

EXHIBIT “A”

Form 2201 - Statement of Officer (General Information)

The attached form is designed to meet minimal constitutional filing requirements pursuant to the relevant provisions. *This form and the information provided are not substitutes for the advice and services of an attorney.*

Execution and Delivery Instructions

A Statement of Officer required to be filed with the Office of the Secretary of State is considered filed once it has been received by this office.

Mail: P.O. Box 12887, Austin, Texas 78711-2887.

Overnight mail or hand deliveries: James Earl Rudder Officer Building, 1019 Brazos, Austin, Texas 78701.

Fax: (512) 463-5569.

Email: Scanned copies of the executed Statement may be sent to register@sos.texas.gov

NOTE: The Statement of Officer form, commonly referred to as the “Anti-Bribery Statement,” must be executed and filed with the Office of the Secretary of State before taking the Oath of Office (Form 2204).

Commentary

Article XVI, section 1 of the Texas Constitution requires all elected or appointed state and local officers to take the official oath of office found in section 1(a) and to subscribe to the anti-bribery statement found in section 1(b) before entering upon the duties of their offices.

Elected and appointed state-level officers required to file the anti-bribery statement with the Office of the Secretary of State include members of the Legislature, the Secretary of State, and all other officers whose jurisdiction is coextensive with the boundaries of the state or who immediately belong to one of the three branches of state government. Questions about whether a particular officer is a state-level officer may be resolved by consulting relevant statutes, constitutional provisions, judicial decisions, and attorney general opinions. For more information, see Op. Tex. Att’y Gen. No. JC-0575 (2002) (determining the meaning of “state officer” as it is used in Article XVI).

Effective September 1, 2017, Senate Bill 1329, which was enacted by the 85th Legislature, Regular Session, amended chapter 602 of the Government Code to require the following judicial officers and judicial appointees to file their oath and statement of officer with the secretary of state:

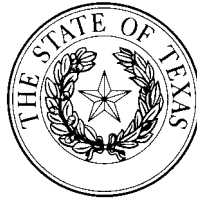
Officers appointed by the supreme court, the court of criminal appeals, or the State Bar of Texas; and
Associate judges appointed under Subchapter B or C, Chapter 201, Family Code.

Local officers must retain the signed anti-bribery statement with the official records of the office. *As a general rule, city and county officials do not file their oath of office with the Secretary of State— these officials file at the local level. The Legislature amended the Texas Constitution, Article 16, Section 1, in November 2001 to no longer require local level elected officials to file with our office.* **The Office of the Secretary of State does NOT file Statements or Oaths from the following persons:** Assistant District Attorneys; City Officials, including City Clerks, City Council Members, Municipal Judges, Justices of the Peace, and Police/Peace Officers; Zoning/Planning Commission Members; County Officials, including County Clerks, County Commissioners, County Judges, County Tax Assessors, and District Clerks; and Officials of Regional Entities, such as, Appraisal Review Districts, Emergency Service Districts, and School Districts (ISD’s).

Questions about this form should be directed to the Government Filings Section at (512) 463-6334 or register@sos.texas.gov

Revised 05/2020

Form #2201 Rev. 05/2020
Submit to:
SECRETARY OF STATE
Government Filings
Section P O Box 12887
Austin, TX 78711-2887
512-463-6334
512-463-5569 - Fax
Filing Fee: None



STATEMENT OF OFFICER

Statement

I, Kay Wilcox, do solemnly swear (or affirm) that I have not directly or indirectly paid, offered, promised to pay, contributed, or promised to contribute any money or thing of value, or promised any public office or employment for the giving or withholding of a vote at the election at which I was elected or as a reward to secure my appointment or confirmation, whichever the case may be, so help me God.

Title of Position to Which Elected/Appointed: Director, At Large, Winnie Stowell Hospital District

Execution

Under penalties of perjury, I declare that I have read the foregoing statement and that the facts stated therein are true.

Date: _____

Signature of Officer

Print

Reset

Form #2204 Rev 9/2017

This space reserved for office use

Submit to:
SECRETARY OF STATE
Government Filings Section
P O Box 12887
Austin, TX 78711-2887
512-463-6334
FAX 512-463-5569
Filing Fee: None



OATH OF OFFICE

IN THE NAME AND BY THE AUTHORITY OF THE STATE OF TEXAS,
I, Kay Wilcox, do solemnly swear (or affirm), that I will faithfully
execute the duties of the office of Director, At Large, Winnie Stowell Hospital District of
the State of Texas, and will to the best of my ability preserve, protect, and defend the Constitution and laws
of the United States and of this State, so help me God.

