nursing & Rehab	50.00%	100.00%	0.00%	0.00%	100.00%	50.00%	50.00%	50.00%
106988	Accel at College Station	75.00%	100.00%	0.00%	0.00%	100.00%	50.00%	58.33%	54.17%
101157	Arbrook Plaza	75.00%	100.00%	100.00%	100.00%	100.00%	100.00%	91.67%	95.83%
102375	Cimarron Place Health & Rehabilitation	100.00%	100.00%	100.00%	100.00%	100.00%	50.00%	91.67%	91.67%
103223	Crowley Nursing and Rehabilitation	60.00%	100.00%	33.33%	60.00%	100.00%	100.00%	69.23%	76.92%
104541	Deerbrook Skilled Nursing and Rehab Center	60.00%	100.00%	0.00%	0.00%	100.00%	50.00%	53.85%	61.54%
106566	Forum Parkway Health & Rehabilitation	75.00%	100.00%	66.67%	85.00%	100.00%	100.00%	83.33%	87.50%

4286	Friendship Haven Healthcare and Rehabilitation Cent	80.00%	100.00%	100.00%	100.00%	66.67%	100.00%	84.62%	80.77%
102993	Green Oaks Nursing and Rehabilitation	75.00%	100.00%	0.00%	0.00%	100.00%	100.00%	66.67%	62.50%
100806	Gulf Pointe Plaza	75.00%	100.00%	#DIV/0!	0.00%	100.00%	100.00%	88.89%	85.71%
103435	Harbor Lakes Nursing and Rehabilitation Center	80.00%	100.00%	33.33%	60.00%	66.67%	100.00%	69.23%	73.08%
103743	Hewitt Nursing and Rehabilitation	75.00%	100.00%	0.00%	0.00%	100.00%	100.00%	66.67%	70.83%
5372	Holland Lake Rehabilitation and Wellness Center	100.00%	100.00%	66.67%	85.00%	100.00%	100.00%	91.67%	87.50%
4053	Lone Star Rehabilitation & Wellness Center	75.00%	100.00%	33.33%	60.00%	100.00%	100.00%	75.00%	83.33%
5255	Mission Nursing and Rehabilitation Center	80.00%	100.00%	66.67%	85.00%	100.00%	100.00%	84.62%	84.00%
100790	Park Manor of Conroe	100.00%	100.00%	33.33%	60.00%	100.00%	100.00%	84.62%	88.46%
4456	Park Manor of Cyfair	75.00%	100.00%	66.67%	85.00%	100.00%	100.00%	83.33%	83.33%
101489	Park Manor of Cypress Station	80.00%	100.00%	66.67%	85.00%	100.00%	100.00%	84.62%	80.77%
101633	Park Manor of Humble	80.00%	100.00%	100.00%	100.00%	100.00%	100.00%	92.31%	88.46%
102417	Park Manor of Quail Valley	50.00%	100.00%	66.67%	85.00%	100.00%	100.00%	75.00%	79.17%
5400	Park Manor of South Belt	75.00%	100.00%	66.67%	85.00%	100.00%	50.00%	75.00%	87.50%
104661	Park Manor of the Woodlands	100.00%	100.00%	33.33%	60.00%	100.00%	100.00%	83.33%	87.50%
103191	Park Manor of Tomball	80.00%	100.00%	0.00%	0.00%	100.00%	100.00%	69.23%	69.23%
102294	Park Manor of Westchase	80.00%	100.00%	100.00%	100.00%	100.00%	100.00%	92.31%	80.77%
104537	Pecan Bayou Nursing and Rehabilitation	75.00%	100.00%	100.00%	100.00%	100.00%	100.00%	91.67%	87.50%
4158	Red Oak Health and Rehabilitation Center	80.00%	100.00%	33.33%	60.00%	100.00%	100.00%	76.92%	80.77%
106050	Silver Spring	75.00%	100.00%	0.00%	0.00%	100.00%	100.00%	66.67%	62.50%
103011	Stallings Court Nursing and Rehabilitation	100.00%	100.00%	66.67%	85.00%	100.00%	100.00%	91.67%	95.83%
5387	Stonegate Nursing and Rehabilitation	100.00%	100.00%	0.00%	0.00%	66.67%	100.00%	66.67%	79.17%
105966	Treviso Transitional Care	100.00%	100.00%	33.33%	60.00%	66.67%	100.00%	76.92%	84.62%
5225	Willowbrook Nursing Center	80.00%	100.00%	33.33%	60.00%	100.00%	100.00%	76.92%	80.77%
4306	Beaumont Health Care Center	75.00%	100.00%	66.67%	85.00%	66.67%	50.00%	66.67%	58.33%
4379	Cleveland Health Care Center	100.00%	100.00%	66.67%	85.00%	100.00%	100.00%	92.31%	88.46%
4500	Conroe Health Care Center	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	91.67%
4439	Huntsville Healthcare Center	50.00%	100.00%	0.00%	0.00%	33.33%	100.00%	41.67%	45.83%
5135	Lawrence Street Healthcare Center	60.00%	100.00%	66.67%	85.00%	66.67%	100.00%	69.23%	65.38%
5067	Liberty Health Care Center	100.00%	100.00%	33.33%	60.00%	66.67%	50.00%	66.67%	62.50%
4511	Richmond Health Care Center	100.00%	100.00%	66.67%	85.00%	100.00%	100.00%	92.31%	80.77%
5145	Sugar Land Healthcare Center	80.00%	100.00%	0.00%	0.00%	100.00%	100.00%	69.23%	53.85%
4355	West Janisch Health Care Center	50.00%	100.00%	66.67%	85.00%	66.67%	100.00%	66.67%	66.67%
5166	Flatonia Nursing Center	40.00%	100.00%	100.00%	100.00%	100.00%	100.00%	76.92%	80.77%
5096	Oak Grove Nursing Home	75.00%	100.00%	100.00%	100.00%	100.00%	50.00%	83.33%	83.33%
110342	Mont Belvieu	80.00%	100.00%	66.67%	85.00%	66.67%	100.00%	76.92%	76.00%
5297	Hallettsville Nursing and Rehabilitation Center	80.00%	100.00%	33.33%	60.00%	100.00%	100.00%	76.92%	76.92%
5234	Monument Hill Nursing and Rehabilitation Center	50.00%	100.00%	66.67%	85.00%	100.00%	50.00%	66.67%	75.00%
5256	Spindletop Hill Nursing and Rehabilitation Center	60.00%	100.00%	33.33%	60.00%	66.67%	50.00%	53.85%	52.00%
5203	The Woodlands Nursing and Rehabilitation Center	80.00%	100.00%	100.00%	100.00%	100.00%	100.00%	92.31%	84.62%
4807	Seabreeze Nursing and Rehabilitation	50.00%	100.00%	33.33%	60.00%	100.00%	100.00%	66.67%	72.00%
5379	Bayou Pines	75.00%	100.00%	0.00%	0.00%	100.00%	100.00%	66.67%	58.33%

Q2 Comp 1 Metrics Met		Q2 Comp 2 Metrics Met		Q1 Comp 3	Q2 Comp 4	Q2 Total	YTD Total
% Attained	Avg Payout Earned	% Attained	Avg Payout Earned	% Attained	% Attained	% Attained	% Attained
74.9%	99.6%	54.5%	62.8%	89.6%	85.7%	75.4%	76.0%



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

July 20, 2026

Facility Administrator: Matt Mewborn

Treviso Transitional Care Center is licensed for 140 beds, and its current census is 108 residents including 29 skilled patients. There are four confirmed admissions planned today which are offsetting some discharges which took place over the weekend. Earlier this month, the facility reached a high census of 115 residents, including 38 skilled patients.

The facility is currently seeking one nurse, two CNAs, and two CMAs. There are two candidates for the CMA roles being sponsored by the facility to become certified. These two candidates will be testing for certification in August.

Discussed participation in developing an AIT preceptor boot camp. Reviewed resources and support to bring in new team members and future leaders.

The facility's POC related to the state visit last month was accepted by the state. There have not been any new self-reports or recent visits by state surveyors.

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

The facility's QAPI meeting will be held this Thursday. The facility is monitoring discharge notifications to ensure the corrections made from recent survey outcomes are being maintained. Discussed focusing on RTAs and managing all appropriate care needs and services in the facility.

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

Discussed some minor grievances that have helped the facility identify opportunities for further improvement and inclusion. Discussed efforts to extend more invitations to all residents to participate in activities.

The administrator reported Cascade will be touring the building soon and expects there to be management changes in September.



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

July 20, 2026

Facility Administrator: Josie Pebsworth

Pecan Bayou Nursing and Rehabilitation is licensed for 90 beds, and its current census is 54 residents including 11 skilled patients. There are two planned discharges, but also two admissions planned this week. Discussed the average length of stay of some of the skilled patients and working with managed care organizations to ensure the residents' needs are met while in the facility.

The administrator stated there are two competitors in the market which are being sold to new owners. Discussed the expected impact this will have in the opportunity with admissions and staffing. Reviewed opportunities to capture residents and staff if there is any fallout through these events.

There are open positions of one CNA and one night nurse. All other positions are filled at this time.

There have not been any recent visits to the facility by state surveyors. The facility's last fullbook survey was in August 2025 and the facility has entered its annual fullbook window. The interdisciplinary team is maintaining survey readiness efforts and auditing the facility's systems.

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 held its monthly QAPI meeting and reported clinical outcomes and quality measures observed in June. The facility's biggest challenge is managing falls. Discussed working with residents who have difficulty understanding their limitations and the risk of falling. Discussed implementing creative interventions and signage to encourage residents to ask staff for help where needed. Discussed actions to follow up on activity offerings during evenings and weekends.

Infection control has been managed well and there are no trends or outbreaks reported at this time.

The facility is planning to have its call light system replaced. There was a motherboard that was blown out and there are no replacement motherboards available. Discussed ongoing monitoring and documentation until the replacement call system is finally installed next month.



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

July 21, 2026

Facility Administrator: Bobby Simpkins

Silver Spring is licensed for 120 beds, and its current census is 81 residents including 12 skilled patients and 4 veterans. The facility's average census so far in July is 78 residents. There are three referrals pending hospital discharge and insurance authorization before the facility can arrange their respective admissions.

The administrator was recently invited to an AIT preceptor training and learned more about opportunities to have an AIT in the facility. There is only one CNA opening at this time. The facility was recently successful in hiring four CNAs. The facility is also seeking one transportation aide at this time.

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

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

The facility's QAPI meeting was held earlier this month on July 8. Discussed continued monitoring of clinical outcomes and feedback from the quality monitoring team. The interdisciplinary team is working to improve outcomes related to skins, weights, and fall prevention.

There are no current outbreaks or trends under infection control.

Discussed the facility's grievance process which ensures all issues are being managed and documented.



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

July 22, 2026

Facility Administrator: Cody Bedford

Crowley Nursing and Rehabilitation is licensed for 120 beds, and its current census is 97 residents including 22 skilled patients. There are some admissions and discharges planned this week. Referrals have been steady overall and have supported the census level through summer months.

The facility is seeking an MDS nurse and a nightshift nurse at this time. There were no other vacant positions reported. The facility's new social worker started employment three weeks and has been a great addition to the interdisciplinary team.

The facility was visited by a state surveyor earlier this week for investigation of a complaint. All reasons for the investigation were unsubstantiated. The state is conducting the facility's trust fund audit today.

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 reported on its recent monthly QAPI meeting and shared outcomes reported in June. Discussed ongoing efforts to support fall prevention efforts. The facility reviews falls routinely and adjusts interventions to align with the residents' needs.

The administrator reported that grievances and infection control are being managed with no trends at this time.

The facility is planning a back-to-school party on August 8. Discussed planning activities for the event and providing staff members' children with some school supplies.



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

July 10, 2026

Facility Administrator: Calvin Crosby

Harbor Lakes Nursing and Rehabilitation Center is licensed for 142 beds, and its current census is 92 residents including 25 skilled patients. For the month of June, the facility averaged a census of 93 residents.

Discuss staffing efforts and coverage for current vacancies. The facility does well with RN coverage, but the team reported there's a discrepancy between the actual rate compared to the reported numbers. Discussed intent to further investigate and determine the issue to ensure all staffing hours are accounted for correctly in all reports.

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 nursing department led discussions about the ongoing PIP addressing falls. There were no falls with injury during the reporting period, but there were several residents affected by repeat falls. Discussed the needs of these individuals and recognizing trends in falls amongst some skilled patients and memory care patients. Discussed interventions and working to personalize care plans to support these residents' needs.

The team also discussed education for these residents and their family members. Discuss the importance of helping them understand their limitations, but also promoting safety awareness in all situations. Discussed the way this can positively impact residents being more likely to safely discharge home at the close of their skilled care.

The facility conducts surveys and inquires with residents about their experiences in the building. Discussed opportunities to improve patient experience through admission and discharge processes. The team reviews the resident surveys, feedback, and grievances to monitor resident sentiment and overall experience the building.

Discussed meal service in the building for residents and staff members. The team discussed opportunities to show appreciation to staff by providing meals as an employment benefit. Discussed this process of making sure that it is a complementary service, and one that does not interfere with providing the residents with their needs first.

The medical director discussed working to improve collaboration between the hospital and the facility regarding orders signed by the hospital. There are some orders that the hospital implements that are not appropriate for the nursing home setting. The medical director is working to discuss these opportunities to support consistent transitioning of residents from the hospital into the nursing facility.



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

July 24, 2026

Facility Administrator: Rachel Amiri

Green Oaks Nursing & Rehabilitation is licensed for 142 beds, and its current census is 114 residents including 50 skilled patients. The facility reported that there are 25 open referrals at this time. There are eight pending admissions today and six discharges. Discussed supporting the admissions process to ensure all processes are completed according to policy. The facility strives to round on the newly admitted residents the morning following their admission to check on their initial experience in the building. The team has been receiving good feedback from new residents during these check-ins.

The facility has been consistently adjusting its staffing alongside the census growth. The facility reported that there are openings for only two CNAs at this time. There are four interviews for these openings today. Discussed efforts to have effective onboarding processes to ensure new staff are supported as they assimilate into the team.

The facility was visited this month by a surveyor who investigated two complaints. All reasons for the investigation were unsubstantiated.

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's QAPI meeting was held earlier this month on July 10. The facility is on track to achieve its QIPP targets, including workforce development ratios. The facility has been very focused on ensuring proper systems are in place. Discussed the need for strong processes to manage and support the busy environment and successful outcomes. The facility's QMs have been very consistent. The administrator said the facility is on track to become a 5-star overall later this year.

Infection control efforts have been going well with no outbreaks or trends reported. The administrator reported there have been cases of the flu in the area, so the facility is remaining vigilant with infection prevention and control training and standards.

The facility is hoping to have the ADL suite completed in the second therapy gym next month. Discussed recent orders for new equipment to be used in this suite.

Provided quarterly joint training regarding healthy hydration. Healthy hydration is an essential part of maintaining residents' health, safety, and quality of life. Many nursing facility residents are at increased risk for dehydration. The interdisciplinary team plays a key role in ensuring there are routine assessments, early recognition of risk factors, and prompt interventions to support hydration needs. Effective hydration programs include individualized care planning, staff education, frequent opportunities to offer beverages, and ongoing monitoring of residents' hydration status. Consistent documentation, communication, and reassessment help ensure hydration needs are met when residents' conditions change. By implementing evidence-based hydration practices, facilities can reduce preventable complications and promote better clinical outcomes for their residents.

The facility keeps resident hydration a priority in the building. The facility's shower aides are also tasked with passing water and ice to the residents. There are several residents who spend time outdoors, so the building gets hydration stations stocked for use in outdoor spaces. The activity department has also been involved in offering more fluids to the residents as part of various activities.

Joint Training Information

Healthy hydration is a fundamental component of providing high-quality care in nursing facilities. Maintaining adequate hydration supports overall health, physical and cognitive function, and quality of life while helping minimize the risk of preventable complications associated with dehydration. Many residents have conditions which increase their risk of dehydration, making early recognition and proactive prevention essential components of supporting healthy hydration.

Healthy hydration requires an ongoing, interdisciplinary approach that includes routine assessment, individualized care planning, staff education, and consistent access to hydrating beverages and foods throughout the day. Facilities are encouraged to establish person-centered hydration programs, identify residents at increased risk for dehydration, monitor for early signs and symptoms, and implement strategies that promote fluid intake during meals, medication passes, activities, and between meals. Offering residents their preferred beverages, providing foods with high fluid content, and ensuring fluids are readily accessible can significantly improve hydration efforts and outcomes.

Early identification of dehydration risk factors and timely intervention are critical to preventing avoidable declines in health. Residents should be routinely monitored for changes in hydration status, with interventions and care plans updated as conditions or preferences change. Effective documentation, communication among the interdisciplinary team, and ongoing evaluation of hydration practices help support positive resident outcomes and regulatory compliance.

Please see the following resources for additional information and evidence-based best practices regarding healthy hydration:

[Healthy Hydration](#)

[Healthy Hydration Evidence-Based Best Practices](#)

[Signs, Symptoms, and Risk Factors for Dehydration in LTC](#)

[Best Practice Techniques: Promoting Good Hydration](#)

Thank you for your continued commitment to promoting healthy hydration and providing person-centered care. Your efforts to support resident hydration improve safety, comfort, quality of life, and overall clinical outcomes. Please contact me at your convenience if you have any questions.



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Hewitt Nursing and Rehabilitation
8836 Mars Drive
Hewitt, TX 76643

July 22, 2026

Facility Administrator: Chris Gallardo

Hewitt Nursing and Rehabilitation is licensed for 140 beds, and its current census is 86 residents including 28 skilled patients. The facility is exceeding its budget census of 80 residents. The census has been steadily growing throughout the year since it has had some improvements in star ratings.

Discussed plans to hire a few more nurses to support the consistent census growth. The facility recently filled the remaining CNA openings, and there are no other vacancies reported at this time.

The facility reported it completed its annual fullbook survey and received four minor tags. The findings were related to a call light out of place, care plans, dietary substitution logs, and one shower chair cleaning. The facility submitted its POC which was accepted, and the facility is submitting proof of compliance today.

There were four tags under life safety as well, but these are being addressed by the maintenance department and service providers. Discussed some maintenance being done on the generator and sprinkler systems. There have not been any visits to the facility by surveyors since the fullbook survey. There are no new self-reports at this time.

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

The facility held its monthly QAPI meeting and discussed clinical outcomes and quality measures observed in June. Discussed monitoring corrections made in response to the recent fullbook survey. The team is also focusing on management of psychotropic medication utilization. Discussed review of medication regimens and consideration of alternative interventions to reduce psychotropic utilization.

The facility hasn't had any issues with infection control recently, and there are no current outbreaks.

The administrator reported as the team has brought on more staff to support the census growth, there have been fewer grievances related to customer service.

Provided quarterly joint training regarding healthy hydration. Healthy hydration is an essential part of maintaining residents' health, safety, and quality of life. Many nursing facility residents are at increased risk for dehydration. The interdisciplinary team plays a key role in ensuring there are routine assessments, early recognition of risk factors, and prompt interventions to support hydration needs. Effective hydration programs include individualized care planning, staff education, frequent opportunities to offer beverages, and ongoing monitoring of residents' hydration status. Consistent documentation, communication, and reassessment help ensure hydration needs are met when residents' conditions change. By implementing evidence-based hydration practices, facilities can reduce preventable complications and promote better clinical outcomes for their residents.

The facility strives to support hydration needs and discussed passing ice routinely to the residents. Reviewed considerations of residents' individual needs and methods the facility uses to encourage hydration and fluid intake.

Joint Training Information

Healthy hydration is a fundamental component of providing high-quality care in nursing facilities. Maintaining adequate hydration supports overall health, physical and cognitive function, and quality of life while helping minimize the risk of preventable complications associated with dehydration. Many residents have conditions which increase their risk of dehydration, making early recognition and proactive prevention essential components of supporting healthy hydration.

Healthy hydration requires an ongoing, interdisciplinary approach that includes routine assessment, individualized care planning, staff education, and consistent access to hydrating beverages and foods throughout the day. Facilities are encouraged to establish person-centered hydration programs, identify residents at increased risk for dehydration, monitor for early signs and symptoms, and implement strategies that promote fluid intake during meals, medication passes, activities, and between meals. Offering residents their preferred beverages, providing foods with high fluid content, and ensuring fluids are readily accessible can significantly improve hydration efforts and outcomes.

Early identification of dehydration risk factors and timely intervention are critical to preventing avoidable declines in health. Residents should be routinely monitored for changes in hydration status, with interventions and care plans updated as conditions or preferences change. Effective documentation, communication among the interdisciplinary team, and ongoing evaluation of hydration practices help support positive resident outcomes and regulatory compliance.

