

EXHIBIT “A-1”
May 2026 Financial Statements

Winnie-Stowell Hospital District

Balance Sheet

As of May 31, 2026

	May 31, 26
ASSETS	
Current Assets	
Checking/Savings	
100 Prosperity Bank -Checking	390,942.03
102 First Financial Bank	
102b FFB #4846 DACA	7,270,449.49
102c FFB #7190 Money Market	27,148,316.62
Total 102 First Financial Bank	34,418,766.11
105 TexStar	7,299,275.77
108 Nursing Home Banks Combined	4,945,614.49
Total Checking/Savings	47,054,598.40
Other Current Assets	
110 Sales Tax Receivable	194,309.82
114 Accounts Receivable NH	101,009,980.00
115 Riceland Hospital Rec.	293,606.35
116 - A/R CHOW - LOC	327,288.10
117 NH - QIPP Prog Receivable	73,144,498.62
119 Prepaid IGT	15,534,928.26
Total Other Current Assets	190,504,611.15
Total Current Assets	237,559,209.55
Fixed Assets	3,887,534.63
Other Assets	
118.01 Prepaid NH Fees	12,806.48
Total Other Assets	12,806.48
TOTAL ASSETS	241,459,550.66
LIABILITIES & EQUITY	
Liabilities	
Current Liabilities	
Other Current Liabilities	
190 NH Payables Combined	6,613,967.02
201 NHP Accounts Payable	39,650,916.44
206 FFB Loan 27	15,835,050.00
206 FFB Loan 28	31,276,800.00
235 Payroll Liabilities	5,037.33
240 Accounts Payable NH Oper.	89,437,086.90
Total Other Current Liabilities	182,818,857.69
Total Current Liabilities	182,818,857.69
Total Liabilities	182,818,857.69
Equity	
300 Net Assets, Capital, net of	121,283.00
310 Net Assets-Unrestricted	11,219,913.13
315 Committed for Capital Proj	450,000.00
Retained Earnings	45,253,061.78
Net Income	1,596,435.06
Total Equity	58,640,692.97
TOTAL LIABILITIES & EQUITY	241,459,550.66

Winnie-Stowell Hospital District

Profit & Loss Budget vs. Actual

January through May 2026

	Jan - May 26	Budget	\$ Over Budget	% of Budget
Ordinary Income/Expense				
Income				
400 Sales Tax Revenue	375,598.47	850,000.00	-474,401.53	44.2%
405 Investment Income	473,810.70	600,000.00	-126,189.30	79.0%
407 Rental Income	17,500.00	42,000.00	-24,500.00	41.7%
409 Tobacco Settlement	19,315.73	15,000.00	4,315.73	128.8%
411 Opioid Abatement Funds	49,550.27			
415 Nursing Home - QIPP Program	51,109,320.66	131,858,612.00	-80,749,291.34	38.8%
Total Income	52,045,095.83	133,365,612.00	-81,320,516.17	39.0%
Gross Profit	52,045,095.83	133,365,612.00	-81,320,516.17	39.0%
Expense				
500 Admin				
501 Admin-Administrative Salary	33,437.50	89,510.00	-56,072.50	37.4%
502 Admin-Administrative Assnt	9,827.34	42,950.00	-33,122.66	22.9%
503 Admin - Staff Incentive Pay	223.01	9,500.00	-9,276.99	2.3%
504 Admin-Administrative PR Tax	5,524.36	10,000.00	-4,475.64	55.2%
505 Admin-Board Bonds	0.00	250.00	-250.00	0.0%
506 Admin - Emp. Insurance	20,827.42	65,000.00	-44,172.58	32.0%
507 Admin-Retirement	8,157.97	16,500.00	-8,342.03	49.4%
515 Admin-Bank Service Charges	762.84	2,000.00	-1,237.16	38.1%
521 Professional Fees - Accntng	23,117.50	76,800.00	-53,682.50	30.1%
522 Professional Fees - Audit	1,637.50	34,000.00	-32,362.50	4.8%
523 Professional Fees - Legal	24,553.60	100,000.00	-75,446.40	24.6%
550 Admin-D&O / Liability Ins.	17,223.21	20,000.00	-2,776.79	86.1%
560 Admin-Cont Ed, Travel	223.74	6,500.00	-6,276.26	3.4%
562 Admin-Travel&Mileage Reimb.	424.51	2,500.00	-2,075.49	17.0%
569 Admin-Meals	3,441.63	4,700.00	-1,258.37	73.2%
570 Admin-District/County Prom	876.40	5,000.00	-4,123.60	17.5%
571 Admin-Office Supp. & Exp.	11,593.66	25,000.00	-13,406.34	46.4%
572 Admin-Web Site	0.00	1,000.00	-1,000.00	0.0%
573 Admin-Copier Lease/Contract	1,902.50	5,000.00	-3,097.50	38.1%
575 Admin-Cell Phone Reimburse	750.00	1,800.00	-1,050.00	41.7%
576 Admin-Telephone/Internet	1,948.66	4,000.00	-2,051.34	48.7%
577 - Admin Dues	1,895.00	1,895.00	0.00	100.0%
591 Admin-Notices & Fees	452.00	3,000.00	-2,548.00	15.1%
592 Admin Office Rent	1,360.00	4,080.00	-2,720.00	33.3%
593 Admin-Utilities	2,100.73	4,000.00	-1,899.27	52.5%
594 Admin-Casualty & Windstorm	0.00	2,800.00	-2,800.00	0.0%
597 Admin-Flood Insurance	0.00	1,800.00	-1,800.00	0.0%
598 Admin-Building Maintenance	9,102.61	15,000.00	-5,897.39	60.7%
Total 500 Admin	181,363.69	554,585.00	-373,221.31	32.7%
600 - IC Healthcare Expenses				
601 IC Provider Expenses				
601.01a IC Pmt to Hosp-Indigent	177,356.65	500,000.00	-322,643.35	35.5%
601.01b IC Pmt to Coastal (Ind)	4,879.56	25,000.00	-20,120.44	19.5%
601.01c IC Pmt to Thompson	4,242.39	18,000.00	-13,757.61	23.6%
601.02 IC Pmt to UTMB	157,306.57	525,000.00	-367,693.43	30.0%
601.03 IC Special Programs				
601.03a Dental	11,859.00	30,000.00	-18,141.00	39.5%
601.03b IC Vision	1,150.00	2,750.00	-1,600.00	41.8%
601.04 IC-Non Hosp Cost-Other	3,843.52	35,000.00	-31,156.48	11.0%
601.05 IC - Chairty Care Prog	0.00	25,000.00	-25,000.00	0.0%
Total 601.03 IC Special Programs	16,852.52	92,750.00	-75,897.48	18.2%
Total 601 IC Provider Expenses	360,637.69	1,160,750.00	-800,112.31	31.1%
602 IC-WCH 1115 Waiver Prog	272,389.79	610,000.00	-337,610.21	44.7%
603 IC-Pharmaceutical Costs	17,507.56	80,000.00	-62,492.44	21.9%
605 IC-Office Supplies/Postage	0.00	2,000.00	-2,000.00	0.0%
610 IC-Community Health Prog.	44,158.35	111,893.00	-67,734.65	39.5%
611 IC-Indigent Care Dir Salary	29,000.00	68,830.00	-39,830.00	42.1%
612 IC-Payroll Taxes -Ind Care	0.00	5,000.00	-5,000.00	0.0%
615 IC-Software	10,115.00	25,000.00	-14,885.00	40.5%
616 IC-Travel	0.00	1,000.00	-1,000.00	0.0%
617 Youth Programs				
617.01 Youth Counseling	3,400.00	25,000.00	-21,600.00	13.6%
617.02 Irlen Program	0.00	1,600.00	-1,600.00	0.0%
Total 617 Youth Programs	3,400.00	26,600.00	-23,200.00	12.8%
Total 600 - IC Healthcare Expenses	737,208.39	2,091,073.00	-1,353,864.61	35.3%
620 WSHD - Grants				
620.01 WCH/RMC	0.00	133,000.00	-133,000.00	0.0%
620.03 WSVEMS	75,463.84	157,774.00	-82,310.16	47.8%
620.05 East Chambers ISD	92,721.68	278,165.00	-185,443.32	33.3%
620.06 FQHC(Coastal)	681,650.26	1,549,185.00	-867,534.74	44.0%
620.09 Admin-Cont Ed-Med Pers.	9,008.00	8,647.00	361.00	104.2%
Total 620 WSHD - Grants	858,843.78	2,126,771.00	-1,267,927.22	40.4%

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

	Jan - May 26	Budget	\$ Over Budget	% of Budget
630 NH Program				
630 NH Program-Mgt Fees	17,928,473.83	47,607,558.00	-29,679,084.17	37.7%
631 NH Program-IGT	26,391,733.45	63,697,923.00	-37,306,189.55	41.4%
632 NH Program-Telehealth Fees	150,753.55	400,000.00	-249,246.45	37.7%
633 NH Program-Acctg Fees	6,545.00	30,000.00	-23,455.00	21.8%
634 NH Program-Legal Fees	152,835.40	300,000.00	-147,164.60	50.9%
635 NH Program-LTC Fees	2,305,000.00	5,554,000.00	-3,249,000.00	41.5%
637 NH Program-Interest Expense	1,301,673.08	4,895,660.00	-3,593,986.92	26.6%
638 NH Program-Loan/Bank Fees	322,552.02	658,768.00	-336,215.98	49.0%
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	48,572,866.33	123,260,309.00	-74,687,442.67	39.4%
674 Prop Acquisition/Development				
674.01 Clinic (New Const.)	69,138.64			
674 Prop Acquisition/Development - Other	0.00	500,000.00	-500,000.00	0.0%
Total 674 Prop Acquisition/Development	69,138.64	500,000.00	-430,861.36	13.8%
675 HWY 124 Expenses				
675.01 Tony's BBQ Bldg Expenses	0.00	26,000.00	-26,000.00	0.0%
675.02 Clinic Expenses	5,974.11	10,000.00	-4,025.89	59.7%
675.03 - Clinic Property Ins	6,977.14	17,500.00	-10,522.86	39.9%
675.04 Seabreeze Prop. Expenses	25,915.40	14,000.00	11,915.40	185.1%
Total 675 HWY 124 Expenses	38,866.65	67,500.00	-28,633.35	57.6%
Total Expense	50,458,287.48	128,600,238.00	-78,141,950.52	39.2%
Net Ordinary Income	1,586,808.35	4,765,374.00	-3,178,565.65	33.3%
Other Income/Expense				
Other Income				
416 Nursing Home Operations	234,017,425.00			
Other Income	9,626.71			
Total Other Income	234,027,051.71			
Other Expense				
640 Nursing Home Oper. Expenses	234,017,425.00			
Total Other Expense	234,017,425.00			
Net Other Income	9,626.71			
Net Income	1,596,435.06	4,765,374.00	-3,168,938.94	33.5%

EXHIBIT “A-2”
June 17, 2026 Treasurer’s Report

WSHD Treasurer's Report					
Reporting Date: Wednesday, June 17, 2026					
Pending Expenses		For	Amount	Funds Summary	Totals
Bayside Dental	SP Program		\$440.00	Prosperity Operating (Unrestricted)	\$498,754.06
Brookshire Brothers	Indigent Care		\$2,455.09	First Financial DACA (Unrestricted)	\$11,315,815.21
Seabreeze Beacon	Invoice #9201 & #9202		\$675.65	First Financial DACA (Restricted)	\$39,360,122.84
Coastal Gateway Health Center	Indigent Care		\$1,140.05	First Financial Money Market	\$11,016,438.40
Dr. June Stansky	SP Program		\$60.00	TexStar (Restricted)	\$7,299,275.77
Kalos Counseling	Youth Counseling		\$510.00	FFB CD Balance	\$0.00
Thompson Outpatient Clinic, LLC	Indigent Care		\$1,381.89	Total District Funds	\$69,490,406.28
UTMB at Galveston	Indigent Care		\$13,144.04	Less First Financial (Restricted)	(\$39,360,122.84)
UTMB Faculty Group Practice	Indigent Care		\$2,634.82	Less TexStar Restricted Amount	(\$500,000.00)
Wilcox Pharmacy	Indigent Care /Charity Care		\$1,384.64	Less LOC Outstanding	\$0.00
Indigent Healthcare Solutions	Indigent Care Inv # 82067		\$2,023.00	Less First Financial Money Market	\$0.00
Benckenstein & Oxford	Invoice No 51769		\$17,654.12	Less Committed Funds (See Total Committement)	(\$791,024.63)
Graciela Chavez	Inv#965999 May Services		\$140.00	Cash Position (Less First Financial Restricted)	\$28,839,258.81
US Department of Education	Acct# 1778777782 - Ben Odom		\$1,801.60	Pending Expenses	(\$439,565.88)
3Branch & More	Inv # 46185		\$8,831.67	Ending Balance (Cash Position-Pending Expenses)	\$28,399,692.93
Function4	INV1295722 & INV 1294659		\$472.50	*Total Funds (Ending Balance+LOC Outstanding+QIPP Funds Outstanding+Outstanding Chow Loans)	\$38,261,857.38
Technology Solutions	Inv #2049 & #2053 & #2056		\$3,386.73	Prior Month	
Stone Hilton	Invoice #445		\$4,060.00	Prosperity Operating (Unrestricted)	\$593,016.53
Vidal Accounting Services	Invoice 00144		\$5,652.50	First Financial (Unrestricted)	\$1,486,654.09
Hubert Oxford	Retainer		\$1,000.00	First Financial (Restricted)	\$2,254,284.51
Kahla Home & Earth Solutions	Inv # 1202226-R-0005 & Inv #033128			First Financial Money Market	\$27,076,072.51
Coastal Gateway Health Center	Grant Payment		\$314,621.54	TexStar (Restricted)	\$7,277,041.97
Philadelphia Insurance Companies	Inv# 2009380638			FFB CD Balance	\$0.00
3Desgin	Inv# 2113 &2112 Architect		\$55,596.54	Total District Funds	\$38,687,069.61
Curtis Scott Johnson	Inv# WSHD202603 & WSHD202604			Less First Financial (Restricted)	(\$2,254,284.51)
The Hometown Press	Inv#4875, 4907		\$499.50	Less TexStar Reserve Account	(\$500,000.00)
	Total Expenses:		\$439,565.88	Less LOC Outstanding	\$0.00
				Less First Financial Money Market (Restricted)	\$0.00
				Less Committed Funds (See Total Committement)	(\$1,128,826.51)
				Cash Position (Less First Financial Restricted)	\$34,803,958.59
				Pending Expenses	(\$126,657.40)
				Ending Balance (Cash Position-Pending Expenses)	\$34,677,301.19
				Total Funds (Ending Balance+LOC Outstanding+QIPP Funds Outstanding+Committed Funds)	\$35,407,562.14
First Financial Bank Reconciliations					
FFB Balance	\$50,675,938.05				
	Restricted Funds	Total Scheduled Payment	Balance Received	Balance Due	Due to District
Yr. 9 Q2 (Public & Private)					
Yr. 9, Component 1 Q2		\$14,634,925.35	\$7,924,724.00	\$6,710,201.35	\$6,710,201.35
Total Component 1 YR 9 Q1	\$0.00	\$14,634,925.35	\$7,924,724.00	\$6,710,201.35	\$6,710,201.35
Yr. 9, Component 2 (Public & Private)					
Yr. 9, Component 2 Q2	\$1,695,765.68	\$3,878,736.45	\$2,216,725.26	\$1,662,011.19	\$498,603.36
Total Component 2 due to MGRs.	\$1,695,765.68	\$3,878,736.45	\$2,216,725.26	\$1,662,011.19	\$498,603.36
Yr. 9, Component 3 (Public & Private)					
Yr. 9, Component 3 Q2	\$2,350,353.86	\$5,323,447.21	\$3,060,967.16	\$2,262,480.05	\$678,744.02
Total Component 3 due to MGRs	\$2,350,353.86	\$5,323,447.21	\$3,060,967.16	\$2,262,480.05	\$678,744.02
Yr. 9, Component 4 (Public & Private)					
Yr. 9, Component 4 Q2	\$2,117,230.37	\$4,650,590.06	\$2,727,933.60	\$1,922,656.46	\$576,796.94
Total restricted Yr 9 Q1 funds	\$2,117,230.37	\$4,650,590.06	\$2,727,933.60	\$1,922,656.46	\$576,796.94
Yr. 9, Lapse Funds					
Yr. 9, Component Lapse Q2	\$1,426,153.87	\$4,327,087.89	\$1,740,681.46	\$2,586,406.43	\$775,921.93
Total Lapse Funds 4 due to MGRs	\$1,426,153.87	\$4,327,087.89	\$1,740,681.46	\$2,586,406.43	\$775,921.93
Yr. 9 Q1 Not Distributed yet (not received)					
Yr. 9 Q1 - Not distributed yet	\$0.00	\$597,807.29		\$597,807.29	\$167,386.04
Variance Payment Totals	\$0.00	\$597,807.29	\$0.00	\$597,807.29	\$167,386.04
Non-QIPP Funds	\$31,770,619.05	includes loan for IGT deposited on 6/15 and will be paid on 6/18			
Restricted	\$7,589,503.79				
Unrestricted	\$11,315,815.21				
Total Funds	\$50,675,938.05				
Committed Funds					
Commitment	Total Initial Commitment	YTD Paid by District	Committed Balance		
1. FQHC Grant Funding - 2026	\$1,549,185.00	\$996,810.91	\$552,374.09		
2. East Chambers ISD	\$278,165.04	\$115,901.70	\$162,263.34		
3. WSVEMS Grant	\$152,774.40	\$76,387.20	\$76,387.20		
Total Commitments	\$1,980,124.44	\$1,189,099.81	\$791,024.63		

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		
	\$2,116,856.95	\$1,822,248.19	\$294,608.76		
CHOW Interim Working Capital Loan					
	Intial Advance Allowed	Total Amount Advanced	Advance Remaining	Amount Paid Back to Date	Amount Due to District
Golden Triangle (10 Months - December 31, 2025)					
RS Golden Triangle - Oak Grove	\$1,360,000.00	\$1,194,133.90	\$165,866.10	\$1,193,459.29	\$674.61
Balance Owed by Oak Grove	\$1,360,000.00	\$1,194,133.90	\$165,866.10	\$1,193,459.29	\$674.61
Total CHOW Loan Outstanding	\$1,360,000.00	\$1,194,133.90	\$165,866.10	\$1,193,459.29	\$674.61
First Financial Bank-11 Month Outstanding Short Term Revenue Note-Loan 28 (January 5, 2026 - January 1, 2027) 2nd Half of Year 9					
Annual Interest Rate: Years:	7.00% 1	Payments Per Year: Amount:	12 \$31,276,800.00	Origination Fee:	\$319,768.00
Amoritzization Table	Component Payment	Principle	Interest	Payment	Balance
February 1, 2026			(\$146,827.20)	(\$146,827.20)	\$31,276,800.00
March 1, 2026			(\$169,416.00)	(\$169,416.00)	\$31,276,800.00
April 1, 2026			(\$169,416.00)	(\$169,416.00)	\$31,276,800.00
May 1, 2026			(\$182,448.00)	(\$182,448.00)	\$31,276,800.00
June 1, 2026			(\$182,448.00)	(\$182,448.00)	\$31,276,800.00
July 1, 2026			(\$182,448.00)	(\$182,448.00)	\$31,276,800.00
August 1, 2026			(\$182,448.00)	(\$182,448.00)	\$31,276,800.00
September 1, 2026			(\$182,448.00)	(\$182,448.00)	\$31,276,800.00
October 1, 2026	\$15,638,400.00	(\$15,638,400.00)	(\$182,448.00)	(\$15,820,848.00)	\$15,638,400.00
November 1, 2026	\$0.00	\$0.00	(\$91,224.00)	(\$91,224.00)	\$15,638,400.00
December 1, 2026	\$0.00	\$0.00	(\$91,224.00)	(\$91,224.00)	\$15,638,400.00
January 1, 2027	\$15,638,400.00	(\$15,638,400.00)	(\$91,224.00)	(\$14,727,373.56)	\$0.00
Amount Paid	\$31,276,800.00	(\$31,276,800.00)	(\$1,854,019.20)	(\$32,128,568.76)	
First Financial Bank-11 Month Outstanding Short Term Revenue Note-Loan 27 (July 31, 2025 - July 25, 2026) 1st Half of Year 9					
Annual Interest Rate: Years:	7.00% 1	Payments Per Year: Amount:	12 \$31,727,650.00	Origination Fee:	\$323,700.00
Amoritzization Table	Component Payment	Principle	Interest	Payment	Balance
July 1, 2026			(\$185,077.96)	(\$185,077.96)	\$31,727,650.00
August 1, 2026			(\$185,077.96)	(\$185,077.96)	\$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)	(\$1,948,113.40)	(\$33,675,763.40)	
District's Investments					
	Balance	Interest Paid	Reporting Period	Paid this Reporting Period	Interest Paid YTD
*CD at First Financial Bank Bank UPDATE					
Money Market-First Financial Bank	\$27,148,377.46	3.144%	May 2026	\$72,304.95	\$338,698.58
Texstar C.D. #1110	\$7,277,041.97	3.597%	May 2026	\$22,233.80	\$109,337.83
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 Payment of Invoices

Winnie-Stowell Hospital District
Bank Accounts Register
May 21, 2026 to June 17, 2026

Type	Date	Num	Name	Memo	Clr	Amount	Balance
100 Prosperity Bank -Checking							417,742.01
Check	2026-05-21			ACH, Withdrawal, Processed	X	(2,976.96)	414,765.05
Check	2026-05-22	4955	THR3E DESIGN LLC	INV # 2074	X	(17,707.92)	397,057.13
Check	2026-05-22	4956	Benjamin Odom	APRIL COUNSELING SERVICES		(680.00)	396,377.13
Check	2026-05-22		Entergy	ACH, Withdrawal, Processed	X	(75.57)	396,301.56
Check	2026-05-22		Entergy	ACH, Withdrawal, Processed	X	(199.37)	396,102.19
Liability C...	2026-05-28		QuickBooks Payroll Service	Created by Payroll Service on 05/27/2026	X	(5,250.32)	390,851.87
Paycheck	2026-05-29	DD1500	Carlo, Victoria M	Direct Deposit	X		390,851.87
Paycheck	2026-05-29	DD1501	Davis, Tina R	Direct Deposit	X		390,851.87
Deposit	2026-05-29			Deposit, Processed	X		390,942.03
Check	2026-06-08	4957	Ethan Kahla	Invoice 033131 & Invoice 010326-R-0006		90.16	389,742.03
Liability C...	2026-06-12		QuickBooks Payroll Service	Created by Payroll Service on 06/11/2026		(1,200.00)	389,742.03
Paycheck	2026-06-15	DD1502	Carlo, Victoria M	Direct Deposit	X	(5,654.72)	384,087.31
Paycheck	2026-06-15	DD1503	Davis, Tina R	Direct Deposit	X		384,087.31
General Jo...	2026-06-15	MV 05.26-3R	3Design	Reverse of GJE MV 05.26-38 -- For CHK 4948 voided on 06/15/2026	X	17,707.92	401,795.23
Check	2026-06-17	4958	Brookshire Brothers			(2,455.09)	399,340.14
Check	2026-06-17	4959	Coastal Gateway Health Center			(1,140.05)	398,200.09
Check	2026-06-17	4960	Indigent Healthcare Solutions, ...			(2,023.00)	396,177.09
Check	2026-06-17	4961	Bayside Dental			(440.00)	395,737.09
Check	2026-06-17	4962	Dr. June Stansky, Optometrist			(60.00)	395,677.09
Check	2026-06-17	4963	Thompson Outpatient Clinic, LLC			(1,381.89)	394,295.20
Check	2026-06-17	4964	UTMB Faculty Group Practice			(2,634.82)	391,660.38
Check	2026-06-17	4965	UTMB at Galveston			(13,144.04)	378,516.34
Check	2026-06-17	4966	Wilcox Pharmacy			(1,384.64)	377,131.70
Check	2026-06-17	4967	Benjamin Odom			(510.00)	376,621.70
Check	2026-06-17	4968	3Branch & More			(8,831.67)	367,790.03
Check	2026-06-17	4969	Coastal Gateway Health Center			(314,621.54)	53,168.49
Check	2026-06-17	4970	Function 4	3A0064		(472.50)	52,695.99
Check	2026-06-17	4971	Graciela Chavez			(140.00)	52,555.99
Check	2026-06-17	4972	Hubert Oxford			(1,000.00)	51,555.99
Check	2026-06-17	4973	Stone Hilton PLLC			(4,060.00)	47,495.99
Check	2026-06-17	4974	Technology Solutions of Texas, ...			(3,386.73)	44,109.26
Check	2026-06-17	4975	Hometown Press			(499.50)	43,609.76
Check	2026-06-17	4976	The Seabreeze Beacon			(675.65)	42,934.11
Check	2026-06-17	4977	THR3E DESIGN LLC			(55,596.54)	(12,662.43)
Check	2026-06-17	4978	US Department of Education	Acct #1778777792-1		(1,801.60)	(14,464.03)
Check	2026-06-17	4979	Vidal Accounting, PLLC			(5,652.50)	(20,116.53)
Check	2026-06-17	4980	Benckenstein & Oxford	May Invoice # 51769		(17,654.12)	(37,770.65)
Total 100 Prosperity Bank -Checking						(455,512.66)	(37,770.65)
102 First Financial Bank							36,440,953.86
102b FFB #4846 DACA							9,364,942.19
Check	2026-05-21			Memo:Transfer from DDA Acct No. 1110214838-D Payee:Transfer fro...	M	39,632.43	9,404,574.62
Check	2026-05-21			Y8 IGT Winnie-Stowell HCCD 1611500560	M	(1,870.23)	9,402,704.39
Check	2026-05-21			Y8 IGT Winnie-Stowell HCCD 1611500560	M	(10,811.22)	9,391,893.17
Check	2026-05-21			Y8 IGT Winnie-Stowell HCCD 1611500560	M	(33,197.14)	9,358,696.03
Check	2026-05-21			Y8 IGT Winnie-Stowell HCCD 1611500560	M	(37,038.28)	9,321,657.75
Check	2026-05-21			Y8 IGT Winnie-Stowell HCCD 1611500560	M	(141,369.79)	9,180,287.96
Check	2026-05-21			Y8 IGT Winnie-Stowell HCCD 1611500560	M	(146,149.26)	9,034,138.70
Check	2026-05-21			Y8 IGT Winnie-Stowell HCCD 1611500560	M	(186,798.89)	8,847,339.81
Check	2026-05-21			Y8 IGT Winnie-Stowell HCCD 1611500560	M	(230,065.76)	8,617,274.05
Check	2026-05-21			Y8 IGT Winnie-Stowell HCCD 1611500560	M	(286,841.69)	8,330,432.36
Check	2026-05-21			Y8 IGT WINNIEMONEYMRKT CCD B611500560	M	(883,246.00)	7,447,186.36
Check	2026-05-22			C SB Winnie-Stowell HCCD 1611500560	M	(219.12)	7,446,967.24
Check	2026-05-29			IGT Y8 Winnie-Stowell HCCD 1611500560	M	(3,088.35)	7,443,878.89
Check	2026-05-29			IGT Y8 Winnie-Stowell HCCD 1611500560	M	(9,567.48)	7,434,311.41
Check	2026-05-29			CapitationWinnie-Stowell HCCD 1611500560	M	(14,850.00)	7,419,461.41
Check	2026-05-29			IGT Y8 Winnie-Stowell HCCD 1611500560	M	(15,086.92)	7,404,374.49
Check	2026-05-29			CapitationWinnie-Stowell HCCD 1611500560	M	(15,625.00)	7,388,749.49
Check	2026-05-29			CapitationWINNIEMONEYMRKT CCD B611500560	M	(168,300.00)	7,220,449.49
Deposit	2026-05-29			Transfer from XXX1634 to XXX4846: Conf #:30825850	M	50,000.00	7,270,449.49
Total 102b FFB #4846 DACA						(2,094,492.70)	7,270,449.49
102c FFB #7190 Money Market							27,076,011.67
Deposit	2026-05-31				M	72,304.95	27,148,316.62
Total 102c FFB #7190 Money Market						72,304.95	27,148,316.62
Total 102 First Financial Bank						(2,022,187.75)	34,418,766.11
TOTAL						(2,477,700.41)	34,380,995.46