Signature of Officer

Certification of Person Authorized to Administer Oath

State of _____

County of _____

Sworn to and subscribed before me on this _____ day of _____, 20____.

(Affix Notary Seal,
only if oath
administered by a
notary.)

Signature of Notary Public or
Signature of Other Person Authorized to Administer An
Oath

Printed or Typed Name

Print

Reset

Exhibit “B-1”

Winnie-Stowell Hospital District

Balance Sheet

As of March 31, 2026

	Mar 31, 26
ASSETS	
Current Assets	
Checking/Savings	
100 Prosperity Bank -Checking	259,365.97
102 First Financial Bank	
102b FFB #4846 DACA	977,542.21
102c FFB #7190 Money Market	54,953,103.85
Total 102 First Financial Bank	55,930,646.06
105 TexStar	7,166,658.38
108 Nursing Home Banks Combined	4,911,526.98
Total Checking/Savings	68,268,197.39
Other Current Assets	
110 Sales Tax Receivable	194,309.82
114 Accounts Receivable NH	101,009,980.00
115 Riceland Hospital Rec.	381,163.10
116 - A/R CHOW - LOC	377,288.10
117 NH - QIPP Prog Receivable	57,496,778.71
119 Prepaid IGT	26,091,621.64
Total Other Current Assets	185,551,141.37
Total Current Assets	253,819,338.76
Fixed Assets	3,887,534.63
Other Assets	
118.01 Prepaid NH Fees	12,806.48
Total Other Assets	12,806.48
TOTAL ASSETS	257,719,679.87
LIABILITIES & EQUITY	
Liabilities	
Current Liabilities	
Other Current Liabilities	
190 NH Payables Combined	6,343,631.06
201 NHP Accounts Payable	41,588,201.57
206 FFB Loan 27	31,670,100.00
206 FFB Loan 28	31,276,800.00
235 Payroll Liabilities	6,930.08
240 Accounts Payable NH Oper.	89,437,086.90
Total Other Current Liabilities	200,322,749.61
Total Current Liabilities	200,322,749.61
Total Liabilities	200,322,749.61
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	352,672.35
Total Equity	57,396,930.26
TOTAL LIABILITIES & EQUITY	257,719,679.87