Please see the following resources for additional information and evidence-based best practices regarding healthy hydration:

[Healthy Hydration](#)

[Healthy Hydration Evidence-Based Best Practices](#)

[Signs, Symptoms, and Risk Factors for Dehydration in LTC](#)

[Best Practice Techniques: Promoting Good Hydration](#)

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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

July 22, 2026

Facility Administrator: Donna Tillman

Holland Lake Rehabilitation and Wellness Center is licensed for 120 beds, and its current census is 99 residents including 33 skilled patients. There are three residents in the hospital at this time. There are seven referrals which are preparing to be admitted to the facility, but there are also a handful of skilled discharges approaching. The facility has averaged a census of over 100 residents this month. Discussed having many skilled patients transition to long-term care services. The long-term care census has been very strong, and there are no longer long-term care beds open.

There are currently staff openings of two weekday CNAs and two weekend CNAs. The facility is still seeking a staffing and medical records manager. Discussed working through the interview process to find the right team member for the position.

The administrator attended an AIT preceptor conference with HMG last week and received lots of education about the program. The administrator expects the facility will be participating in HMG's AIT training program later this fall.

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

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

The facility held its QAPI meeting last week. Discussed focusing on QA processes and finding ways to improve outcomes across the board. The team is focusing on psychotropic medication utilization and falls. Discussed reviewing referrals and admitting high acuity patients from the referring hospitals. Discussed strong outcomes with wound care and working to wound care certification for the treatment nurse.

Discussed infection control and prevention outcomes over the last month. There are no current trends or outbreaks. The facility has admitted some cases of pneumonia from the hospital in recent weeks. Discussed using proper precautions to care for these individuals while keeping the other residents safe.

The facility is holding monthly all-staff meetings, and has one planned later today. Discussed taking the opportunity to provide education and direction to staff in these meetings.

The facility is planning a back-to-school bash next week for employees with children. The facility will provide some school supplies for these children. Discussed activities planned for this event on the front grounds of the facility. The residents are invited to celebrate and enjoy the festivities as has been held at this event in years past.

Provided quarterly joint training regarding healthy hydration. Healthy hydration is an essential part of maintaining residents' health, safety, and quality of life. Many nursing facility residents are at increased risk for dehydration. The interdisciplinary team plays a key role in ensuring there are routine assessments, early recognition of risk factors, and prompt interventions to support hydration needs. Effective hydration programs include individualized care planning, staff education, frequent opportunities to offer beverages, and ongoing monitoring of residents' hydration status. Consistent documentation, communication, and reassessment help ensure hydration needs are met when residents' conditions change. By implementing evidence-based hydration practices, facilities can reduce preventable complications and promote better clinical outcomes for their residents.

Discussed considerations of summer heat and considering the impact this has on residents who spend time outdoors. The administrator shared considerations of various beverages and foods that can be offered to support hydration. The facility will be discussing resident hydration during the training at its all-staff meeting today.

Joint Training Information

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Mission Nursing and Rehabilitation Center
1013 S. Bryan Road
Mission, TX 78572

July 30, 2026

Facility Administrator: Daniel Rodriguez

The following report is from the site visit to Mission Nursing and Rehabilitation Center on July 30, 2026. A tour of the building was provided after a meeting was held to provide an update on the facility.

Mission Nursing and Rehabilitation Center is licensed for 170 beds, and its current census is 98 residents including 7 skilled patients. There are four planned admissions today and no reported discharges. Reviewed recent trends with the census and referral volume. Discussed efforts to increase the volume of patients under skilled services.

The facility has done well building its long-term care census. There are roughly 4 beds available on the north unit, and about 10 beds available on the south unit for long-term care services. The secure unit is operating well with 16 of 18 available beds filled at this time. The last two available beds on this unit are in a shared room. The facility is holding these two beds in case there's a resident that needs to be on isolation precautions in the unit.

Discussed staffing assignments and making adjustments whenever there are fluctuations in the census. The team aims to staff according to its target ratios.

Mission Nursing and 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 5-star rating in Quality Measures. The facility's overall and quality measures star ratings both decreased from 5-star ratings. Discussed review of quality measures to identify opportunities for improvement and returning to a 5-star rating.

The facility shared updates from its recent monthly QAPI meeting, including a review of clinical outcomes reported in June. Discussed updates to fall prevention programs and review of residents on antipsychotic medications. The facility routinely discusses the residents' needs and any changes in condition in clinical meetings.

The facility has gone through significant renovations over the last year, which have nearly been completed. The carport and entryway to the facility have been updated and painted. The main foyer has gone through a total makeover removing the center raised stage and now providing an open room with decorations and seating for residents and visitors. The facility purchased new furniture and decorations which were installed throughout the building. The walls have been painted, and the handrails have been adjusted. The new flooring throughout the building is immaculate. The updated and improved lighting in the building helps emphasize the cleanliness of the updated floors and walls.

To the north of the central foyer is the north unit which includes two halls of resident rooms and a nurse station. The facility's secure unit is also adjacent to the north nurse station and accessible through secure doors. The unit was very calm, and staff were gathered assisting the residents in the common area of the unit. The secure unit nurse station is adjacent to the common area, giving good visibility into that space as well as down the hall where the secure unit resident rooms are located. The secure unit has a large, enclosed courtyard with a gazebo. There are nice seating areas outside and many residents and their families enjoy visiting together in the space.

The facility's kitchen and dining room are more central in the building and have gone through extensive renovations as well. The dining room offers a very welcoming environment for residents to enjoy their meals. There are several windows in the dining room which offer natural lighting and brighten up the atmosphere. The dining room has new furniture and a new TV.

Many of the facility's administrative offices are in the center of the building near the main foyer. Some of these spaces have been updated, and there is one final office going through renovations right now. The facility's large activity room had been temporarily used as a storage or holding space for furniture and equipment during some of the renovations throughout the last year. The space has been offloaded to allow activities to resume in this room. Discussed working with residents to ensure activities are supporting their interests and well-being.

The south unit has also been updated. There are three halls on this unit with resident rooms. The south unit has its own nurse station which has visibility down each of these three halls. The facility strives to meet all the needs of its residents to support successful achievement of care plans and a healthy length of stay.

The 700-hall is annexed on the south side of the facility, and it provides rooms to the facility's skilled patients. This unit has nearly all private rooms at this time. The renovations in this part of the facility have also been completed and give the space a very inviting and comfortable feeling for skilled patients who transition from the hospital. Discussed efforts to make new patients comfortable and even allow their family members to stay in the room with them when appropriate. The 700-hall has its own nurse station.

The therapy gym is in the skilled hall and has a very large and open floor plan. Discussed new equipment being used to better target and treat the needs of each resident. The therapy

department has room to support the needs of multiple residents receiving services simultaneously.



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

July 28, 2026

Facility Administrator: Jana Sanders

Stephenville Rehabilitation and Wellness Center is licensed for 122 beds, and its current census is 92 residents including 10 skilled patients. There has been steady long-term census growth in recent weeks. The facility has three confirmed admissions this week, one for long-term care and two for skilled services.

Discussed some openings of direct-care staff members and ongoing recruitment efforts. The facility is planning another CNA class and is anticipating a start in mid-August. All department head positions are filled at this time.

The facility reported it is continuing survey preparedness efforts as it is in its annual fullbook window. Discussed expectations for the survey team to visit the facility soon. 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 4-star rating in Quality Measures.

The administrator detailed the facility's monthly QAPI meeting and outcomes observed in the reporting period. The facility sustained good achievement and outcomes in June. The facility is continuing to focus on fall prevention efforts. Discussed challenges with some residents who are fall risks and who have experienced repeat falls. Discussed making changes to their care plans and interventions to support fall prevention efforts.

The facility's infection prevention efforts are going well. There are no trends or outbreaks at this time. Discussed routine education and availability of PPE to use when caring for residents.

Provided quarterly joint training regarding healthy hydration. Healthy hydration is an essential part of maintaining residents' health, safety, and quality of life. Many nursing facility

residents are at increased risk for dehydration. The interdisciplinary team plays a key role in ensuring there are routine assessments, early recognition of risk factors, and prompt interventions to support hydration needs. Effective hydration programs include individualized care planning, staff education, frequent opportunities to offer beverages, and ongoing monitoring of residents' hydration status. Consistent documentation, communication, and reassessment help ensure hydration needs are met when residents' conditions change. By implementing evidence-based hydration practices, facilities can reduce preventable complications and promote better clinical outcomes for their residents.

The facility encourages fluid intake and supports proper hydration each day. Discussed some activities the facility offers that supplement fluid intake for the residents. Due to the hot weather, the facility strives to keep activities indoors in the cool environment.

Joint Training Information

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[Healthy Hydration Evidence-Based Best Practices](#)

[Signs, Symptoms, and Risk Factors for Dehydration in LTC](#)

[Best Practice Techniques: Promoting Good Hydration](#)

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

July 23, 2026

Facility Administrator: Kelcey Parks

Stonegate Nursing and Rehabilitation is licensed for 134 beds, and its current census is 118 residents including 41 skilled patients. The census has grown from the 90s since Kelcey started as the administrator roughly a month and a half ago. The facility has been receiving roughly 10-20 referrals each day. Discussed challenges managing the high referral volume and ensuring the facility is still promptly communicating with referring partners.

The facility has hired a new marketer and a maintenance director who will both start employment next week. The facility recently hired an MDS coordinator as well. The facility is interviewing for an ADON at this time. There are current openings for direct-care staff including three CNAs, one double weekend nurse, and one night shift nurse.

The state was in the facility today to investigate a complaint. All reasons for investigation today were unsubstantiated. The state was also in the building last week to investigate three complaints and two outstanding self-reports which were all unsubstantiated.

Stonegate Nursing and Rehabilitation 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 held its monthly QAPI meeting yesterday and reviewed clinical outcomes and quality measures observed in June. Discussed review of antipsychotic medication utilization and working to implement alternative interventions where appropriate. The facility reported there has also been an increase in falls, but this is partly due to the increase in census. Discussed working with the skilled patients and residents experiencing repeat falls to identify appropriate interventions.

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

The facility reports it occasionally receives grievances related to customer service. There are several new staff members, and the managers have been involved with routine education and customer service training.

The facility completed some roof repairs and also installed new carpet in the carports outside. Discussed plans to update the landscaping around the facility.

Provided quarterly joint training regarding healthy hydration. Healthy hydration is an essential part of maintaining residents' health, safety, and quality of life. Many nursing facility residents are at increased risk for dehydration. The interdisciplinary team plays a key role in ensuring there are routine assessments, early recognition of risk factors, and prompt interventions to support hydration needs. Effective hydration programs include individualized care planning, staff education, frequent opportunities to offer beverages, and ongoing monitoring of residents' hydration status. Consistent documentation, communication, and reassessment help ensure hydration needs are met when residents' conditions change. By implementing evidence-based hydration practices, facilities can reduce preventable complications and promote better clinical outcomes for their residents.

The facility is consistent with its efforts to support resident hydration. Discussed the positive impact hydration has on resident health and well-being. The facility is looking to hire a staff member to support central supply and hospitality services. Discussed opportunities to include additional hydration duties with the hospitality position.

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

July 23, 2026

Facility Administrator: Ernest De La Garza

Cimarron Place Health & Rehabilitation Center is licensed for 120 beds, and its current census is 76 residents including 26 skilled patients. The facility reached its average census budget in June. There have been some recent residents who passed away, so the team is working to build the census again. There are several planned admissions, including four expected today and three more tomorrow. The facility has four residents who have received notice of an upcoming discharge. The admissions team is working through insurance authorizations to bring new residents in as quickly as possible once available for hospital discharge. Discussed opportunities to admit more Veterans to the facility. The administrator has been involved in marketing efforts including participation on local radio and recently filming a commercial for the building which is in post-production at this time.

Discussed working to manage labor and operating according to appropriate staffing targets. The facility has two CNA openings but has been able to manage coverage needs well due to the slightly lower census. The team is also seeking a double weekend RN nurse. Discussed continued collaboration with local nursing programs that partner with the facility as their host training site.

There have not been any visits by state surveyors this month. The facility is in its annual fullbook survey window. Discussed ongoing survey preparedness efforts and review of deficiencies and associated corrections.

Cimarron Place Health & 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 held its monthly QAPI meeting earlier today. The team is working to improve falls and discussed implementation of a fall program to encourage and incentivize staff to support

fall prevention efforts. The nursing teams have been put into teams by assignment, and the team with the best outcomes at the end of each month will have a reward.

There have been some residents admitting from the hospital with UTIs and orders of antibiotics. The facility continues to treat and resolve these infections once these residents are admitted to the building.

Discussed plans to have a town hall meeting with the hospital next month and intent to discuss issues related to pain medication discrepancies between the hospital and facility.

The Art Museum of South Texas is starting a program with the facility next month, and the residents will be able to see their art displayed with the museum. The facility is also planning a summer jam festival event next month for residents' families and staff.

There were some new lights installed around the building, and the administrator ordered some new chairs. Discussed putting together requests and plans to replace the carpet next year.

Provided quarterly joint training regarding healthy hydration. Healthy hydration is an essential part of maintaining residents' health, safety, and quality of life. Many nursing facility residents are at increased risk for dehydration. The interdisciplinary team plays a key role in ensuring there are routine assessments, early recognition of risk factors, and prompt interventions to support hydration needs. Effective hydration programs include individualized care planning, staff education, frequent opportunities to offer beverages, and ongoing monitoring of residents' hydration status. Consistent documentation, communication, and reassessment help ensure hydration needs are met when residents' conditions change. By implementing evidence-based hydration practices, facilities can reduce preventable complications and promote better clinical outcomes for their residents.

The facility reports it encourages resident hydration and makes beverages available to residents frequently. The facility has a hospitality aide who is tasked with passing water and ice to the residents. Discussed the positive impact hydration plays on the well-being and quality of life of residents.

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Red Oak Health and Rehabilitation Center

101 Reese Drive
Red Oak, TX 74154

July 23, 2026

Facility Administrator: Lee Richard

Red Oak Health and Rehabilitation Center is licensed for 144 beds, and its current census is 99 residents including 4 skilled patients. There were some skilled patients who completed their care and were discharged home. Discussed efforts to continue marketing efforts to increase the skilled census.

There is one ADON opening, and the facility has started interviewing candidates for the position. There are no other vacant positions at this time.

The state entered the facility on Tuesday to conduct investigations into some complaints. The state is continuing their investigations today. Discussed systems the state has reviewed, and documentation requested by the surveyors. The facility is submitting a self-report due to a resident who eloped. The resident reached the other side of the street, returned to the facility immediately. The resident involved in this incident had no history of wandering. The facility has reviewed the details of the elopement, and it is evaluating assessments and monitoring efforts in the building.

Red Oak Health and Rehabilitation Center has a 3-star overall rating. The facility has a 4-star rating in Health Inspections, a 1-star rating in Staffing, and a 4-star rating in Quality Measures.

The facility's monthly QAPI meeting was held earlier this month and reported strong clinical outcomes and metric achievement in June. The facility continues to monitor fall prevention efforts and care plans.

There are no reported trends under infection control or grievances at this time. The administrator reported there have continued to be improvements in the dietary department as its new manager has made the environment more stable and consistent.

Provided quarterly joint training regarding healthy hydration. Healthy hydration is an essential part of maintaining residents' health, safety, and quality of life. Many nursing facility residents are at increased risk for dehydration. The interdisciplinary team plays a key role in ensuring there are routine assessments, early recognition of risk factors, and prompt interventions to support hydration needs. Effective hydration programs include individualized care planning, staff education, frequent opportunities to offer beverages, and ongoing monitoring of residents' hydration status. Consistent documentation, communication, and reassessment help ensure hydration needs are met when residents' conditions change. By implementing evidence-based hydration practices, facilities can reduce preventable complications and promote better clinical outcomes for their residents.

The facility works to keep residents hydrated to support their physical and cognitive needs. The restorative aides in the facility routinely pass ice to the residents in the building. Discussed the importance of maintaining proper hydration during hot summer months. There are some residents who go outside in the courtyard to relax and others who take smoke breaks in the courtyard. The facility has water available to residents in the courtyard to encourage fluid intake.

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Gulf Pointe Plaza
1008 Enterprise Blvd.
Rockport, TX 78382

July 28, 2026

Facility Administrator: Michael Higgins

Gulf Pointe Plaza is licensed for 120 beds, and its current census is 65 residents including 11 skilled patients. The facility's census has still been low in the summer months, but it has received several referrals recently. There are current referrals for seven potential long-term care residents and another eight referrals for skilled patients. Discussed the review and management of these referrals including prompt communication with the referral sources. The team has been out in the community working to support marketing efforts and business development.

Staffing needs are being met with no agency utilization at this time. The facility has open positions of one nightshift nurse and one nightshift CNA.

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

Gulf Pointe Plaza has a 4-star overall rating. 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 is maintaining its ongoing PIP addressing fall prevention. Discussed evaluation of fall prevention interventions and programs. The facility also has PIPs addressing wounds and weights. Discussed some improvements that have already been made due to these new PIPs. The interdisciplinary team is aware of which residents are triggering, and what their specific needs are. Discussed updating assessments to ensure improvements are properly captured and documented.

There are currently no reported issues or trends related to infection control. The facility does not have any residents under isolation precautions at this time.

A representative from the VA will be touring the facility on July 30. The facility has been working on its contract with the VA which is expected to be fully executed soon after this visit with the VA representative.

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Discussed the importance of maintaining proper hydration for the residents to improve their quality of life and support prevention of adverse effects. The facility has an activity assistant who also serves as a hydration aide in the building to pass water and ice to residents.

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Healthy hydration is a fundamental component of providing high-quality care in nursing facilities. Maintaining adequate hydration supports overall health, physical and cognitive function, and quality of life while helping minimize the risk of preventable complications associated with dehydration. Many residents have conditions which increase their risk of dehydration, making early recognition and proactive prevention essential components of supporting healthy hydration.

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Early identification of dehydration risk factors and timely intervention are critical to preventing avoidable declines in health. Residents should be routinely monitored for changes in hydration status, with interventions and care plans updated as conditions or preferences change. Effective documentation, communication among the interdisciplinary team, and ongoing evaluation of hydration practices help support positive resident outcomes and regulatory compliance.

Please see the following resources for additional information and evidence-based best practices regarding healthy hydration:

[Healthy Hydration](#)

[Healthy Hydration Evidence-Based Best Practices](#)

[Signs, Symptoms, and Risk Factors for Dehydration in LTC](#)

[Best Practice Techniques: Promoting Good Hydration](#)

Thank you for your continued commitment to promoting healthy hydration and providing person-centered care. Your efforts to support resident hydration improve safety, comfort, quality of life, and overall clinical outcomes. Please contact me at your convenience if you have any questions.



President: Edward Murrell
Vice President: Anthony Stramecki
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Treasurer: Bobby Way
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Scott Johnson, Nursing Facility Specialist
Winnie-Stowell Hospital District

Arbrook Plaza
401 West Arbrook Blvd.
Arlington, TX 76014

July 28, 2026

Facility Administrator: Jodi Scarbro

Arbrook Plaza is licensed for 120 beds, and its current census is 91 residents including 29 skilled patients. The facility has twelve referrals under review which are pending insurance authorization and hospital discharge. There are three residents in the hospital who are expected to return soon.

There have been some successful nurse hires recently. There is one nurse vacancy and three CNA openings at this time.

The facility was visited by the on two occasions for a self-report and a complaint. All reasons for the investigations during each visit were both unsubstantiated. The facility is submitting a self-report now due to a hospice resident who had shoulder swelling from an injury of unknown origin.

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 QAPI meeting went well, and the interdisciplinary team reported on outcomes in June. There were no new issues trending, and the facility reported strong achievement. Discussed some performance improvement plans which have been resolved in recent months.

There are no trends with infection control at this time. Discussed admitting some residents from the hospital with an active infection. The facility ensures it utilizes proper precautions when caring for these residents until their infections are resolved.

Discussed the facility's grievance process and ensuring all issues are documented. The administrator discussed the importance of having effective communication with residents and family members to ensure they have expectations set properly and understand how the facility functions.

The facility is holding a back-to-school event for residents, families, staff, and the general community. There will be several fun activities and games planned during the event.

Provided quarterly joint training regarding healthy hydration. Healthy hydration is an essential part of maintaining residents' health, safety, and quality of life. Many nursing facility residents are at increased risk for dehydration. The interdisciplinary team plays a key role in ensuring there are routine assessments, early recognition of risk factors, and prompt interventions to support hydration needs. Effective hydration programs include individualized care planning, staff education, frequent opportunities to offer beverages, and ongoing monitoring of residents' hydration status. Consistent documentation, communication, and reassessment help ensure hydration needs are met when residents' conditions change. By implementing evidence-based hydration practices, facilities can reduce preventable complications and promote better clinical outcomes for their residents.

The facility focuses on properly hydrating its residents. Discussed efforts to learn residents' preferences with beverages to increase the likelihood of fluid intake. The administrator ensures there are several options available for the residents to support their intake.

Joint Training Information

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Healthy hydration requires an ongoing, interdisciplinary approach that includes routine assessment, individualized care planning, staff education, and consistent access to hydrating beverages and foods throughout the day. Facilities are encouraged to establish person-centered hydration programs, identify residents at increased risk for dehydration, monitor for early signs and symptoms, and implement strategies that promote fluid intake during meals, medication passes, activities, and between meals. Offering residents their preferred beverages, providing foods with high fluid content, and ensuring fluids are readily accessible can significantly improve hydration efforts and outcomes.