EXHIBIT “A-4”
2026 Budget Amendment

	2026 YTD - May	2025 Budget (Amendment 1)	% of Budget Used	2026 Budget Amendment (1)	\$ Change in Budget	% Change in Budget
Revenue						
400 Sales Tax Revenue	\$ 375,598	\$ 850,000	44%	\$ 850,000	\$ -	0%
405 Investment Income	\$ 473,811	\$ 600,000	79%	\$ 600,000	\$ -	0%
407 Rent-Highway 124	\$ 17,500	\$ 42,000	42%	\$ 42,000	\$ -	0%
409 Tobacco Settlement	\$ 19,316	\$ 15,000	129%	\$ 15,000	\$ -	0%
411 Opiod Abatement Funds	\$ 49,550	\$ -		\$ 49,550	\$ (49,550)	100%
415 Nursing Home-QIPP Programs	\$ 51,109,321	\$ 131,858,612	39%	\$ 131,858,612	\$ -	0%
Total Income	\$ 52,045,096	\$ 133,365,612	39%	\$ 133,415,162	\$ 49,550	0%
Expenses						
500 Admin-Administrative Salary	\$ 33,438	\$ 89,510	37%	\$ 101,000	\$ 11,490	11%
502 Admin-Administrative Assnt	\$ 9,827	\$ 42,950	23%	\$ 42,950	\$ -	0%
503 Admin - Staff Incentive Pay	\$ 223	\$ 9,500	2%	\$ 9,500	\$ -	0%
504 Admin-Administrative PR Tax	\$ 5,524	\$ 10,000	55%	\$ 12,000	\$ 2,000	17%
505 Admin-Board Bonds	\$ -	\$ 250	0%	\$ 250	\$ -	0%
506 Admin-Emp. Insurance	\$ 20,827	\$ 65,000	32%	\$ 65,000	\$ -	0%
507 Admin-Retirement	\$ 8,158	\$ 16,500	49%	\$ 18,000	\$ 1,500	8%
515 Admin-Bank Service Charges	\$ 763	\$ 2,000	38%	\$ 2,000	\$ -	0%
521 Professional Fees-Acctng	\$ 23,118	\$ 76,800	30%	\$ 76,800	\$ -	0%
522 Professional Fees-Auditing	\$ 1,638	\$ 34,000	5%	\$ 34,000	\$ -	0%
523 Professional Fees-Legal	\$ 24,554	\$ 100,000	25%	\$ 100,000	\$ -	0%
550 Admin-D&O / Liability Ins.	\$ 17,223	\$ 20,000	86%	\$ 20,000	\$ -	0%
560 Admin-Cont Ed, Travel	\$ 224	\$ 6,500	3%	\$ 6,500	\$ -	0%
562 Admin-Travel&Mileage Reimb.	\$ 425	\$ 2,500	17%	\$ 2,500	\$ -	0%
569 Admin-Meals	\$ 3,442	\$ 4,700	73%	\$ 8,000	\$ 3,300	41%
570 Admin-District/County Prom	\$ 876	\$ 5,000	18%	\$ 5,000	\$ -	0%
571 Admin-Office Supp. & Exp.	\$ 11,594	\$ 25,000	46%	\$ 25,000	\$ -	0%
572 Admin-Web Site	\$ -	\$ 1,000	0%	\$ 1,000	\$ -	0%
573 Admin-Copier Lease/Contract	\$ 1,903	\$ 5,000	38%	\$ 5,000	\$ -	0%
575 Admin-Cell Phone Reimburse	\$ 750	\$ 1,800	42%	\$ 1,800	\$ -	0%
576 Admin-Telephone/Internet	\$ 1,949	\$ 4,000	49%	\$ 4,000	\$ -	0%
577 Admin Dues	\$ 1,895	\$ 1,895	100%	\$ 1,895	\$ -	0%
591 Admin-Notices & Fees	\$ 452	\$ 3,000	15%	\$ 3,000	\$ -	0%
592 Admin Office Rent	\$ 1,360	\$ 4,080	33%	\$ 4,080	\$ -	0%
593 Admin-Utilities	\$ 2,101	\$ 4,000	53%	\$ 4,000	\$ -	0%
594 Admin-Casualty & Windstorm	\$ -	\$ 2,800	0%	\$ 2,800	\$ -	0%
597 Admin-Flood Insurance	\$ -	\$ 1,800	0%	\$ 1,800	\$ -	0%
598 Admin-Building Maintenance	\$ 9,103	\$ 15,000	61%	\$ 20,000	\$ 5,000	25%
Total Admin Expenses	\$ 181,364	\$ 554,584	33%	\$ 577,875	\$ 23,290	4%

	2026 YTD - May	2025 Budget (Amendment 1)	% of Budget Used	2026 Budget Amendment (1)	\$ Change in Budget	% Change in Budget
600 IC Healthcare Expenses						
601 IC Provider Expenses						
601.01a IC Pmt to Hosp-Indigent	\$ 177,357	\$ 500,000	35%	\$ 500,000	\$ -	0%
601.01b IC Pmt to Coastal (Ind)	\$ 4,880	\$ 25,000	20%	\$ 25,000	\$ -	0%
601.01c IC Pmt to Thompson	\$ 4,242	\$ 18,000	24%	\$ 18,000	\$ -	0%
601.02 IC Pmt to UTMB	\$ 157,307	\$ 525,000	30%	\$ 525,000	\$ -	0%
601.03 IC-Special Programs						
601.03a Dental	\$ 11,859	\$ 30,000	40%	\$ 30,000	\$ -	0%
601.03b IC Vision	\$ 1,150	\$ 2,750	42%	\$ 2,750	\$ -	0%
601.04 IC-Non Hosp Cost-Other	\$ 3,844	\$ 35,000	11%	\$ 35,000	\$ -	0%
601.05 IC - Charity Care Prog	\$ -	\$ 25,000	0%	\$ 25,000	\$ -	0%
Total 601.03 IC-Non Hosp-Specl Pro	\$ 16,853	\$ 92,750	18%	\$ 92,750	\$ -	0%
601 IC Provider Expenses Total	\$ 360,638	\$ 1,160,750	31%	\$ 1,160,750	\$ -	0%
602 IC-WCH 1115 Waiver UC/IGT Prog	\$ 272,390	\$ 610,000	45%	\$ 610,000	\$ -	0%
603 IC-Pharmaceutical Costs	\$ 17,508	\$ 80,000	22%	\$ 80,000	\$ -	0%
605 IC-Office Supplies/Postage	\$ -	\$ 2,000	0%	\$ 2,000	\$ -	0%
610 IC-Community Health Worker Program	\$ 44,158	\$ 111,893	39%	\$ 111,893	\$ -	0%
611 IC-Indigent Care Dir Salary	\$ 29,000	\$ 68,830	42%	\$ 68,830	\$ -	0%
612 IC-Payroll Taxes -Ind Care	\$ -	\$ 5,000	0%	\$ 5,000	\$ -	0%
615 IC-Software	\$ 10,115	\$ 25,000	40%	\$ 25,000	\$ -	0%
616 IC-Travel	\$ -	\$ 1,000	0%	\$ 1,000	\$ -	0%
617 Youth Programs						
617.01 Youth Counseling	\$ 3,400	\$ 25,000	14%	\$ 25,000	\$ -	0%
617.02 Irlen Program	\$ -	\$ 1,600	0%	\$ 1,600	\$ -	0%
Total 617 Youth Programs	\$ 3,400	\$ 26,600	13%	\$ 26,600	\$ -	0%
Total 600 - IC Healthcare Expenses	\$ 737,208	\$ 2,091,073	35%	\$ 2,091,073	\$ -	0%
620 Grants						
620.01 WCH/RMC	\$ -	\$ 133,000	0%	\$ 133,000	\$ -	0%
620.03 WSVEMS	\$ 75,464	\$ 157,774	48%	\$ 157,774	\$ -	0%
620.05 East Chambers ISD Partnersh	\$ 92,722	\$ 278,165	33%	\$ 278,165	\$ -	0%
620.06 FQHC(Coastal)	\$ 681,650	\$ 1,549,185	44%	\$ 1,549,185	\$ -	0%
620.09 Admin-Cont Ed-Med Pers.	\$ 9,008	\$ 8,647	104%	\$ 22,000	\$ 13,353	61%
Total 620 WSHD - Grants	\$ 858,844	\$ 2,126,772	40%	\$ 2,140,124	\$ 13,353	1%

	2026 YTD - May	2025 Budget (Amendment 1)	% of Budget Used	2026 Budget Amendment (1)	\$ Change in Budget	% Change in Budget
630 NH Program						
630 NH Program-Mgt Fees	\$ 17,928,474	\$ 47,607,558	38%	\$ 47,607,558	\$ -	0%
631 NH Program-IGT	\$ 26,391,733	\$ 63,697,923	41%	\$ 63,697,923	\$ -	0%
632 NH Program-Telchealth Fees	\$ 150,754	\$ 400,000	38%	\$ 400,000	\$ -	0%
633 NH Program-Acctg Fees	\$ 6,545	\$ 30,000	22%	\$ 30,000	\$ -	0%
634 NH Program-Legal Fees	\$ 152,835	\$ 300,000	51%	\$ 300,000	\$ -	0%
635 NH Program-LTC Fees	\$ 2,305,000	\$ 5,554,000	42%	\$ 5,554,000	\$ -	0%
637 NH Program-Interest Expense	\$ 1,301,673	\$ 4,895,660	27%	\$ 4,895,660	\$ -	0%
638 NH Program-Loan/Bank Fees	\$ 322,552	\$ 658,768	49%	\$ 658,768	\$ -	0%
639 NH Program-Appraisal	\$ 3,640	\$ 96,000	4%	\$ 96,000	\$ -	0%
641 NH Program - NH Manager	\$ 9,660	\$ 20,400	47%	\$ 20,400	\$ -	0%
Total 630 NH Program	\$ 48,572,866	\$ 123,260,308	39%	\$ 123,260,308	\$ -	0%
674 Property Acquisition	\$ 69,139	\$ 500,000	14%		\$ (500,000)	-100%
674.01 Clinic (New Const.)				\$ 4,000,000	\$ 4,000,000	
674.02 Office Building (New Const.)				\$ 750,000	\$ 750,000	
Total 674 Property Acquisition				\$ 4,750,000	\$ 4,750,000	
675 HWY 124 Expenses						
675.01 Tony's BBQ Bldg Expenses	\$ -	\$ 26,000	0%	\$ 26,000	\$ -	0%
675.02 Clinic Expenses	\$ 5,974	\$ 10,000	60%	\$ 10,000	\$ -	0%
675.03 Clinic Property Insurance	\$ 6,977	\$ 17,500	40%	\$ 17,500	\$ -	0%
675.04 Seabreeze Prop. Expenses	\$ 25,915	\$ 14,000		\$ 30,000	\$ 16,000	114%
Total 675 HWY 124 Expenses	\$ 38,867	\$ 67,500	58%	\$ 83,500	\$ 16,000	24%
Total Expense	\$ 50,458,287	\$ 128,600,237		\$ 132,902,880	\$ 4,302,643	3%
Total Ordinary Income	\$ 1,586,808	\$ 4,765,375		\$ 512,282	\$ (4,253,093)	-89%

Exhibit “B”
District Administrator’s Report



Administrator's Report - June 2026

Oak Grove Update

We received an update from Daniel Duplechin regarding the pending sale of Oak Grove, which remains tied to repayment of the District's CHOW loan. The anticipated closing date has been moved to August 1, 2026, and Regency is expected to become the new manager. According to Daniel, the buyer's lender has required a new Phase I Environmental Study because the previous study no longer met the lender's requirements. As a result, the due diligence period has been extended through June 30, and the closing date has been adjusted accordingly.

Employee Hiring Update

We recently conducted interviews for the Administrative Assistant position and are pleased to welcome Reagan Walters back to the District. Reagan previously served the District and brings valuable experience and familiarity with our operations. We look forward to having her rejoin the team. Interviews for the Assistant to Administrator position are expected to begin following this month's Board meeting.

TICHA Conference

Tina and I plan to attend the Texas Indigent Care Health Association (TICHA) Conference, scheduled for October 6–9, 2026, in Galveston. The conference provides valuable training opportunities related to indigent care operations, program updates, and networking with other hospital districts across the state.

Printer Agreement

We have requested that Function4 add a printer to the Highway Office. The most cost-effective option identified is to establish a separate agreement rather than amend the existing contract, allowing monthly payments to remain reasonable. Similar to prior equipment agreements, I would like to execute the agreement on behalf of the District and wanted to make the Board aware of the request.

Reopening the Clearing Account in First Financial

Meeting with Newlight

Makayla and I met with Charice Finch of Newlight to discuss the establishment of a formal clearing account process for the District. Topics included reconciliation procedures, accounting treatment, holding periods for unidentified funds, return-to-payer procedures, and reporting practices used by other hospital districts. The purpose of the account is to improve tracking and management of funds that require additional research or disposition while providing a more structured reconciliation process.

Account Reopening Status

Following those discussions, we contacted First Financial Bank regarding the District's previously approved clearing account, which had been closed due to inactivity. The bank confirmed that the account can be reopened utilizing the existing authorization; however, new signature cards are required because the account has been closed for more than 30 days. First Financial Bank has indicated that once reopened, the account will remain active unless otherwise directed by the District. We will continue evaluating account structure and any available interest-bearing options as procedures for the account are finalized.

EXHIBIT “C”
Indigent Care Report

**June 17, 2026****WSHD Regular Board Meeting Indigent Care Report****1. Summary:**

In May, the Indigent Care Program increased by 3 clients for a total of 86 active clients.

Budget and Billing Update

As of the current reporting period, the program has utilized **29%** of its overall budget.

There are no billing issues to report currently.

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

2. Active Client Trends:

2026 Indigent Care Statistics	Jan	Feb	Mar	Apr	May	YTD Monthly Average
Indigent Care Clients	94	87	90	83	86	88
Youth Counseling	4	5	5	5	4	5
Irlen Services	0	0	0	0	0	0

3. Renewals & Approvals:

May 2026 Client Activity	Total	Approved	Denied	No Show	Withdrew	Pending
Renewals	12	8	0	2	0	2
Late Renewals/Previous Client	4	3	0	1	0	0
New Applicants	5	2	0	1	0	2

Services Usage**Youth Counseling:**

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

Dental:

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

Vision Services:

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


4. Indigent Care Vendor Payment Trends:

Service Provider	Jan	Feb	Mar	Apr	May	YTD Monthly Average
Local Clinics	\$ 1,818.54	\$ 1,429.97	\$ 2,635.82	\$ 1,500.18	\$ 2,521.91	\$ 1,981.28
UTMB (Includes Charity Care)	\$ 40,277.51	\$ 51,924.88	\$ 24,639.86	\$ 15,339.33	\$ 15,778.86	\$ 29,592.09
Riceland Medical Center	\$ 52,195.44	\$ 22,725.87	\$ 14,878.59	\$ 29,192.66	\$ 58,364.09	\$ 35,471.33
Pharmacy Costs (Includes Charity Care)	\$ 3,525.69	\$ 2,781.44	\$ 2,941.37	\$ 4,371.48	\$ 3,839.73	\$ 3,491.94
Indigent Special Services (Dental & Vision)	\$ 5,560.00	\$ 3,186.00	\$ 1,643.00	\$ 1,090.00	\$ 500.00	\$ 2,395.80
Medical Supplies (C-PAP)	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Non Contract ER Services (Includes WSEMS)	\$ 2,954.08	\$ -	\$ 315.75	\$ -	\$ -	\$ 653.97
Other Services						
Irlen Services	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Youth Counseling	\$ 340.00	\$ 595.00	\$ 425.00	\$ 680.00	\$ 510.00	\$ 510.00
Total	\$ 106,671.26	\$ 82,643.16	\$ 47,479.39	\$ 52,173.65	\$ 81,514.59	\$ 30,873.50

5. YTD Budget Expenditures:

Indigent Service	2026 Budget	YTD Expense	% of Budget
Pharmacy	\$80,000.00	\$17,154.89	21%
WCH	\$500,000.00	\$177,356.65	35%
UTMB	\$525,000.00	\$147,960.44	28%
Youth Counseling	\$25,000.00	\$2,550.00	10%
Irlen	\$1,600.00	\$0.00	0%
Dental	\$30,000.00	\$10,979.00	37%
Vision	\$2,750.00	\$1,000.00	36%
CGHC Clinic	\$25,000.00	\$4,420.56	18%
Thompson Clinic	\$18,000.00	\$5,350.89	30%
Other Non-Contract/Unspecified Services	\$35,000.00	\$3,404.83	10%
Charity Care	\$20,000.00	\$0.00	0%
Charity Care Pharmacy	\$5,000.00	\$304.82	6%
Adjustments & Credits			
TOTALS	\$1,267,350.00	\$370,482.08	29%



6. Riceland Medical Center 2026 Expenditure Breakdown:

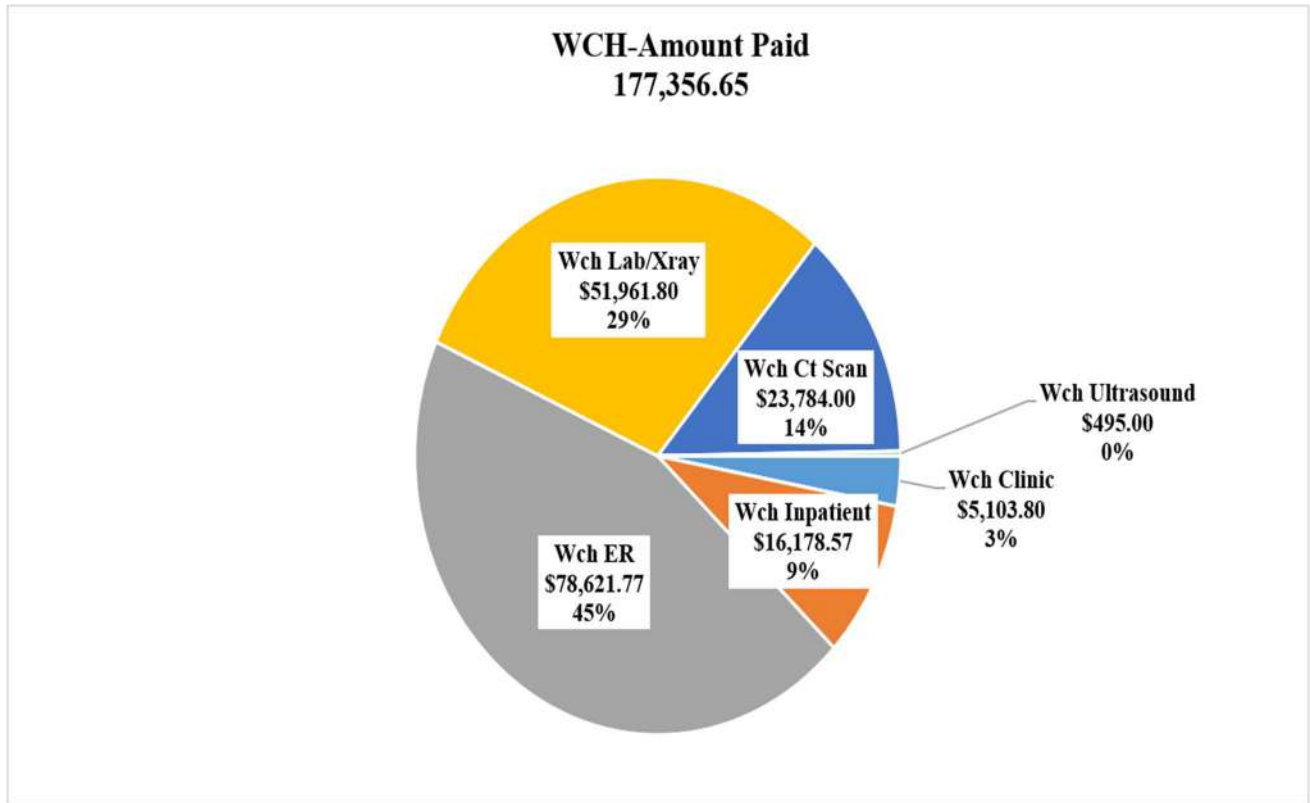


EXHIBIT “D”
Grant Report / Community Health Worker Report



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

May-26

VEHICLE #1 EAST SIDE VAN #1	
TOTAL MILES DRIVEN	3146
TOTAL HOURS DRIVEN	149.63
TOTAL EXPENSES FOR MONTH	\$1,229.31
FUEL COST	\$889.45
REPAIRS & wipers	\$28.42
MISC EXP, kill switch	\$311.44
TOTAL RIDERS	28
TOTAL WSHD RIDERS	1
TOTAL TRIPS	53
TOTAL TRIPS FOR WSHD RIDERS	1
VEHICLE #2 EAST SIDE VAN #2	
TOTAL MILES DRIVEN	299
TOTAL HOURS DRIVEN	8.31
TOTAL EXPENSES FOR MONTH	\$31.78
FUEL COST	\$31.78
REPAIRS & MAINTENANCE COST	\$0.00
MISC EXPENSES	\$0.00
TOTAL RIDERS	7
TOTAL WSHD RIDERS	1
TOTAL TRIPS	7
TOTAL TRIPS FOR WSHD RIDERS	1
VEHICLE #3 EAST SIDE VAN #3	
TOTAL MILES DRIVEN	4061
TOTAL HOURS DRIVEN	158.75
TOTAL EXPENSES FOR MONTH	\$1,064.86
FUEL COST	\$1,064.86
REPAIRS & MAINTENANCE COST	\$0.00
MISC EXPENSES	\$0.00
TOTAL RIDERS	31
TOTAL WSHD RIDERS	1
TOTAL TRIPS	66
TOTAL TRIPS FOR WSHD RIDERS	1
VEHICLE #4 RAV 4	
TOTAL MILES DRIVEN	4779
TOTAL HOURS DRIVEN	164.80
TOTAL EXPENSES FOR MONTH	\$1,938.49
FUEL COST	\$613.44
REPAIRS & tire repair, parking, windshield	\$675.00
MISC EXP, tires, labor, hub cap	\$650.05
TOTAL RIDERS	26
TOTAL WSHD RIDERS	2
TOTAL TRIPS	38
TOTAL TRIPS FOR WSHD RIDERS	2
VEHICLE #5	
TOTAL MILES DRIVEN	1150
TOTAL HOURS DRIVEN	84.25
TOTAL EXPENSES FOR MONTH	\$199.06
FUEL COST	\$162.06
REPAIRS & valet parking	\$37.00
MISC EXPENSES	\$0.00
TOTAL RIDERS	14
TOTAL WSHD RIDERS	1
TOTAL TRIPS	17
TOTAL TRIPS FOR WSHD RIDERS	1
VEHICLE #6	
TOTAL MILES DRIVEN	3365
TOTAL HOURS DRIVEN	177.22
TOTAL EXPENSES FOR MONTH	\$901.43
FUEL COST	\$886.43
REPAIRS & PARKING	\$15.00
MISC EXPENSES	\$0.00
TOTAL RIDERS	34
TOTAL WSHD RIDERS	1
TOTAL TRIPS	46
TOTAL TRIPS FOR WSHD RIDERS	1
GRAND TOTALS	
MILES DRIVEN	16800
TOTAL HOURS DRIVEN	742.96
RIDERS	140
WSHD RIDERS	7
TRIPS	227
WSHD TRIPS	7
EXPENSES	\$4,112.15