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

	Jan - Mar 26	Budget	\$ Over Budget	% of Budget
Ordinary Income/Expense				
Income				
400 Sales Tax Revenue	225,944.23	850,000.00	-624,055.77	26.6%
405 Investment Income	194,361.98	600,000.00	-405,638.02	32.4%
407 Rental Income	14,000.00	42,000.00	-28,000.00	33.3%
409 Tobacco Settlement	0.00	15,000.00	-15,000.00	0.0%
415 Nursing Home - QIPP Program	30,376,663.97	131,858,612.00	-101,481,948.03	23.0%
Total Income	30,810,970.18	133,365,612.00	-102,554,641.82	23.1%
Gross Profit	30,810,970.18	133,365,612.00	-102,554,641.82	23.1%
Expense				
500 Admin				
501 Admin-Administrative Salary	20,062.50	89,510.00	-69,447.50	22.4%
502 Admin-Administrative Assnt	8,423.94	42,950.00	-34,526.06	19.6%
503 Admin - Staff Incentive Pay	0.00	9,500.00	-9,500.00	0.0%
504 Admin-Administrative PR Tax	3,403.20	10,000.00	-6,596.80	34.0%
505 Admin-Board Bonds	0.00	250.00	-250.00	0.0%
506 Admin - Emp. Insurance	11,192.93	65,000.00	-53,807.07	17.2%
507 Admin-Retirement	5,616.44	16,500.00	-10,883.56	34.0%
515 Admin-Bank Service Charges	510.52	2,000.00	-1,489.48	25.5%
521 Professional Fees - Acctng	12,775.00	76,800.00	-64,025.00	16.6%
522 Professional Fees - Audit	0.00	34,000.00	-34,000.00	0.0%
523 Professional Fees - Legal	17,971.60	100,000.00	-82,028.40	18.0%
550 Admin-D&O / Liability Ins.	2,685.21	20,000.00	-17,314.79	13.4%
560 Admin-Cont Ed, Travel	111.84	6,500.00	-6,388.16	1.7%
562 Admin-Travel&Mileage Reimb.	240.35	2,500.00	-2,259.65	9.6%
569 Admin-Meals	1,993.01	4,700.00	-2,706.99	42.4%
570 Admin-District/County Prom	375.00	5,000.00	-4,625.00	7.5%
571 Admin-Office Supp. & Exp.	3,585.05	25,000.00	-21,414.95	14.3%
572 Admin-Web Site	0.00	1,000.00	-1,000.00	0.0%
573 Admin-Copier Lease/Contract	1,360.00	5,000.00	-3,640.00	27.2%
575 Admin-Cell Phone Reimburse	450.00	1,800.00	-1,350.00	25.0%
576 Admin-Telephone/Internet	1,158.21	4,000.00	-2,841.79	29.0%
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	680.00	4,080.00	-3,400.00	16.7%
593 Admin-Utilities	1,163.76	4,000.00	-2,836.24	29.1%
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	2,690.10	15,000.00	-12,309.90	17.9%
Total 500 Admin	98,795.66	554,585.00	-455,789.34	17.8%
600 - IC Healthcare Expenses				
601 IC Provider Expenses				
601.01a IC Pmt to Hosp-Indigent	89,799.90	500,000.00	-410,200.10	18.0%
601.01b IC Pmt to Coastal (Ind)	2,677.27	25,000.00	-22,322.73	10.7%
601.01c IC Pmt to Thompson	2,308.68	18,000.00	-15,691.32	12.8%
601.02 IC Pmt to UTMB	117,327.38	525,000.00	-407,672.62	22.3%
601.03 IC Special Programs				
601.03a Dental	9,516.00	30,000.00	-20,484.00	31.7%
601.03b IC Vision	760.00	2,750.00	-1,990.00	27.6%
601.04 IC-Non Hosp Cost-Other	3,527.77	35,000.00	-31,472.23	10.1%
601.05 IC - Chaierty Care Prog	0.00	25,000.00	-25,000.00	0.0%
Total 601.03 IC Special Programs	13,803.77	92,750.00	-78,946.23	14.9%
Total 601 IC Provider Expenses	225,917.00	1,160,750.00	-934,833.00	19.5%
602 IC-WCH 1115 Waiver Prog	99,490.79	610,000.00	-510,509.21	16.3%
603 IC-Pharmaceutical Costs	10,194.71	80,000.00	-69,805.29	12.7%
605 IC-Office Supplies/Postage	0.00	2,000.00	-2,000.00	0.0%
610 IC-Community Health Prog.	26,495.01	111,893.00	-85,397.99	23.7%
611 IC-Indigent Care Dir Salary	16,050.00	68,830.00	-52,780.00	23.3%
612 IC-Payroll Taxes -Ind Care	0.00	5,000.00	-5,000.00	0.0%
615 IC-Software	6,069.00	25,000.00	-18,931.00	24.3%
616 IC-Travel	0.00	1,000.00	-1,000.00	0.0%
617 Youth Programs				
617.01 Youth Counseling	1,615.00	25,000.00	-23,385.00	6.5%
617.02 Irlen Program	0.00	1,600.00	-1,600.00	0.0%
Total 617 Youth Programs	1,615.00	26,600.00	-24,985.00	6.1%
Total 600 - IC Healthcare Expenses	385,831.51	2,091,073.00	-1,705,241.49	18.5%