Early identification of dehydration risk factors and timely intervention are critical to preventing avoidable declines in health. Residents should be routinely monitored for changes in hydration status, with interventions and care plans updated as conditions or preferences change. Effective documentation, communication among the interdisciplinary team, and ongoing evaluation of hydration practices help support positive resident outcomes and regulatory compliance.

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[Healthy Hydration Evidence-Based Best Practices](#)

[Signs, Symptoms, and Risk Factors for Dehydration in LTC](#)

[Best Practice Techniques: Promoting Good Hydration](#)

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

July 22, 2026

Facility Administrator: Eric Johanan

Forum Parkway Health & Rehabilitation is licensed for 139 beds, and its current census is 109 residents including 38 skilled patients. The facility still has a strong list of referrals with five that expected to be admitted over the next week. There are three confirmed admissions today, but a handful of skilled discharges are planned this week.

The facility is maintaining all staffing needs and reports it is recruiting a CMA. The opening is due to a CMA who recently moved to fill the facility's central supply manager role. The facility also hired a new MDS nurse who will start employment next week.

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

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 administrator shared updates from its QAPI meeting held last week. The facility is still triggering for falls, but has seen more improvements so far in July. Discussed continuing to focus on fall prevention and ensuring staff are aware of the residents' needs. The facility discussed root-cause analyses of falls and works to implement personalized interventions and plans of care.

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

There were eight grievances in June. There were a few related to dietary, and the remaining were under nursing. Discussed efforts to improve the residents' experience and reinforce customer service amongst staff members.

The facility is planning a back-to-school party for staff in a few weeks. The facility will provide some activities and school supplies for staff members' children.

The facility has purchased several new wheelchairs due to the census increase. The administrator is also looking into replacing some furniture that is due for replacement.

Provided quarterly joint training regarding healthy hydration. Healthy hydration is an essential part of maintaining residents' health, safety, and quality of life. Many nursing facility residents are at increased risk for dehydration. The interdisciplinary team plays a key role in ensuring there are routine assessments, early recognition of risk factors, and prompt interventions to support hydration needs. Effective hydration programs include individualized care planning, staff education, frequent opportunities to offer beverages, and ongoing monitoring of residents' hydration status. Consistent documentation, communication, and reassessment help ensure hydration needs are met when residents' conditions change. By implementing evidence-based hydration practices, facilities can reduce preventable complications and promote better clinical outcomes for their residents.

The facility reported there are no trending issues related to hydration and fluid intake, and it is a component the facility strives to maintain well. Discussed the positive impact healthy hydration plays on residents' well-being. The administrator shared the benefits of having more interactions with residents when encouraging fluid intake.

Joint Training Information

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[Healthy Hydration Evidence-Based Best Practices](#)

[Signs, Symptoms, and Risk Factors for Dehydration in LTC](#)

[Best Practice Techniques: Promoting Good Hydration](#)

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

July 23, 2026

Facility Administrator: Martha Paddie

Copperas Cove LTC is licensed for 124 beds, and its current census is 84 residents including 5 skilled patients. There were recently three residents who passed away. The facility is working to reach a census of 90 residents. There is a respite patient admitting this weekend, and there are two more pending admissions awaiting insurance authorization.

The facility is recruiting direct-care staff of an admissions nurse and a charge nurse. There are also ongoing recruitment efforts for a PRN cook and a laundry aide. All department heads are in place at this time.

The state visited the facility on Tuesday to investigate four pending self-reports. The surveyor did not close the investigations but has not returned since then to continue the investigations. The intakes were regarding two resident-to-resident incidents, an alleged drug diversion, and an allegation of verbal abuse. Discussed these incidents and actions previously taken by the facility to ensure residents' safety and well-being is prioritized.

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

The facility will hold its monthly QAPI meeting next week when the medical director is available to attend. The team is continuing to watch falls, and reports there have been some minor improvements recently. Discussed evaluating interventions on the secure unit to see if there are opportunities to reduce falls on the unit.

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

There have been some grievances related to laundry services recently. The facility has had some turnover in the laundry department, which has led to some delays with service

fulfillment. Discussed ongoing recruitment efforts to fill the final vacancy while training staff to properly complete their duties.

The facility had an outing with the residents earlier this month and will be planning similar events in the coming weeks. The residents responded well to the outing and are eager for the next event.

There were two leaks in the facility due to recent rain. The facility has scheduled for the roof to be repaired next week. Discussed plans to replace two A/C units this month.

Provided quarterly joint training regarding healthy hydration. Healthy hydration is an essential part of maintaining residents' health, safety, and quality of life. Many nursing facility residents are at increased risk for dehydration. The interdisciplinary team plays a key role in ensuring there are routine assessments, early recognition of risk factors, and prompt interventions to support hydration needs. Effective hydration programs include individualized care planning, staff education, frequent opportunities to offer beverages, and ongoing monitoring of residents' hydration status. Consistent documentation, communication, and reassessment help ensure hydration needs are met when residents' conditions change. By implementing evidence-based hydration practices, facilities can reduce preventable complications and promote better clinical outcomes for their residents.

The facility has processes in place to encourage healthy hydration and fluid intake amongst residents. The team passes ice to residents and has a beverage bar for their utilization. Discussed considerations of making water available to residents who go outside for their smoke breaks.

Joint Training Information

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ongoing evaluation of hydration practices help support positive resident outcomes and regulatory compliance.

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[Healthy Hydration](#)

[Healthy Hydration Evidence-Based Best Practices](#)

[Signs, Symptoms, and Risk Factors for Dehydration in LTC](#)

[Best Practice Techniques: Promoting Good Hydration](#)

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

July 16, 2026

Facility Administrator: Chris Johnson

The following report is of the site visit to Winnie L Nursing and Rehabilitation on July 16, 2026. A tour of the building was provided after a meeting was held with the administrator to provide an update on the facility.

Winnie L LTC is licensed for 105 beds, and its current census is 41 residents. For the month of June, the facility averaged a census of 38 residents. The facility has a referral under review, and one planned admission at this time. Discussed targeting a census of 45 residents.

Chris Johnson started as the new administrator of the facility earlier this month. Discussed seeing positive interactions from staff members. The facility is seeking a DON at this time and has extended an offer to a strong candidate.

There have not been any visits by state surveyors this month, and the facility is currently in its annual fullbook survey window. Discussed expectations for surveyors to enter this month to conduct the fullbook survey. The administrator and interdisciplinary team have been reviewing survey activity and outcomes from prior visits.

Winnie L LTC has a 1-star overall rating. The facility has a 2-star rating in Health Inspections, a 1-star rating in Staffing, and a 4-star rating in Quality Measures.

Discussed the facility's QA process and outcomes observed in June. The facility reported there were sixteen total falls and three residents who experienced repeat falls. There were only five total infections, and three residents with pressure ulcers. Discussed ongoing interventions to support affected residents and prevent new falls or wounds.

The facility met all its QIPP targets under Component 1 except for urinary tract infections and antipsychotic medication utilization. Discussed working with a resident who is experiencing a

recurring UTI, and a plan for a GDR which should be coordinated during the next visit by the psych service provider.

Discussed efforts to improve outcomes under Component 3 for antianxiety medication use, and new/worsened bowel/bladder incontinence. The interdisciplinary team discussed GDRs and recent improvements with POC documentation.

The facility is still over its target for pressure ulcers in Component 4 but expects to achieve its target soon due to recent improvements and resolution of some wounds.

The administrator is retrieving bids from contractors to replace an A/C unit. Discussed other adjustments and repairs that have been made to the A/C units. There was some water that entered the facility due to recent severe weather. Discussed actions taken to remove the water and ensure residents remained in areas that were not affected by the water. The administrator shared plans to make updates to facility landscaping to support water drainage.

Winnie L offers a peaceful and aesthetically pleasing environment. The facility's wooden floors and fixtures in the building offer a unique and welcoming home. The facility was organized and free of odors throughout the visit. All equipment and carts were put in their right place when not in use. Despite the age of the facility, it shows well and offers a warm environment to residents and visitors.

The south hall only has three residents at this time. The team is working to develop the census, and it will continue to place new residents in this hall. The majority of the current residents are on the southwest hallway, and the remainder are on the northwest hallway, which is the facility's secure unit. The fourth hall on the north side of the building does not currently have any residents. This hall had reported water intrusion. Discussed efforts taken to remove the water and make sure that the affected areas were dried out properly. Discussed plans to mitigate this issue from occurring again by making some changes to the outside of the building.

The facility has a central nurse station which has visibility down each of the three main resident hallways. The secure unit has its own nurse station at the end of the hallway adjacent to the dining room. The secure unit is home to both male and female residents. The unit was very calm and currently has 18 residents with availability for two more residents. The residents on the unit were gathered together in the dining room enjoying the afternoon and close of lunch services.

The facility has a new washing machine that has been installed and is in use. The building recently received a new dryer which is currently being prepared to be installed.



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

July 22, 2026

Facility Administrator: Lorraine Haynes

The Villa at Texarkana is licensed for 120 beds, and its current census is 94 residents including 6 skilled patients. The facility has one resident who will be transferring to another facility soon to be there with their wife.

The facility discussed ongoing staff recruitment and retention efforts. The facility hired a great ADON to join the team. The facility's treatment nurse resigned, but the building has already hired a replacement for this position. There are some other direct-care staff openings, but the facility is managing all coverage needs.

The state visited the building to investigate an allegation of verbal abuse. The allegation was substantiated but not cited. During the investigation, the state cited a D-tag under infection control related to utilization of PPE during incontinent care. The facility has already corrected this issue and has in-serviced staff with ongoing monitoring in place. The facility is preparing for its fullbook window which will open this fall.

The Villa at Texarkana has a 3-star rating overall. The facility has a 4-star rating in Health Inspections, a 1-star rating in Staffing, and a 3-star rating in Quality Measures.

The facility's monthly QAPI meeting will be held later this month. The facility discussed its performance improvement plan addressing falls. Discussed trends in the facility regarding falls and focusing on the residents who experience repeat falls. The total fall volume has been consistent, but there are challenges with some residents. The facility also reported that there has been more stability in its 30-day readmission rate. Discussed educating residents and working to meet their clinical needs in the facility but respecting their requests when they are choosing to go back to the hospital. The facility also reported that there will be an upcoming MDS audit soon.

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

The facility strives to document grievances and all issues thoroughly.

Provided quarterly joint training regarding healthy hydration. Healthy hydration is an essential part of maintaining residents' health, safety, and quality of life. Many nursing facility residents are at increased risk for dehydration. The interdisciplinary team plays a key role in ensuring there are routine assessments, early recognition of risk factors, and prompt interventions to support hydration needs. Effective hydration programs include individualized care planning, staff education, frequent opportunities to offer beverages, and ongoing monitoring of residents' hydration status. Consistent documentation, communication, and reassessment help ensure hydration needs are met when residents' conditions change. By implementing evidence-based hydration practices, facilities can reduce preventable complications and promote better clinical outcomes for their residents.

The facility pushes fluids appropriately to ensure residents remain properly hydrated. Discussed the impact hydration has on residents' well-being, both physically and mentally. The team reviewed methods used to manage hydration and meet the residents' needs.

Joint Training Information

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

July 14, 2026

Facility Administrator: Kristi Kelley
Facility DON: Cynthia Jordan

The following report is from the site visit to Parkview Manor Nursing & Rehabilitation on July 14, 2026. A tour of the building was given, and a meeting was held with the administrator for an update on the facility.

Parkview Manor Nursing & Rehabilitation is licensed for 94 beds, and its current census is 34 residents. For the month of June, the facility averaged a census of 35 residents. The facility is completing work and renovations on its secure unit. There are plans to host a digital tour of the unit once the renovations are complete. The facility has another admission planned for the secure unit. When the work on the unit is complete, there will be about eight available beds for new admissions on this unit.

The facility has seen more referrals recently, partly due to its utilization of a new software called exacare ai. This has been a great tool for the facility to review and accept referrals. The software has also included the facility in a broader network including surrounding cities and metroplexes. Discussed the benefits of the software with the immediate output of information to make decisions. The software reviews medical history, sex offender registry, financial benefits, medication review, and admitting diagnoses. The software even supports MDS assessments by supporting review of medical records.

The facility reported it is in the process of recruiting a fulltime social worker. Discussed plans to hire a new part-time social worker and an activities director.

There were no reports of any recent visits to the facility by state surveyors.

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

The facility is conducting a mock survey this week. Discussed expectations to include any feedback for opportunities in its QA processes. The facility reported June outcomes are on track for strong QIPP Measure achievement.

All metrics under Component 1 were met except for falls with major injury. This will continue to be a focus as the facility works to improve fall-related outcomes. Discussed the residents who have triggered falls with major injury, and actions taken to support their needs.

The facility did not meet any of its workforce development targets but is working to reach its target for licensed nurse hours. Discussed hopes to add more coverage as the census continues to grow.

All metrics were met under Components 3 and 4, except for pressure ulcers under Component 4. Discussed expectations for pressure ulcers to resolve and to achieve this metric next month.

The facility presented a very warm and friendly homelike environment that was peaceful for the residents and visitors alike. The facility's front entryway opens into a large foyer where some of the administrative offices are located. The dining room and kitchen are to the left of the entryway. This space was cleaned nicely after the completion of lunch meal service. Discussed the benefits of inviting the residents to dine in the dining room together.

There's an enclosed courtyard on the north side of the building which residents are able to view from the surrounding hallways. The courtyard has a number of plants growing in the space but is also home to several turtles under the facility's care. The residents enjoy watching the turtles.

The facility's therapy gym is located on the northern hall and connects to the main hall which spans the facility from north to south and reaches the secure unit. Many of the resident rooms on the north side of the building are not being used at this time but will be filled again as the census grows.

At the center of the facility, there is an impressive common area. The space has high ceilings and is decorated nicely. There are several seating areas, and a patio outside the east doors which overlook the neighboring golf course. This space offers a beautiful scenic view and is a highly marketable feature of the building.

The south side of the facility houses more residents' rooms and connects to the facility's large secure unit. The unit has been undergoing some renovations and updates, but the completed painting and fixtures have made the space look very professional and resort-like. The decorations and trim work in the unit are aesthetically pleasing. The unit was very spacious and offered a calm and quiet environment for the residents needing those services. The secure unit has its own enclosed courtyard which has been managed extremely well. The courtyard's landscaping makes the space appear like a fancy park or hidden garden. The facility is fixing some tile flooring in the courtyard patio. Discussed other plans to continue updating the courtyard.



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Gracy Woods Nursing Center
12021 Metric Blvd
Austin, TX 78758

July 16, 2026

Facility Administrator: Heather Devine

The following report is from the site visit to Gracy Woods on July 16, 2026. A tour of the building was provided after a meeting was held with the administrator for an update on the facility.

Gracy Woods Nursing Center is licensed for 122 beds, and its current census is 93 residents including 3 skilled patients. The facility has two skilled contracts that have been made with the referring hospital. Discussed working out contracts and LOAs when needed to be able to accept patients ready for hospital discharge. The facility expects to have an increase in a referrals, particularly skilled referrals, once its star ratings are available and marketable for the building again.

Staffing efforts have been going well overall. Discussed monitoring of CNA turnover and identifying opportunities to improve staff retention. There have been some staff turnover due to recent students not passing their test and certification as required for their role. Discussed working to support staff preparing for testing.

There are currently two outstanding self-reports which are pending investigation by the state. The first incident was related to a resident who went out on leave and was hit by a family member. Discussed interventions to ensure that any visits with this resident and family member remain in the facility with proper supervision. The second self-report was related to a resident-to-resident incident.

The facility had its full book survey recently and reported there were no deficiencies cited. Due to the successful survey, the facility has been notified that it will be graduating from its designation as a special-focus facility. Discussed the impact this will have on the facility and its ability to have and grow its star ratings again. The facility is planning to celebrate the graduation and is planning a red carpet event soon. Due to the recent graduation, Gracy Woods Nursing Center is still showing as a Special Focus Facility and its star ratings are not yet

populating. This change and availability of star ratings is expected to be reflected in the coming weeks.

The facility held its monthly QAPI meeting on July 14. Discussed maintaining previous plans of corrections and ongoing focus to sustain positive care outcomes. The team has been reviewing wound care, ADLs, and GDRs. Discussed collaborating as an interdisciplinary team with the facility's medical director and other providers.

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

There were some recent grievances related to housekeeping services. The housekeeping service provider, HCSG, is adding another team member to the department to ensure that all expectations and functions of the department are properly met and managed.

Gracy Woods Nursing Center was very welcoming and pleasant throughout the visit. The building was very organized and there were no odors along any of the hallways. All equipment was in its proper place and not left unsupervised in resident areas. Discussed maintaining a schedule to ensure all parts of the building are cleaned consistently.

The facility renovations in the shower room are nearing completion, and the new tile has been installed, giving the space a very professional and immaculate appearance. Discussed the positive impact of facility updates like these on the quality of life and homelike environment for the residents.

The administrator reported on some condensation coming off an air-conditioning unit. Discussed efforts by the maintenance department to ensure that preventative maintenance is ongoing to keep equipment functioning properly while preventing any avoidable issues or damage.

The facility reported on efforts to train CNA staff to utilize the new kiosks for their ADL documentation. Discussed the benefits of CNAs completing their charting at the kiosks and being more available to the residents in their halls.

The facility is planning its monthly baked potato sale. The monthly event is used to raise funds to sponsor the facility's annual Christmas party.

The central nurse station is being well-maintained and the nursing staff were very friendly to the residents and visitors. Discussed the benefit of having the central nurse station which provides support and supervision for each of the resident hallways.

The facility has maintained its turtle terrarium in the front lobby, which continues to be an enjoyment for the residents. There is also a Christmas tree in the lobby which is decorated according to the current season and holidays. There were several other decorations throughout the building to recognize current holidays and recent events.

The facility completed work on the arch in front of the building and also took off the gutters which were causing some issues. There have been some branches which have been trimmed, and the team is planning to paint the building soon.



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Garland Nursing and Rehabilitation

321 N Shiloh Rd
Garland, TX 75042

July 22, 2026

Facility Administrator: Wanda Ledford

Garland Nursing and Rehabilitation is licensed for 122 beds, and its current census is 77 residents. There is one admission today, and another pending admission on Friday. There are no discharges planned at this time.

The facility has hired a new DON who will start employment on August 10. The facility is recruiting a speech therapist, but there were no other openings reported. Discussed expectations of a nurse who will be departing for the army reserves next month. The facility is making plans to ensure proper coverage is prepared during her time away. Discussed contingencies in the event the staff member is out longer than expected.

The facility received the 2567 from the federal survey conducted and reported last month. The facility ended up receiving a G-tag related to abuse. There was also a fall intervention which was missed resulting in a D-tag. Discussed completion and submission of the POC for this survey as well as ongoing monitoring of corrections.

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 and discussed outcomes observed in June. Discussed ongoing review of recent survey findings and monitoring the POCs which have been implemented.

There are no reported trends related to infection prevention and control or grievances at this time.

The facility has completed painting the hallways up to the fire doors. The painting projects are continuing in the resident rooms now. Discussed continuing to work on maintaining air conditioning units during the hot summer months.

Provided quarterly joint training regarding healthy hydration. Healthy hydration is an essential part of maintaining residents' health, safety, and quality of life. Many nursing facility residents are at increased risk for dehydration. The interdisciplinary team plays a key role in ensuring there are routine assessments, early recognition of risk factors, and prompt interventions to support hydration needs. Effective hydration programs include individualized care planning, staff education, frequent opportunities to offer beverages, and ongoing monitoring of residents' hydration status. Consistent documentation, communication, and reassessment help ensure hydration needs are met when residents' conditions change. By implementing evidence-based hydration practices, facilities can reduce preventable complications and promote better clinical outcomes for their residents.

The facility encourages proper fluid intake and frequently offers water or alternative beverages to residents. Discussed the impact hydration has on prevention of adverse outcomes including urinary tract infections.

Joint Training Information

Healthy hydration is a fundamental component of providing high-quality care in nursing facilities. Maintaining adequate hydration supports overall health, physical and cognitive function, and quality of life while helping minimize the risk of preventable complications associated with dehydration. Many residents have conditions which increase their risk of dehydration, making early recognition and proactive prevention essential components of supporting healthy hydration.

Healthy hydration requires an ongoing, interdisciplinary approach that includes routine assessment, individualized care planning, staff education, and consistent access to hydrating beverages and foods throughout the day. Facilities are encouraged to establish person-centered hydration programs, identify residents at increased risk for dehydration, monitor for early signs and symptoms, and implement strategies that promote fluid intake during meals, medication passes, activities, and between meals. Offering residents their preferred beverages, providing foods with high fluid content, and ensuring fluids are readily accessible can significantly improve hydration efforts and outcomes.