 Winnie-Stowell Volunteer EMS Vinnie-Stowell Hospital District Report							
Year to Date Details for 2026	Previous Year (2025) End	Jan-26	Feb-26	Mar-26	Apr-26	May-26	YTD DATE
CALL SUMMARY							
CALLS/TRANSPORTS REQUESTED	100	8	4	13	10	12	47
CALLS/TRANSPORTS MADE							
INSURED	78	7	3	8	5	7	30
SELF-PAY	7	0	1	2	2	4	9
TOTAL CALLS MADE	85	7	4	10	7	11	39
CALLS/TRANSPORTS DELAYED	0	0	0	0	0	0	0
TRANSPORTS NOT MADE	15	1	0	3	3	1	8
PERCENTAGE OF CALLS MADE	85.0%	87.5%	100.0%	76.9%	70.0%	91.7%	83.0%
INVOICED/BILLED							
Insurance Billed for Services this Month	\$104,704.89	\$11,066.68	\$3,907.87	\$12,474.42	\$6,175.99	\$5,861.26	\$39,486.22
Self-Pay Billed for Services this Month	\$8,471.47	\$0.00	\$578.45	\$2,989.41	\$1,530.10	\$3,039.08	\$8,137.04
Total	\$113,176.36	\$11,066.68	\$4,486.32	\$15,463.83	\$7,706.09	\$8,900.34	\$47,623.26
PAYMENTS RECEIVED							
Insurance Payments Rcvd for Services this Month	\$43,316.25	\$2,659.68	\$1,447.87	\$4,999.40	\$982.73	\$660.96	\$10,750.64
Self-Pay Billed Rcvd for Services this Month	\$3,900.84	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Total	\$47,217.09	\$2,659.68	\$1,447.87	\$4,999.40	\$982.73	\$660.96	\$10,750.64
ACCOUNTS RECEIVABLE-FUNDS OWED							
Owed by Insurance for Services this Month	\$62,099.48	\$8,407.00	\$2,460.00	\$7,475.02	\$5,143.26	\$5,200.31	\$28,685.59
Owed by Self-Pay for Services this Month	\$4,570.63	\$0.00	\$0.00	\$2,989.41	\$1,530.10	\$3,039.08	
Total	\$66,670.11	\$8,407.00	\$3,038.45	\$10,464.43	\$6,673.36	\$8,239.39	\$28,685.59
STAFFING EXPENSES							
	\$151,396.93	\$12,448.57	\$11,687.66	\$12,490.49	\$12,392.05	\$12,928.26	\$151,100.21

May-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#	
5/4/2026	Riceland ER	St. Elizabeth	M			26-13972	
5/5/2026	Riceland ER	Baytown Methodist	M			26-14156	
5/9/2026	Riceland ER	Baptist Beaumont	M			26-14486	
5/9/2026	Riceland ER	Hermann Memorial TMC	M			26-14616	
5/10/2026	Riceland ER	St. Elizabeth	M			26-14659	
5/10/2026	Riceland ER	Texas Children's TMC	M			26-14717	
5/11/2026	Riceland ER	The Medical Center of SETX	M			26-14785	
5/17/2026	Riceland ER	Hermann Memorial TMC (Turned down due to other truck enroute to Galveston with 911)			R		
5/18/2026	Riceland ER	Baytown Methodist	M			26-15623	
5/25/2026	Riceland ER	Baytown Methodist	M			26-16357	
5/29/2026	Riceland ER	Baytown Methodist	M			26-16807	
5/30/2026	Riceland ER	Baytown Methodist	M			26-16897	
TOTAL CALLS & RESULTS			12	0	1		

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)
5/1/2026	Olivia Kitzmiller	7am - 7am	\$17.39	24.0	\$417.42	24	0.0	0	\$417.42	\$0.00	\$22.00	\$528.00	(\$110.58)
5/2/2026	Haley Bridges	7am - 7am	\$17.39	24.0	\$417.42	24	0.0	0	\$417.42	\$0.00	\$22.00	\$528.00	(\$110.58)
5/3/2026	Austin Isaacks	7am - 7am	\$17.39	24.0	\$417.42	24	0.0	0	\$417.42	\$0.00	\$17.00	\$408.00	\$9.42
5/4/2026	Lori Peine	7am - 7am	\$17.39	24.0	\$417.42	24	0.0	0	\$417.42	\$0.00	\$18.00	\$432.00	(\$14.58)
5/5/2026	Haley Bridges	7am - 7am	\$17.39	24.0	\$417.42	24	0.0	0	\$417.42	\$0.00	\$22.00	\$528.00	(\$110.58)
5/6/2026	Andrew Broussard	7am - 7am	\$17.39	24.0	\$417.42	24	0.0	0	\$417.42	\$0.00	\$21.00	\$504.00	(\$86.58)
5/7/2026	Olivia Kitzmiller	7am - 7am	\$17.39	24.0	\$417.42	24	0.0	0	\$417.42	\$0.00	\$22.00	\$528.00	(\$110.58)
5/8/2026	Brady Kirkgard	7am - 7am	\$17.39	24.0	\$417.42	24	0.0	0	\$417.42	\$0.00	\$22.00	\$528.00	(\$110.58)
5/9/2026	Erika Abshire	7am - 7am	\$17.39	24.0	\$417.42	24	0.0	0	\$417.42	\$0.00	\$17.00	\$408.00	\$9.42
5/10/2026	Ruthann Broussard	7am - 7am	\$17.39	24.0	\$417.42	24	0.0	0	\$417.42	\$0.00	\$20.00	\$480.00	(\$62.58)
5/11/2026	Lori Peine	7am - 7am	\$17.39	24.0	\$417.42	24	0.0	0	\$417.42	\$0.00	\$18.00	\$432.00	(\$14.58)
5/12/2026	Ruthann Broussard	7am - 7am	\$17.39	24.0	\$417.42	24	0.0	0	\$417.42	\$0.00	\$20.00	\$480.00	(\$62.58)
5/13/2026	Andrew Broussard	7am - 7am	\$17.39	24.0	\$417.42	24	0.0	0	\$417.42	\$0.00	\$21.00	\$504.00	(\$86.58)
5/14/2026	Keven Gilbert	7am - 7pm	\$17.39	12.0	\$208.71	12	0.0	0	\$208.71	\$0.00	\$22.00	\$264.00	(\$55.29)
5/14/2026	Nick Morrison	7pm - 7am	\$17.39	12.0	\$208.71	12	0.0	0	\$208.71	\$0.00	\$22.00	\$264.00	(\$55.29)
5/15/2026	Kayla Calleso	7am - 7am	\$17.39	24.0	\$417.42	24	0.0	0	\$417.42	\$0.00	\$18.00	\$432.00	(\$14.58)
5/16/2026	Haley Bridges	7am - 7am	\$17.39	24.0	\$417.42	24	0.0	0	\$417.42	\$0.00	\$22.00	\$528.00	(\$110.58)
5/17/2026	Austin Isaacks	7am - 7am	\$17.39	24.0	\$417.42	24	0.0	0	\$417.42	\$0.00	\$17.00	\$408.00	\$9.42
5/18/2026	Brad Eads	7am - 7am	\$17.39	24.0	\$417.42	24	0.0	0	\$417.42	\$0.00	\$21.00	\$504.00	(\$86.58)
5/19/2026	Lori Peine	7am - 7am	\$17.39	24.0	\$417.42	24	0.0	0	\$417.42	\$0.00	\$18.00	\$432.00	(\$14.58)
5/20/2026	Haley Bridges	7am - 7am	\$17.39	24.0	\$417.42	24	0.0	0	\$417.42	\$0.00	\$22.00	\$528.00	(\$110.58)
5/21/2026	Andrew Broussard	7am - 7am	\$17.39	24.0	\$417.42	24	0.0	0	\$417.42	\$0.00	\$21.00	\$504.00	(\$86.58)
5/22/2026	Ruthann Broussard	7am - 7am	\$17.39	24.0	\$417.42	24	0.0	0	\$417.42	\$0.00	\$20.00	\$480.00	(\$62.58)
5/23/2026	Kayla Calleso	7am - 7am	\$17.39	24.0	\$417.42	24	0.0	0	\$417.42	\$0.00	\$18.00	\$432.00	(\$14.58)
5/24/2026	Austin Isaacks	7am - 7am	\$17.39	24.0	\$417.42	24	0.0	0	\$417.42	\$0.00	\$17.00	\$408.00	\$9.42
5/25/2026	Brad Eads	7am - 7am	\$17.39	24.0	\$417.42	24	0.0	0	\$417.42	\$0.00	\$21.00	\$504.00	(\$86.58)
5/26/2026	Lori Peine	840am - 7am	\$17.39	24.0	\$417.42	23.33	(0.7)	0	\$405.76	(\$11.65)	\$18.00	\$419.94	(\$14.18)
5/27/2026	Andrew Broussard	7am - 7am	\$17.39	24.0	\$417.42	24	0.0	0	\$417.42	\$0.00	\$21.00	\$504.00	(\$86.58)
5/28/2026	Ruthann Broussard	7am - 7am	\$17.39	24.0	\$417.42	24	0.0	0	\$417.42	\$0.00	\$20.00	\$480.00	(\$62.58)
5/29/2026	Brady Kirkgard	7am - 7am	\$17.39	24.0	\$417.42	24	0.0	0	\$417.42	\$0.00	\$22.00	\$528.00	(\$110.58)
5/30/2026	Haley Bridges	7am - 7am	\$17.39	24.0	\$417.42	24	0.0	0	\$417.42	\$0.00	\$22.00	\$528.00	(\$110.58)
5/31/2026	Jeff Gibson	7am - 7pm	\$17.39	12.0	\$208.71	12	0.0	0	\$208.71	\$0.00	\$19.00	\$228.00	(\$19.29)
5/31/2026	Lori Peine	7pm - 7am	\$17.39	12.0	\$208.71	12	0.0	0	\$208.71	\$0.00	\$18.00	\$216.00	(\$7.29)
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	743.33	(0.7)	0	\$12,928.26	(\$11.65)	\$20.03	\$14,879.94	(\$1,951.68)

Year to Date Details	2025-2026	1st Qtr Totals 2025-Nov 2025	2nd Qtr Totals Dec 2025-Feb 2026	3rd Qtr Totals Mar 2026-May 2026	4th Qtr Totals June 2026-Aug 2026	YTD DATE
ACCIDENT INSURANCE						
Number of Students Insured		1564	1570	1564		
Number of Claims Filed		34	19	8		61
CONTRACTED SERVICES (THERAPY)						
Number of Students Using:		301	323	345	0	969
Counseling		63	88	104		255
Occupational Therapy		111	115	114		340
Speech Therapy-provided by district speech pathologist		104	95	100		299
Physical Therapy		23	25	27		75
SCREENINGS						
Number of Students Screened:		192	478	670	0	1340
Vision		97	258	308		663
Hearing		95	104	310		509
Scoliosis		0	116	52		168
NURSE SALARY & BENEFITS, SUPPLIES, IMMUNIZATIONS, & MISC SERVICES						
Number of Nurses:		3	3	3		
Number of Students:		3178	2624	2389		8191
Given First Aid		604	365	315		1284
Medication Administered		1405	1294	1247		3946
Injuries		11	11	4		26
2025-2026 Budget						
Category	Actual (YTD)	Budget	Budget Amend.	Difference	Balance	
Insurance	\$ -	\$52,000.00		\$0.00	\$52,000.00	
Therapy and Related Contracted Services (Partial)	\$ 1,200.00	\$2,100.00		\$0.00	\$900.00	
3 Nurse Salaries/Benefits (Partial)	\$ 165,325.71	\$204,065.00		\$0.00	\$38,739.29	
Nurse Supplies/Expenses (Partial)	\$ 7,955.19	\$20,000.00		\$0.00	\$12,044.81	
Immunizations		\$0.00		\$0.00	\$0.00	
Total	\$174,480.90	\$278,165.00	\$0.00	\$0.00	\$103,684.10	

Community Health Worker Program

	2025 YTD	JAN	FEB	MAR	APR	MAY	2026 YTD
CLIENTS SERVED							
ICAP	278	15	16	14	12	17	74
Non-ICAP	319	23	18	27	26	26	120
Total Clients Served	597	38	34	41	38	43	194
BENEFIT APPLICATION TYPE							
Indigent Care Assistance Program (ICAP)	22	3	0	2	0	0	5
Prescription Assistance Program (PAP)	57	1	5	3	3	1	13
Medicaid	98	8	5	8	9	9	39
Medicare	7	1	0	2	0	3	6
Medicare Savings Plan	30	2	2	0	2	4	10
Food Stamps (SNAP)	377	23	18	19	18	22	100
Supplemental Security Income (SSI)	56	3	5	4	6	4	22
Retirement, Survivor, Disability Income (RSDI)	51	1	0	0	1	0	2
Unemployment/Texas Workforce	10	1	0	0	0	0	1
Housing	18	0	0	0	1	1	2
Utilities	2	0	0	0	2	0	2
Legal Aid	2	0	0	0	0	0	0
OTHER	18	4	1	5	1	3	14
Total Applications Facilitated	748	47	36	43	43	47	216
EXPENSES							
Personnel	\$83,153.67	\$6,766.00	\$6,820.00	\$6,469.00	\$6,820.00	\$6,820.00	\$33,695.00
Operational	\$26,528.93	\$20.00	\$13.40	\$4.00	\$4.00	\$292.47	\$333.87
Total	\$109,682.60	\$6,786.00	\$6,833.40	\$6,473.00	\$6,824.00	\$7,112.47	\$34,028.87
BUDGET REMAINING	\$2,210.40	\$88,734.00	\$81,900.60	\$75,427.60	\$68,603.60	\$61,491.13	\$61,491.13

EXHIBIT “E”
Coastal Gateway Report



Report to Winnie-Stowell Hospital District June 17, 2026

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

- We have scheduled for a remote Mobile Mammography Bus down at Crystal Beach on July 29th to specifically reach the residents of the Bolivar Peninsula. The June 4th date in Winnie was rescheduled to July, due to an issue on the Rose's side with scheduling their mobile unit.
- **Incubator Funding.** Received our first drawdown of \$100,000 and working through the items and projects on our Workplan and will submit our first voucher around June 30th. Working through our workplan and timeline on schedule.
- **Chambers County Resource Network**—we have joined as a collaborative agency and will participate at their meetings once a month.
- Implementing AZARA (DRVS), a population health web-based platform by the end of summer 2026 as part of joining TACHCs Clinically Integrated Network (CIN) and DSHS Incubator funding. However, AZARA will end up not costing the health center anything (other than a few one-time fees) since we are receiving a sub-license through our membership with TACHC and their CIN.
- **Grants (in process or pending approvals)**
 - **United Way of Greater Baytown and Chambers County.** FY 2027, notification received, approved for \$37,429.79.
 - **MD Anderson (SAVE TX).** Funding was approved by CPRIT, still waiting on the funding package to be issued from MD Anderson.
 - **Texas Mutual Charitable Giving Program.** Applied right before the last board and requested the max at \$100,000; pending notification.
 - **Episcopal Health Foundation.** Received notification that we could re-submit our Letter of Inquiry (LOI) for a second round of review, due date is July 10th.
- **Upcoming Events/Activities**
 - **4th Annual Chambers County Back-to-School Bash** that will take place at White Park in Anahuac on Saturday, July 18th from 10:00 am to 1:00 pm. We are a collaborative partner and committee member again this year. Janci is serving as the 'school supply and donation coordinator' again this year.
 - Hosted the Senior Citizen luncheon at the Winnie-Stowell Community Building on June 11th.
 - Attended the Annual Chambers County Employee Health Fair on June 11th.
 - Janci and I attended the "United for Good" Gala, celebrating 80 years for the United Way of Greater Baytown and Chambers County on Friday, June 5th in Baytown.
 - Programming is still ongoing with Winnie Square once a month.
 - Twice a month Home Delivery Meals ('Meals on Wheels') delivery.
 - Monthly presence at the Hardin Jefferson Hunger Initiative food distribution in China.
- Statistical report for April is attached for your review; there were **443** patient encounters.

EXHIBIT “F”
LTC 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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Crowley Nursing and Rehabilitation
920 East FM 1187
Crowley, TX 76036

May 21, 2026

Facility Administrator: Cody Bedford

Crowley Nursing and Rehabilitation is licensed for 120 beds, and its current census is 97 residents including 23 skilled patients. The facility has one planned discharge tomorrow and three on Saturday. There is one incoming admission today and two more pending insurance authorization. The administrator reported referring partners have sent steady referral volume to the facility.

There are a few staff openings at this time. The facility is hiring for a few CNAs, two nurses, an MDS nurse, and a social worker. The facility has started interviewing for the social worker and MDS positions. Final interviews for both positions are scheduled tomorrow. The administrator will then make an offer to a candidate for each of these roles once the interviews are complete.

The facility was visited by a state surveyor who investigated a complaint. All reasons for investigation were unsubstantiated. There are no new self-reports at this time.

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

The facility will hold its monthly QAPI meeting tomorrow. Discussed the facility's recent focus on fall prevention and weight management. Discussed interventions in place and evaluation of the residents' needs to ensure outcomes are improving.

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

The facility recently celebrated Nurses Week and Nursing Home Week. Discussed providing food and gifts throughout the week to celebrate and recognize staff.

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

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

The facility works as an interdisciplinary team to manage advance directives and DNRs. Discussed the importance of personalizing all care plans to align care goals with the residents' preferences.

Joint Training Information

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

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

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

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

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

[Advance Care Planning](#)

[Advance Care Planning Facility Checklist](#)

[Advance Care Planning Protocol](#)

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



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

May 20, 2026

Facility Administrator: Rachel Amiri

Green Oaks Nursing & Rehabilitation is licensed for 142 beds, and its current census is 106 residents including 36 skilled patients. The facility has four admissions planned today. The census has fluctuated between 105-120 residents in recent weeks. There were several successful discharges over the last weekend of residents completing their skilled stay.

The facility has managed to staff up appropriately to keep staffing ratios in line with the census growth. The facility hired a third unit manager to support the census growth too. The facility is recruiting two CNAs and one double weekend LVN.

The state was in the facility yesterday to investigate a self-report regarding an allegation of abuse and a complaint related to a past discharge. All reasons for investigation were unsubstantiated and there are no outstanding self-reports at this time.

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

The facility held its monthly QAPI meeting on May 12. There are no new performance improvement plans, but the interdisciplinary team reported its clinical outcomes and QIPP Measures are performing well. The facility is meeting all indicator targets under Components 1, 3, and 4. The facility is meeting one indicator under Component 2. Discussed review of labor hours coding and making corrections to ensure labor is captured and reflected properly. The facility expects to reach its staffing targets with recent changes that have been implemented.

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

There were only eight grievances reported in April. Discussed some improvements made to call light responses.

The facility purchased six more beds and has reduced its rental beds to two units. The administrator expects to purchase two more beds and replace the final two rentals at the beginning of June. The team will likely be purchasing some new insulated carts to support meal service. Discussed some plans to start a project redoing the plumbing in one of the shower rooms.

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

The facility has been focusing on improving comprehensive care plans. The administrator will review recent admissions each week to review these care plans and give feedback if anything is missed or needs attention. Discussed working as an interdisciplinary team to ensure advance directives and DNRs are maintained and communicated correctly.

Joint Training Information

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

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

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[Advance Care Planning](#)

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Hewitt Nursing and Rehabilitation
8836 Mars Drive
Hewitt, TX 76643

May 21, 2026

Facility Administrator: Chris Gallardo

Hewitt Nursing and Rehabilitation is licensed for 140 beds, and its current census is 76 residents. There are two residents in the hospital who are expected to return soon. There is one scheduled discharge today, and there are several pending referrals under review. The facility's average census in April was 71 residents.

The facility has done well filling openings over the last month. There are only a few CNA openings remaining at this time. All department heads are in place, and no other openings were reported.

There haven't been any recent visits to the facility by state surveyors. The facility is currently in its annual fullbook survey window. 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's overall and staffing star ratings both increased from 1-star ratings.

The facility held its monthly QAPI meeting recently and is maintaining current plans for improvement. Discussed survey preparedness efforts by the interdisciplinary team. The facility conducted a mock survey two months ago and has maintained the recommendations provided after the mock survey was completed.

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

Grievances are being addressed promptly. The facility reports the team is consistently working to improve outcomes and meet dietary preferences and have prompt call light response times. Discussed routine in-services provided to staff to support continuous improvement efforts.

The facility recently celebrated Nurses Week and Nursing Home Week. Discussed providing prizes, food, and gifts for the staff to show recognition and appreciation.



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Holland Lake Rehabilitation and Wellness Center
1201 Holland Lake Drive
Weatherford, TX 76086

May 14, 2026

Facility Administrator: Donna Tillman

The following report is from the site visit to Holland Lake Rehabilitation and Wellness Center on May 14, 2026. A tour of the building was provided after a meeting was held with the administrator who gave an updated on the facility.

Holland Lake Rehabilitation and Wellness Center is licensed for 120 beds, and its current census is 95 residents. Discussed recent referrals and a decrease in total census compared to the prior month. The administrator discussed review of recent discharges and trends in referrals from the hospital.

Discussed continued collaboration with students who round through the facility. The team has adjusted staffing assignments according to the recent census decrease.

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

The administrator reported on the facility's recent QAPI meeting and review by the interdisciplinary team of QIPP Measures and clinical outcomes. Discussed maintaining recent improvements which have been supporting wound care needs in the facility. The administrator and team are continuing to evaluate fall interventions to ensure the needs of the residents are being met.

Discussed utilization of enhanced barrier precautions and availability of appropriate supplies and PPE. The facility reviews medical records of new referrals to ensure it is prepared to receive and safely treat new residents who have an active infection.

Reviewed recent grievances and ongoing efforts by the facility staff to create positive experiences and a homelike environment for the residents.

Discussed the facility's role in the community and efforts by the team to remain a trusted partner for families. Discussed recent celebrations for nurses and nursing home week in the building. The facility does well recognizing staff and working to make sure they are empowered to be successful in their positions.

The facility has a new mural located near the dining hall that represents and displays pieces from the town of Weatherford. It was a very large addition, but one that has been well received by the residents, staff, and visitors. The residents from Weatherford take pride in the mural which represents their hometown.

The facility and its grounds were very clean and there were no odors. The hallway flooring was shining bright due to the strong lighting and rigorous cleaning in the building. The walls throughout the building are painted nicely to give a welcoming yet professional feel. The dining room was cleaned spotless in preparation for dinner meal service.

The facility remains organized to meet the needs of its census. The therapy gym is maintained well and has strong utilization by the residents. Discussed the services rendered for skilled and long-term care services. The facility makes great utilization of private rooms and its spacious shared suites.

The facility held a ribbon-cutting celebration recognizing 30 years since the building began operations to serve residents in the community. Many of the facility's directors have worked at the facility for decades, including the director of nursing who has been at the facility since its opening day. The administrator has been employed at the building for 23 years, and there were some other staff who were also recognized for lengthy tenure of employment. Discussed the positive impact these leaders have on the facility and their efforts to promote consistent care and dependability.

Many people from the community and local businesses were in attendance to celebrate the ribbon cutting. The mayor's office was represented and presented an award to the facility. The facility prepared food and live music during the event.



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Mission Nursing and Rehabilitation Center

1013 S. Bryan Road
Mission, TX 78572

May 20, 2026

Facility Administrator: Daniel Rodriguez

Mission Nursing and Rehabilitation Center is licensed for 170 beds, and its current census is 104 residents including 12 skilled patients. The facility has some referrals under review for admission. The new marketer has continued to do a great job developing relationships in the community in efforts to build the census.

The facility is seeking two CNAs and one nurse at this time. One of the former ADONs resigned and the facility has backfilled the position with its treatment nurse.

The facility reported there have not been any visits by state surveyors and there are no new self-reports at this time. The facility's recent fullbook survey POC was reviewed and accepted by the state.

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

The facility held its monthly QAPI meeting last Friday. The team is still watching antipsychotic medication utilization and RTAs. The RTAs have seen some improvements, but the team is still working to improve length of stay and managing care in the facility. Discussed working with hospice and palliative care services when appropriate.

The facility reported there were three new cases of scabies today. Discussed education and in-services provided to staff members. Discussed handwashing as well as PPE requirements and availability.

Discussed active work by the interdisciplinary team to improve room readiness. There were a few instances of new residents having missing furniture in their room on their first day in the building. The team is beginning to identify which rooms will be occupied by expected

admitting residents the following day to make sure those rooms are checked and prepared ahead of time for the new admission.



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

May 13, 2026

Facility Administrator: Josie Pebsworth

The following report is from the site visit to Pecan Bayou Nursing and Rehabilitation on May 13, 2026. A tour of the building was provided after the administrator gave an update on the facility.

Pecan Bayou Nursing and Rehabilitation is licensed for 90 beds, and its current census is 61 residents. The facility has one respite admission planned on the May 15. There are two admissions planned today, and only one pending discharge at this time. The facility has four more referrals which are pending admission over the next two weeks. There are also two planned admissions in June. The facility has two residents in the hospital who are expected to return to the facility when appropriate for hospital discharge.

Discussed challenges with the census and efforts to increase referrals, but limitations due to the low hospital census. Discussed opportunities to follow up with residents after they've discharged home to check in and confirm the resident is still doing well having transitioned home. The facility reviews opportunities to offer these residents to return for additional care when appropriate and in alignment with facility policy and regulations.

The facility reports there are openings for two CNAs at this time. There are two PRN CNAs who need to renew their certifications. Discussed ongoing staff recruitment and retention efforts and sign-on bonuses being offered to support recruitment efforts.