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

	Jan - Mar 26	Budget	\$ Over Budget	% of Budget
620 WSHD - Grants				
620.01 WCH/RMC	0.00	133,000.00	-133,000.00	0.0%
620.03 WSVEMS	38,193.60	157,774.00	-119,580.40	24.2%
620.05 East Chambers ISD	46,360.84	278,165.00	-231,804.16	16.7%
620.06 FQHC(Coastal)	659,487.63	1,549,185.00	-889,697.37	42.6%
620.09 Admin-Cont Ed-Med Pers.	5,404.80	8,647.00	-3,242.20	62.5%
620.11 Thompson OPC	0.00			
Total 620 WSHD - Grants	749,446.87	2,126,771.00	-1,377,324.13	35.2%
630 NH Program				
630 NH Program-Mgt Fees	10,742,990.50	47,607,558.00	-36,864,567.50	22.6%
631 NH Program-IGT	15,835,040.07	63,697,923.00	-47,862,882.93	24.9%
632 NH Program-Telehealth Fees	90,452.13	400,000.00	-309,547.87	22.6%
633 NH Program-Acctg Fees	5,425.00	30,000.00	-24,575.00	18.1%
634 NH Program-Legal Fees	125,367.40	300,000.00	-174,632.60	41.8%
635 NH Program-LTC Fees	1,383,000.00	5,554,000.00	-4,171,000.00	24.9%
637 NH Program-Interest Expense	685,727.70	4,895,660.00	-4,209,932.30	14.0%
638 NH Program-Loan/Bank Fees	321,691.05	658,768.00	-337,076.95	48.8%
639 NH Program-Appraisal	3,640.00	96,000.00	-92,360.00	3.8%
641 NH Program-NH Manager	3,300.00	20,400.00	-17,100.00	16.2%
Total 630 NH Program	29,196,633.85	123,260,309.00	-94,063,675.15	23.7%
674 Prop Acquisition/Development	0.00	500,000.00	-500,000.00	0.0%
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	24,265.40	14,000.00	10,265.40	173.3%
Total 675 HWY 124 Expenses	37,216.65	67,500.00	-30,283.35	55.1%
Payroll Expenses	0.00			
Total Expense	30,467,924.54	128,600,238.00	-98,132,313.46	23.7%
Net Ordinary Income	343,045.64	4,765,374.00	-4,422,328.36	7.2%
Other Income/Expense				
Other Income				
416 Nursing Home Operations	140,410,455.00			
Other Income	9,626.71			
Total Other Income	140,420,081.71			
Other Expense				
640 Nursing Home Oper. Expenses	140,410,455.00			
Total Other Expense	140,410,455.00			
Net Other Income	9,626.71			
Net Income	352,672.35	4,765,374.00	-4,412,701.65	7.4%

Exhibit “B-2”