Early identification of dehydration risk factors and timely intervention are critical to preventing avoidable declines in health. Residents should be routinely monitored for changes in hydration status, with interventions and care plans updated as conditions or preferences change. Effective documentation, communication among the interdisciplinary team, and ongoing evaluation of hydration practices help support positive resident outcomes and regulatory compliance.

Please see the following resources for additional information and evidence-based best practices regarding healthy hydration:

[Healthy Hydration](#)

[Healthy Hydration Evidence-Based Best Practices](#)

[Signs, Symptoms, and Risk Factors for Dehydration in LTC](#)

[Best Practice Techniques: Promoting Good Hydration](#)

Thank you for your continued commitment to promoting healthy hydration and providing person-centered care. Your efforts to support resident hydration improve safety, comfort, quality of life, and overall clinical outcomes. Please contact me at your convenience if you have any questions.

Administrator: Dunken Szczepanik, LNFA (new 7/7/26)

DON: Position still open, RN

FACILITY INFORMATION

The Woodlands Nursing and Rehabilitation Center is a licensed 214 - bed facility with an overall star rating of 3 and a rating of 5 stars in Quality Measures. Census 158: PP 3; MCR 9; MCD 86/25; HMO 9; Hospice 10.

The QIPP site visit was conducted in person with the Administrator who was very helpful.

The Administrator reports the facility has occasional outings to restaurants, and Walmart, weather permitting.

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

The outside entrance area was well groomed, and the parking lot had no debris, and the lanes were well marked. The inside entrance was very grand, clean and with tasteful décor. The hallway floors were clean with a clear means of egress. The residents' rooms observed were clean with no odors or safety issues detected. Fire extinguishers checked on halls in multiple areas throughout facility, all noted to have current inspections. The activity calendar was posted for July.

The central supply closet was clean but very small for the number of supplies needed for large census (Administrator reports they are cleaning another room for more space) and there were several boxes on the floor, education provided. A random review of OTCs resulted in 2 expired (education provided) but organized in date order. The showers in the rooms on the skilled hall were all very clean, but they had a strong chemical odor. The shower room on 100 hall was very dirty withhold briefs and a used razor and soap bottles in the middle of the floor and the cabinet door was broken/unlocked, education provided.

One medication cart was observed and was locked with water appropriately dated. The medication room was organized and the temp logs for the medication refrigerator were current, but the door was unlocked upon entry. The E-Kit certificate was current, but they also had the old one posted. The CLIA certificate expired but they printed a current one and posted it during the tour. The Board of Pharmacy certificate was also expired. The oxygen supply closet was noted to be disorganized with empty and full canisters mixed together. It was also noted that there were 6 canisters sitting directly on floor and not in a rack. education provided.

The laundry room was clean, but there were no lint logs, and the lint traps were very dirty and there were 2 milk crates in front of dryer, blocking the lint trap door. Multiple boxes and supplies were

being stored on floor. One nurse observed leaving a resident's room taking off dirty gloves and putting them in her pocket, education provided.

The main dining room is clean, and menus were posted for the day. The kitchen floors were greasy and slippery and there were 4 boxes on the floor by the back door. The refrigerator temperature logs were current today but there were gaps for pm temps. The chemical logs were current for am entries but there were gaps for the noon and pm entries, education provided. The dry storage area was clean, no items noted to be stored on the floor. The can opener plate and holder need a deep clean. Walk in refrigerator door handle was broken and a bad smell was noted. All items checked in cooler were dated/labeled.

EDUCATION PROVIDED

- Reviewed QIPP year 9 – Quarter 3 started 3/1/2026, but data collection began 1/1/2026 and will stop 3/31/2026 with the official quarter ending 5/31/2026. The facility is meeting 3 of the 4 components with a PIP for staffing.
- Hurricane Preparedness - The National Oceanic and Atmospheric Administration forecasts a range of six to 10 hurricanes in the Atlantic Ocean this season. Of those, three to five are expected to be major hurricanes of Category 3 or higher. An average Atlantic hurricane season has three major hurricanes. 2026 Atlantic hurricane season begins on June 1. The Atlantic hurricane season, which affects the Texas Gulf Coast, continues through Nov. 30.

HHSC requires long-term care providers, such as nursing facilities, assisted living facilities, hospices and state-regulated group homes, to regularly prepare for natural disasters, including hurricanes and flooding. HHSC also requires childcare operations and acute health care facilities such as hospitals and dialysis centers to maintain an updated plan and ensure staff are fully trained to implement it during a crisis.

A provider's emergency plans for extreme weather should address:

- Power loss – generator checks every 2 wks
- Water and food needs – have all needed supplies
- Communication to families and staff.
- Staff shortages and responsibilities.
- Continuation of care and treatment.
- Sheltering in place, evacuation and transportation, as applicable – drill completed for this yr
- Facilities with generators should perform any maintenance or needed testing to ensure the equipment functions during a power loss.

In the event of an emergency, HHSC Disaster Services provides public health and medical support, shelters for people with medical needs, counseling services, disaster food assistance, and water and ice. The program also provides regulatory support for health care facilities, long-term care facilities and childcare operations, and special waivers for Medicaid providers and clients as needed.

SURVEY INFORMATION

The facility had state in the building in June to review self-reports and investigate complaints resulting in 1 tag and POC accepted. They came on 7/15 to investigate a few self-reports and complaints that were all unsubstantiated, no tags and the state was also in the building during this visit.

REPORTABLE INCIDENTS APRIL/MAY/JUNE 2026 – INFORMATION NOT PROVIDED

CLINICAL TRENDING FEB/MARCH/APRIL 2026 – INFORMATION NOT PROVIDED

Incidents/Falls:

The Woodlands had -

Infection Control:

The Woodlands reports-

Weight loss:

The Woodlands reported Weight loss of -

Pressure Ulcers:

The Woodlands had -

Restraints:

No restraints used.

Staffing: Information not provided

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

Total number employees: Turnover rate%:

CASPER REPORT – information not provided

Indicator	Current %	State %	National %	Comments/PIPs
Percent of residents who used antianxiety or hypnotic medication (L)	%	%	%	

Fall w/Major Injury (L)	%	%	%	
UTI (L)	%	%	%	
High risk with pressure ulcers (L)	%	%	%	
Loss of Bowel/Bladder Control(L)	%	%	%	
Catheter(L)	%	%	%	
Physical restraint(L)	%	%	%	
Residents whose ability to walk independently worsened (L)	%	%	%	
Excessive Weight Loss(L)	%	%	%	
Depressive symptoms(L)	%	%	%	
Antipsychotic medication (L)	%	%	%	

PHARMACY Consultant reports/visit/ med destruction? no concerns

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

of Anti-anxiety (attempts___ successful___ failed___)

of Antidepressants (attempts___ successful___ failed___)

of Antipsychotic (attempts___ successful___ failed___)

of Sedatives (attempts___ successful___ failed___)

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

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

TRAUMA INFORMED CARE IDENTIFIED: NA

ACTIVITIES PIP/CONCERNS: Information not provided

DIETARY PIP/CONCERNS: Information not provided

ENVIRONMENTAL SERVICES PIP/CONCERNS: Information not provided

MAINTENANCE PIP/CONCERNS: Information not provided

MEDICAL RECORDS/CENTRAL SUPPLY PIPS/CONCERNS: Information not provided

MDS PIPS/CONCERNS: Information not provided

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
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Metric 1: (CMS N013.02) Percent of residents experiencing one or more falls with major injury	%	%	%		Information not provided
Metric 2: (CMS N024.02) Percent of residents with a urinary tract infection	%	%	%		
Metric 3: (CMS N029.03) Percent of residents who lose too much weight	%	%	%		
Metric 4: (CMS N031.04) Percent of residents who received an antipsychotic medication	%	%	%		
Metric 5: (CMS N035.04) Percent of residents whose ability to walk independently worsened	%	%	%		

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

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		%	%	%		Information not provided
Metric 2: Reported Licensed Nursing HPRD 85% weighted		%	%	%		
Metric 3: Reported Total Nursing Staff HPRD 100% weighted		%	%	%		
In case of audit: Did NF maintain 4 additional hours (<i>non-managerial</i>) of RN staffing coverage per day, beyond the CMS mandate?					Y	
• Additional hours provided by direct care staff?					Y	
Did NF maintain 8 additional hours (<i>non-managerial</i>) of RN staffing coverage per day, beyond the CMS mandate?					Y	
• 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	

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

Indicator	National Benchmark	Baseline Target	Results	Met (5% Improvement) Y/N	Comments
Metric 1: (CMS N030.03) Percent of residents who have depressive symptoms	%	%	%		Information not provided
Metric 2: (CMS N036.03) Percent of residents who used antianxiety or hypnotic medication	%	%	%		
Metric 3: (CMS N046.01) Percent of residents with new or worsened bowel or bladder incontinence	%	%	%		

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

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

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

FACILITY INFORMATION

Willowbrook-Nacogdoches is a licensed 161- bed facility with an overall star rating of 3 and a rating of 5 stars in Quality Measures. The facility reports census of 103: Break down not provided.

The QIPP site visit was conducted in person with the DON.

The facility has been able to offer more outings because they have a new van, but they are still limited with the county transportation. The DON reports the facility had a party for July 4th.

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

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

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

There were no odors detected throughout the facility. Means of egress were clear for all hallways. The resident rooms and bathrooms observed were clean with no odors or safety concerns identified. The utility closet was clean and organized and nothing stored on the floor.

The medication room was clean and organized, and the temperature logs and medication kit certificate were current. The OTCs were all current and stored in the correct order of expiration. The medication cart was locked, and the keys were with the nurse. The water and applesauce were dated/labeled but there was an open vial of insulin not dated.

The laundry room was clean and organized, lint trap logs current, and no chemical containers directly on the floor.

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

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

SURVEY INFORMATION

The facility had the state in the building twice in May to investigate 2 complaints that were both unsubstantiated, no citations.

REPORTABLE INCIDENTS

During **March/April/May 2026** the facility had 2 complaints that were unsubstantiated, no citations.

EDUCATION PROVIDED

- Reviewed QIPP year 9 – Qtr 4 started 06/01/2026 but the data collection started 04/01/2026 and will end 06/30/2026. The facility is currently meeting all 4 QIPP components. They do have a PIP in place for falls.
- Hurricane Preparedness - The National Oceanic and Atmospheric Administration forecasts a range of six to 10 hurricanes in the Atlantic Ocean this season. Of those, three to five are expected to be major hurricanes of Category 3 or higher. An average Atlantic hurricane season has three major hurricanes. 2026 Atlantic hurricane season begins on June 1. The Atlantic hurricane season, which affects the Texas Gulf Coast, continues through Nov. 30.

HHSC requires long-term care providers, such as nursing facilities, assisted living facilities, hospices and state-regulated group homes, to regularly prepare for natural disasters, including hurricanes and flooding. HHSC also requires childcare operations and acute health care facilities such as hospitals and dialysis centers to maintain an updated plan and ensure staff are fully trained to implement it during a crisis.

A provider's emergency plans for extreme weather should address:

- Power loss – generator in good working condition and DON knows how to start it
- Water and food needs.
- Communication to families and staff.
- Staff shortages and responsibilities.
- Continuation of care and treatment.
- Sheltering in place, evacuation and transportation, as applicable – made list of who could stay and shelter in place
- Facilities with generators should perform any maintenance or needed testing to ensure the equipment functions during a power loss.

In the event of an emergency, HHSC Disaster Services provides public health and medical support, shelters for people with medical needs, counseling services, disaster food assistance, and water and ice. The program also provides regulatory support for health care facilities, long-term care facilities and childcare operations, and special waivers for Medicaid providers and clients as needed.

CLINICAL TRENDING FOR MARCH/APRIL/MAY 2026

Incidents/Falls:

Willowbrook had 30 falls without injury (7 repeat) and 3 falls with injury. The facility also reported 2 Fractures, 10 Skin Tears, 1 Laceration, 0 Elopements, 0 Behaviors and 0 Bruises. PIP in place for falls.

Infection Control:

Willowbrook reports 105 total infections 31 UTI's; 22 Respiratory infections, 16 Wound infections, 3 Blood infections, 2 Genital infections, 6 EENT infections and 25 Other infections.

Weight loss:

Willowbrook reported Weight loss 0 residents with 5-10% and 0 residents with > 10% loss.

Pressure Ulcers:

Willowbrook had 18 residents with 20 pressure ulcer sites and 5 were acquired in house.

Restraints:

Willowbrook is a restraint free facility.

Staffing:

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

Total number employees: 104 _____ Turnover rate%: 30 _____

CASPER REPORT

Indicator	Current %	State %	National %	Comments/PIPs
Percent of residents who used antianxiety or hypnotic medication (L)	12.0%	17.7%	19.7%	
Fall w/Major Injury (L)	5.6%	3.4%	3.4%	PIP in place
UTI (L)	0.0%	0.8%	1.7%	
High risk with pressure ulcers (L)	3.2%	4.6%	5.7%	
Loss of Bowel/Bladder Control(L)	11.6%	13.3%	20.1%	
Catheter(L)	0.0%	0.4%	1.0%	
Physical restraint(L)	0.0%	0.0%	0.1%	

Residents whose ability to walk independently worsened (L)	13.0%	15.1%	15.8%	
Excessive Weight Loss(L)	2.7%	3.2%	5.8%	
Depressive symptoms(L)	2.4%	2.5%	13.9%	
Antipsychotic medication (L)	0.0%	1.6%	1.7%	

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

of GDR ATTEMPTS in the month: How many successful?

of Anti-anxiety (attempts__4__successful__4__failed__0__)

of Antidepressants (attempts__5__successful__0__failed__5__)

of Antipsychotic (attempts__6__successful__3__failed__3__)

of Sedatives (attempts__2__successful__2__failed__0__)

DIETICIAN Recommendation concerns/Follow Up? Comes at least monthly and work remotely weekly, no concerns

SOCIAL SERVICES NUMBER/TYPE OF GRIEVANCES (RESOLVED OR NOT)- 6, all resolved

TRAUMA INFORMED CARE IDENTIFIED: None

ACTIVITIES PIP/CONCERNS: None, keeps everyone engaged, thinks outside the box

DIETARY PIP/CONCERNS: switched contracted companies and so far good feedback

ENVIRONMENTAL SERVICES PIP/CONCERNS: New contract, going better

MAINTENANCE PIP/CONCERNS: None, painting/touch ups in general areas and then resident rooms

MEDICAL RECORDS/ CENTRAL SUPPLY PIPS/CONCERNS: None

MDS PIPS/CONCERNS: None

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

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

Indicator	State Benchmark	Baseline Target	Results	Met (5% improvement) Y/N	Comments
Metric 1: (CMS N013.02) Percent of residents experiencing one or more falls with major injury	3.4%	3.4%	5.6%	N	
Metric 2: (CMS N024.02) Percent of residents with a urinary tract infection	0.8%	1.7%	0.0%	Y	
Metric 3: (CMS N029.03) Percent of residents who lose too much weight	3.2%	5.8%	2.7%	Y	

Metric 4: (CMS N031.04) Percent of residents who received an antipsychotic medication	1.6%	1.7%	0.0%	Y	
Metric 5: (CMS N035.04) Percent of residents whose ability to walk independently worsened	15.1%	15.8%	13.0%	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	Y	1.88%	1.96%	1.85%	N	
Metric 2: Reported Licensed Nursing HPRD 85% weighted	Y	1.09%	1.14%	1.28%	Y	
Metric 3: Reported Total Nursing Staff HPRD 100% weighted	Y	2.97%	3.09%	3.14%	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						

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	13.9%	2.5%	2.4%	Y	
Metric 2: (CMS N036.03) Percent of residents who used antianxiety or hypnotic medication	19.7%	17.7%	12.0%	Y	
Metric 3: (CMS N046.01) Percent of residents with new or worsened bowel or bladder incontinence	20.1%	13.3%	11.6%	Y	

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

Indicator	State Benchmark	Baseline Target	Results	Met (5% Improvement) Y/N	Comments
Metric 1: (CMS N045.01) Percent of residents with pressure ulcers	4.6%	5.7%	3.2%	Y	
Metric 2: (CMS N026.03) Percent of residents who have/had a catheter inserted and left in their bladder	0.4%	1.0%	0.0%	Y	

Exhibit “F”

Winnie-Stowell Volunteer EMS Grant Request

Exhibit "A"
Grant Award Letter and General Terms, Conditions, and Understandings



Date

Name
Address
City, State, Zip

Dear _____:

The Board of Directors for the Winnie Stowell Hospital District ("District") are pleased to inform you that a grant has been approved in the amount of \$_____ for

[description of grant].

This letter and its attachments outline the terms and conditions of accepting our grant. Please read all the terms and conditions carefully, sign, and return along with this signed contract letter no later than **[date to be returned]**. If District does not receive signed copies of its grant award letter and of these general grant terms within 14 days after the date of the District's grant award letter, this grant may be revoked.

Congratulations on this recognition of your important efforts. We look forward to working with you.

Sincerely,

Edward Murrell
President
Winnie Stowell Hospital District

GENERAL GRANT TERMS, CONDITIONS AND UNDERSTANDINGS

This Agreement by and between Winnie-Stowell Hospital District ("District"), a political subdivision of the State of Texas and _____ District and _____ ("Recipient") sets forth the terms, conditions, and understandings of the grant ("Grant") in the amount of _____ awarded to subject to _____ with the following conditions:

1. Representations and Certifications

The Recipient represents and certifies to the best of its knowledge and belief to the District as follows:

- (a) Recipient has legal authority to enter into, execute, and deliver this Agreement, and all documents referred to herein, and it has taken all actions necessary to its execution and delivery of such documents;
- (b) Recipient has read and will comply with the GRANT/SPONSORSHIP POLICY AND PROCEDURES and the terms, conditions, provisions, covenants, requirements, and certifications in this Agreement, applicable statutory provisions, agency administrative rules, and all other documents incorporated herein by reference;
- (c) Recipient has made no material false statement or misstatement of fact in connection with the Grant application or this Agreement and its receipt of the Grant, and all of the information it previously submitted to the district or that it is required under this Contract to submit to the District relating to the Grant or the disbursement of any of the Grant is and will be true and correct at the time such statement is made;
- (d) It is in compliance in all material respects with provisions of its charter and of the laws of the State of Texas, and of the laws of the jurisdiction in which it was formed, and (i) there are no actions, suits, or proceedings pending, or threatened, before any judicial body or governmental authority against or affecting its ability to enter into this Agreement, or any document referred to herein, or to perform any of the material acts required of it in such documents and (ii) it is not in default with respect to any order, writ, injunction, decree, or demand of any court or any governmental authority which would impair its ability to enter into this Contract, or any document referred to herein, or to perform any of the material acts required of it in such documents;
- (e) Neither the execution and delivery of this Agreement or any document referred to herein, nor compliance with any of the terms, conditions, requirements, or provisions contained in this Contract or any documents referred to herein, is prevented by, is a breach of, or will result in a breach of, any term, condition, or provision of any agreement or document to which it is now a party or by which it is bound; and
- (f) Recipient shall furnish such satisfactory evidence regarding the representations and certifications described herein as may be required and requested by the District from time to time.

2. Expenditure of Funds

This Grant (together with any income earned upon investment of grant funds) is made for the purpose outlined in the Grant award letter, Grant application, and supporting documents and may not be expended for any other purpose without the District's prior written approval.

If the Grant is intended to support a specific project or to provide general support for a specific period, any portion of the grant unexpended at the completion of the project or the end of the period shall be returned immediately to the District.

Recipient agrees it shall not expend any grant funds for:

- (a) political or lobbying activity or for any purpose other than one specified in section 170(c)(2)(b) of the Code; or
- (b) the payment of taxes for any reason.

3. Separate and Secured Account

It is the District's policy, if applicable, to fund grants on an as needed basis, or an agreed to schedule after receipt of the necessary reports and supporting documents. Moreover, recipients of any grant payments that are made in more must hold the District's grant funds in a separate account that is secured by the FDIC or as required by the Texas Public Funds Investment Act.

4. Records and Reports

You agree to submit Progress Reports on _____ and a Final Report within two months of the later: 1) grant's total disbursement; or 2) the completion of a project and to keep a record of all receipts and expenditures relating to this grant and to provide the District with a written report summarizing the project promptly following the end of the period during which you are to use all grant funds. Your reports should include:

- (a) A description of how the grant award has advanced the mission of District;
- (b) An account of how the recipient has utilized the grant award to achieve the specific objectives outlined in the application, including the relevant measures and data collected;
- (c) A detailed account of spending of all the grant proceeds; account bank statements; and
- (d) Invoices, proof of purchases, receipts that support the report.

To the extent allowed by the laws of the United States of American and State of Texas, information in the reports shall be accessible to the public. Recipient is also required to keep copies of the reports and records with respect to this Grant, for at least [_____] years following the year in which all grant funds are fully expended.

5. Required Notification

You are required to provide the District with immediate written notification of:

- (a) any changes in your organization's status;
- (b) your inability to expend the grant for the purposes described in the grant award letter; or
- (c) any expenditure from this grant made for any purpose other than those for which the grant was intended.