The facility has been celebrating Nurses Week and Nursing Home Week. Discussed offering activities, meals, snacks, and parties to celebrate and recognize staff members.

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 reported on its recent QAPI meeting and efforts to reach QIPP Measures and clinical targets. The facility has had strong achievement overall. Discussed recent efforts to improve antipsychotic medication utilization.

The facility reported an increase in infections amongst new patients admitting from the hospital post-surgery. Discussed review of these referrals and their needs prior to admitting to facility to ensure all needs will be properly cared for. Discussed using the facility's admitting software to support thorough review of the medications and clinical needs of incoming admissions.

The facility recently replaced a washing machine. Discussed replacement of other equipment, including wheelchairs, shower chairs, and some furniture for resident rooms.

The facility has maintained its warm and welcoming environment. The building is taken care of by staff and is very clean with no odors throughout the building. There were no clutter or trash, and facility equipment was stored in its rightful place. Staff were busy engaged in their duties and tending to the needs of the residents.

The facility's entryway is very spacious and houses a library and lounge for resident use. The entryway leads to the center of the building where the central nurse station is located. The three resident hallways stem from the facility's central nurse station. There are two hallways which are prioritized with long-term care residents, and a third hallway which largely houses skilled patients. The facility's therapy gym is located on the skilled hall. The central nurse station was staffed well and has maintained cleanliness and organization. There is a fourth hallway with the activity room.

There is a nice lounge area at the end of each resident hallway. The administrator reported residents and their visitors enjoy spending time together in these quiet and comfortable spaces. Residents were seen utilizing the lounge areas on their hallways and in the central part of the building. Discussed the efforts by staff to maintain a comfortable and homelike environment for the residents.

The facility has a nice dining room adjacent to its kitchen. These areas were well organized and cleaned having completed lunch meal service earlier this afternoon. Discussed the benefit of serving fresh meals out of the kitchen to residents in the dining room. Several residents were gathered in the dining room participating in the scheduled activity.



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

May 14, 2026

Facility Administrator: Jana Sanders

The following report is from the site visit to Stephenville Rehabilitation and Wellness Center on May 14, 2026. A tour of the building was provided after a meeting was held with the administrator to give an update on the facility.

Stephenville Rehabilitation and Wellness Center is licensed for 122 beds, and its current census is 89 residents including 14 skilled patients. The facility has reached its total census budget of 89 residents, and the team is working to increase the skilled census. The facility's skilled census budget is 18 skilled patients. Discussed current challenges due to decreased referrals from referring partners caused by low census in the community. The facility is focusing on supporting census development efforts while maintaining its long-term care residents.

The facility is doing well with staffing at this time. Recruitment efforts are working to hire one RN and four CNAs. The facility has a new CNA training class which is scheduled to start on May 18. There are currently five new students enrolled for this class and the facility is looking to add a few more students if possible. Discussed updates to the screening process for this program to ensure the facility is bringing on quality candidates.

There were no reports of any recent visits to the facility by state surveyors. The facility has not submitted any new self-reports recently. All other outstanding self-reports have been investigated and cleared by the state. The facility is approaching its annual full book survey window, and the interdisciplinary team is reviewing survey preparedness efforts.

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

The facility recently held its monthly QAPI meeting earlier this week on Tuesday. Fall management continues to be a priority in the building. The team strives to ensure the residents are safe and receive the personalized care they need. The new activity director has been involved engaging the residents in enjoyable activities. These activities have helped with general resident supervision, but also fall prevention efforts. The team is also working to have activities in the dining room prior to meal service times as another way to invite more residents to come to the dining room and hopefully remain in the space to participate in communal dining.

There are no outbreaks or trends related to infection control at this time

That facility reported that grievances regarding food and meal service have continued to improve. Discussed the positive impact changes in leadership have made for this department. The recent resident council also gave good feedback regarding residents' experiences in the building. The facility reported on some opportunities to improve call light response times. The team is continuously working to educate and ask staff to be prompt when going to answer the residents' call lights.

The facility has been celebrating Nurses Week and Nursing Home Week. There are decorations throughout the building and there have been several activities and goodies given to staff members.

The facility presented a calm and peaceful environment. All the hallways were very clean with no clutter or debris in sight. All equipment was in its designated space unless it was being used by staff members. There are still carpeted floors in parts of the facility. The carpet flooring has been well maintained does not show significant signs of age

The facility's activity calendar was current and showed many offerings to engage the residents. Discussed the importance of offering unique experiences to the residents and working to keep them engaged in meaningful activities.

The facility shared plans to update the dining room with new themes and decorations based on a western motif. The dining room has lots of utilization in the facility for meal service and activities. The administrator aims to make appropriate updates which will make the space more comfortable and inviting to the residents.

The therapy gym has been decorated to recognize the local town, Stephenville. Discussed some activities the facility has offered by using a projector to broadcast the local high school football team's games. There are many residents who are natives to the town and still take pride and enjoyment being up-to-date with the local school.



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

May 27, 2026

Facility Administrator: Joe Matlock

Stonegate Nursing and Rehabilitation is licensed for 134 beds, and its current census is 93 residents. Discussed efforts by the admissions and business development teams to increase referrals and continue growing the census. There are several referrals under review for admission at this time.

The facility has a new administrator who will begin employment next month on June 1. There are currently twelve openings in nursing for nurse and CNA positions. The facility is also recruiting an ADON.

The facility reported it was visited by state surveyors last week. All reasons for investigation during the visit were unsubstantiated. Discussed ongoing adherence to the plans of correction submitted earlier this year for the facility's annual fullbook survey.

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's overall and health inspections star ratings increased from 3-star and 2-star ratings respectively.

The facility held its monthly QAPI meeting and reviewed QIPP measures and clinical outcomes. Discussed expectations to review focus areas and opportunities for further improvement once the new administrator starts next month.

Discussed infection prevention and control efforts in the facility. There are no outbreaks in the building, and there are no reported trends at this time.

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

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

The facility reviews the code status of new admissions and ensures all documentation and advance care planning is up to date. Discussed the importance of providing person-centered care and working with the residents to meet their care goals.

Joint Training Information

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

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

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

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

[Advance Care Planning](#)

[Advance Care Planning Facility Checklist](#)

[Advance Care Planning Protocol](#)

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

May 22, 2026

Facility Administrator: Ernest De La Garza

Cimarron Place Health & Rehabilitation Center is licensed for 120 beds, and its current census is 80 residents including 26 skilled patients. There are three planned admissions at this time. The facility averaged 85 residents and 29 skilled patients in April which is a 5-year record for the building. The facility has had some great Google reviews which has helped marketing efforts. The facility is also planning to film a commercial for the building.

There are no staff openings at this time. Discussed staff retention and improvements in turnover percentage compared to months earlier this year.

The facility was visited by the quality monitoring team earlier this month who reviewed the facility's fall prevention program and abuse policies. There are no new self-reports at this time. The facility is in its annual fullbook window and is preparing for the state to visit in the coming weeks.

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's overall and quality measures both increased to a 5-star rating from 4-star ratings.

The facility held its monthly QAPI meeting and discussed improvements in quality measures. The team has seen improvement in fall rates, but the team is still focusing on further improvement. The team is also working with psych services to address behaviors affecting others. The facility's medical director has been very involved. Discussed improvement with wounds and great outcomes by the facility treatment nurse.

Infection control efforts are very successful with no current outbreaks or trends. There are no UTIs or respiratory infections at this time either. The team discusses infection prevention efforts often to ensure needs and precautions remain a priority.

The facility recently sponsored Nurses' Week and Nursing Home Week. Discussed celebrating the nursing staff and giving gifts and food to the team. The facility purchased a new projector to be used in the dining room for various events and activities.

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

The facility works closely as an interdisciplinary team to keep advance care planning up to date. Discussed the importance of communication and ensuring the residents' preferences are aligned with care plans.

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

May 14, 2026

Facility Administrator: Calvin Crosby

The following report is from the site visit to Harbor Lakes Nursing and Rehabilitation on May 14, 2026. A tour of the building was provided after a meeting was held with the administrator to give an update on the facility.

Harbor Lakes Nursing and Rehabilitation Center is licensed for 142 beds, and its current census is 89 residents including 20 skilled patients. The facility is working to build up its skilled census. The administrator shared recent efforts to be strong communicators and partners with referring hospitals. The facility has four residents in the hospital who are expected to return to the facility.

The facility is recruiting two nightshift CNAs and one nightshift nurse. These three vacancies are due to staff leaving fulltime employment in order to attend school. Discussed staff recruitment and retention efforts and best practices. The team strives to be thorough when completing interviews and other recruitment processes to ensure the team is bringing on great candidates for employment.

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

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

The facility will hold its monthly QAPI meeting tomorrow, and will review outcomes observed in April. Discussed maintaining the facility's performance improvement plan addressing fall prevention efforts. Discussed the review of fall interventions to ensure all interventions are personalized to increase the likelihood of success for each resident. The facility is also working

with the dietary department to ensure meal temperatures are appropriate. The steam table is going through repairs at this time.

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

Grievances are being managed with no outstanding or trending issues.

The facility has been celebrating Nurses Week. The team is celebrating staff by recognizing their service and giving them gifts. Discussed plans to celebrate nursing home week.

The facility was very clean and presented a calm and pleasant homelike environment. The entryway, central nursing station, and dining room were all well organized and maintained. Discussed the facility's schedule for deep cleaning the building. The facility's four long-term care and skilled halls each stem from the central nurse station. The nursing team has great visibility down each hall and ensures rounding and monitoring requirements are followed.

The facility completed some updates in its courtyard patio by adding new walkways with additional seating areas and a covered canopy. New garden planter beds have also been added. The local men's group in the community built one of the planters at an appropriate height for use by residents who are in wheelchairs. There is also a small chicken coop in the courtyard where the facility has two chickens.

Many of the residents were gathered in the dining room participating in a group activity of karaoke. The facility does karaoke each month to celebrate birthdays in the building. Staff and residents were participating and singing together making it an engaging and lively event. The dining room was clean having completed lunch service prior to the activity. There are many windows in the dining hall which provide a great source of natural lighting.

The facility has new AR therapy equipment and is awaiting delivery of a bicycle that can be used with this equipment. The gym was clean and organized and provides a great space for residents to receive therapy services. Discussed the importance of offering various exercises and leveraging new equipment to better meet the residents' needs.



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Red Oak Health and Rehabilitation Center

101 Reese Drive
Red Oak, TX 74154

May 20, 2026

Facility Administrator: Lee Richard

Red Oak Health and Rehabilitation Center is licensed for 144 beds, and its current census is 103 residents including 8 skilled patients. There are two residents in the hospital who are expected to return to the facility soon. There are some new referrals planning to be admitted pending insurance authorization. The total census has been averaging between 105-107 residents in recent weeks. The facility reported it can apply to enroll in the Methodist Hospital's ACO this Summer.

There are currently openings for three nurses and two CNAs. The facility is also recruiting one ADON. Discussed working to improve staff retention and recognition. The administrator discussed challenges with call-ins and the importance of holding staff accountable.

There were two complaint visits recently and all reasons for investigation were unsubstantiated. There are no new self-reports at this time.

Red Oak Health and Rehabilitation Center has a 3-star overall rating. The facility has a 4-star rating in Health Inspections, a 1-star rating in Staffing, and a 4-star rating in Quality Measures. The facility's overall and staffing star rating decreased from 4-star and 2-star ratings respectively. The facility's quality measures star rating increased from a 3-star rating. Discussed PBJ reporting and reviewing these numbers to ensure the facility is correctly coding labor hours and capturing the time worked.

The facility reported on its monthly QAPI meeting held earlier this month. The facility has seen strong outcomes with falls, but is maintaining its focus to continue pushing for further improvement.

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

The facility's new call light system has been installed and the project was completed last week. The facility reported on activities and recognizing staff during Nurses Week and Nursing Home Week.

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

The facility's social worker routinely audits advance directives and DNRs. Discussed holding routine meetings to ensure each aspect of advance care planning is completed and documented correctly.

Joint Training Information

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

May 13, 2026

Facility Administrator: Bobby Simpkins

The following report is from the site visit to Silver Spring on May 13, 2026. A tour of the building was provided after a meeting with the administrator was held to provide an update on the facility.

Silver Spring is licensed for 120 beds, and its current census is 82 residents including 25 skilled patients. The facility reports there are five residents in the hospital who are expected to return to Silver Spring once appropriate for hospital discharge. Three of these residents are expected to be readmitted to the facility later this week.

Discussed review of new admissions from the hospital and some instances where the new residents are discharged from the hospital before they are clinically stable. These situations often lead to hospital readmissions. Discussed communicating with the hospital case managers to find opportunities to improve collaboration and encourage stabilizing residents before hospital discharge.

The facility is fully staffed at this time. Discussed overtime and efforts to keep overtime near the facility target of 4%.

The facility reported on a self-report that was submitted on April 19. The self-report was regarding an allegation of abuse which was unfounded internally. Despite the allegation being unfounded, the facility did part ways with the alleged perpetrator. The state visited on May 1 and cleared this self-report and two other complaints.

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

The facility will hold its monthly QAPI meeting later today. Due to the decrease in census, any incident or adverse outcome weighs more heavily on the facility's rates. Weights and

readmissions have seen percentage increases without the number of incidents having much change. Discussed interventions and ongoing monitoring for weight management, readmissions, fall prevention, and skins.

Discussed recent infections and efforts to manage the medical needs of residents. There are no outbreaks or trends at this time.

The facility presented a warm, clean, homelike environment. The renovations completed in recent years have been well maintained throughout the building. The facility was free of odors and offered a pleasant environment throughout the building. The hallways were cleared of all equipment that was not in current use.

The central courtyard offers a beautiful and peaceful environment for residents and guests to relax. The facility has made updates to the large water fountain in the courtyard to improve the coloring and visual aesthetic. Discussed plans to continue maintaining this space for the residents' benefit.

Discussed efforts by the facility to create fun and meaningful opportunities to recognize staff during Nurses Week and Nursing Home Week. The facility was decorated and the administrator has ensured staff are recognized during this special time. Discussed the importance of offering thanks and rendering service to show appreciation to the facility's team members.

The two nurse stations were decorated in line with recent events and celebrations. Staff were seen assisting residents and rounding on the floor. Discussed efforts to empower staff and support their personal growth of education and skillsets.

The therapy gym is a great advertisement for the building due to its large and spacious size. Discussed the facility's processes for maintaining and acquiring equipment to continue improving offerings in this department.

There were many residents gathered in the large activity room participating in an activity. The large dining room is also often used for large group activities. The dining room was clean having completed breakfast meal service. Discussed the processes for reporting and completing maintenance repairs and requests when needed.



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Gulf Pointe Plaza
1008 Enterprise Blvd.
Rockport, TX 78382

May 19, 2026

Facility Administrator: Michael Higgins

Gulf Pointe Plaza is licensed for 120 beds, and its current census is 73 residents including 15 skilled patients. The facility is looking to grow its long-term care census by roughly eight more residents. There are only two referrals under review at this time. Discussed some upcoming discharges and supporting residents when they choose to appeal the notice of discharge.

There is only one opening for a nightshift CNA at this time. The team is considering adding an additional weekend RN supervisor. The facility has seen good overtime management and reports the talent and learning director has done a great job supporting staffing efforts.

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

Gulf Pointe Plaza has a 5-star overall rating. The facility has a 5-star rating in Health Inspections, a 1-star rating in Staffing, and a 5-star rating in Quality Measures.

The facility will have its monthly QAPI meeting tomorrow. The administrator plans to focus on weights and utilization of antianxiety and hypnotic medications. There is also an ongoing performance improvement plan being maintained for falls. The facility has a great consultant pharmacist who partners with the facility to collaborate on GDRs and alternative interventions for residents. The team is also auditing assessments and diagnoses to ensure everything is coded correctly.

There are no trends related to infection control at this time. Discussed a few recent cases in the community of respiratory infections. Discussed adherence to infection prevention protocol and enhanced barrier precautions to safely care for all residents.

Grievances are being managed well with no major issues or trends reported. The facility reports resident care plan meetings are going well and the facility receives positive feedback from residents and families.

The facility is addressing some termites in part of the kitchen which should be resolved soon. There are also plans being submitted to update two showers on the 200-hall due to wear and tear. The building is continuing to apply a new coat of paint along the hallway and rooms of the 300-hall.

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

The facility received a deficiency related to a missing signature on an advance directive earlier this year. Discussed adjustments made to processes to audit and thoroughly review advance directives and DNRs. Discussed including multiple departments in these processes to ensure all required components are checked and documented correctly.

Joint Training Information

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Arbrook Plaza
401 West Arbrook Blvd.
Arlington, TX 76014

May 20, 2026

Facility Administrator: Jodi Scarbro

Arbrook Plaza is licensed for 120 beds, and its current census is 110 residents including 47 skilled patients. There are three potential admissions today. The facility has one planned discharge today, and there will be three residents discharging this weekend. The facility has continued to have steady referrals and will continue to admit residents as long as there beds and rooms available. The facility is near its total census record of 112 residents, and it has reached a new record for its skilled patient census at 47 residents.

The facility is managing coverage needs and has increased overtime slightly to help support the growing staffing demands alongside the census increase. The facility is seeking four CNAs and two weekend nurses. Discussed progress with some recent interviews working to fill the weekend nurse shifts.

The facility reported there was a P1 complaint last week which was unsubstantiated. The facility reported there are no new self-reports at this time.

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 held its monthly QAPI meeting on May 11. There are no new PIPs, but the facility saw great performance reaching clinical and quality targets. The team is maintaining its PIPs addressing falls and timely signing of physician orders. Discussed improvements observed with a 3% decrease in falls compared to the prior month.

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

The whole team has been very involved and supportive of working to meet the residents' needs. There have been very few complaints over the last few weeks. When there are

complaints, they have reportedly been related to communication with the resident about expectations in the facility compared to their experience in the hospital.



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

May 20, 2026

Facility Administrator: Matt Mewborn

Treviso Transitional Care Center is licensed for 140 beds, and its current census is 100 residents including 25 skilled patients. The administrator has been very involved in local outreach with the facility's marketer this week. There are plans for four new admissions today, and there was one discharge. There are seven more admissions and one discharge later this week.

The facility is seeking one CMA, two CNAs, and one transportation driver. There are candidates being interviewed for the CNA openings.

There was a visit by the state recently which resulted in a deficiency under competent staffing due to a CNA not reporting to the nurse that a resident fell. Discussed counseling and re-education provided to the team. The facility is maintaining efforts to remain ready for its annual fullbook survey.

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

The facility held its monthly QAPI meeting today. Discussed participation by the interdisciplinary team including the medical director. The facility is continuing to support recent efforts involving fall prevention and RTAs.

Infection control efforts are going well with no reported outbreaks. There was a company who visited the facility recently to complete IV/TPN certification and training with staff members. The facility began five IVs over the last two weeks since the certifications were completed. Discussed the efforts of the facility to grow its skills to manage more care in the building.

The facility had an eventful Nurses Week and Nursing Home Week. Discussed taking opportunities to celebrate staff and recognize them for the services they offer in the building.



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

May 22, 2026

Facility Administrator: Eric Johnan

Forum Parkway Health & Rehabilitation is licensed for 139 beds, and its current census is 113 residents including 37 skilled patients. The facility is expecting a few admissions today, and there are four discharges planned this weekend.

The facility has a new DON who started earlier this week. The facility reported having adjusted some staffing shifts to accommodate the census growth. There are no open positions reported at this time.

The facility has not had 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 facility held its monthly QAPI meeting yesterday and discussed clinical outcomes and quality measures. Falls have been improving, but the facility will continue to focus on this system for further improvement. Discussed interventions in place and efforts to coordinate as an interdisciplinary team to meet all the residents' needs.

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

The facility celebrated Nurses Week recently and took the opportunity to recognize staff members. The facility is making plans to have CNA week soon. Discussed the importance of recognizing staff and showing appreciation for their hard work.



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

May 19, 2026

Facility Administrator: Martha Paddie

Copperas Cove LTC is licensed for 124 beds, and its current census is 84 residents. There are two referrals pending insurance authorization in order to be admitted to the facility. There is one planned discharge on Friday due to a resident successfully completing their skilled plan of care.

The facility has a handful of openings for which it is recruiting full-time staff. The team is seeking four nurses, a weekend RN supervisor, seven CNAs, and an ADON. Discussed recent review of candidates and promptly scheduling interviews.

There have not been any recent visits to the facility by state surveyors, and there are no new self-reports at this time. The facility reported its life safety POC was accepted and desk reviewed.

Copperas Cove LTC has a 1-star rating overall. The facility has a 2-star rating in Health Inspections, a 1-star rating in Staffing, and a 2-star rating in Quality Measures. The facility's overall and staffing star ratings both decreased from 2-star ratings.

The facility will hold its monthly QAPI meeting soon. Discussed upcoming changes and plans to onboard a new interim medical director. The facility will include the interim medical director in the QAPI processes and collaborate with them for further opportunities for improvement in the facility.

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

Grievances are being managed with no major trends reported. The facility has continued to see good response and compliments to the improvements in food quality and taste.



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

May 28, 2026

Facility Administrator: Anthony Ybarra

At the facility QAPI meeting on 5/28/26, the Administrator and other attendees discussed the facility's outcomes from April 2026.

Winnie L LTC is licensed for 105 beds, and its current census is 36 residents. For the month of April, the facility averaged a census of 40 residents.

The facility reported 64 total employees and a 13% turnover rate during the reporting period. The facility's ADON resigned and the team is seeking a replacement.

The facility reported a new self-report regarding a resident-to-resident incident. Discussed actions taken to ensure all residents are safe. Discussed interventions implemented and in-services provided to staff members in response to this incident.

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.

During the reporting period, there were twelve total falls and three residents who experienced repeat falls. Discussed fall prevention efforts and evaluation of current interventions. The team is also monitoring UTIs, skins, and weight loss.

The facility reported meeting all indicator targets under Components 1, 3 and 4. The team is working on Component 2 workforce development outcomes. The facility reached its target for CNA hours, but did not reach its targets for licensed nurse hours or total nursing hours. Discussed staff recruitment and retention best practices and strategies.

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

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

The facility recently completed a mock survey and identified some opportunities to improve advance care planning processes. The team is continuing to monitor and ensure this system is being maintained well according to recent feedback. Discussed the importance of providing person-centered care and following the advance directives of residents.

Joint Training Information

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

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

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

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

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

[Advance Care Planning](#)

[Advance Care Planning Facility Checklist](#)

[Advance Care Planning Protocol](#)

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



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Vice President: Anthony Stramecki
Sect.: Jeff Rollo

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Treasurer: Bobby Way
Dir. Kacey Vratiss

Scott Johnson, Nursing Facility Specialist
Winnie-Stowell Hospital District

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

May 20, 2026

Facility Administrator: Lorraine Haynes

The Villa at Texarkana is licensed for 120 beds, and its current census is 94 residents including 8 skilled patients. There are four referrals under review at this time. Discussed the facility's processes reviewing and evaluating clinical information provided with referrals to prepare for safe transitions.

Discussed current openings the facility is working to fill. The team is hiring one nightshift nurse and a few CNAs. There is no agency staffing utilization and all coverage needs are being filled by fulltime and PRN staff.

There have not been any recent visits to the facility by state surveyors. The facility is completing documentation to submit two self-reports.

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 overall and staff star ratings decreased from 4-star and 3-star ratings respectively.

The facility will hold its monthly QAPI meeting soon. Discussed review of wounds and weights which have had strong outcomes in the building. The facility is maintaining its efforts to support successful outcomes and there are no new PIPs at this time.

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

Discussed recent grievances and efforts by the facility to promptly resolve all issues.

The facility held its annual spring fling and reported great attendance. Many community members including case managers, physicians, and other executives attended. The facility also reported on recent celebrations in the building for Nurses Week and Nursing Home Week.

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

The facility's interdisciplinary team does well managing advance care planning together. The social worker has been effective in supporting improvements in related processes. Discussed recently changing care plan scheduling to be on Wednesdays and Thursdays in order to improve participation from each department. Discussed the importance of having representation from families and appropriate departments in the care plan meetings. The facility hosts an ad hoc care plan meeting when there are changes in condition experienced by a resident.

Joint Training Information

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

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

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

May 18, 2026

Facility Administrator: Kristi Kelley
Facility DON: Cynthia Jordan

At the facility QAPI meeting on 5/18/26, the Administrator and other attendees discussed the facility's outcomes from April 2026.

Parkview Manor Nursing & Rehabilitation is licensed for 94 beds, and its current census is 32 residents. For the month of April, the facility averaged a census of 33 residents.

The facility reported 46 total employees during the reporting period. Discussed some improvements with staffing and expectations for the staffing star rating to increase in the coming months.

The facility will enter its annual fullbook survey window in a few weeks. Discussed the facility's survey readiness efforts and plans to continue reviewing and auditing its systems.

The facility had an SQC issued due to substantiation of a nurse found to have been verbally abusive to a resident. The facility has submitted a plan of correction and is working to have it cleared. The facility has adjusted the POC to include feedback from the state and it is expected to be cleared soon. The facility also submitted a self-report regarding a resident-to-resident incident. There were no injuries related to this incident, and the facility shared updates on in-services completed in response to this self-report.

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

The facility has a PIP in place addressing falls which is showing improvements. Total falls and the number of residents experiencing repeat falls decreased in April compared to the prior month. The facility reported ten total falls and two residents experiencing repeat falls in April.

The interdisciplinary team discussed the location and timing of falls. The team has put more attention and fall prevention support in the secure unit.

The facility did not meet its target under Component 1 for falls with major injury, but it expects this target to be met in the coming months. All indicators were met under Components 3 and 4.