WSHD Treasurer's Report					
Reporting Date: Wednesday, April 22, 2026					
Pending Expenses	For	Amount	Funds Summary		Totals
Bayside Dental	SP Program	\$1,463.00	Prosperity Operating (Unrestricted)		\$324,985.86
Brookshire Brothers	Indigent Care	\$1,497.02	First Financial DACA (Unrestricted)		\$3,425,533.70
Winnie Stowell EMS	Indigent Care	\$315.75	First Financial DACA (Restricted)		\$530,048.75
Coastal Gateway Health Center	Indigent Care	\$1,706.18	First Financial Money Market		\$25,263,941.73
Dr. June Stansky	SP Program	\$180.00	TexStar (Restricted)		\$7,255,347.93
Kalos Counseling	Youth Counseling	\$425.00	FFB CD Balance		\$0.00
Thompson Outpatient Clinic, LLC	Indigent Care	\$929.64	Total District Funds		\$36,799,857.97
UTMB at Galveston	Indigent Care	\$22,322.85	Less First Financial (Restricted)		(\$530,048.75)
UTMB Faculty Group Practice	Indigent Care	\$2,317.01	Less TexStar Restricted Amount		(\$500,000.00)
Wilcox Pharmacy	Indigent Care /Charity Care	\$1,444.35	Less LOC Outstanding		\$0.00
\$25 Optical	SP Program	\$180.00	Less First Financial Money Market		\$0.00
Benckenstein & Oxford	Invoice No 51726	\$9,140.00	Less Committed Funds (See Total Commitment)		(\$1,167,582.67)
Graciela Chavez	Inv 965996 & Inv 965997	\$410.00	Cash Position (Less First Financial Restricted)		\$34,602,226.55
US Department of Education	Acct# 1778777782 - Ben Odom	\$1,801.60	Pending Expenses		(\$148,009.74)
3Branch & More	Inv # 46121	\$8,831.67	Ending Balance (Cash Position-Pending Expenses)		\$34,454,216.81
Function4	INV1282012	\$135.00	*Total Funds (Ending Balance+LOC Outstanding+QIPP Funds Outstanding+Outstanding Chow Loans)		\$35,239,670.42
Technology Solutions	Inv # 2033	\$154.60	Prior Month		
Indigent Healthcare Solutions	Indigent Care Inv # 81771	\$2,023.00	Prosperity Operating (Unrestricted)		\$746,032.27
Vidal Accounting Services	Invoice 00136	\$5,862.50	First Financial (Unrestricted)		\$565,839.72
Hubert Oxford	Retainer	\$1,000.00	First Financial (Restricted)		\$3,144,717.24
Kahla Home & Earth Solutions	Inv # 120226-R0004 & 010326-R-0004	\$1,000.00	First Financial Money Market		\$24,875,262.20
Coastal Gateway Health Center	Grant Payment	\$6,586.81	TexStar (Restricted)		\$7,232,919.88
D & Co LLP	Inv # 13808 DSH/UC Consulting	\$1,637.50	FFB CD Balance		\$0.00
3Desgin	Inv# 2039 Architect	\$33,722.80	Total District Funds		\$36,564,771.30
Curtis Scott Johnson	Inv# WSHD202601 & WSHD202602	\$3,390.00	Less First Financial (Restricted)		(\$3,144,717.24)
Winnie Stowell EMS	Grant Paymet Qrt 2	\$38,193.60	Less TexStar Reserve Account		(\$500,000.00)
Moore Service Company	Inv # 78176	\$1,339.86	Less LOC Outstanding		\$0.00
	Total Expenses:	\$148,009.74	Less First Financial Money Market (Restricted)		\$0.00
			Less Committed Funds (See Total Commitment)		(\$1,212,363.08)
			Cash Position (Less First Financial Restricted)		\$31,707,690.99
			Pending Expenses		(\$471,444.17)
			Ending Balance (Cash Position-Pending Expenses)		\$31,236,246.82
			Total Funds (Ending Balance+LOC Outstanding+QIPP Funds Outstanding+Committed Funds)		\$34,771,416.05
First Financial Bank Reconciliations					
FFB Balance	\$3,955,582.45				
	Restricted Funds	Total Scheduled Payment	Balance Received	Balance Due	Due to District
Yr. 9 Q1 (Public & Private)					
Yr. 9, Component 1 Q1	\$84,691.61	\$773,233.05	\$773,233.05	\$0.00	\$0.00
Total Component 1 YR 9 Q1	\$84,691.61	\$773,233.05	\$773,233.05	\$0.00	\$0.00
Yr. 8 Adjustment 1					
Yr. 8 Adjustment 1 - Not distributed yet	\$221,882.14	\$316,254.31	\$316,254.31	\$0.00	\$0.00
Variance Payment Totals	\$221,882.14	\$316,254.31	\$316,254.31	\$0.00	\$0.00
Non-QIPP Funds					
Restricted	\$223,475.00				
Unrestricted	\$306,573.75				
Total Funds	\$3,425,533.70				
Committed Funds					
Commitment	Total Initial Commitment	YTD Paid by District	Committed Balance		
1. FQHC Grant Funding - 2026	\$1,549,185.00	\$666,613.55	\$882,571.45		
2. East Chambers ISD	\$278,165.04	\$69,541.02	\$208,624.02		
3. WSVEMS Grant	\$152,774.40	\$76,387.20	\$76,387.20		
Total Commitments	\$1,980,124.44	\$812,541.77	\$1,167,582.67		