6. Access for Evaluation

You agree to permit the District and its representatives, at its request, to have access during regular business hours to your files, records, accounts, personnel and clients or other beneficiaries for the purpose of making financial audits, verifications or program evaluations as the District deems necessary or appropriate concerning this grant award.

7. Publicity

You will allow the District to review and approve the text of any proposed publicity concerning this grant prior to its release. The District may include information regarding this grant, including the amount and purpose of the grant, any photographs you may have provided, your logo or trademark, or other information or materials about your organization and its activities, in the District periodic reports, newsletters, and news releases.

8. Contingent upon Availability of Grant Funds

This Agreement is contingent upon funding being available for the term of the Agreement and the Recipient shall have no right of action against the District in the event that the District is unable to perform its obligations under this Agreement as a result of the suspension, termination, withdrawal, or failure of funding to the District or lack of sufficient funding of the District for this Agreement. If funds become unavailable to the District during the term of the Agreement. For the sake of clarity, and except as otherwise provided by this Agreement, if this Agreement is not funded, then both parties are relieved of all its obligations under this Agreement.

9. Right to Revoke or Modify - "Event of Default"

The District reserves the right to discontinue, modify or withhold any payments to be made under this grant award or to require a total or partial refund of any grant funds if, in the District's sole discretion, it is determined that an "Event of Default" occurred:

- (a) Recipient fails to comply with the District's GRANT/SPONSORSHIP POLICY AND PROCEDURES, or Terms and Conditions of this grant;
- (b) The purpose and objectives of the Grant are not being achieved or sustainable;
- (c) The Recipient is not in compliance with any state or federal law; or
- (d) The Recipient's material misrepresentation or false covenant, representation, certification, or warranty made by Recipient herein, in the Grant application, or in any other document furnished by Recipient pursuant to this Agreement that was misleading at the time that it was made.

If District does not receive signed copies of its grant award letter and of these general grant terms within 14 days after the date of the District's grant award letter, this grant may be revoked.

10. Duty to Report Event of Default - "Notice of Default"

The Recipient shall notify the District in writing promptly and in no event more than seven (7) days after it obtains knowledge of the occurrence of any Event of Default. The Recipient shall include a statement setting forth reasonable details of each Event of Default and the action which the Recipient proposes to take with respect thereto.

11. Interim Remedies

Upon receipt by the Recipient of a notice of Default, and at any time thereafter until such Event of Default is cured to the satisfaction of the District or this Contract is terminated, the District may enforce any or all of the following remedies (such rights and remedies being in addition to and not in lieu of any rights or remedies set forth herein):

- (a) The District may refrain from distributing any amount of the Grant funds not previously disbursed; provided, however, the District may make such a disbursement after the occurrence of an Event of Default without thereby waiving its rights and remedies hereunder; and
- (b) The District may enforce any additional remedies it has in law or equity.

The rights and remedies herein specified are cumulative and not exclusive of any rights or remedies that the District would otherwise possess.

12. Obligations/Liabilities Affected by Event of Default

The Recipient shall not incur new obligations that otherwise would have been paid for using Grant funds after the receipt of notice as of Event of Default, unless expressly permitted by the District in writing, and shall cancel or suspend as many outstanding obligations as possible. The District shall not owe any fee, penalty or other amount for exercising its right to terminate the Agreement. In no event shall the District be liable for any services performed, or costs or expenses incurred, after the termination of the Agreement.

13. Termination of Agreement

If the District intends to terminate for an Event of Default by the Recipient, the District shall provide written notice to the Recipient and shall include a reasonable description of the Event of Default and, if applicable, the steps necessary to cure such Event of Default. Upon receiving notice from the District, the Recipient shall have thirty (30) days beginning on the day following the receipt of notice to cure the Event of Default. Upon request, the District may provide an extension of time to cure the Event of Default(s) beyond the thirty (30) day period specified herein so long as the Recipient is using reasonable efforts to cure and is making reasonable progress in curing such Event(s) of Default. The extension shall be in writing and appended to

the Contract. If the Recipient is unable, or fails, to timely cure an Event of Default, unless expressly waived in writing by the District, this Contract shall immediately terminate as of the close of business on the final day of the allotted cure period without any further notice or action by the District required.

In addition, and notwithstanding the foregoing, if the District determines that certain Events of Default cannot be cured, the District shall give Final Event of Default under this Agreement and has the right to terminate this Agreement immediately.

14. Repayment of Grant Proceeds upon Event of Default

The District may require the Recipient to repay some or all the disbursed Grant proceeds in the event of termination to the extent such Event of Default resulted from Grant funds being expended in violation of this Agreement. To the extent that the District exercises this option, the District shall provide written notice to the Recipient stating the amount to be repaid, applicable interest calculated not to exceed [] annually, and the schedule for such repayment. The Recipient may request that the District waive the interest, subject in all cases to the District's sole discretion.

15. INDEMNIFICATION

EXCEPT AS PROVIDED HEREIN, THE RECIPIENT AGREES TO FULLY INDEMNIFY AND HOLD THE DISTRICT AND THE STATE OF TEXAS HARMLESS FROM AND AGAINST ANY AND ALL CLAIMS, DEMANDS, COSTS, EXPENSES, LIABILITIES, CAUSES OF ACTION AND DAMAGES OF EVERY KIND AND CHARACTER (INCLUDING REASONABLE ATTORNEYS FEES) WHICH MAY BE ASSERTED BY ANY PARTY IN ANY WAY RELATED OR INCIDENT TO, ARISING OUT OF THE RECEIPT OF GRANT FUNDS BY THE DISTRICT, INCLUDING BUT NOT LIMITED TO CLAIMS OF RECIPIENT'S NEGLIGENT, INTENTIONAL OR WRONGFUL PERFORMANCE OR FAILURE TO PERFORM UNDER THIS CONTRACT, (2) THE RECIPIENTS RECEIPT OR USE OF GRANT FUNDS, (3) ANY NEGLIGENT, INTENTIONAL OR WRONGFUL ACT OR OMISSION COMMITTED BY THE RECIPIENT ASSOCIATED WITH THE GRANT; (4) ANY CLAIM OF BREACH OR NONPERFORMANCE OF ANY REPRESENTATION, COVENANT OR AGREEMENT BY RECIPIENT RESULTING FROM THE RECEIPT OF THE GRANT; OR; (5) CLAIM BY ANY CONTRACTOR, VENDOR, OR INDIVIDUAL ALLEGING DENIAL OF PAYMENT FOR GOODS, EQUIPMENT, OR SERVICES ASSOCIATED WITH GRANT BY THE DISTRICT. IN ADDITION, THE RECIPIENT AGREES TO FULLY INDEMNIFY AND HOLD THE DISTRICT AND THE STATE OF TEXAS HARMLESS FROM AND AGAINST ANY AND ALL COSTS AND EXPENSES OF EVERY KIND AND CHARACTER (INCLUDING REASONABLE ATTORNEYS FEES, COSTS OF COURT AND EXPERT FEES) THAT ARE INCURRED BY THE DISTRICT OR THE STATE OF TEXAS ARISING OUT OF OR RELATED TO A CLAIM OF THE TYPE SPECIFIED IN THE PRECEDING SENTENCE. NOTWITHSTANDING THE PRECEDING, SUCH INDEMNIFICATION SHALL NOT APPLY IN THE EVENT OF THE SOLE OR GROSS NEGLIGENCE OF THE DISTRICT

THE FOLLOWING PROCEDURE SHALL APPLY WITH RESPECT TO ANY CLAIMS OR PROCEEDINGS COVERED BY THE FOREGOING AGREEMENT TO INDEMNIFY AND HOLD HARMLESS:

I. DISTRICT SHALL GIVE WRITTEN NOTICE TO RECIPIENT PROMPTLY AFTER DISTRICT LEARNS OF THE CLAIM OR PROCEEDING; PROVIDED THAT THE FAILURE TO GIVE SUCH NOTICE SHALL NOT RELIEVE RECIPIENT OF ITS OBLIGATIONS HEREUNDER PROVIDED DISTRICT USES ITS BEST EFFORTS TO MITIGATE DAMAGES AND EXCEPT TO THE EXTENT RECIPIENT IS ACTUALLY DAMAGED THEREBY;

II. WITH RESPECT TO ANY THIRD-PARTY CLAIMS OR PROCEEDINGS AS TO WHICH DISTRICT IS ENTITLED TO INDEMNIFICATION, RECIPIENT, SUBJECT TO THE CONSENT OF THE DISTRICT THAT SHOULD NOT BE UNREASONABLY WITHHELD, SHALL HAVE THE RIGHT TO SELECT AND EMPLOY COUNSEL OF ITS OWN CHOOSING TO DEFEND AGAINST ANY SUCH CLAIM OR PROCEEDING, TO ASSUME CONTROL OF THE DEFENSE OF SUCH CLAIM OR PROCEEDING, AND TO COMPROMISE, SETTLE OR OTHERWISE DISPOSE OF THE SAME, IF RECIPIENT DEEMS IT ADVISABLE TO DO SO, ALL AT THE EXPENSE OF RECIPIENT; PROVIDED, HOWEVER, THAT DISTRICT MAY EMPLOY COUNSEL, OF ITS OWN CHOOSING, AT ITS SOLE EXPENSE. THE PARTIES WILL FULLY COOPERATE IN ANY SUCH ACTION AND SHALL MAKE AVAILABLE TO EACH OTHER ANY BOOKS OR RECORDS USEFUL FOR THE DEFENSE OF ANY SUCH CLAIM OR PROCEEDING. DISTRICT MAY ELECT TO PARTICIPATE IN THE DEFENSE OF ANY SUCH THIRD-PARTY CLAIM IN CONNECTION THEREWITH. SUBJECT TO THE FOREGOING DISTRICT, SHALL NOT SETTLE OR COMPROMISE ANY SUCH THIRD-PARTY CLAIM WITHOUT THE PRIOR CONSENT OF RECIPIENT, WHICH CONSENT SHALL NOT BE UNREASONABLY WITHHELD. INDEMNIFICATION SHALL BE DUE ONLY TO THE EXTENT OF THE LOSS OR DAMAGE ACTUALLY SUFFERED (I.E. REDUCED BY ANY OFFSETTING OR RELATED ASSET OR SERVICE RECEIVED AND BY ANY RECOVERY FROM ANY THIRD PARTY, SUCH AS AN INSURER).

16. Insurance and Additional Insured. During the Term of this Agreement, Recipient shall, at its sole cost and expense, procure and maintain policies of insurance and/or provide and maintain self-insurance insuring against comprehensive general liability and professional liability for damages directly or indirectly related to the performance of any service provided in this Agreement, and the use of any property and facilities provided by Recipient and/or District in connection with this Agreement, in such amounts, on such terms and with such deductibles as are then commonly maintained by Recipient with facilities and operations similar to those of Recipient. To the extent that the Parties determine that it is economically

feasible, the Recipient will name the District as an Additional Insured, to the Recipient's comprehensive general liability and professional liability insurance policies and from time to time, Recipient will furnish District with certificates evidencing such insurance and/or self-insurance; and Recipient shall promptly advise District of any change in the insurance and/or self-insurance maintained by Recipient.

17. Notices

All notices, requests, and communications required or permitted hereunder shall be in writing and shall be sufficiently given and deemed to have been received upon personal delivery or delivery by overnight courier or, if mailed, upon the first to occur of actual receipt or seventy-two (72) hours after being placed in the United States mail, postage prepaid, registered or certified mail, receipt requested, or e-mail addressed to the Parties as follows:

District:	Mr. Edward Murrell President Winnie-Stowell Hospital District P.O. Box 1997 Winnie, Texas 77665
Recipient:	<u>Winnie-Stowell Volunteer EMS</u> <u>P.O. Box 755</u> <u>Winnie, TX 77665</u>

Notice of a change in address of one of the Parties shall be given in writing to the other party as provided above but shall be effective only upon actual receipt.

18. No Assignment or Delegation

Recipient may not assign, or otherwise transfer, your rights or delegate any of your obligations under this Grant without prior written approval from the District.

19. Compliance with Applicable Federal and State Law

The Recipient intends on conducting itself in full compliance with applicable state, local, and federal law including the federal law commonly known as the Stark Law, the Medicare and Medicaid Anti-Fraud and Abuse law, and the Texas Occupations Code Anti-Patient Solicitation law. Recipient will not intentionally conduct itself under the terms of this Agreement in a manner to constitute a violation of such laws.

20. Alternative Dispute Resolution

If applicable, the dispute resolution process provided for in TEX. GOVT. CODE, Ch. 2260 shall be used, as further described herein, to resolve any claim for breach of contract made against the District (excluding any uncured Event of Default). The submission, processing and resolution of a party's claim are governed by the published rules adopted by the Attorney General pursuant to

TEX. GOVT. CODE, Ch. 2260, as currently effective, hereafter enacted or subsequently amended.

21. Applicable Law and Venue

This Contract shall be construed, and all disputes shall be considered in accordance with the laws of the State of Texas, without regard to its principles governing the conflict of laws. Provided that the Recipient first complies with procedures set forth in "Alternative Dispute Resolution," exclusive venue and jurisdiction for the resolution of claims arising from or related to this Contract shall be in Chambers County, Texas.

22. Attorneys' Fees

To the extent allowed by the laws of the State of Texas, in the event of any litigation, appeal or other legal action to enforce any provision of the Contract, the Recipient shall pay all expenses of such action, including attorneys' fees and costs, if the District is the prevailing party.

IN WITNESS WHEREOF, the parties hereto have duly executed this GENERAL TERMS, CONDITIONS, AND UNDERTSTANDINGS, the ____ day of _____, 201_.

Mr. Edward Murrell President Winnie Stowell Hospital District	Name: Josh Wahleithner Title: EMS Director Entity: Winnie-Stowell Volunteer EMS
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Exhibit "B"

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

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

Date: 7/20/26

Organization/Individual Requesting Grant Funds: Winnie-Stowell Volunteer EMS
Organization/Individual Address: Pc Box 755
Winnie, TX 77665
Contact Person: Josh Wallethaus
Title: EMS Director
Phone Number: 409-296-9627 ext. 2 Fax Number: _____
E-Mail Address: Josh@WSVEMS.com

Name of Project, Program or Event: Rice Festival 2026
Date of Program or Event: 9/23-9/24 & 9/30-10/3

Is your organization (check one):

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

Dollar Amount or In-kind Services Requested: \$4,932.00

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

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

- | | |
|--|--|
| ☐ Indigent Care | ☐ Economic Development |
| ☒ Community Healthcare | ☒ Community Outreach |

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

See attached

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

Signature: [Signature]
Name: Josh Wallethaus
Title: EMS Director



**WINNIE STOWELL HOSPITAL DISTRICT
GRANT/SPONSORSHIP POLICY AND PROCEDURES**

Effective May 15, 2019

Policy Statement

The Winnie Stowell Hospital District ("District") recognizes the importance of supporting the healthcare needs of the citizens and organizations residing inside the District. Therefore, it is the policy of the District to sponsor programs, initiatives, activities, projects and other matters that assist in the designated purposes of the District as set forth in Chapters 61, 285, and 286 of the Texas Health and Safety Code. These efforts include but are not limited to increasing the quality and scope of healthcare available to the Citizens of the District and its needy inhabitants by 1) promoting cost effective health care services; 2) ensuring regulatory compliance; 3) marketing the services provided by the District; and 4) providing leadership and management. Additionally, it is the policy of the District to support activities that advance the general welfare of the District and its facilities, including activities that promote the betterment of the District's relationships with organizations that advocate for better healthcare for all the residents inside the District if these activities are in the best interest of the District.

To this end, the District's Directors adopt these policies and procedures so that all requests for public funds, except fee for services payments, shall be evaluated to ensure that the District's funds are spent in a manner that achieve the greatest return on its investment by achieving the District's purposes. In addition, each request must be evaluated in the context of the current financial circumstances of the District, and its forecasted needs and resources.

As careful guardians of public funds, the District must carefully consider the requests, the costs of such request, taking care to fund only the most deserving items, at a level that is consistent with the achievement of the District's goals and the prudent financial management of the District's affairs. All contributions made by the District must comply with Article III, Section 52(a) of the Texas Constitution as well as case law or Texas Attorney General Opinions interpreting Article III, Section 52(a).

Consequently, any expenditure of public monies must pass a three-part test developed by Texas courts and the Texas Attorney General to determine if an expenditure of money is constitutional. First, the expenditure must serve a public purpose. Second, the District must receive adequate consideration. Third, there must be adequate controls to ensure that the public purpose will be accomplished. (*See Key v. Commissioners Court of Marion County*, 727 S.W.2d 667 (Tex.App.—Texarkana, 1987, no writ) and Attorney General Letter Op. 96-035). The request must include an explanation of how it advances the sponsorship priorities described in the next section, or the policies described in the first paragraph above, and demonstrate that the proposed expenditure satisfies the legal funding requirements of the District as set forth in Article 3, Section 52(a) and is within the appropriate budgetary allowance.

Winnie Stowell Hospital District Grant/Sponsorship Priorities

Grant funding decisions will be guided by the requester's ability to satisfy one or more of the following District Grant/Sponsorship Priorities:

- I. Indigent Healthcare. As part of its statutory duty and mission of attending to and balancing the healthcare needs of the community and its needy inhabitants, the main purpose of this District and any hospital district in the State of Texas, is to assume full responsibility for providing medical and hospital care for its Indigent inhabitants without charge.
- II. Community Healthcare. In addition, the District is working to increase the quality of healthcare resources in the community in order to re-establish confidence in the healthcare provides that services the District and to encourage additional healthcare services in the District in order ease the burden of having to travel outside of the District for healthcare treatments.
- III. Economic Development. By having a vibrant healthcare delivery system in the District, the District hopes to assist in increasing the population of the District and the tax base inside the District as well as expanding the need for infrastructure development in eastern Chambers County, Texas.
- IV. Community Outreach. The District is committed to supporting community-based activities and programs that promote the general healthcare and welfare of the region and community through alliances, cooperative arrangement with other governmental and non-governmental entities, as well as other strategic opportunities identified by the District's Board, staff, and others inside the community for volunteer efforts; educational initiatives; and community outreach efforts deemed to be in the best interest of the District.

Requests from religious organizations, social organizations, health care organizations or charities will be considered if there is a direct connection to the delivery of healthcare services to the residents of the District.

Requests from schools, project graduations, and youth sports for advertising or promoting the District will be considered if there is a benefit to reaching a large audience to promote any of the District's purposes.

Approval of Participation Requests

The District's Grant/Sponsorship Policy and Procedures should serve as a guide for its community involvement efforts, including, but not limited, to contributions of funds, sponsored community partnerships, volunteer efforts, and any other means of District's involvement inside the District's geographic boundaries.

Submittal and Evaluation of Requests

As soon as practically possible, requests for District's participation in awarding grant should be submitted to the District in writing following the District's **Grant Proposal Requirements** set forth below. The District's Board, and its staff, shall evaluate requests to determine whether they fall within the grant/sponsorship priorities of the District, and the budget guidelines adopted by the District.

District's Grant Budget Guidelines

The District's Board and staff should limit grant/sponsorship expenditures to the amounts set forth in the budget guidelines adopted by the District. If there are grant/sponsorship request known by staff prior to the adoption of the District's budget, staff should recommend to the District's Board the grant/sponsorship obligations or requests for the forthcoming year at the annual District's annual Finance Committee meetings in conjunction with its submittal of other budget guidelines.

Review and Approval of Requests

District Board Members and staff can submit, for review, completed requests to the District's Finance Committee, who shall then review the request and present their recommendation to approve, deny, or leave pending the request at the soonest practical Board to the full Board for approval.

The Finance Committee of the District should deny any request that does not include an adequate explanation of how it advances the grant/sponsorship priorities described in the section hereof titled "Policy Statement" and "Grant/Sponsorship Priorities-Sponsorship Priorities,"; does not demonstrate that the proposed expenditure is within the Constitutional guidelines of the State of Texas; or is not within the appropriate budgetary allowance.

Notwithstanding the foregoing paragraphs, all request for grants/sponsorships shall be approved by the District's Board in the budget adoption process or in the course of the year during public session prior to any payment by the District.

Grant Accountability and Transparency

Progress Reports and Final Reports

Grant recipients are responsible for reporting on the use of grant funds to the District. Progress and Final Reports deadlines are to be prescribed by the District before grant funds are awarded. These Reports must be submitted in a timely manner to be in compliance with this policy. Progress and Final Reports contain detailed accounts of the project's implementation, including:

- A description of how the grant award has advanced the mission of District.
- An account of how the recipient has utilized the grant award to achieve the specific objectives outlined in the application, including the relevant measures and data collected.
- The report should also include a detailed account of spending of all the grant proceeds; account bank statements; and proof of purchases/receipts that support the report.
- Information in the reports shall be accessible to the public.

District's Right to Inspect Documents

The District reserves the right, at any time, to review grants, conduct an audit, inspect bank records, send a monitor, require additional documentation, and suspend any or all payments.