Discussed the facility's consistency adhering to its deep cleaning schedule. The facility is also being repainted with the project having started in the secure unit.

The facility is completing secure-care training for all staff. These trainings are expected to be completed by the end of this week. Discussed plans to start developing skills with nurses to support respiratory and tracheotomy care as well.

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

The facility has several departments that are involved in completing routine audits of advance directives and DNRs. Discussed collaborating as an interdisciplinary team to ensure all systems are being followed properly.

Joint Training Information

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

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

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

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

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Scott Johnson, Nursing Facility Specialist
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Gracy Woods Nursing Center
12021 Metric Blvd
Austin, TX 78758

May 27, 2026

Facility Administrator: Heather Devine

Gracy Woods Nursing Center is licensed for 122 beds, and its current census is 91 residents including 3 skilled patients. There are three planned admissions which are pending insurance authorization at this time. The Administrator has been going to the hospital to conduct on-site visits of referrals. Discussed working with the admissions department to conduct these visits in preparation to welcome incoming residents.

The facility is currently recruiting three CNAs and three nurses. These openings are being filled with PRN staff.

The facility reported the state visited two weeks ago to investigate a complaint from a resident's family member. There were two federal surveyors who also attended this visit. The facility ended up having two minor tags under resident rights and pharmacy services.

The facility submitted two new self-reports last week, which were both regarding resident-to-resident incidents. There was one resident who was involved in both incidents and has since been sent to the hospital due to a change in behavior. Discussed interventions implemented after each incident, and in-servicing provided to staff.

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

The facility held its monthly QAPI meeting on May 20. There are no new performance improvement plans reported at this time. Discussed working with nurse aides in training to complete their certification. Discussed making some adjustments with staffing assignments based on progress toward completing required certifications.

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

The facility has started construction work to revamp some of the shower rooms.



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Scott Johnson, Nursing Facility Specialist
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Garland Nursing and Rehabilitation

321 N Shiloh Rd
Garland, TX 75042

May 27, 2026

Facility Administrator: Wanda Ledford

Garland Nursing and Rehabilitation is licensed for 122 beds, and its current census is 80 residents. The overall census has been relatively steady with a few discharges and admissions. Discussed efforts to market the facility in the community and further develop the census.

There are no staff vacancies reported at this time. The facility is monitoring labor hour ratios to ensure appropriate staff are scheduled to meet the needs of the residents.

The facility had its annual fullbook survey last week and received three deficiencies under its health survey. The first finding was related to missing RN hours coverage on a day earlier this year. The second and third findings were related to an incomplete smoking assessment and missing careplan associated with the same resident's smoking. Discussed immediate actions taken to address RN coverage review and completing the assessment and careplan for the associated resident. The facility expects these findings to be low-level deficiencies.

The life safety team also conducted their portion of the annual fullbook survey and there were several findings which are being addressed. There are a few resident rooms being used for office and storage space. Discussed feedback from the surveyor that these rooms need to be de-certified if they aren't able to be re-converted into resident rooms within a 24-hour period.

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 there were no new performance improvement plans. The team will evaluate if any new PIPs are needed to address recommendations and findings from fullbook survey.

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

Grievances are being managed with no trends. The surveyors reviewed grievances during the recent survey and were pleased with the methods the facility uses to manage and address issues.

The facility has been approved to repaint the building and make other updates to support life safety corrections. Discussed expectations for this work to compliment the building and improve the environment and aesthetic.

Administrator: Crystal Quintero, LNFA
Assistant Administrator: Roy Kombo, LNFA
DON: Charity Colbert, RN

FACILITY INFORMATION

Park Manor Conroe is a licensed 123- bed facility with an overall star rating of 5 and Quality of Care of 5. Census given that day was 103: PP (4); MC (6); MCD (61) Hospice (4) and HMO (18); VA (10).

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

The facility had a group come in and pass out flowers for Mother's Day and they also had an Easter Egg hunt for Easter. The DON reports the facility is planning a barbeque for Memorial Day. The residents will be going out for a Father's Day bingo tournament and they try to have two outings a month.

The DON reports the facility continues to have the MAD Genius program and provide chips/tokens to staff who go above and beyond and they can turn them in for gift cards or merchandise. Additionally, meals are provided periodically and some type of recognition for staff every month. They had a facility wide barbeque in April to celebrate their floor tech who won the company wide employee/star of the year.

EDUCATION PROVIDED

- QIPP Components - Quarter 3 starts 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 currently meeting 3 of the 4 and they are anticipating meeting component 2 by the end of the quarter.
- Simple SNF 2027 Final Rule – Reviewed and provided slides on information covered during webinar, including: Payment Impacts, SNF QRP QM Changes, SNF VBP Updates.

SURVEY Information

The facility had state was in the building in April to investigate a complaint and to clear a related self-report, both unsubstantiated no citations. The facility is currently in their full book survey window.

REPORTABLE INCIDENTS

During **Feb/March/April 2026**, the facility had 1 self-report that has been cleared and not cited.

CLINICAL TRENDING

Incidents/Falls:

Feb/March/April 2026, Park Manor of Conroe had 17 total falls without injury and 10 falls with injury, 4 repeat falls, 4 Skin Tears, 0 Elopements, 0 Fractures, 0 Lacerations, 0 Bruises and 0 Behaviors. The facility does still have a PIP in place for falls.

Infection Control:

Park Manor of Conroe reported 161 infections during **Feb/March/April 2026**, of which 30 were UTI's, 15 Respiratory infections, 9 Wound infections, 4 Blood infections, 4 EENT infections, 1 GI infection, 0 Genital infections and 98 Other infections.

Weight loss:

Feb/March/April 2026, Park Manor of Conroe had 4 residents with 5-10% weight loss in 1 month and 10 with >10% weight loss in 6 months. The facility has a PIP for this measure.

Pressure Ulcers:

During **Feb/March/April 2026** Park Manor of Conroe reported 7 residents with pressure ulcers with 14 sites, 1 of them facility-acquired. The facility does have a PIP for this measure.

Restraints:

Park Manor of Conroe does not use restraints.

Staffing:

Current Open Positions						
Shift	RN	LVN	Nurse Aide	Hskp.	Dietary	Activity
6 to 2	0	0	0	0	0	0
2 to 10	0	0	0	0	0	0
10 to 6	0	0	0	0	0	0
Other	1	0	0	0	0	0
# Hired this month	0	7	13	2	1	0
# Quit/Fired	0	4	13	2	1	0

Total number employees: 119 Turnover rate%: 14%

CASPER REPORT

Indicator	Current %	State %	National %	Comments/PIPs
Percent of residents who used antianxiety or hypnotic medication (L)	13.2%	17.9%	19.7%	
Fall w/Major Injury (L)	0%	3.4%	3.4%	
UTI (L)	0%	0.9%	1.8%	
High risk with pressure ulcers (L)	2.7%	4.8%	5.8%	
Loss of Bowel/Bladder Control(L)	3.1%	14.5%	20.5%	
Catheter(L)	0%	0.5%	1.1%	
Physical restraint(L)	0%	0%	0.1%	
Residents whose ability to walk independently worsened (L)	0%	16.4%	17.6%	
Excessive Weight Loss(L)	0%	3.3%	5.8%	
Depressive symptoms(L)	0%	2.7%	13.6%	

Antipsychotic medication (L)	1.5%	9.7%	15.4%	
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PHARMACY Consultant reports/visit/ med destruction? Comes monthly and med destruction completed.

of GDR ATTEMPTS in the month: How many successful? 6
of Anti-anxiety (attempts__0__successful__0__failed__0__)
of Antidepressants (attempts__0__successful__0__failed__0__)
of Antipsychotic (attempts__1__successful__0__failed__1__)
of Sedatives (attempts__0__successful__0__failed__0__)

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

SOCIAL SERVICES NUMBER/TYPE OF GRIEVANCES (RESOLVED OR NOT): 46 - all resolved

TRAUMA INFORMED CARE IDENTIFIED: none

ACTIVITIES PIP/CONCERNS: none

DIETARY PIP/CONCERNS: none

ENVIRONMENTAL SERVICES PIP/CONCERNS: none

MAINTENANCE PIP/CONCERNS: none

MEDICAL RECORDS/ CENTRAL SUPPLY PIPS/CONCERNS: none

MDS PIPS/CONCERNS: none

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)

Include data from 3 months requested:

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	2.32%	0.32%	0%	Y	
Metric 2: (CMS N024.02) Percent of residents with a urinary tract infection	0.84%	0%	0%	Y	
Metric 3: (CMS N029.03) Percent of residents who lose too much weight	2.00%	0%	0%	Y	

Metric 4: (CMS N031.04) Percent of residents who received an antipsychotic medication	3.36%	1.36%	3.33%	Y	
Metric 5: (CMS N035.04) Percent of residents whose ability to walk independently worsened	10.61%	8.61%	3.63%	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 Payroll Based Journal (PBJ) - Staffing Measure in Hours Per Resident Day (HPRD)	National Benchmark Met Y/N	Baseline Target	Performance Target of 1% improvement	Results	Met Y/N	Comments
Metric 1: Reported Certified Nursing Assistant (CNA) HPRD 60% weighted	1.24%	1.26%			N	Believe some of the PBJ reports from CMS are behind
Metric 2: Reported Licensed Nursing HPRD 85% weighted	2.32%	1.97%			Y	
Metric 3: Reported Total Nursing Staff HPRD 100% weighted	3.86%	3.23%			N	
In case of audit: Did NF maintain 4 additional hours (<i>non-managerial</i>) of RN staffing coverage per day, beyond the CMS mandate?						
• 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						

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

Indicator	National Benchmark	Baseline Target	Results	Met (5% Improvement) Y/N	Comments
Metric 1: (CMS N030.03) Percent of residents who have depressive symptoms	3.02%	1.02%	0%	Y	
Metric 2: (CMS N036.03) Percent of residents who used antianxiety or hypnotic medication	13.67%	11.67%	11.84%	Y	
Metric 3: (CMS N046.01) Percent of residents with new or worsened bowel or bladder incontinence	11.19%	9.19%	8.7%	Y	

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

Indicator	State Benchmark	Baseline Target	Results	Met (5% Improvement) Y/N	Comments
Metric 1: (CMS N045.01) Percent of residents with pressure ulcers	4.89	3.09	1.82	Y	
Metric 2: (CMS N026.03) Percent of residents who have/had a catheter inserted and left in their bladder	0.89	0	0	Y	

Administrator: Vincent Mitchell
DON: Adebukola Adelekan, RN

FACILITY INFORMATION

Park Manor Cypress Station is a 125-bed facility with a current census of 94 with 16 skilled: 6 PP; 3 MC; 63 MCD; 13 HMO; 9 Hospice. They have an overall star rating of 1 and a Quality Measure rating of 4.

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

The Activity's Director reports the facility had a Cinco De Mayo party, and they had a Lady's tea for Mother's Day. The Administrator reports the facility will have a Memorial Day and Father's Day celebration. The facility recently partnered with another group and they can now offer residents opportunities for outings by taking a bus and they just did one to the zoo.

The DON reports the facility continues with a star of the month and weekly drawing for prizes. The facility also provides food at least monthly. The Administrator reports the facility had a staff Christmas party, crazy socks day, pancakes, reindeer hats, candy cane day.

EDUCATION PROVIDED

- Reviewed QIPP year 9 –The Administrator reports the facility is meeting 3 of the 4 components with a PIP in place for component 2.
- Simple SNF 2027 Final Rule – Reviewed and provided slides on information covered during webinar, including: Payment Impacts, SNF QRP QM Changes, SNF VBP Updates.

SURVEY INFORMATION

The facility had a state visit in April to review and clear 12 self-reports and only 1 was unsubstantiated resulting in 3 tags and their POC was accepted.

REPORTABLE INCIDENTS

The facility had 1 self-report in **Feb/March/April 2026**.

CLINICAL TRENDING FOR FEB/MARCH/APRIL 2026

Incidents/Falls:

Park Manor Cypress Station reported 52 falls without injury (13 repeat) and 1 fall with injury, 2 skin tears, 1 Fracture, 1 Behavior, 0 Bruises, 0 Lacerations and 0 Elopements.

Infection Control:

Administrator reported 93 total infections: 26 UTIs, 14 respiratory infections, 38 wound infections (admitted with), 0 EENT infections, 0 Blood infections, 1 GI infection and 14 other infections.

Weight Loss:

Park Manor Cypress Station reported 12 residents with 5-10% weight loss and 0 with weight loss >10%.

Pressure Ulcers:

Park Manor Cypress Station reports 18 residents with a total of 54 pressure ulcers and 3 in house acquired. The facility does have a PIP in place for this metric.

Restraints:

Park Manor of Cypress Station is a restraint free facility.

Staffing:

Current Open Positions						
Shift	RN	LVN	Nurse Aide	Hskp.	Dietary	Activity
6 to 2	0	0	0			
2 to 10	0	0	2			
10 to 6	0	0	1			
Other						
# Hired this month	0	2	6			
# Quit/Fired	0	7	5			

Total number employees: 100 Turnover rate%: 13

CASPER REPORT

Indicator	Current %	State %	National %	Comments/PIPs
Percent of residents who used antianxiety or hypnotic medication (L)	13%	17.9%	19.7%	
Fall w/Major Injury (L)	1.2%	3.4%	3.4%	
UTI (L)	0%	0.9%	1.8%	
High risk with pressure ulcers (L)	2.5%	4.8%	5.8%	
Loss of Bowel/Bladder Control(L)	5.7%	14.5%	20.5%	
Catheter(L)	0%	0.5%	1.1%	
Physical restraint(L)	0%	0%	0.1%	
Residents whose ability to walk independently worsened (L)	8.3%	16.4%	17.6%	
Excessive Weight Loss(L)	0%	3.3%	5.8%	
Depressive symptoms(L)	0%	2.7%	13.6%	
Antipsychotic medication (L)	14%	9.7%	15.4%	

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

of GDR ATTEMPTS in the month: How many successful?

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

of Antidepressants (attempts 1 successful 1 failed 0)

of Antipsychotic (attempts__3__ successful__3__ failed__0__)

of Sedatives (attempts__0__ successful__0__ failed__0__)

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

SOCIAL SERVICES NUMBER/TYPE OF GRIEVANCES (RESOLVED OR NOT)- 35 Grievances, all resolved.

TRAUMA INFORMED CARE IDENTIFIED: 0

ACTIVITIES PIP/CONCERNS: No concerns, partnered with a group allowing residents to take a bus for outings

DIETARY PIP/CONCERNS: No concerns

ENVIRONMENTAL SERVICES PIP/CONCERNS: No Concerns

MAINTENANCE PIP/CONCERNS: No concerns

MEDICAL RECORDS/ CENTRAL SUPPLY PIPS/CONCERNS: No Concerns

MDS PIPS/CONCERNS: No Concerns

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

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

Indicator	State Benchmark	Baseline Target	Results	Met (5% improvement) Y/N	Comments
Metric 1: (CMS N013.02) Percent of residents experiencing one or more falls with major injury	3.28%	6.99%	1.23%	Y	
Metric 2: (CMS N024.02) Percent of residents with a urinary tract infection	0.84%	0%	0%	Y	
Metric 3: (CMS N029.03) Percent of residents who lose too much weight	4.11%	0%	0%	Y	
Metric 4: (CMS N031.04) Percent of residents who received an antipsychotic medication	8.02%	7.66%	12.50%	N	
Metric 5: (CMS N035.04) Percent of residents whose ability to walk independently worsened	21.93%	21.60%	10.89%	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	1.78%		1.95%	Y	
Metric 2: Reported Licensed Nursing HPRD 85% weighted	N	1.18%		1.04%	N	Follow allotted PPD
Metric 3: Reported Total Nursing Staff HPRD 100% weighted	N	3.05%		3.0%	N	
In case of audit: Did NF maintain 4 additional hours (<i>non-managerial</i>) of RN staffing coverage per day, beyond the CMS mandate?					Y	
• Additional hours provided by direct care staff?						
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)	Comments
				Y/N	

Metric 1: (CMS N030.03) Percent of residents who have depressive symptoms	8.07%	6.07%	0%	Y	
Metric 2: (CMS N036.03) Percent of residents who used antianxiety or hypnotic medication	18.09%	16.09%	13.04%	Y	
Metric 3: (CMS N046.01) Percent of residents with new or worsened bowel or bladder incontinence	13.32%	11.32%	5.42%	Y	

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

Indicator	State Benchmark	Baseline Target	Results	Met (5% Improvement) Y/N	Comments
Metric 1: (CMS N045.01) Percent of residents with pressure ulcers	4.82%	5.67%	4.87%	N/Y	
Metric 2: (CMS N026.03) Percent of residents who have/had a catheter inserted and left in their bladder	0.27%	0.31%	0%	Y	

Administrator: Rodney Lege
DON: Susan Joy, RN, BSN
ADON: Gulshan Momin, RN

FACILITY INFORMATION

Park Manor of Quail Valley is a 125 -bed facility with a current census of 94 with a skill mix of 20: 9 PP, 4 MCR, 63 MCD, 15 HMO, 3 Hospice. They have an overall star rating of 2 and a Quality Measures rating of 4.

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

The Administrator reports they had a selective menu for Easter, a Cinco De Mayo party and a Mother's Day meal with families. The facility is planning a cookout for Memorial Day and something for Father's Day. Van working with a new lift installed and they will be starting outings soon. The facility did have vendors and activities for Nursing Home Week

The Administrator reported the facility still has star of the month and MAD genius programs (poker chips worth \$ value to purchase merchandise). The facility continues to have snack attacks to pass out snacks to all staff as well as employee birthdays. The facility had a Nurse's Week celebration with gifts and meals, and they will do the same for CNAs in June.

EDUCATION PROVIDED

- QIPP Components - Quarter 3 started 3/1/2026, but data collection began 1/1/2026 and stopped 3/31/2026 with the official quarter ending 5/31/2026. The facility is meeting 3 of the 4 components with PIPs in place for component 2, UTIs and Pressure Ulcers.
- Simple SNF 2027 Final Rule – Reviewed and provided slides on information covered during webinar, including: Payment Impacts, SNF QRP QM Changes, SNF VBP Updates.

SURVEY INFORMATION

The facility has not had state in the building since November to clear 2 complaints.

REPORTABLE INCIDENTS

Feb/March/April 2026 -Park Manor of Quail Valley had 2 complaints still pending and 1 that was cleared, unsubstantiated and 0 self-reports.

CLINICAL TRENDING –FEB/MARCH/APRIL 2026

Incidents/Falls:

Park Manor of Quail Valley had 48 total falls and 0 falls with injuries, and 6 repeat falls. They reported 4 skin tears, 0 fractures, 1 bruise, 1 behavior and 0 lacerations. The facility does have a PIP in place for falls.

Infection Control:

Facility reports 101 total infections – 40 UTI's; 24 Respiratory infections, 18 wound infections, 7 Blood infections, 4 EENT infections, 4 GI infections, 1 EENT infection, 0 Genital infections and 10 Other infections (no details). The facility does have a PIP in place for UTIs.

Weight loss:

Weight loss information includes 3 residents with 5-10% loss and 3 with > 10% loss. The facility has a PIP in place for weight loss.

Pressure Ulcers:

The facility reports 23 residents with 32 pressure ulcer sites – 3 acquired in house. The facility has a wound care physician who rounds weekly and there is a PIP in place.

Restraints:

The facility had 0 residents with restraints.

Staffing:

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

Total number employees: 105 Turnover rate%: 16.19% quarterly

CASPER REPORT

Indicator	Current %	State %	National %	Comments/PIPs
Percent of residents who used antianxiety or hypnotic medication (L)	1.4%	7.5%	7.4%	
Fall w/Major Injury (L)	0%	3.4%	3.4%	
UTI (L)	0%	.9%	1.8%	
High risk with pressure ulcers (L)	5.6%	4.8%	2.5%	New wound nurse
Loss of Bowel/Bladder Control(L)	5.6%	14.5%	20.5%	
Catheter(L)	0%	0.5%	1.1%	
Physical restraint(L)	0%	0%	0.1%	

Residents whose ability to walk independently worsened (L)	9%	16.4%	17.6%	
Excessive Weight Loss(L)	4.1%	3.3%	5.8%	PIP in place
Depressive symptoms(L)	0%	2.7%	13.6%	
Antipsychotic medication (L)	3.6%	9.7%	15.4%	

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

of GDR ATTEMPTS in the month: How many successful?
of Anti-anxiety (attempts_1___successful_1_failed_0_)
of Antidepressants (attempts_2__successful_2_failed_0)
of Antipsychotic (attempts_0__successful_0_failed_0_)
of Sedatives (attempts_2_successful_2_failed_0_)

DIETICIAN Recommendation concerns/Follow Up? New Dietician, new company, F/Us timely

SOCIAL SERVICES: NUMBER/TYPE OF GRIEVANCES (RESOLVED OR NOT) – 29 and all resolved

TRAUMA INFORMED CARE IDENTIFIED: NA

ACTIVITIES PIP/CONCERNS: None

DIETARY PIP/CONCERNS: Continued Cleanliness and rounding

ENVIRONMENTAL SERVICES PIP/CONCERNS: Continue deep cleaning, rounding

MAINTENANCE PIP/CONCERNS: Continue rounding

MEDICAL RECORDS/ CENTRAL SUPPLY PIPS/CONCERNS: Scanning timely

MDS PIPS/CONCERNS: None

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

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

Indicator	State Benchmark	Baseline Target	Results	Met (5% improvement) Y/N	Comments
Metric 1: (CMS N013.02) Percent of residents experiencing one or more falls with major injury	3.28%	2.19%	0%	Y	
Metric 2: (CMS N024.02) Percent of residents with a urinary tract infection	0.84%	0%	0%	Y	
Metric 3: (CMS N029.03) Percent of residents who lose too much weight	4.11%	7.11%	6.94%	N/Y	PIP

Metric 4: (CMS N031.04) Percent of residents who received an antipsychotic medication	4.29%	2.29%	0%	Y	
Metric 5: (CMS N035.04) Percent of residents whose ability to walk independently worsened	13.33%	11.33%	7.38%	Y	

Component 2 -Workforce Development HPRD Measures (All Facilities). Achievement in 1 metric earns 60% of eligible funds; achievement in 2 metrics earns 85% and achievement in 3 metrics earns 100% of total dollars included in the component.

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	Y	1.36%	1.40%	1.33%	N	PIP in place
Metric 2: Reported Licensed Nursing HPRD	Y	1.96%	2.02%	2.40%	Y	
Metric 3: Reported Total Nursing Staff HPRD	Y	3.32%	3.42%	3.37%	N	PIP in place
In case of audit: Did NF maintain 4 additional hours (<i>non-managerial</i>) of RN staffing coverage per day, beyond the CMS mandate?					Y	
• Additional hours provided by direct care staff?						N
Did NF maintain 8 additional hours (<i>non-managerial</i>) of RN staffing coverage per day, beyond the CMS mandate?					Y	
• 8 additional hours non-concurrently scheduled?					N	
• Additional hours provided by direct care staff?					N	
• Telehealth used?					N	
NFs provided in total 12 or 16 hours of RN coverage, respectively, on at least 90 percent of the days within the reporting period?					Y	
• Agency usage or need d/t critical staffing levels					N	

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

Indicator	National Benchmark	Baseline Target	Results	Met (5% Improvement)	Comments
				Y/N	

05/20/26

Submitted By: L. Sue White, RN NSGO

Metric 1: (CMS N030.03) Percent of residents who have depressive symptoms	2.35%	.35%	0%	Y	
Metric 2: (CMS N036.03) Percent of residents who used antianxiety or hypnotic medication	4.74%	2.74%	4.0%	Y	
Metric 3: (CMS N046.01) Percent of residents with new or worsened bowel or bladder incontinence	4.72%	2.72%	2.94%	Y	

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

Indicator	State Benchmark	Baseline Target	Results	Met (5% Improvement) Y/N	Comments
Metric 1: (CMS N045.01) Percent of residents with pressure ulcers	4.89%	8.44%	8.32%	N/Y	PIP in place
Metric 2: (CMS N026.03) Percent of residents who have/had a catheter inserted and left in their bladder	0.89%	1.58%	0%	Y	

Administrator: AV Meghani
DON: Julie Slyotsky, RN

FACILITY INFORMATION

Park Manor Woodlands is a licensed 124- bed facility with an overall star rating of 5 and a rating of 5 stars in Quality Measures. Current census given 103: 5 PP; 17 MC; 30 MCD; 51 HMO; 0 Hospice.

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

The Administrator reports the facility continues with happy hour every week, exercising, etc. The facility had an Easter celebration, Cinco De Mayo and Mother's Day, and they have something planned for Father's Day and Memorial Day.

The Administrator reports the facility continues with monthly Employee Appreciation Day, as well as celebrating birthdays. Administrator, reporting that multiple employee appreciation activities are planned for May, including Nurse's Week last week. The facility is planning a celebration for CNAs next month.

EDUCATION PROVIDED

- QIPP Components - Quarter 3 started 3/1/2026, but data collection began 1/1/2026 and stopped 3/31/2026 with the official quarter ending 5/31/2026. The facility is currently meeting all 4 QIPP components.
- Simple SNF 2027 Final Rule – Reviewed and provided slides on information covered during webinar, including: Payment Impacts, SNF QRP QM Changes, SNF VBP Updates.

SURVEY INFORMATION

Administrator reports the state has not been back to the facility since February to investigate a complaint.

REPORTABLE INCIDENTS

Park Manor Woodlands had no self-reports and 1 complaint (unsubstantiated) for **Feb/March/April 2026**.

CLINICAL TRENDING

Incidents/Falls:

During **Feb/March/April 2026**, Park Manor Woodlands had 22 total falls without injury (5 repeat) and 1 fall with injury; 7 skin tears; 1 fracture; 0 elopements; 1 bruise; 0 lacerations and 1 behavior.