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		
	\$2,116,856.95	\$1,734,691.44	\$382,165.51		
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	\$1,008,885.74	\$185,248.16
Balance Owed by Oak Grove	\$1,360,000.00	\$1,194,133.90	\$165,866.10	\$1,008,885.74	\$185,248.16
Total CHOW Loan Outstanding	\$1,360,000.00	\$1,194,133.90	\$165,866.10	\$1,008,885.74	\$185,248.16
First Financial Bank-11 Month Outstanding Short Term Revenue Note-Loan 27 (July 31, 2025 - July 25, 2026)					
1st Half of Year 9					
Annual Interest Rate:	7.00%	Payments Per Year:	12	Origination Fee:	\$323,700.00
Years:	1	Amount:	\$31,670,100.00		
Amortization Table	Component Payment	Principle	Interest	Payment	Balance
1-August 1, 2025			(\$215,532.62)	(\$215,532.62)	\$31,670,100.00
2-September 1, 2025			(\$184,742.25)	(\$184,742.25)	\$31,670,100.00
3-October 1, 2025			(\$190,900.33)	(\$190,900.33)	\$31,670,100.00
4-November 1, 2025			(\$184,742.25)	(\$184,742.25)	\$31,670,100.00
5-December 1, 2025			(\$184,742.25)	(\$184,742.25)	\$31,670,100.00
6-January 1, 2026			(\$184,050.42)	(\$184,050.42)	\$31,670,100.00
7-February 25, 2026			(\$184,742.25)	(\$184,742.25)	\$31,670,100.00
8-March 25, 2026			(\$184,742.25)	(\$184,742.25)	\$31,670,100.00
9-April 1, 2026 (YR9 Q1)	\$15,835,050.00	(\$15,835,050.00)	(\$184,742.25)	(\$16,019,792.25)	\$15,835,050.00
10 May 1, 2026	\$0.00	\$0.00	(\$92,371.13)	(\$92,371.13)	\$15,835,050.00
11-June 1, 2026	\$0.00	\$0.00	(\$92,371.13)	(\$92,371.13)	\$15,835,050.00
12-July 1, 2026 (YR9 Q2)	\$15,835,050.00	(\$15,835,050.00)	(\$92,371.13)	(\$14,730,429.17)	\$0.00
Amount Paid	\$31,670,100.00	(\$31,670,100.00)	(\$1,976,050.25)	(\$32,449,158.29)	
First Financial Bank-11 Month Outstanding Short Term Revenue Note-Loan 28 (January 5, 2026 - January 1, 2027)					
2nd Half of Year 9					
Annual Interest Rate:	7.00%	Payments Per Year:	12	Origination Fee:	\$319,768.00
Years:	1	Amount:	\$31,276,800.00		
Amortization Table	Component Payment	Principle	Interest	Payment	Balance
February 1, 2026			(\$146,827.20)	(\$146,827.20)	\$31,276,800.00
March 1, 2026			(\$169,416.00)	(\$169,416.00)	\$31,276,800.00
April 1, 2026			(\$169,416.00)	(\$169,416.00)	\$31,276,800.00
May 1, 2026			(\$182,448.00)	(\$182,448.00)	\$31,276,800.00
June 1, 2026			(\$182,448.00)	(\$182,448.00)	\$31,276,800.00
July 1, 2026			(\$182,448.00)	(\$182,448.00)	\$31,276,800.00
August 1, 2026			(\$182,448.00)	(\$182,448.00)	\$31,276,800.00
September 1, 2026			(\$182,448.00)	(\$182,448.00)	\$31,276,800.00
October 1, 2026	\$15,638,400.00	(\$15,638,400.00)	(\$182,448.00)	(\$15,820,848.00)	\$15,638,400.00
November 1, 2026	\$0.00	\$0.00	(\$91,224.00)	(\$91,224.00)	\$15,638,400.00
December 1, 2026	\$0.00	\$0.00	(\$91,224.00)	(\$91,224.00)	\$15,638,400.00
January 1, 2027	\$15,638,400.00	(\$15,638,400.00)	(\$91,224.00)	(\$14,727,373.56)	\$0.00
Amount Paid	\$31,276,800.00	(\$31,276,800.00)	(\$1,854,019.20)	(\$32,128,568.76)	
District's Investments					
	Balance	Interest Paid	Reporting Period	Paid this Reporting Period	Interest Paid YTD
*CD at First Financial Bank Bank UPDATE					
Money Market-First Financial Bank	\$25,263,941.73	3.105%	March 2026	\$77,902.48	\$192,009.53
Texstar C.D. #1110	\$7,255,347.93	3.651%	March 2026	\$22,428.05	\$65,409.99
TO THE BEST OF MY KNOWLEDGE, THESE FIGURES IN THE WSHD					
Edward Murrell, President			Robert "Bobby" Way Treasurer/Investment		
Date: _____			_____		
*Italics are Estimated amounts					

Exhibit “B-3”

Winnie-Stowell Hospital District
Bank Accounts Register
March 18, 2026 to April 22, 2026