Grant Funding and Separate Bank Account

It is the District's policy, if applicable, to fund grants on an as needed basis, or an agreed to schedule after receipt of the necessary reports and supporting documents. Moreover, recipients of any grant payments that are made in more must hold the District's grant funds in a separate account that is secured by the FDIC or as required by the Texas Public Funds Investment Act.

Grant recipients who fail to adhere to the District's policies and guidelines in implementing and financing grant projects may be asked to return all, or a portion, of the grant funds in and may be barred from receiving future grants indefinitely.

Miscellaneous Criteria

The following criteria apply for all grants awarded:

- Unused grant funds must be returned promptly to the District.
- No grant funds shall be used to pay taxes for any reason.
- Grant recipients must maintain copies of all receipts and bank statements related to grant-funded expenditures as required by the District and any applicable state and federal laws.
- Prior to awarding any grant payments, the District will determine a Progress reporting schedule depending on the nature of the request.
- Final reports documenting the disbursement of funds must be submitted to District on or before the within two months of the later: 1) grant's total disbursement; or 2) the completion of a project.
- Grant recipients must agree to General Grant Terms, Conditions, and Understandings set forth in **Exhibit "A"** to this policy.

GRANT PROPOSAL REQUIREMENTS

Application Checklist: All of the following items are required for a complete grant application. Incomplete grant applications will not be considered.

- ☒ **Cover Sheet** (*See Exhibit "B"*)
 - ☒ Signed by CEO, Executive Director, head of organization, Individual making
- ☒ **Narrative** (*please limit narrative to 5 pages, 12-point font, single space acceptable, 1.5 preferred*)
 - ☒ **Organizational Background:** Brief history of organizational description, and affiliation with District.
 - ☒ **Description & Beneficiaries:** Need statement and summary of basis for the grant request. Please state how you determine that the funding of the request is the best way to address that need. State the impact of this grant request aligns with the Grant/Sponsorship Priorities of the Winnie Stowell Hospital District, including the expected target group and number of beneficiaries. If necessary, describe how it was determined that the request is not a duplication of efforts, and any specific plans to partner with the District. (if applicable)
 - ☒ **Evaluation Grant Request:** Include a logic model and a timeline for the achievement of the stated purpose of the grant request. State the objectives and anticipated outcomes along with method and criteria to evaluate the request. Show clear measurable outcomes and an evaluation process that is data-driven. The number of people served is an output and does not determine success or impact. State how you will measure whether the award of the grant resulted in a successful outcome.
 - ☒ **Impact and Sustainability:** Clearly and succinctly state the expected impact that the award of the grant will have and how it aligns with the mission of the District. If applicable, specify concrete plans to sustain any projects funded with grant proceeds beyond the District's funding.
 - ☒ **Funding Request:** Specify and explain your preference for the method of funding the grant. Please keep in mind, if applicable, it is the District's preference that grant payments be made on an as needed basis or schedule following the receipt of the necessary reports and supporting documents
 - ☒ **Timeline:** If the basis of your request is a project, please indicate a start date, key milestones, and estimated completion date.
 - ☒ **Application Budget:** (*See Exhibit "C"*)
 - ✓ Budget should include total cost of the grant request, and clearly indicate what is to be funded through the District's grant.
 - ✓ Include a budget narrative justifying expenses, including if applicable, plans to sustain any projects funded with grant proceeds beyond the District's funding.
 - ✓ Make sure to include other parties funding the above program/project, if applicable.
- ☒ **Attachments**
 - ☒ Job descriptions and resumes of staff involved in the program/project
 - ☒ List of governing board members of organization and their affiliations.
 - ☒ Authority from governing organization to request grant funds. (If applicable.)
 - ☒ Proof of good standing and/or nonprofit status.
 - ☒ If you are requesting grant funding from parties for the same or similar reason, please include a complete copy of the application packet(s) submitted to the third parties.
 - ☒ Copy of most recent audited financials, organizational budget, and tax return forms.
 - ☐ **Additional Pertinent Materials:** You may attach materials that directly support the proposed grant request.



Winnie Stowell Volunteer EMS
249 Broadway Ave
Winnie TX, 77665
409-296-9627

July 20th, 2026

To: Whom it may concern:

Re: Winnie-Stowell Hospital District Grant "Exhibit B"

- Please provide a comprehensive description of how the District's resources will be used (Please complete below, or you may also attach support material)
 - If approved, the funds will be utilized to staff a third ambulance and staff a first aid booth for the Rice Festival. We will provide a single provider for the cook off, 9/25/26 & 9/26/26 and medical staff as previously mentioned during the festival's hours of operation, 9/30/2026 – 10/3/2026.
- Please provide a brief description of the request provided how the request will help the district will assist the District in achieving its stated purposes. (Please complete below, or you may also attach support material)
 - The Rice Festival draws a large crowd into a confined area. Due to the nature of these events, there is an increased chance that medical services will be needed. By providing and staffing a first aid booth and dedicating a staffed ambulance to the festival grounds this will allow for staff to be on site and provide care for those in need.

Winnle EMS Salary Expenses For Rice Festival 2026

Staffing Numbers

9/25/2026 9/26/2026 9/30/2026 10/1/2026 10/2/2026 10/3/2026

AEMT	1200 - 2200	0900 - 2200	1600 - 2300	1600 - 0100	0800 - 0100	0800 - 0100
EMT			1600 - 2300	1600 - 0100	0800 - 0100	0800 - 0100
Medic			1600 - 2300	1600 - 0100	0800 - 0100	0800 - 0100
Medic			1600 - 2300	1600 - 0100	0800 - 0100	0800 - 0100

Staffing Hours

9/25/2026 9/26/2026 9/30/2026 10/1/2026 10/2/2026 10/3/2026 Total

AEMT	10	13	9	9	17	17	75
EMT			9	9	17	17	52
Medic			9	9	17	17	52
Medic			9	9	17	17	52

Total	10	13	36	36	68	68	231
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Staffing Expenses

9/25/2026 9/26/2026 9/30/2026 10/1/2026 10/2/2026 10/3/2026 Event Total

AEMT	\$ 200.00	\$ 260.00	\$ 180.00	\$ 180.00	\$ 340.00	\$ 340.00	\$ 1,500.00
EMT	\$ -	\$ -	\$ 162.00	\$ 162.00	\$ 306.00	\$ 306.00	\$ 936.00
Medic	\$ -		\$ 216.00	\$ 216.00	\$ 408.00	\$ 408.00	\$ 1,248.00
Medic	\$ -	\$ -	\$ 216.00	\$ 216.00	\$ 408.00	\$ 408.00	\$ 1,248.00

Daily Summary	\$ 200.00	\$ 260.00	\$ 774.00	\$ 774.00	\$ 1,462.00	\$ 1,462.00	\$ 4,932.00
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Winnie EMS Salary Expenses For Rice Festival 2026

Straight Time

Part time

Full time

Admin Asst.

AEMT/FTO/Logis.

EMT	AEMT	Medic
\$ 17.00	\$ 19.00	\$ 22.00
\$ 18.00	\$ 20.00	\$ 24.00
\$ -	\$ 18.00	\$ -
\$ -	\$ 22.00	\$ -

Overtime Time

Part time

Full time

Admin Asst.

AEMT/FTO/Logis.

EMT	AEMT	Medic
\$ 25.50	\$ 28.50	\$ 33.00
\$ 27.00	\$ 30.00	\$ 36.00
\$ -	\$ 27.00	\$ -
\$ -	\$ 33.00	\$ -



Winnie-Stowell Volunteer EMS

PO Box 755

Winnie, TX 77665

July 20th, 2026

To :

Whom it may concern, &

Winnie-Stowell Hospital District Board Members

Purpose

Winnie-Stowell Volunteer EMS (WSVEMS) has been requested to provide medical services for the Rice Festival this fall. The festival has requested services that we are able to provide but will impose a financial impact on our organization to provide the require services. We are requesting financial support from the Winnie-Stowell Hospital District to allow our agency to provide a first aid station staffed with basic life support staff and a standby dedicated ambulance, staffed with a Paramedic and EMT/AEMT to provide additional staff and immediate transport services from the festival grounds and/or immediate area during main festival events.

Organizational Background

WSVEMS has provided pre-hospital medical services to the communities of Winnie and Stowell since our inception in 2010. Over the years we have successfully delivered high quality emergency medical services to the sick and injured while delivering those patients to definitive care.

Staffing and Deployment for Event

WSVEMS will use the following deployment plan based off prior years.

- September 25th & September 26th – The annual cook off will present us with less visitors than the full festival but in years past there have been injuries that occurred in conjunction to food prep. We will provide an

Advanced Emergency Medical Technician capable of providing immediate care and injury management prior to an ambulance arriving.

- September 30th & October 1st – We will provide and staff a first aid booth with a dedicated ambulance from 4pm to 1am. This deployment time allows our staff to arrive prior to gates opening for the event and an hour following the close of the festival to ensure there are providers available until all guests leave the grounds.
- October 2nd & October 3rd - We will provide and staff a first aid booth with a dedicated ambulance from 8am to 1am. This deployment time allows our staff to arrive prior to gates opening for the event and an hour following the close of the festival to ensure there are providers available until all guests leave the grounds. Due to the extended time, these crews may rotate with other WSVEMS staff on duty at other assignments to avoid fatigue.
- Billing for Service – Any guests that require medical transport will be provided by WSVEMS and those whom receive services will be financially responsible and billed in accordance with current standards.
- Medical Transport and Additional Ambulances - The specific vehicle utilized will vary depending on severity and at the discretion of WSVEMS leadership. In the event of a transport, WSVEMS will provide a second ambulance if our other two ambulances are not on calls and are available. Regardless of ambulance availability, any secondary transport will be handled by WSVEMS and treated as any other emergency call by available units. Due to the numerous variables involved, any further issues with deployment of resources will be addressed on a case-by-case basis by WSVEMS leadership.

Funding

WSVEMS is requesting funding in the amount of \$4,932.00 for staffing expenses as outlined in Appendix A. This is no change last year's request. We request the funds be paid in advance of the event no later than September 21st, 2026. WSVEMS will provide supporting documentation (payroll registry, time sheets and schedules to show a total of three staffed ambulances and an additional first aid booth) following the close of that pay period no later than October 13th, 2026, to support funding was used for approved reason. Any unused funds will be returned to the Winnie-Stowell Hospital District.

Summary

WSVEMS is excited to be involved in this outstanding event and further provide medical services for those in the community and continued partnership with the Winnie-Stowell Hospital District. We are seeking a grant of \$4,932.00 to ensure comprehensive medical standby services for the upcoming 2026 Rice Festival. This community event, which attracts hundreds of attendees, requires on-site medical support to handle any emergencies and ensure the safety and well-being of participants. The funds will cover costs for qualified medical personnel, necessary equipment, and supplies to provide effective and immediate care. Ensuring proper medical standby will not only enhance the overall safety of the festival but also contribute to its success by addressing potential health concerns swiftly and efficiently.



Joshua Wahleithner, M.P.S.L.A., L.P.
EMS Director
Winnie-Stowell Volunteer EMS
PO Box 755, Winnie, TX 77665
Office: (409) 296 – 9627 Ext 2



Winnie - Stowell Volunteer EMS

249 Broadway Ave

Winnie TX, 77665

409-296-9627

2026 Winnie-Stowell Volunteer EMS

Board Members

Dennis Dugat – President

Brandon Green – Vice President

Michelle Hardy – Secretary

Meredith Hamilton – Treasurer

George (Buck) Stobart – Member



Department of the Treasury
Internal Revenue Service
P.O. Box 2508
Cincinnati OH 45201

In reply refer to: 0248464840
Nov. 17, 2010 LTR 4168C EO
71-0864023 000000 00
00017517
BODC: TE

WINNIE-STOWELL VOLUNTEER EMERGENCY
MEDICAL SERVICES
PO BOX 755
WINNIE TX 77665-0755

116719

Employer Identification Number: 71-0864023
Person to Contact: Mrs. Dudley
Toll Free Telephone Number: 1-877-829-5500

Dear Taxpayer:

This is in response to your Nov. 05, 2010, request for information regarding your tax-exempt status.

Our records indicate that you were recognized as exempt under section 501(c)(03) of the Internal Revenue Code in a determination letter issued in SETEMBER 2002.

Our records also indicate that you are not a private foundation within the meaning of section 509(a) of the Code because you are described in section(s) 509(a)(1) and 170(b)(1)(A)(vi).

Donors may deduct contributions to you as provided in section 170 of the Code. Bequests, legacies, devises, transfers, or gifts to you or for your use are deductible for Federal estate and gift tax purposes if they meet the applicable provisions of sections 2055, 2106, and 2522 of the Code.

Please refer to our website www.irs.gov/eo for information regarding filing requirements. Specifically, section 6033(j) of the Code provides that failure to file an annual information return for three consecutive years results in revocation of tax-exempt status as of the filing due date of the third return for organizations required to file. We will publish a list of organizations whose tax-exempt status was revoked under section 6033(j) of the Code on our website beginning in early 2011.

Winnie Stowell Volunteer EMS



EMT

Job Description

Supervisor: EMS Director

Salary/Wage Status: Hourly

SUMMARY OF DUTIES:

Provides emergency medical care and community education to the citizens of Winnie-Stowell service area, provide exceptional pre-hospital clinical medicine based on the Winnie-Stowell Volunteer EMS Scope of Care. Must be able to utilize electronic communication including portable and mobile radios, electronic patient care records and computer aided dispatch equipment. Must have excellent written and verbal communication skills and excellent customer service skills. Follows all established standards and procedures set forth by policy and procedures. Must be able to maintain and trouble shoot medical equipment as well as keep equipment and vehicles clean and response ready.

SUPERVISION RECEIVED:

Works under the general supervision of the EMS Director.

ESSENTIAL DUTIES AND RESPONSIBILITIES:

- Report for duty on time and when assigned.
- Maintain good physical condition and personal hygiene.
- Serves as crew member on an EMS unit.
- Responds to emergency and non-emergency calls for service.
- Ability to assess emergency scenes and respond to conditions as per policies and protocols.
- Assess patient and provide medical care on the scene and enroute to destination facility.
- Must have the ability to remain calm and follow oral and written procedures and instructions clearly and accurately in emergency situations.
- Must have the ability to demonstrate compassion to patients and family.
- Have the ability to effectively manage difficult interpersonal situations and conflicts involving patients, family members, bystanders and other health care or public safety workers.

Winnie Stowell Volunteer EMS



- Demonstrate effective and positive interpersonal relationship skills with co-workers and supervisors, in both routine and stressful circumstances.
- Lift 150 pounds with assistance.
- Operate EMS vehicles safely under normal and emergency conditions.
- Delivers patients to the destination facility.
- Safely operate standard equipment; such as stretchers, cots, patient care monitors and standard diagnostic equipment.
- Document activities, including patient care via written and electronic media.
- Maintains EMS vehicles and equipment.
- Performs routine maintenance and cleaning at EMS facilities.
- Instructs first responders and the public on emergency care, including CPR.
- Attends continuing education classes for updates on medical procedures.
- Be able to handle extreme stress in crisis situations.
- Be able to stand for extended periods of time.
- Must be available to work assigned shift unless otherwise requested.

OTHER JOB DUTIES:

- Performs other duties as required.
- Job description statements are intended to describe the general nature and level of work being performed by employees assigned to this job title. They are not intended to be construed as an exhaustive list of all responsibilities, duties and skills required.

WORKING CONDITIONS:

- May work in inclement weather, including extreme heat and cold.
- Be available to report for duty in dangerous and severe weather such as ice storms, wind storms and flooding event.
- Subject to various hazards associated with emergency rescue operations.
- Be able to work with and under the direction of other agencies during regional emergency response incidents.
- Evening, weekend and holiday hours are required as needed.
- Exposed to persons with unknown illnesses, uncontrolled accident and crime scenes and hazards of traffic while operating an ambulance under routine and emergency conditions.

DESIRED MINIMUM QUALIFICATIONS:

- Must be certified or licensed by the Texas Department of State Health Services as a Emergency Medical Technician and be in good standing with the DSHS.

Winnie Stowell Volunteer EMS



- Thorough working knowledge of the operation of EMS vehicles.
- Thorough working knowledge of EMS communications and medical equipment.
- Must have no felony convictions or disqualifying criminal history.
- Must have high school diploma or GED equivalent.
- Must have a valid Texas driver's license.
- Be able to read, write and speak English.
- Must demonstrate excellent written and verbal communications skills.
- Must demonstrate excellent customer service skills.
- Must successfully complete BLS CPR prior to start date.

PREFERRED QUALIFICATIONS:

- Two (2) years 911 field experience.
- Be able to provide emergency care at the Intermediate level under adverse conditions.
- Must obtain system credentialing (as required by the Medical Director) within 6 months of hire date.
- Proficiency in computer key board, use of word processing, computer aided dispatching equipment.

PHYSICAL DEMANDS

- The physical demands described here are representative of those that must be met by and employee to successfully perform the essential functions of this job. Reasonable accommodations may be made to enable individuals with disabilities to perform the essential functions. The work is performed while intermittently sitting, standing, walking, bending, crouching, kneeling, climbing and descending stairs, balancing, stooping and reaching. The work is often performed while wearing PPE and could be while carrying additional equipment. The ability to use hands to operate objects, tools or controls is necessary. The employee will lift light and heavy objects including patients and equipment. The employee is required to be able to lift a 200 lb patient with assistance from another partner. A high degree of dexterity is necessary. Specific vision abilities required by this job include close vision, distance vision, color vision, peripheral vision, depth perception and the ability to adjust focus.

Winnie Stowell Volunteer EMS



WORK ENVIROMENT

- The work environment characteristics described here are representative of those an employee encounters while performing the essential functions of this job. Reasonable accommodations may be made to enable individuals with disabilities to perform essential functions. The work is typically performed in an office, stockroom, outdoors and at the scene of emergency incidents. The employee may be exposed to fire, smoke, noise, dust, dirt, grease, machinery with moving parts, contagious or infectious disease or pathogens, irritating chemicals and hot, cold or inclement weather. The work requires the use of protective equipment such as masks, goggles, gloves and all protective clothing associated with EMS operations.

Equal Opportunity Employer: Winnie-Stowell Volunteer EMS is committed to fostering a diverse and inclusive workplace. We encourage all qualified individuals to apply, including women, minorities, veterans, and individuals with disabilities.

- This job description serves as a general overview of the responsibilities and requirements for the Assistant Director position and is not intended to be all-inclusive. Additional duties may be assigned as necessary to support organizational goals and objectives.



Winnie-Stowell Volunteer EMS Policies and Procedures

Job Description

Position: Intermediate
Supervisor: EMS Director
Salary/Wage Status: Hourly

SUMMARY OF DUTIES:

Provides emergency medical care and community education to the citizens of Winnie-Stowell service area, providing exceptional pre-hospital clinical medicine based on the Departments Scope of Care. Must be able to utilize electronic communication including portable and mobile radios, electronic patient care records, computer aid dispatching equipment and have excellent written and verbal communication skills. Follows all established standards and procedures set forth by policy and procedures. Must be able to maintain and trouble shoot medical equipment as well as keep equipment and vehicle clean and response ready.

ESSENTIAL DUTIES AND RESPONSIBILITIES:

- Report for duty on time and when assigned
- Maintain good physical condition and personal hygiene
- Ability to assess emergency scenes
- Lift 150 pounds with assistances
- Operate EMS vehicles under normal and emergency conditions
- Operate standard equipment, such as stretchers, cots, patient care monitors, and standard diagnostic equipment
- Extricate persons from vehicles, bend and lift, and perform CPR for extended periods of time.
- Be able to handle extreme stress in crisis situations
- Be able to stand for extended periods of time.
- Work 24-hour shifts, overtime when required and attend all mandatory in-service training

ENVIRONMENTAL FACTORS:

- May work in inclement weather, including extreme heat and cold.
- Be available to report for duty in dangerous and severe weather such as ice storms, windstorms and flooding event.



Winnie-Stowell Volunteer EMS Policies and Procedures

- Be able to work with and under the direction of other agencies during regional emergency response incidences.
- Evening and weekend and holiday hours are required as needed

Qualifications:

- Prefer graduation from an accredited intermediate program.
- Must be certified or licensed by the Texas Department of State Health Services as a Intermediate (must not have state sanctions or disciplinary restrictions).
- Must have a valid Texas driver's license (must obtain by hire date).
- Must possess thorough knowledge of current principles and practices of emergency care at the basic and advanced levels.
- Must be able to provide emergency care at the Intermediate level under adverse conditions.
- Must obtain system credentialing (as required by the Medical Director) within 6 months of hire date.
- Must demonstrate excellent oral and written communication skills.
- Prefer 2-year 911 field experience
- Must be proficient with computer keyboard, use of word processing, Computer Aid Dispatching (Mobile Data Terminal).

Equal Opportunity Employer: Winnie-Stowell Volunteer EMS is committed to fostering a diverse and inclusive workplace. We encourage all qualified individuals to apply, including women, minorities, veterans, and individuals with disabilities.