Infection Control:

Park Manor Woodlands reported 65 infections during **Feb/March/April 2026**, of which 23 were UTI's; 13 Respiratory infections; 10 Wound infections; 5 Blood infections, 5 EENT infections, 2 Stool infections, 0 GI infections, 0 Genital infections and 7 Other infections.

Weight loss:

Feb/March/April 2026, Park Manor Woodlands had 3 residents with 5-10% weight loss in 0 month and 1 with >10% weight loss in 6 months.

Pressure Ulcers:

Feb/March/April 2026, Park Manor Woodlands reported 19 residents with pressure ulcers with 23 sites and 5 were facility acquired.

Restraints:

Park Manor Woodlands does not use restraints.

Staffing:

QA STAFFING COMPONENT COMPLETE?

Current Open Positions						
Shift	RN	LVN	Nurse Aide	Hskp.	Dietary	Activity
6 to 2	1	1	6	0	0	0
2 to 10	1	1	0	0	0	0
10 to 6	0	0	0	0	0	0
Other	0	0	0	0	0	0
# Hired this month	6	3	7	0	0	0
# Quit/Fired	2	4	10			

Total number employees: 143 **Turnover rate%:** 15%

CASPER REPORT

Indicator	Current %	State %	National %	Comments/PIPs
Percent of residents who used antianxiety or hypnotic medication (L)	0%	7.5%	7.4%	
Fall w/Major Injury (L)	5.9%	3.4%	3.4%	PIP in place
UTI (L)	0%	0.9%	1.8%	
High risk with pressure ulcers (L)	3.8%	4.8%	5.8%	
Loss of Bowel/Bladder Control(L)	15.8%	14.5%	20.5%	
Catheter(L)	0%	0.5%	1.1%	
Physical restraint(L)	0%	0%	0.1%	
Residents whose ability to walk independently worsened (L)	0%	16.4%	17.6%	
Excessive Weight Loss(L)	0%	3.3%	5.8%	
Depressive symptoms(L)	0%	2.7%	13.6%	

Antipsychotic medication (L)	0.5%	1.5%	1.7%	
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PHARMACY Consultant reports/visit/ med destruction? Comes monthly and complete med destruction

of GDR ATTEMPTS in the month: How many successful?

of Anti-anxiety (attempts__5__ successful__5__ failed__0__)

of Antidepressants (attempts__4__ successful__4__ failed__0__)

of Antipsychotic (attempts__3__ successful__3__ failed__0__)

of Sedatives (attempts__0__ successful__0__ failed__0__)

DIETICIAN Recommendation concerns/Follow Up? All concerns addressed

SOCIALSERVICES NUMBER/TYPE OF GRIEVANCES (RESOLVED OR NOT): 10 All Resolved

TRAUMA INFORMED CARE IDENTIFIED: some identified and on psych services

ACTIVITIES PIPS/Concerns: None

DIETARY PIPS/Concerns: 5 concerns and all resolved

ENVIRONMENTAL SERVICES PIPS/Concerns: None

MAINTENANCE PIPs/Concerns: None

MEDICAL RECORDS/ CENTRAL SUPPLY PIPS/Concerns: None

MDS PIPS/Concerns: None

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

Include data from 3 months requested:

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

Indicator	State Benchmark	Baseline Target	Results	Met (5% improvement) Y/N	Comments
Metric 1: (CMS N013.02) Percent of residents experiencing one or more falls with major injury	3.28%	4.76%	5.7%	N	
Metric 2: (CMS N024.02) Percent of residents with a urinary tract infection	0.84%	0%	0%	Y	
Metric 3: (CMS N029.03) Percent of residents who lose too much weight	4.11%	0%	0%	Y	

Metric 4: (CMS N031.04) Percent of residents who received an antipsychotic medication	8.02%	9.56%	6.06%	Y	
Metric 5: (CMS N035.04) Percent of residents whose ability to walk independently worsened	21.93%	3.4%	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	2.41	2.36		Y	
Metric 2: Reported Licensed Nursing HPRD 85% weighted	Y	4.08	3.95		Y	
Metric 3: Reported Total Nursing Staff HPRD 100% weighted	Y	1.68	1.58		Y	
In case of audit: Did NF maintain 4 additional hours (<i>non-managerial</i>) of RN staffing coverage per day, beyond the CMS mandate?					Y	
• Additional hours provided by direct care staff?					Y	
Did NF maintain 8 additional hours (<i>non-managerial</i>) of RN staffing coverage per day, beyond the CMS mandate?				Y		
• 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	9.79%	1.46%	0%	Y	
Metric 2: (CMS N036.03) Percent of residents who used antianxiety or hypnotic medication	19.93%	17.69%	17.14%	Y	
Metric 3: (CMS N046.01) Percent of residents with new or worsened bowel or bladder incontinence	20.92%	13.82%	15.8%	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	4.89	6.04	0	Y	
Metric 2: (CMS N026.03) Percent of residents who have/had a catheter inserted and left in their bladder	0.89	0	0	Y	

Administrator: David Bilbo, LNFA
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 159: Breakdown not provided.

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

The Administrator reports they had a party for Nursing Home Week, Cinco De Mayo, Mother's Day and Memorial Day. The Administrator also reports the facility does occasional outings to restaurants, and Walmart, weather permitting.

The facility continues to celebrate Employee of the Month, usually with a barbeque. The Administrator reports they also provide snacks daily and gift cards periodically for the monthly town hall meetings and every Friday is a theme day for dress/food. The facility missed out on a rodeo barbeque party due to the state showing up at the same time it was scheduled. The facility did celebrate Nurse's Week each day of the week and they are planning something similar for the CNAs

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.
- Simple SNF 2027 Final Rule – Reviewed and provided slides on information covered during webinar, including: Payment Impacts, SNF QRP QM Changes, SNF VBP Updates.

SURVEY INFORMATION

The facility had state in the building in April and May to review self-reports and investigate complaints resulting in 4 tags in April and both POC's have been accepted.

REPORTABLE INCIDENTS FEB/MARCH/APRIL 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? Med destruction completed in May for April and May, 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)- All resolved -number not provided

TRAUMA INFORMED CARE IDENTIFIED: NA

ACTIVITIES PIP/CONCERNS: None

DIETARY PIP/CONCERNS: None

ENVIRONMENTAL SERVICES PIP/CONCERNS: received 1 citation in April for black goo on hall floor and a dirty toilet

MAINTENANCE PIP/CONCERNS: None

MEDICAL RECORDS/CENTRAL SUPPLY PIPS/CONCERNS: None

MDS PIPS/CONCERNS: None

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

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

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

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

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

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

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

EXHIBIT “G-1”

Notice of Appointment of Agent Regarding November 3, 2026 Election

**NOTICE OF APPOINTMENT OF AGENT
REGARDING NOVEMBER 3, 2026 ELECTION**

**TO ALL PERSON(S) INTERESTED IN THE ELECTION
FOR WINNIE-STOWELL HOSPITAL DISTRICT**

Notice is hereby given that the undersigned, Secretary of the Board of Directors of Winnie-Stowell Hospital District, acting pursuant to Section 31.123, Texas Election Code, has by these presents, appointed Victoria Carlo as the duly authorized agent of the Secretary (the "Agent") for all purposes for the District's Election (the "Election") to be held on November 3, 2026. The office of the Agent is located at 520 Broadway, Winnie, Texas and the telephone number is 409-296-1003. As required by Section 31.122 of the Texas Election Code, the Agent will be available for election duties for at least three (3) hours each day, during regular office hours, on regular business days, beginning on September 14, 2026, the 50th day before Election Day, and ending no earlier than December 13, 2026, the 40th day after Election Day; provided, however, because December 13, 2026 falls on a Sunday, this Notice shall remain posted through December 14, 2026.

The Agent will maintain and make available for inspection and copying those documents described in Section 31.123(c) of the Texas Election Code and shall receive any personally delivered document relating to the election that the undersigned is authorized or required to receive. Additionally, the Agent shall hereby be authorized to perform any ministerial duties in connection with the election that may lawfully be performed.

The notice shall be posted continuously on the board used for posting notice of the meetings of the District during the time-period described.

Issued this 17th day of June, 2026

WINNIE-STOWELL HOSPITAL DISTRICT

Jeff Rollo, Secretary
Board of Directors

**AVISO DE NOMBRAMIENTO DE AGENTE
CON RESPECTO A LAS ELECCIONES DEL 8 DE NOVIEMBRE DE 2022**

**A TODAS LAS PERSONAS INTERESADAS EN LA ELECCIÓN
PARA EL DISTRITO DE HOSPITALARIO WINNIE-STOWELL**

Por la presente se notifica que el abajo firmante, Secretario de la Junta de Directores del Distrito Hospitalario Winnie-Stowell, actuando de conformidad con la Sección 31.123, Código Electoral de Texas, por estos presentes, ha designado a Victoria Carlocomo el debidamente autorizado agente del Secretario (el "Agente") para todos los propósitos de la Elección del Distrito (la "Elección") que se realizará el 5 de noviembre de 2024. La oficina del Agente se encuentra en 520 Broadway, Winnie, Texas y el número de teléfono es 409-296-1003. Como lo requiere la Sección 31.122 del Código Electoral de Texas, el Agente estará disponible para tareas electorales durante al menos tres (3) horas cada día, durante el horario de oficina regular, en días hábiles regulares, comenzando el 16 de septiembre de 2024, el día 50 antes del día de las elecciones, y que finaliza no antes del 15 de diciembre de 2024, el día 40 después del día de las elecciones.

El Agente mantendrá y pondrá a disposición para su inspección y para hacer copias de los documentos descritos en la Sección 31.123 (c) del Código Electoral de Texas y recibirá cualquier documento entregado personalmente relacionado con la elección que el suscrito está autorizado o obligado a recibir. Además, el Agente estará autorizado para realizar cualquier tarea ministerial en relación con la elección que pueda realizarse legalmente.

El aviso se publicará continuamente en la pizarra utilizada para publicar el aviso de las reuniones del Distrito durante el período de tiempo descrito.

Publicado el 15 de mayo de 2024

EL DISTRITO DE HOSPITALARIO WINNIE-STOWELL

Jeff Rollo, Secretario
Junta Directiva

EXHIBIT “G-2”

Notice of Deadline to File an Application for Place on the Ballot

NOTICE OF DEADLINE TO FILE AN APPLICATION FOR PLACE ON THE BALLOT CITIES, SCHOOL DISTRICTS AND OTHER POLITICAL SUBDIVISIONS

AVISO DE FECHA LÍMITE PARA PRESENTAR UNA SOLICITUD PARA UN LUGAR EN LA BOLETA PARA CIUDADES, DISTRITOS ESCOLARES Y OTRAS SUBDIVISIONES POLÍTICAS

Notice is hereby given that an application for a place on the Winnie Stowell Hospital District
(name of political subdivision)

General / Special Election ballot may be filed as indicated below:
(Circle one)

(Se da aviso por la presente que una solicitud para un lugar en la boleta de la Elección

General / Especial de Distrito Hospitalario Winnie-Stowell *puede ser presentada como se indica*
(circule uno) (nombre de la subdivisión política)

a continuación:)

Filing Dates and Times:

(Fechas y Horario para Entregar Solicitudes:)

Start Date: 07/18/2026
(Fecha Inicio)

End Date: 08/17/2026
(Fecha Límite)

Office Hours: 8:00 am-12:00 pm and 1:00 pm-5:00 pm
(Horario de la Oficina)

Physical address for filing an application in person for place on the ballot:
(Dirección física para presentar una solicitud en persona para un lugar en la boleta)

520 Broadway, Winnie, Texas 77665

Address to mail an application for place on the ballot (if filing by mail):
(Dirección a donde enviar una solicitud para un lugar en la boleta (en caso de presentar por correo))

P. O. Box 1997, Winnie, Texas 77665

Email and Fax Number to send an application for place on the ballot: If a filing fee is submitted, the application may not be faxed or emailed.
(Dirección de correo electrónico o número de fax para enviar una solicitud para un lugar en la boleta: Si un pago de inscripción es presentada, la solicitud no puede ser enviada por correo electrónico o fax.)

victoria@wshd-tx.com

Victoria Carlo

Printed Name of Filing Officer or Designee
*(Nombre en letra de molde del Oficial de Archivos
o Persona Designada)*

Signature of Filing Officer or Designee
(Firma del Oficial de Archivos o Persona Designada)

06 / 18 / 2026
Date Posted
(Fecha archivada)

Print

Reset

EXHIBIT “G-3”

Order of Election for Winnie-Stowell Hospital District November 3, 2026 General
Election

ORDER OF ELECTION FOR WINNIE-STOWELL HOSPITAL DISTRICT

An election is hereby ordered to be held on November 3, 2026, for the purpose of electing two (2) at-large Board members for four (4) year terms.

Applications for a place on the ballot shall be filed by: August 17, 2026, at 5:00 p.m.

Declarations of write-in candidacy shall be filed by: August 21, 2026, at 5:00 p.m.

Early voting by personal appearance will be conducted on each of the following dates and times at the specified locations:

EARLY VOTING HOURS & LOCATIONS

Dates	Hours
Monday, October 19, 2026 through Friday, October 23, 2026	8:00 a.m. – 6:00 p.m. all locations
Saturday, October 24, 2026	7:00 a.m. – 7:00 p.m. all locations
Sunday, October 25, 2026	11:00 a.m. – 5:00 p.m. all locations
Monday, October 26, 2026 through Friday, October 30, 2026	7:00 a.m. – 7:00 p.m. all locations

Locations and times for Early Voting Polling Places include the name of building and address:

Location	Building and Address
Anahuac Location Main Early Voting Location	Chambers Health Services 102 Airport Road Anahuac, Texas 77514
Winnie Location	Winnie Stowell Community Building 335 S. Park Street Winnie, Texas 77665
Mont Belvieu Location	Barbers Hill ISD Community Election Center 9650 Eagle Drive, Entrance 32 Mont Belvieu, Texas 77523
Cedar Bayou/Baytown Location	Judge Larry Cryer Annex 7711 Highway 146 Baytown, Texas 77523
Chambers County Clerk's Office Limited Voting	Chambers County Clerk's Office 404 Washington Avenue Anahuac, Texas 77514

On Election Day, the polling places shall be open from 7:00 a.m. to 7:00 p.m. A voter may vote at any Chambers County countywide polling place designated for the election, including the following locations unless modified by Chambers County in the final notice of election:

Area	Polling Place
Anahuac	Chambers Health Services

	102 Airport Road Anahuac, Texas 77514
Winnie	Winnie Stowell Community Building 335 S. Park Street Winnie, Texas 77665
Mont Belvieu	Barbers Hill ISD Community Election Center 9650 Eagle Drive, Entrance 32 Mont Belvieu, Texas 77523
Cedar Bayou/Baytown	Judge Larry Cryer Annex 7711 Highway 146 Baytown, Texas 77523

Applications for ballot by mail shall be mailed to:

Heather H. Hawthorne, Early Voting Clerk
P.O. Box 728
Anahuac, Texas 77514
Phone Number: (409) 267-2418
E-mail Address: hhawthorne@chamberstx.gov
Website: <https://www.chamberscountytexas.gov/169/Elections>

Applications for Ballots by Mail (ABBM)s must be received no later than the close of business on October 23, 2026.

Federal Post Card Applications (FPCAs) must be received no later than the close of business on October 23, 2026.

Issued this 17th day of June, 2026

Signature of Presiding Officer

Signature of Election Agent

ORDEN DE ELECCIÓN PARA EL DISTRITO HOSPITALARIO WINNIE-STOWELL

Por la presente se ordena que se celebre una elección el 3 de noviembre de 2026, con el propósito de elegir dos (2) miembros generales de la Junta por términos de cuatro (4) años.

Las solicitudes para un lugar en la boleta deberán presentarse a más tardar el: 17 de agosto de 2026, a las 5:00 p.m.

Las declaraciones de candidatura por escrito deberán presentarse a más tardar el: 21 de agosto de 2026, a las 5:00 p.m.

La votación anticipada en persona se llevará a cabo en cada una de las siguientes fechas y horarios en los lugares especificados:

HORAS Y LUGARES DE VOTACIÓN ANTICIPADA

Fechas	Horario
Lunes, 19 de octubre de 2026 hasta viernes, 23 de octubre de 2026	8:00 a.m. – 6:00 p.m. en todos los lugares
Sábado, 24 de octubre de 2026	7:00 a.m. – 7:00 p.m. en todos los lugares
Domingo, 25 de octubre de 2026	11:00 a.m. – 5:00 p.m. en todos los lugares
Lunes, 26 de octubre de 2026 hasta viernes, 30 de octubre de 2026	7:00 a.m. – 7:00 p.m. en todos los lugares

Los lugares y horarios para los centros de votación anticipada incluyen el nombre del edificio y la dirección:

Lugar	Edificio y Dirección
Ubicación de Anahuac Lugar principal de votación anticipada	Chambers Health Services 102 Airport Road Anahuac, Texas 77514
Ubicación de Winnie	Winnie Stowell Community Building 335 S. Park Street Winnie, Texas 77665
Ubicación de Mont Belvieu	Barbers Hill ISD Community Election Center 9650 Eagle Drive, Entrada 32 Mont Belvieu, Texas 77523
Ubicación de Cedar Bayou/Baytown	Judge Larry Cryer Annex 7711 Highway 146 Baytown, Texas 77523
Oficina del Secretario del Condado de Chambers Votación limitada	Chambers County Clerk's Office 404 Washington Avenue Anahuac, Texas 77514

El Día de la Elección, los lugares de votación estarán abiertos de 7:00 a.m. a 7:00 p.m. Un votante podrá votar en cualquier lugar de votación del Condado de Chambers designado para la elección,

incluyendo los siguientes lugares, salvo que sean modificados por el Condado de Chambers en el aviso final de elección:

Área	Lugar de Votación
Anahuac	Chambers Health Services 102 Airport Road Anahuac, Texas 77514
Winnie	Winnie Stowell Community Building 335 S. Park Street Winnie, Texas 77665
Mont Belvieu	Barbers Hill ISD Community Election Center 9650 Eagle Drive, Entrada 32 Mont Belvieu, Texas 77523
Cedar Bayou/Baytown	Judge Larry Cryer Annex 7711 Highway 146 Baytown, Texas 77523

Las solicitudes de boleta por correo deberán enviarse a:

Heather H. Hawthorne, Secretaria de Votación Anticipada
P.O. Box 728
Anahuac, Texas 77514
Número de teléfono: (409) 267-2418
Dirección de correo electrónico: hhawthorne@chamberstx.gov
Sitio web: <https://www.chamberscountytexas.gov/169/Elections>

Las solicitudes de Boletas por Correo (ABBM) deberán recibirse a más tardar al cierre de operaciones el 23 de octubre de 2026.

Las solicitudes de Tarjetas Postales Federales (FPCAs) deberán recibirse a más tardar al cierre de operaciones el 23 de octubre de 2026.

Emitida este día 17 de junio de 2026

Firma del Funcionario que Preside

Firma del Agente Electoral

EXHIBIT “G-4”
Election Services Agreement with Chambers County Clerk

JOINT CONTRACT FOR ELECTION SERVICES

THIS CONTRACT (this "Agreement") is made effective as of the Effective Date (as defined below), by and between the Winnie Stowell Hospital District, TEXAS, acting by and through its governing body, hereinafter referred to as "Political Subdivision," and County Clerk of Chambers County, Texas, hereinafter referred to as "County," and by authority of Section 31.092(a), Texas Election Code, and Chapter 791, Texas Local Government Code, for the conduct and supervision of the Political Subdivision's election to be held on November 3, 2026. Political Subdivision and County may be referred to individually as a "Party" and collectively as "the Parties."

The purpose of this contract is for the performance of election services as authorized by statute. This contract shall serve as the general contract for each election for which the Political Subdivision requests the assistance of the County Clerk. Provisions specific to each particular election will be included as an attachment to the original contract. Political Subdivision and County Clerk may be referred to individually as "Party" or collectively as "Parties."

RECITALS

The County Clerk has care, custody, and control over the electronic voting system, the Hart InterCivic Verity Duo Voting System (Version 2.7), which has been duly approved by the Secretary of State pursuant to Texas Election Code Chapter 122, as amended, and is compliant with the accessibility requirements set forth by Texas Election Code Section 61.012. Political Subdivision desires to use the electronic voting system and to compensate the County Clerk for such use and to share in certain other expenses connected with joint election in accordance with the applicable provisions of Chapters 31 and 271 of the Texas Election Code.

NOW, THEREFORE, in consideration of the mutual covenants, agreements, and benefits to the parties, IT IS AGREED as follows:

I. ADMINISTRATION

The Parties agree to hold a "Joint Election" in accordance with Chapter 271 of the Texas Election Code and this Agreement. The County Clerk shall coordinate, supervise, and handle all aspects of administering the Joint Election as provided in this Agreement. Political Subdivision agrees to pay County Clerk for equipment, supplies, services and administrative costs as provided in this Agreement. The County Clerk shall serve as the administrator for the Joint Election; however, the Political Subdivision shall remain responsible for the decisions and actions of its officers necessary for the lawful conduct of its election. The County Clerk shall provide advisory services in connection with decisions to be made and actions to be taken by the officers of the Political Subdivision.

It is understood that other political subdivisions may wish to participate in the use of the electronic voting system and polling places, and it is agreed that the County Clerk may enter into other joint election agreements and contracts for election services for those purposes on terms and conditions set forth in the Texas Election Code. Political Subdivision agrees that County Clerk may enter into joint election agreements with other political subdivisions that may have territory located partially or wholly within the boundaries of Political Subdivision, and, in such case, all parties sharing common territory shall share a joint ballot on the electronic voting system at the applicable polling places. In such cases, total costs shall be divided among the participants.

At each polling location, joint participants shall share voting equipment and supplies to the extent possible. The participating parties shall share a mutual ballot in those precincts where jurisdictions overlap. However, in no instance shall a voter be permitted to receive a ballot containing an office or proposition stating a measure on which the voter is ineligible to vote. Multiple ballot styles shall be available in those shared polling places where jurisdictions do not overlap.

II. LEGAL DOCUMENTS

Political Subdivision shall be responsible for the preparation, adoption, and publication of all required election orders, resolutions, notices, and any other pertinent documents required by the Texas Election Code or Political Subdivision's governing body, charter, or ordinances. With reference to publications, the County Clerk will publish the "Notice of Test of Automatic Tabulating Equipment" and the "Notice of Election". If a Political Subdivision is holding any type of Special Election, the Political Subdivision may have to publish their own "Notice of Election" in order to meet additional requirements. Please advise the County Clerk if the Political Subdivision must publish a separate notice so the Political Subdivision's notice is not included in the Notice published by the County Clerk.

Preparation of the necessary materials for notices and the official ballot shall be the responsibility of each participating authority, including translation to languages other than English. Each participating authority shall provide a copy of their respective election orders and notices to the County Clerk.

III. STATUTORY COMPLIANCE

Political subdivisions shall follow all applicable State and Federal laws related to elections, including, but not limited to, Section 52.072 of the Texas Election Code, which states in part, "A proposition shall be printed on the ballot in the form of a single statement..." **Failure to do so may prohibit the political subdivision's participation in a Joint Election.**

IV. VOTING LOCATIONS

The County Clerk shall select and arrange for the use of and payment for all Election Day voting locations. In the event a voting location is not available, the County Clerk will arrange for use of an alternate location with the approval of the Political Subdivision.

If polling places for the joint election are different from the polling place(s) used by Political Subdivision in its most recent election, Political Subdivision agrees to post a notice no later than the date of the election, at the entrance to any previous polling places in the jurisdiction, stating that the polling location has changed, and stating the political subdivision's polling place name(s) and address(s) in effect for the election. Any changes in voting location from those that were used in the most recent COUNTYWIDE JOINT election will be posed by the County Clerk's Election Office.

V. ELECTION JUDGES, CLERKS, AND OTHER ELECTION PERSONNEL

The Chambers County Commissioners Court shall be responsible for the appointment of the presiding judge and alternate judge for each polling location in accordance with Chapter 32 of the Texas Election Code. In the event an emergency appointment is necessary, appointment shall be made in accordance with the Texas Election Code §32.007, which authorizes the presiding officer of the Chambers County Commissioners Court to make an emergency appointment. Should that officer not be

available, the County Clerk's office shall make emergency appointments of election officials. Upon request by the County Clerk, Political Subdivision agrees to assist in recruiting polling place officials who are bilingual (fluent in both English and Spanish).

The County Clerk shall notify all election judges of the eligibility requirements of Subchapter C of Chapter 32 of the Texas Election Code and will take the necessary steps to ensure that all election judges appointed for the Joint Election are eligible to serve.

The County Clerk shall arrange for the training and compensation of all election judges and clerks. The County Clerk shall arrange for the date, time, and place for the early voting deputy clerk and presiding election judge to pick up election supplies. Each presiding election judge will be sent a letter from the County Clerk notifying him of his appointment, the time and location of training and distribution of election supplies, and the number of election clerks that the presiding judge may appoint.

Each election judge will receive compensation at an hourly rate of \$16.00. Each election clerk will receive compensation at an hourly rate of \$14.00. The election judge will receive an additional sum of \$25.00 for returning the supplies and equipment to the central counting station after the polls close on Election Day. All judges and clerks who attend training, required by section 32.111 of the Texas Election Code, will be compensated at an hourly rate of \$10.00.

It is agreed by all Parties that at all times and for all purposes hereunder, all election judges, clerks, and other personnel involved in this election are a temporary part-time employee subject only to those benefits available to such employees.

VI. PREPARATION OF SUPPLIES AND VOTING EQUIPMENT

The County Clerk shall arrange for all election supplies and voting equipment including, but not limited to, official ballots, sample ballots, voter registration lists, and all forms, signs and other materials used by the election judges at the voting locations. At each polling location, joint participants shall share voting equipment and supplies to the extent possible. The participating parties shall share a mutual ballot in those precincts where jurisdictions overlap. However, in no instance shall a voter be permitted to receive a ballot containing an office or proposition stating a measure on which the voter is ineligible to vote. Multiple ballot styles shall be available in those shared polling places where jurisdictions do not overlap. The County Clerk shall provide the necessary voter registration information, instructions, and other information needed to enable the election judges in the voting locations that have more than one ballot style to conduct a proper election. If special maps are needed for a particular Political Subdivision, the County Clerk will order the maps and pass that charge on to that particular Political Subdivision.

Political Subdivision shall furnish the County Clerk a list of candidates and/or propositions showing the order and the exact manner in which the candidate names and/or propositions(s) are to appear on the official ballot (including titles and text in each language in which the authority's ballot is to be printed). **THE POLITICAL SUBDIVISION SHALL ALSO PROVIDE A COPY OF EACH CANDIDATE'S APPLICATION TO THE COUNTY CLERK ELECTION OFFICE.** This list shall be delivered to the County Clerk as soon as possible after ballot positions have been determined by each of the participating authorities. Each participating authority shall be responsible for proofreading and approving the ballot insofar as it pertains to that authority's candidates and/or propositions.

VII EARLY VOTING

The Parties agree to conduct joint early voting and to appoint the County Clerk as the Early Voting Clerk in accordance with Sections 31.097 and 271.006 of the Texas Election Code. Political Subdivision agrees to appoint the County Clerk's permanent county employees as deputy early voting clerks. The Parties further agree that each Early Voting location will have an officer in charge called "Deputy Early Voting Clerk" who will receive compensation at an hourly rate of \$16.00. The clerks at each location will receive compensation at an hourly rate of \$14.00. Any qualified voter of the Joint Election may vote early by personal appearance at any one of the joint early voting locations.

As Early Voting Clerk, the County Clerk shall receive applications for early voting ballots to be voted by mail in accordance with Chapter 86 of the Texas Election Code. Any requests for early voting ballots to be voted by mail received by the Political Subdivision shall be forwarded immediately by fax, email or courier to the County Clerk for processing.

The County Clerk shall, upon request, provide the Political Subdivision a copy of the early voting report on a daily basis and a cumulative final early voting report following the election. The list will be posted to the Secretary of States website by 11am each day in accordance with the Texas Election Code.

VIII EARLY VOTING BALLOT BOARD

The County Clerk shall appoint an Early Voting Ballot Board (EVBB) to process early voting MAIL BALLOTS from the Joint Election. The Presiding Judge, with the assistance of the County Clerk, shall appoint two or more additional members to constitute the EVBB. The County Clerk shall determine the number of EVBB members required to efficiently process the early voting ballots.

IX. CENTRAL COUNTING STATION AND ELECTION RETURNS

The County shall be responsible for establishing and operating the central counting station to receive and tabulate the voted ballots in accordance with the provisions of the Texas Election Code and of this agreement.

The participating authorities hereby, in accordance with Section 127.002, 127.003, and 127.005 of the Texas Election Code, appoint the following central counting station officials:

Counting Station Manager:	Sheri Hemphill
Alternate Counting Station Manager:	Kasey Touchet
Tabulation Supervisor:	Austin Dubose
Alternate Tabulation Supervisor:	Kevin Duque
Presiding Judge:	Shelby Morgan
Alternate Presiding Judge	Lauren Van Deventer

The County Clerk will prepare the unofficial canvass reports after all precincts have been counted, and will deliver a copy of the unofficial canvass to the Political Subdivision as soon as possible after all returns have been tabulated. All participating authorities shall be responsible for the official canvass of their respective elections. Results will be immediately posted on the Chambers County Website.

The County Clerk shall be responsible for conducting the post-election manual recount required by Section 127.201 of the Texas Election Code unless a waiver is granted by the Secretary of State.

Notification and copies of the recount, if waiver is denied, will be provided to each participating authority and the Secretary of State's Office.

The County Clerk shall submit all precinct by precinct returns to the Texas Secretary of State's Office electronically.

X. ELECTION EXPENSES AND ALLOCATION OF COSTS

The Parties agree to share the costs of administering the Joint Election. Allocation of costs, unless specifically stated otherwise, is mutually agreed to be shared.

It is agreed that the Political Subdivision and County will split the cost of poll workers and paper ballots evenly for Winnie Stowell Community Building, Winnie, TX polling location for Early Voting. Each Political Subdivision will be responsible for the payment of programming and the audio programming of their Political Subdivision. The County Clerk will attach a copy of the invoice from Hart Intercivic, Inc. to the final invoice. The County Clerk will pay the programming charges up front from the vendor, and will receive reimbursement from each Political Subdivision.

Costs for Election Day will be calculated by the number of voting precincts in each Political Subdivision and divided equally among the Political Subdivisions in the respected voting precincts for costs associated with Election Day.

Political Subdivision contracting for a runoff is not included in this agreement and each Political Subdivision shall be responsible for all associated costs of holding a runoff election.

XI. WITHDRAWAL FROM CONTRACT DUE TO CANCELLATION OF ELECTION

Political Subdivision may withdraw from this agreement and the Joint Election should it cancel its election in accordance with Sections 2.051 – 2.053 of the Texas Election Code, or should it be later ruled that the election is not needed. Political Subdivision is fully liable for any expenses incurred by County Clerk on behalf of the Political Subdivision. Any monies deposited with the county by the withdrawing authority shall be refunded, minus the aforementioned expenses.

XII. RECORDS OF THE ELECTION

The County Clerk is hereby appointed general custodian of the voted ballots and all records of the Joint Election as authorized by Section 271.010 of the Texas Election Code.

Access to the election records shall be available to each participating authority, as well as to the public, in accordance with applicable provisions of the Texas Elections Code and the Texas Public Information Act. The election records shall be stored at the offices of the County Clerk or at an alternate facility used for storage of county records. The County Clerk shall ensure that the records are maintained in an orderly manner so that the records are clearly identifiable and retrievable.

Records of the election shall be retained and disposed of in accordance with the provisions of Section 66.058 of the Texas Election Code. If records of the election are involved in any pending election contest, investigation, litigation, or open records request, the County Clerk shall maintain the records until final resolution or until final judgement, whichever is applicable. It is the responsibility of each participating authority to bring to the attention of the County Clerk any notice of pending election

contest, investigation, litigation or open records request which may be filed with the participating authority.

XIII. RECOUNTS

A recount may be obtained as provided by Title 13 of the Texas Election Code. Political Subdivision agrees that any recount shall take place at the offices of the County Clerk and that the County Clerk shall serve as Recount Supervisor and the Political Subdivision's official or employee who performs the duties of a secretary under the Texas Election Code shall serve as Recount Coordinator.

The County Clerk agrees to provide advisory services to the Political Subdivision as necessary to conduct a proper recount and cost of the recount depends on the size of the election and number of precincts to be recounted.

XIV. MISCELLANEOUS PROVISIONS

1. It is understood that to the extent space is available, that other districts and political subdivisions may wish to participate in the use of the election equipment and voting places; it is agreed that the County Clerk may contract with such other districts or political subdivisions for such purposes, and that in such event, there may be an adjustment of the pro-rata share to be paid to the County by the participating authorities.
2. The County Clerk shall file copies of this document with the County Treasurer and the County Auditor in accordance with Section 31.099 of the Texas Election Code.
3. Nothing in this contract prevents any party from taking appropriate legal action against any other party and/or other election personnel for a breach of this contract or a violation of the Texas Election Code; however, any action taken is subject to any immunity provided by statute or common law to governmental entities. For purposes of this contract, the County Clerk's office is acting as a governmental entity covered by any immunity available to Chambers County.
4. The parties agree that under the Constitution and laws of the State of Texas, neither Chambers County nor Political Subdivision can enter into an agreement whereby either party agrees to indemnify or hold harmless another party; therefore, all references of any kind, if any, to indemnifying or holding or saving harmless for any reason are hereby deleted.
5. This agreement shall be construed under and in accord with the laws of the State of Texas, and all obligations of the parties created hereunder are performable in Chambers County, Texas.
6. In the event of one or more of the provisions contained in the Agreement shall for any reason be held to be invalid, illegal, or unenforceable in any respect, such invalidity, illegality, or unenforceability shall not affect any other provision hereof and this agreement shall be construed as if such invalid, illegal, or unenforceable provision had never been contained herein.
7. All parties shall comply with all applicable laws, ordinances, and codes of the State of Texas, all local governments, and any other entities with local jurisdiction.
8. The waiver by any party of a breach of any provision of this agreement shall not operate as or be construed as a waiver of any subsequent breach.
9. Any amendments of this agreement shall be of no effect unless in writing and signed by all parties hereto.
10. **Authorization of Agreement.** This Agreement has been approved and authorized by the governing body of the Political Subdivision.

11. **Purpose, Terms, Rights and Duties of the Parties.** The purpose, terms, rights, and duties of the Parties shall be as set forth in this agreement.
12. **Payments from Current Revenues.** Each Party paying for the performance of governmental functions or services must make those payments from current revenues available to that paying Party.
13. **Fair Compensation.** The Parties acknowledge and agree that each of the payments contemplated by this Agreement fairly compensate the performing Party.
14. **Termination.** At any time and for any reason, either Party may terminate this Agreement by providing thirty (30) days' written notice of termination to the other Party.
15. **Funding.** The Parties understand and acknowledge that the funding of this Agreement is contained in each Party's annual budget and is subject to the approval of each Party in each fiscal year. The Parties further agree that should the governing body of any Party fail to approve a budget that includes sufficient funds for the continuation of this Agreement, or should the governing body of any Party fail to certify funds for any reason, then and upon the occurrence of such event, this Agreement shall automatically terminate as to that Party and that Party shall then have no further obligation to the other Party. When the funds budgeted or certified during any fiscal year by a Party to discharge its obligations under this Agreement are expended, the other Party's ***sole and exclusive remedy*** shall be to terminate this Agreement.
16. **No Joint Enterprise.** The Agreement is not intended to, and shall not be construed to, create any joint enterprise between or among the Parties.
17. **Public Information.** This Agreement is public information. To the extent, if any, that any provision of this Agreement is in conflict with Texas Government Code Chapter 552, et seq., as amended (the "Texas Public Information Act"), such provision shall be void and have no force or effect.
18. **No Third-Party Beneficiaries.** This Agreement is entered solely by and between, and may be enforced only by and among the Parties. Except as set forth herein, this Agreement shall not be deemed to create any rights in, or obligations to, any third parties.
19. **No Person Liability.** Nothing in this Agreement shall be construed as creating any personal liability on the part of any employee, officer, or agent of any Party to this Agreement.
20. Nothing in this Agreement requires that either the Political Subdivision or County incur debt, assess or collect funds, or create a sinking fund.
21. **Sovereign Immunity Acknowledged and Retained.** **THE PARTIES EXPRESSLY ACKNOWLEDGE AND AGREE THAT NO PROVISION OF THIS AGREEMENT IS IN ANY WAY INTENDED TO CONSTITUTE A WAIVER BY ANY PARTY OF ANY IMMUNITY FROM SUIT OR LIABILITY THAT A PARTY MAY HAVE BY OPERATION OF LAW. THE CITY AND THE COUNTY RETAIN ALL GOVERNMENTAL IMMUNITIES.**

XV. COST ESTIMATES AND DEPOSIT OF FUNDS

It is estimated that the Political Subdivision's obligation under the terms of this agreement shall be DETERMINED AFTER THE ELECTION. The exact amount of the Political Subdivision's obligation under the terms of this Agreement shall be calculated after the May 2, 2026, election; is **due within thirty (30) days after receipt of the final invoice from the County Clerk.**

IN TESTIMONY HEREOF, this agreement, its multiple originals all of equal force, has been executed on behalf of the parties.

- (1) On the _____ day of _____, 2026 been executed on behalf of the County Clerk by the County Clerk pursuant to the Texas Election Code;
- (2) On the _____ day of _____, 2026 been executed on behalf of the Political Subdivision by its Mayor, Chairman of the Board, or authorized representative, pursuant to an action of the Political Subdivision.

CHAMBERS COUNTY, COUNTY CLERK by

Heather H. Hawthorne, County Clerk

ATTEST:

Winnie Stowell Hospital District

By _____
Authorized Representative

DATE

ATTEST

Chambers County, Texas

By _____
Chambers County Judge, Jimmy Sylvia

DATE

November 3, 2026, Joint General Election
Cost Estimate:

DESCRIPTION	AMOUNT
Early Voting –Winnie Polling Location	
Pollworker- Deputy's, 2 workers, \$16.00 per hour, 300 hours estimated Total wages split with County \$4,800.00	\$2,400.00
Pollworker- Clerks, 3 workers, \$14.00 per hour, 450 hours estimated Total wages split with County \$6,300.00	\$3,150.00
Election Day – Winnie Polling Location	
Pollworker- Judge and Alternate Judge, \$16.00 per hour, 16 hours estimated Total wages split with County \$512.00	\$256.00
Pollworker- Clerks 3 workers, \$14.00 per hour, 14 hours estimated Total wages split with County \$588.00	\$294.00
Partial Hand Count Audit	
Early Voting Ballot Board- 6 members, \$50.00 per hour, 16 hours estimated Total wages split with County \$4,800.00	\$2,400.00
Hart Ballot Production (final cost to be determined by vendor)	
Paper Ballots Voting Precinct 7 & 12 for mail ballots \$.52 per ballot (200 ballots)	\$104.00
Programming & Audio (flat fee from vendor)	\$1,500.00
Administrative Fee: Texas Election Code, \$31.100	
(10% of subtotal \$10,104.00)	\$1,010.40
Estimate Total	\$11,114.40

EXHIBIT “H”
Prosperity Bank Resolution

**WINNIE-STOWELL HOSPITAL DISTRICT
AUTHORIZING RESOLUTION
(Prosperity Bank, N.A. - All Accounts)**

At a duly constituted meeting of the Board of Directors of Winnie-Stowell Hospital District (the “District”), a political subdivision of the State of Texas established pursuant to Chapter 286 of the Texas Health and Safety Code, held as a Regular Meeting on June 17, 2026, the following resolution was adopted:

RECITAL

WHEREAS, the District maintains one or more bank accounts and related banking services with Prosperity Bank, N.A. (the “Bank”);

WHEREAS, this Resolution applies to all accounts opened by the District at the Bank under the District’s name, including all existing and future accounts unless otherwise restricted in writing by the Board of Directors (collectively, the “Accounts”);

WHEREAS, Kacey Vratis has resigned as a member of the Board of Directors of the District, thereby creating a vacancy in the office of director;

WHEREAS, pursuant to Section 286.047 of the Texas Health and Safety Code, a vacancy in the office of director shall be filled for the unexpired term by appointment by the remaining directors;

WHEREAS, pursuant to Section 286.047 of the Texas Health and Safety Code, the remaining directors of the District appointed Kay Wilcox to fill the vacancy created by the resignation of Kacey Vratis and to serve for the unexpired term;

WHEREAS, the Board desires to update the authorized signatories on the Accounts by adding Kay Wilcox and removing Kacey Vratis;

WHEREAS, the Board desires that Kacey Vratis be removed from all signature cards, account records, online banking authorizations, treasury management access, credit card authority, and any other authority to transact on behalf of the District with respect to the Accounts;

WHEREAS, the Board desires that Kay Wilcox be added as an authorized signer on the Accounts;

WHEREAS, the Board desires to confirm that each current member of the Board of Directors of the District is an authorized signer on the Accounts, including for the avoidance of doubt any current director not previously reflected on the Bank’s signature cards or account records;

WHEREAS, the Board desires to confirm that Victoria Marie Carlo, as the Administrator, remains authorized to have online banking and treasury-management access as necessary to submit to the Bank, as a ministerial act only, wire-transfer instructions, direct-deposit files, ACH transactions, and related transfer documents that have first been approved and executed by two (2) Board members who are authorized signers, and to create, schedule, and submit routine bill-pay

transactions through the Bank's online bill-pay system for ordinary operating expenses approved through the District's ordinary accounts-payable process, subject to the restrictions set forth below and any applicable DACA, DAISA, or similar agreement with the Bank; provided, however, that such authority does not authorize Victoria Marie Carlo to sign checks, approve disbursements, or independently initiate or approve any wire transfer, direct deposit, ACH transaction, or other transfer other than the routine bill-pay authority expressly described above;

WHEREAS, the Board desires to authorize Makayla Vidal, the District's CPA, to have view-only access to the Accounts for accounting, bookkeeping, reconciliation, audit, and financial reporting purposes and limited transmission access solely to submit to the Bank, as a ministerial act only, wire-transfer instructions, direct-deposit files, ACH transactions, and related transfer documents that have first been approved and executed by two (2) Board members who are authorized signers; provided, however, that Makayla Vidal shall not have authority to sign checks, approve disbursements, independently initiate or approve wire transfers, direct deposits, ACH transactions, or other transfers, use District credit cards, enter into treasury management agreements, or otherwise transact on behalf of the District except as expressly set forth in this Resolution;

WHEREAS, the Board desires to confirm the authorized signers and banking authority for the District's Accounts at the Bank; and

WHEREAS, at the Regular Meeting of the Board of Directors held on June 17, 2026, all members of the Board of Directors were present except _____, and the Board considered and approved this Resolution.

NOW THEREFORE, BE IT RESOLVED that the Board of Directors of the District hereby adopts the following resolutions:

1. The Bank is designated as a depository bank of funds belonging to the District.
2. This Resolution applies to all Accounts opened by the District at the Bank under the District's name.
3. It is the District's policy that two (2) Board members who are authorized signers approve and execute any disbursements, including checks, wire transfers, direct deposits, or ACH transactions to or from any District account, subject to any DACA, DAISA, or similar agreement, if any, applicable to any District account. Non-Board personnel may submit approved and executed transfer instructions to the Bank only as a ministerial act and shall not be deemed an authorized signer or approving party by reason of that submission.
4. Kay Wilcox is hereby added as an authorized signer on all Accounts belonging to the District at the Bank.
5. Kacey Vratil is hereby removed as an authorized signer from all Accounts belonging to the District at the Bank and shall have no authority to sign checks, approve disbursements, initiate or approve wire transfers or ACH transactions, access online banking, use District

credit cards, enter into treasury management agreements, or otherwise transact with the Bank on behalf of the District.

6. Each current member of the Board of Directors of the District is hereby confirmed and authorized as an authorized signer on all Accounts belonging to the District at the Bank, including, for the avoidance of doubt, any current director not previously reflected on the Bank's signature cards, account records, online banking records, treasury management records, or other account documentation.
7. The following directors of the District, listed below, are authorized signers on the Accounts:

Name	Title	Signature
Mr. Ed Murrell	President	_____
Mr. Anthony Stramecki	Vice-President	_____
Robert "Bobby" Way	Treasurer	_____
Jeff Rollo	Secretary	_____
Kay Wilcox	Director	_____

8. Victoria Marie Carlo, as the Administrator, is authorized to have online banking and treasury-management access as necessary to (i) submit to the Bank, as a ministerial act only, wire-transfer instructions, direct-deposit files, ACH transactions, and related transfer documents that have first been approved and executed by two (2) Board members who are authorized signers, and (ii) create, schedule, and submit routine online bill-pay transactions for ordinary District expenses that have been approved through the District's ordinary accounts-payable process, subject to any necessary DACA, DAISA, or similar agreement with the Bank and subject to the District's policy requiring two (2) Board members who are authorized signers for disbursements. Victoria Marie Carlo shall not have authority to sign checks, approve disbursements, or independently initiate or approve any wire transfer, direct deposit, ACH transaction, or other transfer, except for the routine online bill-pay authority expressly set forth in this Section, and she shall not be deemed an authorized signer or approving party by reason of such submission authority.

Name	Title	Signature
-------------	--------------	------------------

Mrs.Victoria Marie Carlo	Administrator	
--------------------------	---------------	-------

9. Victoria Marie Carlo, as the Administrator, is authorized to be a signer on the District's credit card with the Bank.

Name	Title	Signature
Mrs. Victoria Marie Carlo	Administrator	_____

10. Makayla Vidal, the District's CPA, is hereby authorized to have view-only access to the Accounts for accounting, bookkeeping, reconciliation, audit, and financial reporting purposes and limited transmission access solely to submit to the Bank, as a ministerial act only, wire-transfer instructions, direct-deposit files, ACH transactions, and related transfer documents that have first been approved and executed by two (2) Board members who are authorized signers. Such access is limited to account inquiry, viewing account balances, viewing transaction history, viewing statements, downloading account information, other non-transactional access approved by the Bank, and the ministerial submission of Board-approved and Board-executed transfer instructions as described above. Makayla Vidal shall not have authority to sign checks, approve disbursements, independently initiate or approve wire transfers, direct deposits, ACH transactions, or other transfers, use District credit cards, enter into treasury management agreements, or otherwise transact with the Bank on behalf of the District, except for the ministerial submission authority expressly set forth in this Section.

Name	Title	Signature
Mrs. MaKayla Lynn Vidal	District Certified Public Account	_____

11. The President, Secretary, Administrator and any other authorized representative of the District are authorized and directed to deliver, for and on behalf of the District, a certificate of this Resolution to the Bank and to execute and deliver such documents as may be necessary or convenient to carry out the purposes of this Resolution, including documents necessary to add Kay Wilcox as an authorized signer, remove Kacey Vratiss from all authority, confirm all current directors as authorized signers, confirm Victoria Marie Carlo's authority, and grant Makayla Vidal view-only access to the Accounts.
12. The Bank is authorized to rely upon this Resolution until the Bank has received written notice of any amendment or rescission of this Resolution.

[Signature page to follow]

I further certify that the District is duly organized and existing and has the power to take the action called for by the foregoing resolutions.

RESOLUTION APPROVED AND ADOPTED THIS 17th DAY OF JUNE 2026

WINNIE-STOWELL HOSPITAL DISTRICT

Mr. Edward Murrell, President

SECRETARY CERTIFICATE

I, the undersigned, Jeff Rollo, Secretary of the Winnie-Stowell Hospital District, hereby certify that the foregoing is a full, true, and correct copy of a resolution duly adopted by the Board of Directors of the Winnie-Stowell Hospital District at its Regular Meeting held on June 17, 2026, at which time all members of the Board of Directors were present except _____, and the Board voted to add Kay Wilcox as an authorized signer on all Accounts at Prosperity Bank, N.A., to remove Kacey Vratiss as an authorized signer from all Accounts at Prosperity Bank, N.A., and to confirm the banking authority set forth in the foregoing Resolution. I further certify that the Resolution is entered in the minutes and has not been amended or repealed.

IN WITNESS WHEREOF, I have hereunto set my hand as Secretary this 17th day of June 2026.

Jeff Rollo, Secretary
Board of Directors

EXHIBIT “I”

Architectural Agreement with THR3E Designs for Administrative Building

Mr. Edward Murrell
Board President
Winnie-Stowell Hospital District
PO Box 1997
Winnie, TX 77665
409-656-3414
murrelledward@yahoo.com



Address
12950 Dairy Ashford Rd
Sugar Land, TX 77478
Contact
(346) 484-3300
Website
www.thr3edesign.com

RE: WSHD Administration Building
1115 TX-124, Winnie, Texas 77665
THR3E Design LLC Commission Number: **226-045**

4/13/2026

Dear Mr. Murrell,

Thank you very much for inviting **THR3E Design LLC** to submit a fee proposal for design services on the abovementioned project.

We believe there are three key reasons for selecting **THR3E Design LLC**:

Service: *"People don't choose companies. They choose people."* Our team is comprised of proven, creative design professionals who are client service-driven. We believe that every project needs personal service for the maximization of the user experience. By understanding your goals, we can tailor our services to your specific needs.

Leadership Involvement: In the ever-rapid changing design world, it is critical not to forget what defines a firm. Firms are defined by their leadership, staff, and their willingness to embrace emerging technologies. While our key staff members have experience working in large firms, we prefer the entrepreneurial spirit and nimbleness of a smaller practice. This choice ensures our commitment to bring back the leadership involvement in every project.

Design Methodology: Our fundamental goal is to collaborate with our clients to ensure that project goals, project delivery milestones, and project budgets are all achieved. This can be achieved with real time communication, partnering, and embracing technology available to ensure more predictable project outcomes.

Thank you again for considering **THR3E Design LLC**.

Sincerely,

Frank E. Marquez
Principal

PROJECT SCOPE

It is our understanding that the project shall consist of a Administration Office Building of approximately 5,000 square feet all located on a 13.9 - acre site bounded by State Highway 124 and Chestnut Road located in Winnie, Texas.

The project scope consists of a new green field building, slab on grade and associated parking.

STANDARD FORM OF AGREEMENT

B101 | Basic Services shall be as described in the *Standard Form of Agreement Between Owner and Architect*, AIA Document B101, 2017 Edition, which will be the basis for the final contract between us should this proposal be accepted, and the fee proposed herein is contingent upon the terms and conditions expressed in that document.

Services in addition to those listed above and services which result from changes in the Project scope will be provided by us if agreed to in writing in advance by both parties. Any changes or modifications requested by you, public agencies, the Contractor, or other third parties acting on your behalf, after approval of plans or specifications or made necessary by information not previously available to us will be considered Additional Services.

Compensation for such Additional Services, including consultants, will be on a fixed fee or hourly basis as described in an *Additional Services Request* that will be prepared and submitted by us, and agreed to by you. Our standard Schedule of Fees – Timecard Basis, dated 1 January 2026, is located on the last page of this proposal.