This job description serves as a general overview of the responsibilities and requirements for the Assistant Director position and is not intended to be all-inclusive. Additional duties may be assigned as necessary to support organizational goals and objectives.

Revised February 2025



Winnie-Stowell Volunteer EMS Policies and Procedures

Job Description

Position: Paramedic
Supervisor: EMS Director
Salary/Wage Status: Hourly

SUMMARY OF DUTIES:

Functions independently, once credentialed by the Medical Director, providing exceptional pre-hospital clinical medicine based on the Departments Scope of Care. Must be able to utilize electronic communication including portable and mobile radios, electronic patient care records, computer aid dispatching equipment and have excellent written and verbal communication skills. Once cleared to independent duty, field paramedics are required to manage medical and trauma patients, direct co-workers, first responders and bystanders. Must be able to maintain and trouble shoot medical equipment as well as keep equipment and vehicle clean and response ready.

ESSENTIAL DUTIES AND RESPONSIBILITIES:

- Report for duty on time and when assigned
- Maintain good physical condition and personal hygiene
- Ability to assess emergency scenes
- Lift 150 pounds with assistance
- Operate EMS vehicles under normal and emergency conditions
- Operate standard equipment, such as stretchers, cots, patient care monitors, and standard diagnostic equipment
- Extricate people from vehicles, bend and lift, and perform CPR for extended periods of time.
- Be able to handle extreme stress in crisis situations
- Be able to stand for extended periods of time.
- Work 24-hour shifts, overtime when required and attend all mandatory in-service training

ENVIROMENTAL FACTORS:

- May work in inclement weather, including extreme heat and cold.
- Be available to report for duty in dangerous and severe weather such as ice storms, windstorms and flooding events.



Winnie-Stowell Volunteer EMS Policies and Procedures

- Be able to work with and under the direction of other agencies during regional emergency response incidents.
- Evening and weekend and holiday hours are required as needed

Qualifications:

- Prefer graduation from an accredited paramedic program.
- Must be certified or licensed by the Texas Department of State Health Services as a Paramedic (must not have state sanctions or disciplinary restrictions).
- Must have a valid Texas driver's license (must obtain by hire date).
- Must possess thorough knowledge of current principles and practices of emergency care at the basic and advanced levels.
- Must be able to provide emergency care at the Paramedic level under adverse conditions.
- Must obtain system credentialing (as required by the Medical Director) within 6 months of hire date.
- Must demonstrate excellent oral and written communication skills.
- Prefer 2-year 911 field experience
- Must be proficient with computer keyboard, use of word processing, Computer Aid Dispatching (Mobile Data Terminal).

Equal Opportunity Employer: Winnie-Stowell Volunteer EMS is committed to fostering a diverse and inclusive workplace. We encourage all qualified individuals to apply, including women, minorities, veterans, and individuals with disabilities.

This job description serves as a general overview of the responsibilities and requirements for the Assistant Director position and is not intended to be all-inclusive. Additional duties may be assigned as necessary to support organizational goals and objectives.

Revised February 2025

Winnie-Stowell Volunteer Emergency Medical Services

EMS Director Job Description

Supervisor: EMS Board of Directors

Salary/Wage Status: Non-Exempt

SUMMARY OF DUTIES:

Responsible for the day-to-day operations and administrations of Winnie-Stowell Volunteer Emergency Medical Services (WSEMS). Plan, organizes, coordinates and evaluates functioning of ambulance services; conducts training and supervision of staff in order to insure delivery of consistent high quality care; develops writer protocols, policies and procedures; organizes, coordinates and evaluates all functions of the ambulance service; represents the department at local and regional meetings; prepares and manages the budget, prepares and presents regular reports to Board of Directors; overall responsibility for clinical care, staffing, program planning, maintenance of vehicles, equipment and facilities. The Director is also a working member of the staff and is responsible for daily coverage, emergency responses and call coverage.

SUPERVISION RECIVED

Works under the general supervision of Winnie-Stowell Volunteer EMS Board of Directors

SUPERVISION EXERCISED

Directly supervises all EMS operations and staff

ESSENTIAL DUTIES AND RESPONSIBILITES

- Ensure patient and employee safety in all areas of operations
- Respond to calls involving emergency medical, fire and hazmat incidents, and may have command and control responsibilities; respond to non-emergency calls to assist the public and other response agencies; take appropriate action to minimize the loss of life and property.
- Oversee staff issues to include disciplining and coaching of employees, encouraging continuing education and professional development; providing work-related training.
- Make recommendations to Board of Directors for purchase or acquisition of ambulances, supplies and equipment.
- Provide public relation information and training for citizens of Winnie-Stowell coverage area.
- Develop and update policies and procedures
- Develop and update protocols – working closely with the Medical Director.

Winnie-Stowell Volunteer Emergency Medical Services

- Ensure all WSEMS protocols, policies and procedures are followed by all staff members.
- Assure the integrity of the security and accountability system for controlled substances and other drugs and equipment used by EMS staff.
- Perform full-time and part-time yearly evaluations.
- Oversee training and mentoring for new employees in the areas of essential duties and responsibilities as outline in the EMS position job descriptions.
- Oversee and ensure on-going educations, training and mentoring of EMS Staff.
- Review patient reports and billing forms to assure adequate and accurate documentation of services.
- Supervise, review, correct and approve patient care reports.
- Maintain patient confidentiality and oversee HIPPA laws and regulations.
- Maintain and secure staff records.
- Maintain up-to-date knowledge of federal and state laws, rules and regulations related to aspects of EMS.
- Prepared, monitor and works within the approved budget.
- Ensure all licenses, certifications and documents are current and in place.
- Maintain certifications, skills and knowledge needed to function at the MICU (paramedic) level.
- Represent WSEMS in a variety of local, county, state and other meetings.
- Maintain a positive working environment with community hospital, physicians and staff, law enforcement, volunteer fire, and other agencies as deemed necessary.
- Work with Chambers County Office of Emergency Management.
- Maintain station facilities, grounds, ambulances and equipment by performing light and heavy general cleaning, maintenance, mowing, ect.
- Maintain knowledge of county geography, streets, roads and buildings.

DESIRED MINIMUM QUALIFICATIONS

- High school diploma or GED equivalent.
- Minimum of Associate degree required with a Bachelor's degree or higher preferred.
- Five (5) years of experience in Advanced Life Support
- Texas Paramedic Certification
- Texas EMS Instructor
- Five (5) years supervisor experience preferred.
- Experience with ePCR software.
- Valid Texas driver's license
- BLS, ACLS, Advanced Pediatric provider course (ie PALS, PEPP, EPC), PHTLS, ICS 100, ICS 200, ICS 300, ICS 400, ICS 700, ICS 800 required.

Winnie-Stowell Volunteer Emergency Medical Services

Special Requirements:

- Must be twenty-one (21) years of age or older at time of hire.
- Must have no felony convictions or disqualifying criminal histories within the past seven (7) years.
- Ability to read, write, and speak English.
- Must be a U.S. Citizen
- Proficient with ESO, Quickbooks and Microsoft Office programs.

PHYSICAL DEMANDS

The physical demands described here are representative of those that must be met by and employee to successfully perform the essential functions of this job. Reasonable accommodations may be made to enable individuals with disabilities to perform the essential functions. The work is performed while intermittently sitting, standing, walking, bending, crouching, kneeling, climbing and descending stairs, balancing, stooping and reaching. The work is often performed while wearing PPE and could be while carrying additional equipment. The ability to use hands to operate objects, tools or controls is necessary. The employee will lift light and heavy objects including patients and equipment. The employee is required to be able to lift a 200 lb patient with assistance from another partner. A high degree of dexterity is necessary. Specific vision abilities required by this job include close vision, distance vision, color vision, peripheral vision, depth perception and the ability to adjust focus.

WORK ENVIROMENT

The work environment characteristics described here are representative of those an employee encounters while performing the essential functions of this job. Reasonable accommodations may be made to enable individuals with disabilities to perform essential functions. The work is typically performed in an office, stockroom, outdoors and at the scene of emergency incidents. The employee may be exposed to fire, smoke, noise, dust, dirt, grease, machinery with moving parts, contagious or infectious disease or pathogens, irritating chemicals and hot, cold or inclement weather. The work requires use of protective equipment such as masks, goggles, gloves and all protective clothing associated with EMS operations.

Winnie-Stowell Volunteer Emergency Medical Services

(Printed Name)

Dennis Dugat

Winnie-Stowell Volunteer EMS

Budget vs. Actuals: Budget_FY26_P&L - FY26 P&L

January - December 2026

	TOTAL			
	ACTUAL	BUDGET	OVER BUDGET	% OF BUDGET
Income				
Grants		0.00	0.00	
County Funds	750,000.00	1,000,000.00	-250,000.00	75.00 %
Exxon Grant	2,000.00	2,000.00	0.00	100.00 %
Hospital District Grant (Transfer Program)	76,387.20	152,774.40	-76,387.20	50.00 %
RAC R County Funds Grant	2,633.25	2,639.25	-6.00	99.77 %
Rice Festival Grant		4,900.00	-4,900.00	
Total Grants	831,020.45	1,162,313.65	-331,293.20	71.50 %
Refund	2,696.71	0.00	2,696.71	
Revenue		0.00	0.00	
Sales	8,750.00		8,750.00	
Unapplied Cash Payment Revenue	255,796.98	410,000.00	-154,203.02	62.39 %
Uncategorized Income	185.00	8,032.00	-7,847.00	2.30 %
Total Income	\$1,098,449.14	\$1,580,345.65	\$-481,896.51	69.51 %
GROSS PROFIT	\$1,098,449.14	\$1,580,345.65	\$-481,896.51	69.51 %
Expenses				
401K		1,854.94	-1,854.94	
401K Account Fees	2,224.31		2,224.31	
401K Employee contributions		5,688.15	-5,688.15	
Total 401K	2,224.31	7,543.09	-5,318.78	28.49 %
Advertising & Marketing	362.39	0.00	362.39	
Public Relations	3,754.55	7,500.00	-3,745.45	50.06 %
Total Advertising & Marketing	4,116.94	7,500.00	-3,383.06	54.89 %
Ask My Accountant	149.99		149.99	
Bank Charges & Fees	20.20	87.14	-66.94	23.18 %
Capital Expenses	8,471.36	15,000.00	-6,528.64	56.48 %
Drug Screening	47.03	1,000.00	-952.97	4.70 %
Employee Appreciation	3,670.86	295.05	3,375.81	1,244.15 %
Employee Appreciation Events		600.00	-600.00	
EMS Week	1,987.66	1,100.00	887.66	180.70 %
Total Employee Appreciation	5,658.52	1,995.05	3,663.47	283.63 %
EMS Director Benefits				
EMS Director Phone Allowance		0.00	0.00	
EMS Director Vehicle Allowance		0.00	0.00	
Total EMS Director Benefits		0.00	0.00	
EMT-F	5,219.36		5,219.36	
Explorer Program		600.00	-600.00	
Explorer Scholarship		2,500.00	-2,500.00	
Total Explorer Program		3,100.00	-3,100.00	
Hospital District Grant Repayment		93.39	-93.39	
Insurance		0.00	0.00	
Ameritas		2,191.97	-2,191.97	

Winnie-Stowell Volunteer EMS

Budget vs. Actuals: Budget_FY26_P&L - FY26 P&L

January - December 2026

	TOTAL			
	ACTUAL	BUDGET	OVER BUDGET	% OF BUDGET
Blue Cross Blue Shield Tx	31,159.32	56,878.08	-25,718.76	54.78 %
Colonial Life		947.34	-947.34	
Hartford		2,692.01	-2,692.01	
VFIS	18,339.00	30,000.00	-11,661.00	61.13 %
Total Insurance	49,498.32	92,789.49	-43,211.88	53.39 %
Legal & Professional Services	17,096.70	3,555.00	13,541.70	480.92 %
Accountant & Tax Services		5,570.00	-5,570.00	
Legal fees	1,475.00	3,524.30	-2,049.30	41.85 %
Medical Billing		0.00	0.00	
Total Legal & Professional Services	18,571.70	12,649.30	5,922.40	146.82 %
Licensing and Certifications	1,311.00	1,057.00	254.00	124.03 %
Medical Director	9,000.00	18,000.00	-9,000.00	50.00 %
Medical Equipment Maintenance		1,928.23	-1,928.23	
Stryker Maintenance	9,640.20	3,563.86	6,076.34	270.50 %
Zoll Equipment Maintenance	4,107.39	4,107.38	0.01	100.00 %
Total Medical Equipment Maintenance	13,747.59	9,599.47	4,148.12	143.21 %
Medical Supplies	1,895.98	497.83	1,398.15	380.85 %
BoundTree	34,061.50	45,000.00	-10,938.50	75.69 %
Life-Assist	4,963.44	3,000.00	1,963.44	165.45 %
Oxygen Vendor	1,469.98	4,000.00	-2,530.02	36.75 %
Pinnacle Pharma		500.00	-500.00	
Tele Flex	550.00	1,000.00	-450.00	55.00 %
Zoll		773.00	-773.00	
Total Medical Supplies	42,940.90	54,770.83	-11,829.93	78.49 %
Miscellaneous		1,000.00	-1,000.00	
Office Supplies	183.62	1,100.36	-916.74	16.69 %
Copier Rental & Supplies	1,200.00	1,200.00	0.00	100.00 %
PO Box Rental		114.00	-114.00	
Postage	155.85	300.00	-144.15	51.95 %
Station Supplies	1,947.37	4,000.00	-2,052.63	48.68 %
Granger		2,133.09	-2,133.09	
Total Station Supplies	1,947.37	6,133.09	-4,185.72	31.75 %
Total Office Supplies	3,486.84	8,847.45	-5,360.61	39.41 %
Operations Equipment	415.55	1,500.00	-1,084.45	27.70 %
Other Business Expenses		1,500.00	-1,500.00	
Payroll Expenses		1,392.24	-1,392.24	
Healthcare Stipend		0.00	0.00	
Taxes	51,413.54	70,000.00	-18,586.46	73.45 %
Texas Workforce Commission		99.78	-99.78	
Wages	667,569.47	1,048,923.48	-381,354.01	63.64 %
Worker's Comp	8,524.40	36,000.00	-27,475.60	23.68 %
Total Payroll Expenses	727,587.41	1,158,415.50	-428,988.09	62.91 %

Winnie-Stowell Volunteer EMS

Budget vs. Actuals: Budget_FY26_P&L - FY26 P&L

January - December 2026

	TOTAL			
	ACTUAL	BUDGET	OVER BUDGET	% OF BUDGET
QuickBooks Payments Fees	3,122.24	9,385.00	-6,262.76	33.27 %
Reimbursements	15,289.44	0.00	15,289.44	
Repairs & Maintenance		0.00	0.00	
Station Maintenance	2,605.23	2,500.00	105.23	104.21 %
Total Repairs & Maintenance	2,605.23	2,500.00	105.23	104.21 %
Technology Products and Systems	2,805.65	0.00	2,805.65	
3CX Phone System		425.00	-425.00	
Adobe	43.28		43.28	
Ark		0.00	0.00	
CLIA Laboratory Program		248.00	-248.00	
Computer Upgrade & Maintenance	2,852.89	500.00	2,352.89	570.58 %
ESO		0.00	0.00	
ESO Solutions	1,567.01	961.95	605.06	162.90 %
Total ESO	1,567.01	961.95	605.06	162.90 %
First Arriving Dashboard	708.77	1,500.00	-791.23	47.25 %
Fleet Camera System	470.58	3,825.00	-3,354.42	12.30 %
Google	257.01	322.02	-65.01	79.81 %
Handtevy	6,057.87		6,057.87	
I.T. Services		0.00	0.00	
Knox Box Med Vault		584.00	-584.00	
Operative IQ	951.38	1,320.00	-368.62	72.07 %
PPP Agency	500.00	500.00	0.00	100.00 %
Voxtelesys	77.09	78.22	-1.13	98.56 %
website & domain		1,060.00	-1,060.00	
WhenToWork	247.00	936.00	-689.00	26.39 %
Zoom	118.93	129.92	-10.99	91.54 %
Total Technology Products and Systems	16,657.46	12,390.11	4,267.35	134.44 %
Training	2,168.35	70.23	2,098.12	3,087.50 %
CE Services		4,200.00	-4,200.00	
Conferences & Seminars	1,576.55	3,500.00	-1,923.45	45.04 %
Southeast Texas Regional Training		1,000.00	-1,000.00	
Travel related for training	2,670.06	3,500.00	-829.94	76.29 %
Total Training	6,414.96	12,270.23	-5,855.27	52.28 %
Uncategorized Expense	0.00	0.75	-0.75	0.00 %
Uniform	9,234.85	12,000.00	-2,765.15	76.96 %
Utilities	2,060.46	563.36	1,497.10	365.74 %
Entergy	2,669.66	4,000.00	-1,330.34	66.74 %
FirstNet	640.85		640.85	
Medical Waste		380.00	-380.00	
Propane		0.00	0.00	
Hill Butane	377.40	1,200.00	-822.60	31.45 %
Total Propane	377.40	1,200.00	-822.60	31.45 %

Winnie-Stowell Volunteer EMS

Budget vs. Actuals: Budget_FY26_P&L - FY26 P&L

January - December 2026

	TOTAL			
	ACTUAL	BUDGET	OVER BUDGET	% OF BUDGET
Republic Trash Services	1,384.95	1,500.00	-115.05	92.33 %
Spectrum	1,507.69	3,000.00	-1,492.31	50.26 %
T-Mobile	3,505.60	6,080.40	-2,574.80	57.65 %
Trinity Bay Conservation District	805.11	1,400.00	-594.89	57.51 %
Total Utilities	12,951.72	18,123.76	-5,172.04	71.46 %
Vehicle Related Expenses		556.45	-556.45	
Fuel	958.43	6,000.00	-5,041.57	15.97 %
Fuelman Fleet Fuel Cards	12,074.86		12,074.86	
Midtex	2,610.89	3,447.84	-836.95	75.73 %
Winnie FoodMart		3,470.55	-3,470.55	
Total Fuel	15,644.18	12,918.39	2,725.79	121.10 %
Toll Road	250.00		250.00	
Vehicle Equipment	65.75	442.57	-376.82	14.86 %
Vehicle Repairs	8,240.24	1,059.34	7,180.90	777.87 %
Eligius Automotive	195.00		195.00	
Siddons-Martin Emergency Group		16,174.48	-16,174.48	
Vehicle Maintenance	7,675.88	12,254.27	-4,578.39	62.64 %
Yates Automotive		2,808.60	-2,808.60	
Total Vehicle Repairs	16,111.12	32,286.69	-16,185.57	49.88 %
Total Vehicle Related Expenses	32,071.65	48,214.10	-14,143.65	68.40 %
Total Expenses	\$990,733.97	\$1,507,251.57	\$-516,517.60	65.73 %
NET OPERATING INCOME	\$107,715.17	\$73,094.98	\$34,621.09	147.37 %
Other Income				
Payroll Refunds	2,555.66		2,555.66	
Texas Mutual Dividends		13,484.33	-13,484.33	
Total Other Income	\$2,555.66	\$13,484.33	\$-10,928.67	18.95 %
Other Expenses				
Prosperity Loan	49,000.00	84,000.00	-35,000.00	58.33 %
Reconciliation Discrepancies	2,074.22		2,074.22	
Total Other Expenses	\$51,074.22	\$84,000.00	\$-32,925.78	60.80 %
NET OTHER INCOME	\$-48,518.56	\$-70,515.67	\$21,997.11	68.81 %
NET INCOME	\$59,196.61	\$2,578.41	\$56,618.20	2,295.86 %

Exhibit “G”

Septic System Repair Estimate



Estimate #2057

Estimate for Janci Burleson

For: Janci Burleson,
2584 TX-124, Winnie, TX 77665

Created on: Sun Aug 09, 2026
Expires on: Wed Sep 09, 2026

Option #1

\$14,354.00

Approve

Services	Qty	Unit price	Amount
Replace 2 pumps in lift ststion We will remove and install 2- 2 HP pumps in the lift station, Once pumps have been installed, we will check all the floats and change out any floats that are not properly operation.	1.00	\$4,500.00	\$4,500.00

Services subtotal \$4,500.00

Materials	Qty	Unit price	Amount
2 Hp pump for lift station 2 Hp lift station pump Barns pump, 3-5-day shipping.	2.00	\$4,927.00	\$9,854.00

Materials subtotal \$9,854.00

Subtotal \$14,354.00

Tax
Texas sales Tax

\$0.00

Total

\$14,354.00

Not what you were looking for?

Please let us know if you'd like to request some changes. We'd love to win your business.

[Decline estimate](#)

[Contact us](#)

Thank you for your Business!

PLEASE READ OUR TERMS AND CONDITIONS

TERMS: PAYMENT IS DUE UPON RECEIPT, unless agreed upon before work starts from our office staff,
**INVOICE IS DELINQUENT AFTER 30 days from invoice date. Past due amounts bear at 10% per month
from date of this invoice until paid. Accounts past due 90 days from invoice date are subject to be
referred to collections. Customer agrees to pay all cost of collection, including attorney's fees. If I'm not
the authorized party to pay or sign off for this service. I understand that LiL' John's Plumbing LLC cannot
provide services until proper billing contact is obtained. I agree that I will pay the amount owed at the
time services are completed with an accepted form of payment: Credit card, Check or cash.