COMPENSATION

Compensation for our services as outlined above shall be a fixed fee of Two Hundred Five Thousand Four Hundred Eighty-Eight dollars (\$205,488.00), broken down as follows:

SERVICE FEE SCHEDULE

	TOTAL 100%	SD 20%	DD 30%	CD 35%	BN 0%	CA 15%
% of Basic Services Fee by Phase						
Architect of Record (THR3E Design LLC)	\$108,588.00	\$21,717.70	\$32,576.55	\$38,005.98	\$0.00	\$16,288.28
Normal Consultant Fees Included:						
Structural (Garza + McLain)	\$16,000.00	\$3,200.00	\$4,800.00	\$5,600.00	\$0.00	\$2,400.00
MEP (EJBIE)	\$20,400.00	\$4,080.00	\$6,120.00	\$7,140.00	\$0.00	\$3,060.00
Total Basic Services A/E Fee:	\$144,988.50	\$28,997.70	\$43,496.55	\$50,745.98	\$0.00	\$21,748.28
Other Additional Service Consultants Included:						
Civil (MBCO)	\$15,000.00	\$3,000.00	\$4,500.00	\$5,250.00	\$0.00	\$2,250.00
Landscape (Landology)	\$11,500.00	\$2,300.00	\$3,450.00	\$4,025.00	\$0.00	\$1,725.00
Interior Design (THR3E Design)	\$7,250.00	\$1,450.00	\$2,175.00	\$2,537.50	\$0.00	\$1,087.50
Furniture Design (THR3E Design LLC)	\$6,350.00	\$1,270.00	\$1,905.00	\$2,222.50	\$0.00	\$952.50
Windstorm Inspector	\$5,000.00	\$1,000.00	\$1,500.00	\$1,750.00	\$0.00	\$750.00
Low voltage & Security (Atlas)	\$7,900.00	\$1,580.00	\$2,370.00	\$2,765.00	\$0.00	\$1,185.00
IECC Commissioning (DBR)	\$7,500.00	\$1,500.00	\$2,250.00	\$2,625.00	\$0.00	\$1,125.00
Total of All Other Included Consultants:	\$60,500.00	\$12,100.00	\$18,150.00	\$21,175.00	\$0.00	\$9,075.00
Project Total A/E and Other Consultant(s) Fee	\$205,488.00	\$41,097.70	\$61,646.55	\$71,920.98	\$0.00	\$30,823.28

Interest shall accrue on amounts due and unpaid at prime rate plus two percent, but in no event at a rate higher than allowed by applicable law.

No deductions shall be made from our compensation on account of penalty, liquidated damages or other sums withheld from payments to contractors, or on account of the cost of changes in the Work other than those for which we have been found to be liable.

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

ADDITIONAL SERVICES

Services in addition to those previously described in this Agreement and services which result from changes in the Project scope will be provided by us if agreed to in writing in advance by both parties. Compensation for such additional services will be on an hourly basis according to the attached "Schedule of Fees – Timecard Basis".

1. Revisions after the final space plan design after it has been approved by Client.
2. Revisions after Client Construction Documents have commenced.
3. Revisions requested by the Client to reduce the cost of construction. (Based on Client Pricing Documents).
4. As built drawings or record drawing services.
5. Redraw or Value Engineering due to unforeseen project cost escalation and product(s) procurement issues.
6. Design or documentation of "above building standard" items.
7. Supplementary presentation materials, i.e.: Finish schedules, perspective sketches, special graphics, etc.
8. Application for building permit.
9. Extensive review of Shop Drawings.
10. Field visits during construction except as provided for above.
11. Services related to planning for re-use of existing equipment or furniture systems.

Any other changes or modifications requested by you, public agencies, or other third parties acting on your behalf, after approval of plans or specifications or made necessary by information not previously available to us will be considered Additional Services.

Additional services of consultants will be billed to you at Actual Cost *plus ten percent (10%)* the amount incurred by us for such services.

REIMBURSABLE EXPENSES

Reimbursable expenses are in addition to compensation and will be billed to you at Actual Cost *plus ten percent (10%)* of the actual expenditures made by us in the interest of the Project including the following incidental expenses:

Reimbursable expenses will not exceed \$7,375.00, without the owner's prior written authorization.

REIMBURSABLE SCHEDULE (not to exceed)

Travel: Hou-Winnie	SD	DD	CD	CA	Total
Architect of Record (THR3E Design LLC)	\$500.00	\$500.00	\$500.00	\$1,875.00	\$3,375.00
MEP (E B E)	\$0.00	\$0.00	\$500.00	\$500.00	\$1,000.00
Low Voltage (Atlas)	\$0.00	\$0.00	\$500.00	\$500.00	\$1,000.00
Landscape (Landology)	\$0.00	\$0.00	\$500.00	\$500.00	\$1,000.00
Civil (MBCO)	\$0.00	\$0.00	\$500.00	\$500.00	\$1,000.00
Total	\$500.00	\$500.00	\$2,500.00	\$3,875.00	\$7,375.00

Within the total THR3E Design reimbursable amount, the following items of the project have been included, Texas Department of Licensing Regulation (TDLR), Plan Review, Final Inspection.

Expense of transportation and living when traveling in connection with the project, Private automobile expense at the allowable IRS rate per mile, Long distance communication, Blueprinting and photocopying, Photographic service, shipping and delivery charges, plan checking, building permit, or other fees assessed by any authority, fees of special consultants if contracted for by us with your approval, the expense of overtime work requiring higher than regular rates if authorized in advance by you, perspectives or models for your use, printing, typesetting, art and model supplies, and other costs incurred in the preparation of specifications, brochures, or other promotional type materials.

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

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

Should the Project be suspended or abandoned at any point, we shall be paid for services rendered and expenses incurred on the date of suspension. If the Project is reactivated after sixty (60) days, this Agreement may be reinstated by written amendment signed by both you and us.

PAYMENT SCHEDULE

We will invoice you monthly in proportion to services performed and reimbursable expenses incurred. Payment shall be made within thirty days of the invoice date. Billing and payment shall be in accordance with the following schedule:

Schematic Design	15%				
Design Development		30%			
Construction Document			35%		
Bid and Negotiation				5%	
Construction Administration					15%

PROJECT SCHEDULE

We are prepared to begin working on the project immediately upon receiving your authorization to proceed. We estimate that it will require Sixty-Six (66) weeks to complete the project according to the following schedule:

Project Phase	Duration	
Schematic Design Site due diligence AHJ review	4	Weeks
Design Development	6	Weeks
Construction Documents	6	Weeks
Permitting (Chambers County)	6	Weeks
Construction Administration	44	Weeks
Total	66	Weeks

MEETINGS

The following meetings are included in this proposal:

Project Phase	Number of Meetings
Schematic Design	2
Design Development	2
Construction Documents	2
Construction Administration	28*
Total	34

(*) Assumes weekly construction meetings, including two in-person meetings per month, based on a ten (10)-month construction schedule.

Additional meetings will be billed on an hourly basis as an Additional Service. Refer to timecard rates located on the last page of this proposal.

PROJECT TEAM

Principal in Charge | Frank E. Marquez

Responsible for project oversight, problem resolution, contracting and billing, and quality control for the project.

Project Manager | Carlos A Villagomez, AIA

Responsible for coordination and scheduling of consultants and technical staff resources, and monitoring quality of communication, design and documentation services provided to you.

CLIENT'S APPROVAL AND ACCEPTANCE

Thank you again for this opportunity to offer this proposal. We are excited to begin working with your team. Should you approve of our proposal, please sign below, and return a copy granting authorization to proceed. Please feel free to call me with any questions you might have.

By: 
Signature


Date


Printed Name

The Texas Board of Architectural Examiners, P.O. Box 12337, Austin, TX 78711-2337, (512) 305-9000, <http://www.tbae.state.tx.us>, has jurisdiction over complaints regarding the professional practices of persons registered as architects in Texas.

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SCHEDULE OF FEES – TIMECARD BASIS

Effective January 1, 2026

RATES (2026 Functional Titles)

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

Services of Engineers/Other Consultants: Actual Cost-plus ten (10%) percent.

Reimbursable Expenses: travel, document reproduction, typesetting, offset printing, telephone, photography, photographic supplies and prints, renderings, models, postage, delivery, and other project-related expenses: Billed at Actual Cost-plus ten percent.

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

PROJECT INFORMATION

EXHIBIT A – Proposed Master plan

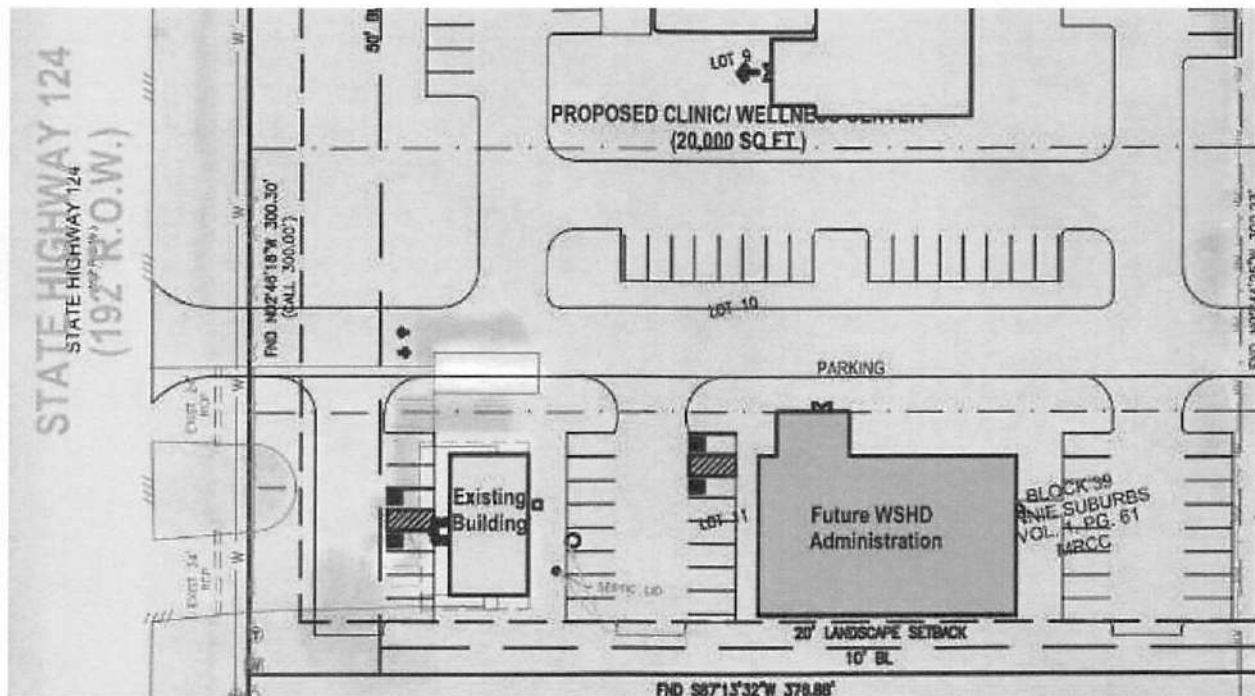
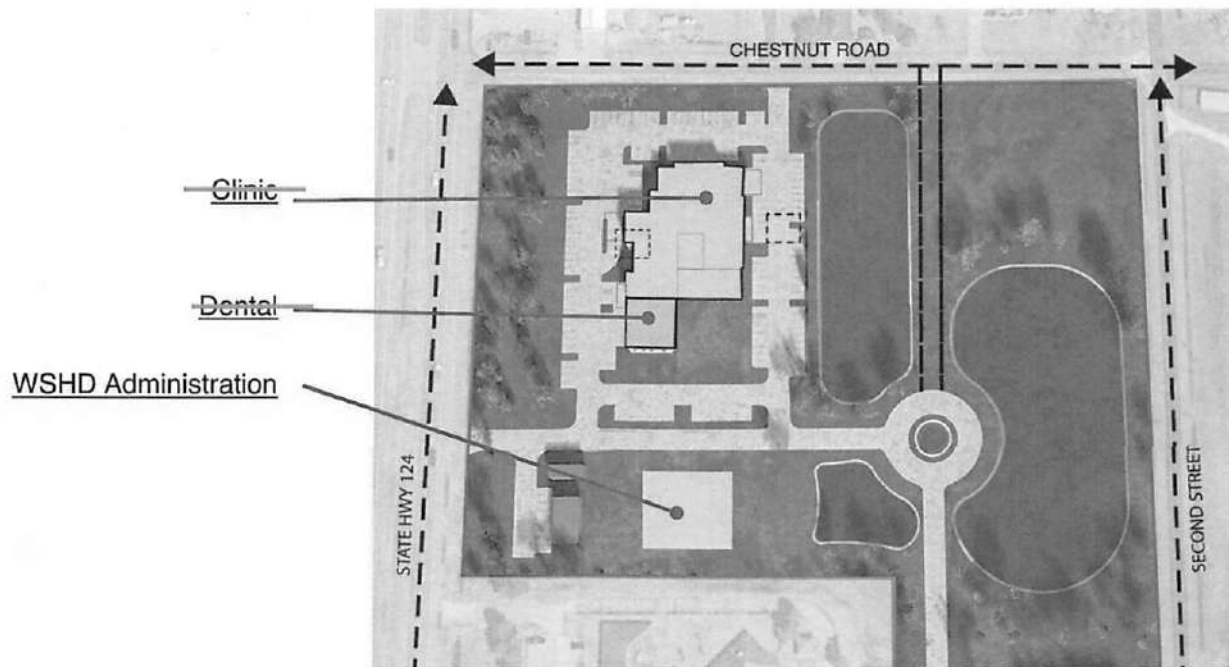




EXHIBIT “J”

New Markets Tax Credit Financing Materials / Forvis Mazars Materials

For Discussion Purposes Only

	<u>Scenario 1</u>		<u>Scenario 2</u>	
Community Development Entity (CDE) Allocation Commitment	\$	8,000,000	\$	10,000,000
Total Allocation Amount	\$	8,000,000	\$	10,000,000
 Total Tax Credit as a % of Allocation (39%)	\$	3,120,000	\$	3,900,000
Total NMTC Equity Generate (78 cents Tax Credit Purchase Price)	\$	2,433,600	\$	3,042,000
 Anticipated Loan A (Estimated)	\$	5,566,400	\$	6,958,000
CDE Fees				
6% Upfront Fee (% of allocation amount)	\$	(480,000)	\$	(600,000)
Total CDE Fees	\$	(480,000)	\$	(600,000)
 Anticipated Loan B (Estimated)	\$	1,953,600	\$	2,442,000
 Less NMTC Transaction Costs (Estimated)				
NMTC Financial Modeling	\$	(40,000)	\$	(40,000)
 CDE Asset Management Fee - 3.5%, Reserved at Closing	\$	(280,000)	\$	(350,000)
Total Asset Management Fees	\$	(280,000)	\$	(350,000)
 CDE Annual Audit & Tax Fee - Reserved at Closing	\$	(120,000)	\$	(120,000)
Total Audit & Tax Fees	\$	(120,000)	\$	(120,000)
 Investor Legal Counsel	\$	(125,000)	\$	(125,000)
CDE Legal Counsel	\$	(90,000)	\$	(90,000)
Winni Stowell NMTC Legal Counsel	\$	(110,000)	\$	(110,000)
Total Legal Costs	\$	(325,000)	\$	(325,000)
 Misc. Costs (Placeholder)	\$	(25,000)	\$	(25,000)
Forvis Mazars Closing Fee (estimated)	\$	(175,000)	\$	(175,000)
 Net Benefit at Closing - after Transaction Costs	\$	988,600	\$	1,407,000

*Total fees may vary. Each CDE has a unique fee structure.

Scenario 3

\$	12,000,000
\$	12,000,000
\$	4,680,000
\$	3,650,400
\$	8,349,600
\$	(720,000)
\$	(720,000)
\$	2,930,400
\$	(40,000)
\$	(420,000)
\$	(420,000)
\$	(120,000)
\$	(120,000)
\$	(125,000)
\$	(90,000)
\$	(110,000)
\$	(325,000)
\$	(25,000)
\$	(175,000)
\$	1,825,400

EXHIBIT “K-1”

Notice of Sale of Salvage Property – Metal Building Located at 1188 2nd Street,
Winnie, Texas



REQUEST FOR PUBLICATION: Please publish the attached Notice of Sale of Salvage Property in a newspaper of general circulation in Chambers County, Texas, 1 time, in compliance with Texas Health and Safety Code Section 285.901 and Sections 263.152 and 263.153 of the Texas Local Government Code. The publication should occur on or after May 17, 2026, and no later than May 21, 2026, in advance of the June 1, 2026 bid deadline for the sale, dismantling, and removal of the metal building located at 1188 2nd Street, Winnie, Chambers County, Texas 77665.



NOTICE OF SALE OF SALVAGE PROPERTY

Notice is hereby given that the Winnie-Stowell Hospital District (the "District"), pursuant to Texas Health and Safety Code Section 285.901 and Sections 263.152 and 263.153 of the Texas Local Government Code, will receive sealed bids for the sale, dismantling, and removal of the metal building located at 1188 2nd Street, Winnie, Chambers County, Texas 77665, containing approximately 120.25 feet by 100.23 feet, for an approximate total of 12,000 square feet.

The metal building has been declared surplus or salvage property by the Board of Directors of the District and is no longer needed for District purposes.

The successful bidder shall be responsible for dismantling and completely removing the building, removing all debris, restoring the site to a clean and safe condition, obtaining any required permits, complying with all applicable laws, maintaining appropriate insurance, and providing indemnification to the District.

The property is being sold AS IS, WHERE IS, WITH ALL FAULTS, and without warranty of any kind.

Sealed bids must be submitted to:

Winnie-Stowell Hospital District
Attn: Administrator
520 Broadway
Winnie, Texas 77665

Bids must be received no later than 2:00 p.m. on Monday, June 1, 2026. The District reserves the right to reject any and all bids, waive informalities, and accept the bid determined to be in the best interest of the District.

The successful bidder must complete removal of the building within 30 days after award unless extended in writing by the District.

For inspection information, please contact the District at (409) 296-1003.

PHOTOGRAPH OF BUILDING:



EXHIBIT “K-2”

Bill of Sale for Metal Building Located at 1188 2nd Street, Winnie, Texas

Received: June 1, 2024 @ 2PM

By: ~~Victoria Carter~~

I Bid 10,100 For the Building
at 1188 2nd Street Winnie Tx 77665

Culley Devillier

PO Box 261

Winnie Tx 77665

TX Culley@Yahoo.Com

BILL OF SALE

STATE OF TEXAS §
 §
COUNTY OF CHAMBERS §

This Bill of Sale ("Bill of Sale") is made effective as of June 18, 2026 (the "Effective Date"), by and between Winnie-Stowell Hospital District, a political subdivision organized under the laws of the State of Texas ("Seller"), and Coulan Devillier ("Purchaser").

RECITALS

WHEREAS, Seller is the owner of that certain metal building located at 1188 2nd Street, Winnie, Chambers County, Texas 77665 (the "Building"), which has been declared surplus or salvage property by action of Seller's Board of Directors pursuant to Texas Health and Safety Code Section 285.901 and Sections 263.152 and 263.153 of the Texas Local Government Code; and

WHEREAS, Purchaser submitted the successful bid for the purchase, dismantling, and removal of the Building, and Seller has approved such bid.

NOW, THEREFORE, for and in consideration of the Purchase Price and other good and valuable consideration, the receipt and sufficiency of which are hereby acknowledged, Seller hereby sells, transfers, assigns, and conveys unto Purchaser all of Seller's right, title, and interest in and to the Building, subject to the terms and conditions set forth herein.

1. DEFINITIONS. For purposes of this Bill of Sale, the following terms shall have the meanings set forth below:

- a. "*Building*" means that certain metal building located at 1188 2nd Street, Winnie, Chambers County, Texas 77665, containing approximately 120.25 feet by 100.23 feet, or approximately 12,000 square feet, together with all removable improvements, materials, fixtures, and components associated therewith that are intended to be dismantled and removed by Purchaser pursuant to this Bill of Sale.
- b. "*Property*" means the real property owned by Seller upon which the Building is located, including the surrounding land necessary for access and removal, but excluding any ownership interest therein, as no real property interest is being conveyed by this Bill of Sale.
- c. "*Purchase Price*" means the total amount of \$ 10,100.00 to be paid by Purchaser to Seller for the purchase of the Building and the right to dismantle and remove the same, as approved by Seller's Board of Directors.
- d. "*Effective Date*" means the date first written above on which this Bill of Sale becomes effective and from which Purchaser's obligations for payment, insurance, dismantling, and removal shall commence.

- e. *“Removal Work”* means all work necessary to dismantle, remove, transport, dispose of, and clean up the Building and related materials, including debris removal, utility coordination, site restoration, permitting, and compliance with applicable law.
2. **NO REAL PROPERTY CONVEYED.** This Bill of Sale conveys only Seller’s interest in the Building and does not convey any fee interest, leasehold interest, easement, license, or other right in or to the underlying land or any other real property owned by Seller.
3. **AS IS; WHERE IS.** The Building is conveyed AS IS, WHERE IS, WITH ALL FAULTS, and without representation or warranty of any kind, express or implied, including without limitation any warranty of condition, merchantability, fitness for a particular purpose, or suitability for Purchaser’s intended use.
4. **TEMPORARY ACCESS.** Seller grants Purchaser a temporary, limited right of access to the Property solely for purposes of performing the Removal Work. Such access shall begin only after Purchaser has paid the Purchase Price in full and provided proof of insurance required by this Bill of Sale. Purchaser’s access shall automatically terminate upon completion of the Removal Work or upon Purchaser’s default under this Bill of Sale.
5. **NO LIENS; DAMAGE TO PROPERTY.** Purchaser shall not permit any mechanic’s lien, materialman’s lien, or other lien to be filed against the Property or any property of Seller arising out of the Removal Work. Purchaser shall be responsible for any damage to Seller’s property caused by Purchaser, its employees, contractors, subcontractors, agents, or representatives.
6. **REMOVAL OBLIGATIONS.** Purchaser shall, at Purchaser’s sole cost and expense:
- a. dismantle and completely remove the Building from the property no later than thirty (30) days after the Effective Date, unless extended in writing by Seller;
 - b. remove all debris, materials, and related improvements associated with such removal;
 - c. restore the site in accordance with Section 11 of this Bill of Sale;;
 - d. obtain all permits and governmental approvals required for removal;
 - e. disconnect and coordinate any utilities, if applicable; and
 - f. comply with all applicable federal, state, and local laws, ordinances, rules, and regulations.
7. **INSURANCE AND INDEMNITY.** Prior to entering the property or beginning any dismantling, removal, or related work, Purchaser shall provide Seller with proof of commercially reasonable commercial general liability insurance in an amount acceptable to Seller, covering Purchaser’s entry onto the property, dismantling and removal of the Building, debris removal, site cleanup, and all related activities. Such insurance shall name Seller as an additional insured and shall remain in effect until all removal and cleanup obligations have been completed and accepted by Seller.

Purchaser agrees to defend, indemnify, and hold harmless Seller, its Board members, officers, employees, agents, and representatives from and against any and all claims, damages, losses, liabilities, costs, and expenses, including reasonable attorneys’ fees, arising out of or related

to Purchaser's entry onto the property, dismantling, removal, debris removal, site cleanup, or failure to comply with this Bill of Sale.

8. **PAYMENT.** Full payment of the purchase price shall be made to Seller, and proof of insurance naming Seller as an additional insured shall be provided to Seller, prior to Purchaser's entry onto the property for purposes of dismantling and removal.
9. **SITE CLEANUP AND RESTORATION.** Upon completion of the Removal Work, Purchaser shall leave the Property in a clean, safe, and reasonably level condition acceptable to Seller. Without limitation, Purchaser shall remove all debris, concrete, anchors, footings, foundations, scrap materials, trash, equipment, and any other materials associated with the Building or the Removal Work, unless Seller expressly agrees otherwise in writing. Purchaser shall repair any damage to driveways, access areas, drainage, utilities, fencing, or other improvements caused by Purchaser's activities and shall restore the affected area to substantially the same condition existing prior to entry, reasonable wear excepted.
10. **DEFAULT.** If Purchaser fails to timely remove the Building or otherwise comply with this Bill of Sale, Seller may, in addition to all other remedies available at law or in equity, terminate Purchaser's access rights, retain all sums paid, and cause removal or cleanup at Purchaser's expense.
11. **UTILITIES; SAFETY.** Seller makes no representation or warranty regarding the existence, location, condition, connection, disconnection, or safety of any utility lines, service connections, underground facilities, or other improvements located on or near the Property. Purchaser shall be solely responsible for locating, coordinating, disconnecting, capping, and protecting utilities, if applicable, and for performing all Removal Work in a safe manner and in compliance with all applicable laws, ordinances, rules, regulations, and safety requirements.
12. **RISK OF LOSS.** Upon execution of this Bill of Sale and payment of the Purchase Price, Purchaser assumes all risk of loss, damage, theft, injury, collapse, casualty, or other condition relating to the Building and the Removal Work.
13. **ABANDONED MATERIALS.** If Purchaser fails to complete the Removal Work within the time required by this Bill of Sale, any portion of the Building, debris, materials, equipment, or other items remaining on the Property may, at Seller's option, be deemed abandoned, and Seller may remove, dispose of, or otherwise address the same at Purchaser's expense.
14. **SURVIVAL.** Purchaser's obligations regarding indemnity, insurance, payment, removal, cleanup, damage to property, no liens, and compliance with law shall survive execution of this Bill of Sale and completion or termination of Purchaser's access to the Property.
15. **AUTHORITY.** Seller represents that this Bill of Sale has been duly authorized by action of its Board of Directors.

[Signature Page to Follow]

EXECUTED effective as of the Effective Date.

SELLER:

WINNIE-STOWELL HOSPITAL DISTRICT

By: Edward Murrell

Name: Edward Murrell

Title: President, Board of Directors

PURCHASER:

By: Coulon W Devillier

Name: Coulon W Devillier

Title: _____