**WORK AUTHORIZATION: I'm the owner/authorized representative of the premises at which the work
detailed herein is to be done. I hereby authorize LiL' John's Plumbing LLC to perform the describe
service and agree to pay the amount indicated.

Estimates: An estimate is valid for 30 days from the estimate date, any estimate approved after
the 30 days are subject to price adjustments due to pricing changes from vendors and suppliers.

John Shannon O'Connor RMP-38503 Regulated by the Texas State Board of Plumbing Examiners, 7915
Cameron Rd. Austin, TX 78754 (512) 936-5200

Please make sure to read our [Terms and Conditions](#)



Exhibit “H”

Seventh Amendment to the Fifth Amended and Restated Service Agreement with
LTC Group

SEVENTH AMENDMENT TO THE FIFTH AMENDED AND RESTATED SERVICE AGREEMENT

THIS SEVENTH AMENDMENT TO THE FIFTH AMENDED AND RESTATED SERVICE AGREEMENT (“Seventh Amended Agreement”) is effective as of September 1, 2026 (“Effective Date”), by and between Winnie-Stowell Hospital District, a governmental entity and body politic established pursuant to Chapter 286 of the Texas Health & Safety Code, as amended (“District” or “Operator”), and LTC Group, LLC, a Texas limited liability company (“LTC Group”).

RECITALS

WHEREAS, on August 20, 2026, the District held its Regular Meeting to discuss, among other things, authorized the execution of the Seventh Amended Agreement with the LTC Group.

WHEREAS, the Parties wish to amend **Exhibit “A”** to Third Amended and Restated Agreement (“Agreement”) to include all of the District’s nursing facilities (“Facility” or “Facilities”) as of September 1, 2026 to the Agreement.

NOW THEREFORE, for and in consideration of the execution of this Seventh Amended Agreement and of the mutual covenants and agreements herein contained, the parties hereby enter into this Seventh Amended Agreement and in so doing, completely supersede and replace Sixth Amendment, and covenant and agree as follows:

1. Words whose initial letters are capitalized are defined terms. When terms are used in this Seventh Amended Agreement, such terms shall have the meaning assigned to them in the context of Easement Agreement.
2. **Exhibit “A”** is hereby amended to include all of the District’s Facilities and the payment payment amounts for the fair market value of services rendered for each of the District’s Facilities *effective September 1, 2026*.
3. The Parties hereto represent and warrant to each other, which representations and warranties shall survive the execution and delivery hereof, that this Seventh Amended Agreement constitutes the legal, valid and binding obligation of each such party, enforceable against such party in accordance with its terms.
4. Except as modified by this Seventh Amended Agreement, the Agreement is hereby ratified and confirmed (giving legal effect to this Amendment).
5. This Seventh Amended Agreement is binding on and enforceable by and against the Parties hereto and their successors and permitted assigns. The Recitals hereto are hereby incorporated into Agreement by this reference thereto. This Seventh Amended Agreement may be executed in any number of counterparts, each of which shall be an original, but all of which shall when taken together constitute one agreement.

Signature Page Follows

IN WITNESS WHEREOF, the parties hereto have caused this Agreement to be executed as of the Effective Date.

WINNIE-STOWELL HOSPITAL DISTRICT:

By: _____

Printed:

Title: President

LTC GROUP, LLC:

By: _____

Lee Hughes

for LTC Group, LLC, a Texas limited liability company

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**EXHIBIT “A”
FACILITIES AND SERVICES FEES**

	QIPP Year 9				
	Manager	Nursing Facility	Facility Address	QIPP Year	Price Per Month
1.	CHC	Marshal Manor	1007 S. Washington Ave. Marshall, Texas 75670	1	\$6,000
2.	CHC	Golden Villa	1104 S William Street Atlanta, Texas 75551	1	\$6,000
3.	CHC	Rose Haven Retreat	200 Live Oak Street Atlanta, Texas 75551	1	\$6,000
4.	CHC	Marshall Manor West	207 W Merritt Street Marshall, Texas 75670	1	\$6,000
5.	CHC	Garrison Nursing Home & Rehabilitation Center	333 North Fm 95 Garrison, Texas 75946	1	\$6,000
6.	CHC	Highland Park Health Center	8861 Fulton Street Houston, Texas 77022	1	\$6,000
7.	HMG	Park Manor of CyFair	11001 Crescent Moon Dr. Houston, Texas 77064	1	\$6,000
8.	HMG	Park Manor of Westchase	11910 Richmond Ave. Houston, Texas 77082	1	\$6,000
9.	HMG	Park Manor of Conroe	1600 Grand Lake Drive Conroe, Texas 77304	1	\$6,000
10.	HMG	Park Manor of Humble	19424 McKay Drive, Humble, Texas 77338	1	\$6,000
11.	HMG	Park Manor of Quail Valley	2350 FM 1092 Missouri City, Texas 77459	1	\$6,000
12.	HMG	Park Manor of Cypress Station	420 Lantern Bend Drive Houston, Texas 77090	1	\$6,000
13.	Nexion	Oak Manor Nursing Center	624 N Converse Street Flatonia, Texas 78941	1	\$6,000
14.	RHS	Spindletop Hill Nursing and Rehabilitation Center	1020 S 23rd Street Beaumont, Texas 77707	1	\$6,000
15.	RHS	Monument Hill Rehabilitation and Nursing Center	120 Texas 71 La Grange, Texas 78945	1	\$6,000
16.	RHS	The Woodlands Nursing and Rehabilitation Center	4650 S Panther Creek Dr. Spring, Texas 77381	1	\$6,000
17.	RHS	Hallettsville Nursing and Rehabilitation Center	825 Fairwinds Street Hallettsville, Texas 77964	1	\$6,000
18.	AVIR	Avir at Giddings	1400 N Main Street Giddings, Texas 78942	1	\$6,000
19.	HMG	Park Manor of The Woodlands	1014 Windsor Lake Blvd The Woodlands, Texas 77384	2	\$6,000
20.	HMG	Park Manor of Southbelt	11901 Resource Parkway Houston, TX 77089	2	\$6,000
21.	HMG	Friendship Haven Healthcare and	1500 Sunset Drive Friendswood, Texas 77546	2	\$6,000

		Nursing Rehabilitation Center			
22.	HMG	Park Manor of Tomball	250 School Street Tomball, Texas 77375	2	\$6,000
23.	HMG	Deerbrook Skilled Nursing and Rehab Center	9250 Humble-Wesfield Road, Humble, Texas 77338	2	\$6,000
24.	HMG	Willowbrook Nursing Center	227 Russell Blvd Nacogdoches, Texas 75965	4	\$6,000
25.	HMG	ACCEL at College Station	1500 Medical Avenue, College Station, Texas 77845	5	\$6,000
26.	HMG	Silver Springs Health & Rehabilitation Center	1690 N. Treadaway Boulevard, Abilene, Texas 79601	5	\$6,000
27.	HMG	Cimarron Place Health & Rehabilitation	3801 Cimarron Boulevard, Corpus Christi, Texas 78414	5	\$6,000
28.	CHC	The Villa at Texarkana	4920 Elizabeth Street, Texarkana, Texas 75503	6	\$6,000
29.	HMG	Red Oak Health and Rehabilitation Center	101 Reese Drive, Red Oak, Texas 75154	6	\$6,000
30.	HMG	Mission Nursing and Rehabilitation	1013 S. Bryan Road, Mission, Texas 78572	6	\$6,000
31.	HMG	Holland Lake Rehabilitation and Wellness Center	1201 Holland Lake Drive, Weatherford, Texas 76086	6	\$6,000
32.	HMG	Harbor Lakes Nursing and Rehabilitation Center	1300 2nd Street, Granbury, Texas 76048	6	\$6,000
33.	HMG	Stephenville Rehabilitation and Wellness Center	2601 Northwest Loop, Stephenville, Texas 76401	6	\$6,000
34.	HMG	Pecan Bayou Nursing and Rehabilitation	2700 Memorial Park Dr., Brownwood, Texas 76801	6	\$6,000
35.	HMG	Green Oaks Nursing and Rehabilitation	3033 W. Green Oaks Blvd., Arlington, Texas 76016	6	\$6,000
36.	HMG	Stonegate Nursing and Rehabilitation	4201 Stonegate Boulevard, Fort Worth, Texas 76109	6	\$6,000
37.	HMG	Stallings Court Nursing and Rehabilitaiton	4616 NE Stallings Drive, Nacogdoches, Texas 75965	6	\$6,000
38.	HMG	Hewitt Nursing and Rehabilitation	8836 Mars Drive Hewitt, Texas 76643	6	\$6,000
39.	HMG	Crowley Nursing and Rehabilitation	920 E. FM 1187, Crowley, Texas 76036	6	\$6,000
40.	Gulf Coast	Hemphill Care Center	2000 Worth Street, Hemphill, Texas 75948	7	\$6,000
41.	Gulf Coast	Oak Village Healthcare	204 Oak Drive S., Lake Jackson, Texas 77566	7	\$6,000
42.	Gulf Coast	Parkview Manor Nursing & Rehabilitation	206 N. Smith Street, Weimer, Texas 78962	7	\$6,000
43.	Gulf Coast	Winnie L Nursing & Rehabilitation	2104 N Karnes, Cameron, Texas 76520	7	\$6,000

44.	Gulf Coast	Corrigan LTC Nursing & Rehabilitation	300 Hyde Street, Corrigan, Texas 75939	7	\$6,000
45.	Gulf Coast	Copperas Cove Nursing & Rehabilitation	601 W. Avenue B, Copperas Cove, Texas 76522	7	\$6,000
46.	HMG	Gulf Pointe Plaza	1008 Enterprise Blvd., Rockport, Texas 78382	7	\$6,000
47.	HMG	Treviso Transitional Care	1154 East Hawkins Pkwy., Longview, Texas 75605	7	\$6,000
48.	HMG	Forum Parkway Health & Rehabilitation	2112 Forum Parkway, Bedford, Texas 76201	7	\$6,000
49.	HMG	Arbrook Plaza	401 West Arbrook Blvd., Arlington, Texas 76014	7	\$6,000
50.	Gulf Coast	Clute LTC Partners, Inc.	603 E Plantation Road Clute, Texas 77531	8	\$6,000
51.	Gulf Coast	Creekside Village Healthcare LTC Partners, Inc.	914 N Brazosport Blvd. Clute, Texas 77531	8	\$6,000
52.	Gulf Coast	Wells LTC Partners, Inc.	46 May Street Wells, Texas 75976	8	\$6,000
53.	Gulf Coast	Shepherd LTC Partners, Inc.	101 Woodland Park Dr. Shepherd, Texas 77371	8	\$6,000
54.	AVIR	Avir at Palestine	1816 Tile Factor Rd. Palestine, Texas 75801	8	\$6,000
55.	SLP	Seabreeze Nursing and Rehabilitation	6602 Memorial Dr. Texas City, Texas 77591	8	\$6,000
56.	AVIR	Avir at Paris	610 Deshong Dr. Paris, Texas 75460	8	\$6,000
57.	AVIR	Avir at Overton	1110 HWY 135 S. Overton, Texas 75684	8	\$6,000
58.	AVIR	Avir at Coronado Nursing Center	1751 N 15th St. Abilene, Texas 79603	8	\$6,000
59.	HSM	Beaumont Health Care Center	795 Lindbergh Dr. Beaumont, Texas 77707	8	\$6,000
60.	HSM	Cleveland Health Care Center	903 E Houston St. Cleveland, Texas 77327	8	\$6,000
61.	HSM	Conroe Health Care Center	2019 N Frazier Conroe, Texas 77301	8	\$6,000
62.	HSM	Huntsville Healthcare Center	2628 Milam Huntsville, Texas 77340	8	\$6,000
63.	HSM	Lawrence Street Healthcare Center	615 Lawrence St. Tomball, Texas 77375	8	\$6,000
64.	HSM	Liberty Health Care Center	1206 N Travis St. Liberty, Texas 77575	8	\$6,000
65.	HSM	Richmond Health Care Center	705 Jackson St. Richmond, Texas 77469	8	\$6,000
66.	HSM	Sugar Land Healthcare Center	333 Matlage Way Sugar Land, Texas 77478	8	\$6,000
67.	HSM	West Janisch Health Care Center	617 W. Janisch St. Houston, Texas 77018	8	\$6,000
68.	Caring	Oak Brook Health Care Center	107 Stacy Whitehouse, Texas 75791	8	\$6,000
69.	Caring	Gracy Woods Nursing Center	12021 Metric Blvd. Austin, Texas 78758	8	\$6,000

70.	Pillar Stone	Mont Belvieu Rehabilitation and Healthcare Center	14000 Lakes Of Champions Blvd Mont Belvieu, TX 77523	8	\$6,000
71.	Trident	Bayou Pines Pines Care Center	4905 Fleming Street LaMarque, Texas 77568	9	\$5,500
72.	Diversicare	Afton Oaks Nursing and Rehabilitation Center	7514 Kingsley Street Houston, Texas 77087	9	\$5,500
73.	Cascade	Cascades at Galveston	3702 Cove View Blvd Galveston, TX 77554	9	\$5,500
74.	Cascade	Cascade of Port Arthur	6600 9th Ave, Port Arthur, TX 77642	9	\$6,000
75.	Oak Grove	Oak Grove Nursing Home	6230 Warren St., Groves, TX 77619	9	\$6,000
76.	Magnolia Place	Magnolia Place	1620 Magnolia St., Liberty, TX 77575	9	\$6,000
77	Creative	Sterling Oaks	25150 Lakecrest Manor Dr, Katy, TX 77493	9	\$6,000
78	AVIR	Garland Nursing & Rehabilitation	321 Shiloh Road Garland, TX 75042	10	\$6,000
79	Seven Acres	Seven Acres Jewish Senior Care Services	6200 North Braeswood Blvd, Houston, TX 77074		\$6,000
					\$472,500.00

EXHIBIT “ ”
SCOPE OF SERVICES

Administrator shall perform the following services subject to the Operator’s (i.e., the District’s) review and oversight:

1. A regular review of the Facilities’s finances, including, but not limited to, the following:
 - a. Monthly Payor Mix Trending and Analysis;
 - b. Monthly Financial Benchmarking;
 - c. Monthly A/R Review;
 - d. Monthly Bad Debt Review;
 - e. Monthly Budget Review: As necessary, a review of Manager’s collection and deposit of all net patient revenue to the depository account and management of the cash flow of the Facility, including, without limitation, billing all patients and governmental or other third-party payors for all services provided by or at the facility, collecting all net patient revenue and paying all operating expenses and other accounts payable related to the operation of the facility;
 - f. As necessary, a review of all books and records relating to the operation of the facility;
 - g. As necessary, a review of all cost, expense and reimbursement reports and related documents relating to services provided to residents, including without limitation the Medicare and Medicaid cost reports and Texas supplemental payment programs;
 - h. As necessary, review of Minimum Data Set (“MDS”) and Resident Assessment Protocols (“RAPs”) on a schedule and as required by applicable federal regulations, including 42 C.F.R. §483.20;
 - i. LTC Group, as necessary, shall request and review the HHSC annual RUG review/audit; and
 - j. A review of annual operating budget proposed by Manager.
2. A regular review of the Facility’s operations, including, but not limited to, the following:
 - a. Daily census tracking and review of monthly occupancy report;
 - b. Minimum of one (1) quarterly on-site visit with staff and/or administrator at each of the District’s Facilities set forth in **Exhibit “A”**; and additional on-site visits, as needed, for Facilities identified by either party as: 1) under performing; 2) subject to an investigation or ongoing fines the State of Texas or the Centers for Medicare and Medicaid; or 3) lawsuit for failure to maintain standard of care.
 - c. Monthly operational compliance monitoring;
 - d. As needed, assist with any survey, inspection or site investigation or accreditation process conducted by a governmental, regulatory, certifying or accrediting entity with authority or jurisdiction over the Facility, and assist with the implementation of any official findings of such reviews;
 - e. Assist Operator with any legal dispute in which Operator is involved relating to the ownership, services or operation of the facility; and
 - f. Assist Operator and its certified public accountants in connection with any audit, review or reports conducted or prepared in connection with the ownership or operation of the Facility.
3. A regular review of the Facility’s clinic performance, including, but not limited to, the following:
 - a. Monthly Skin Assessment Review;
 - b. As necessary, review clinical compliance for the District Facilities;
 - c. As necessary, Annual Clinical Policy Review;
 - d. As needed, a review of the Facility’s resident care and health care policies and procedures and general administrative policies and procedures, including, without limitation, policies

- and procedures for the control of revenue and expenditures, for the purchasing of supplies and services, for the control of credit, and for the scheduling of maintenance;
 - e. As necessary, assist facility in accordance with a quality assessment performance improvement program and a compliance plan; and
 - f. As necessary, as reasonably requested, review and assist with quality assurance committee.
4. Upon the request of Operator, attend meetings of Operator's governing board or executive staff to discuss services and other relevant issues.
 5. Financial services on behalf of the Operator:
 - a. Daily review of accounts for deposits; weekly wire transfers to the operators;
 - b. Review and/or prepare monthly reconciliation of back accounts;
 - c. Prepare month end closing journal entries for Operator financial statements;
 - d. Ensure financial mechanisms are in place to ensure timely distribution of funds to meet obligations;
 - e. Assist with annual Operator audits.
 6. Assist the Operator to oversee and assure compliance with the current year of the Quality Incentive Payment Program ("QIPP") Components and Metrics.
 7. Compile and review QIPP Monthly and Quarterly scorecards for each Facility, indentifying performance trends and areas targeted for improvement and communicate, as necessary with Facility leadership regarding areas needing improvement.
 8. Provide Monthly and Quarterly reminders for all District's Facilities to help ensure reporting requirments are met by Facilities participating in the QIPP.
 9. Assist the Operator with other matters involving nursing home operations, including but not limited to traditional nursing Facility revenues, QIPP payments, and or other government provided financial assistance such as Covid 19 relief funds.
 10. Manager will serve as Operator's agent for purposes of demonstrating operator involvement, as delineated in 42 CFR §483.75(f), such as proof of oversight, monitoring, or attendance.

Exhibit “I-1”

Certification of Unopposed Candidates

**CERTIFICATION OF UNOPPOSED CANDIDATES FOR WINNIE STOWELL
HOSPITAL DISTRICT**

To: Presiding Officer of Governing Body

As the authority responsible for having the official ballot prepared, I hereby certify that the following candidates are unopposed for election to office for the election scheduled to be held on November 3, 2026.

List offices and names of candidates:

Office(s)	Candidate(s)
At-Large Board Member	Robert “Bobby” Way
At-Large Board Member	Kay Wilcox

Signature

Victoria Carlo
Printed name

Election Administrator
Title

August 22, 2026
Date of signing

**CERTIFICACIÓN DE CANDIDATOS ÚNICOS PARA EL DISTRITO DE
HOSPITALARIO WINNIE STOWELL**

Al: Presidente de la entidad gobernante

Como autoridad a cargo de la preparación de la boleta de votación oficial, por la presente certifico que los siguientes candidatos son candidatos únicos para elección para un cargo en la elección que se llevará a cabo el 3 de Noviembre de 2026.

Lista de cargos y nombres de los candidatos:

Cargos(s)	Candidato(s)
Miembro general de la Junta	Robert “Bobby” Way
Miembro general de la Junta	Kay Wilcox

Firma

Victoria Carlo

Nombre en letra de molde

Administradora de Elecciones

Puesto

22 de agosto de 2026

Fecha de firma

Exhibit “I-2”

Order of Cancellation

ORDER OF CANCELLATION

The Winnie Stowell Hospital District hereby cancels the election scheduled to be held on November 3, 2026 in accordance with Section 2.053(a) of the Texas Election Code. The following candidates have been certified as unopposed and are hereby elected as follows:

Office(s)	Candidate(s)
At-Large Board Member	Robert “Bobby” Way
At-Large Board Member	Kay Wilcox

A copy of this order will be posted on Election Day at each polling place that would have been used in the election.

President

Secretary

Date of adoption

ORDEN DE CANCELACIÓN

El Distrito De Hospitalario Winnie Stowell por la presente cancela la elección que, de lo contrario, se hubiera celebrado el 3 de Noviembre de 2026 de conformidad, con la Sección 2.053(a) del Código de Elecciones de Texas. Los siguientes candidatos han sido certificados como candidatos únicos y por la presente quedan elegidos como se haya indicado a continuación:

Cargos(s)	Candidato(s)
Miembro general de la Junta	Robert “Bobby” Way
Miembro general de la Junta	Kay Wilcox

El Día de las Elecciones se exhibirá una copia de esta orden en todas las mesas electorales que se hubieran utilizado en la elección.

Presidente

Secretario

Fecha de adopción