Type	Date	Num	Name	Memo	Clr	Amount	Balance
100 Prosperity Bank -Checking							265,621.87
Check	2026-03-23			ACH, Withdrawal, Processed	X	(2,457.88)	263,163.99
Check	2026-03-24	4789	Kalos Counseling	Check, Draft, Withdrawal, Processed	X	(340.00)	262,823.99
Check	2026-03-25		Entergy	ACH, Withdrawal, Processed	X	(200.23)	262,623.76
Check	2026-03-25		Entergy	ACH, Withdrawal, Processed	X	(33.68)	262,590.08
Liability C...	2026-03-30		QuickBooks Payroll Service	Created by Payroll Service on 03/27/2026	X	(6,147.21)	256,442.87
Deposit	2026-03-30		Tony's BBQ	Deposit, Processed	X	3,500.00	259,942.87
Paycheck	2026-03-31	DD1490	Carlo, Victoria M	Direct Deposit	X		259,942.87
Paycheck	2026-03-31	DD1491	Davis, Tina R	Direct Deposit	X		259,942.87
Paycheck	2026-03-31	DD1489	Barron, Kiela M	Direct Deposit	X		259,942.87
Liability C...	2026-03-31		QuickBooks Payroll Service	Created by Payroll Service on 03/30/2026	X	(363.08)	259,579.79
Check	2026-03-31	4900	Trinity Bay Conservation District	1115 Highway 124 in Winnie, TX 77665		(325.00)	259,254.79
Deposit	2026-03-31			Deposit, Processed	X	111.18	259,365.97
Paycheck	2026-04-01	DD1492	Davis, Tina R	Direct Deposit	X		259,365.97
Liability C...	2026-04-14		QuickBooks Payroll Service	Created by Payroll Service on 04/13/2026		(6,287.34)	253,078.63
Paycheck	2026-04-15	DD1493	Barron, Kiela M	Direct Deposit	X		253,078.63
Paycheck	2026-04-15	DD1494	Carlo, Victoria M	Direct Deposit	X		253,078.63
Paycheck	2026-04-15	DD1495	Davis, Tina R	Direct Deposit	X		253,078.63
Check	2026-04-21	4901	Brookshire Brothers	Batch 03/04/06		(1,497.02)	251,581.61
Check	2026-04-21	4902	Coastal Gateway Health Center	Batch 03/11/26		(1,706.18)	249,875.43
Check	2026-04-21	4903	Indigent Healthcare Solutions, ...	Inv# 81771		(2,023.00)	247,852.43
Check	2026-04-21	4904	Bayside Dental	Batch 03/08/26		(1,463.00)	246,389.43
Check	2026-04-21	4905	Dr. June Stansky, Optometrist	Batch 03/08/26		(180.00)	246,209.43
Check	2026-04-21	4906	Thompson Outpatient Clinic, LLC	Batch 03/11/26		(929.64)	245,279.79
Check	2026-04-21	4907	UTMB Faculty Group Practice	Batch 03/01/26		(2,317.01)	242,962.78
Check	2026-04-21	4908	UTMB at Galveston	Batch 03/01/26		(22,322.85)	220,639.93
Check	2026-04-21	4909	Wilcox Pharmacy	Batch 03/03/26		(1,444.35)	219,195.58
Check	2026-04-21	4910	Winnie-Stowell Volunteer EMS	Batch 03/09/26		(315.75)	218,879.83
Check	2026-04-21	4911	Benjamin Odom	Batch 03/02/26		(425.00)	218,454.83
Check	2026-04-21	4912	3Branch & More	Inv# 46212		(8,831.67)	209,623.16
Check	2026-04-21	4913	3Design	Inv# 2039		(33,722.80)	175,900.36
Check	2026-04-21	4914	Coastal Gateway Health Center	Funding Request 03/31/26		(6,586.81)	169,313.55
Check	2026-04-21	4915	Curtis Scott Johnson	WSHD202601 & WSHD202602		(3,390.00)	165,923.55
Check	2026-04-21	4916	D&Co	Inv# 13808		(1,637.50)	164,286.05
Check	2026-04-21	4917	Function 4	3A0064		(135.00)	164,151.05
Check	2026-04-21	4918	Graciela Chavez	Inv# 965997 & 965996		(410.00)	163,741.05
Check	2026-04-21	4919	Hubert Oxford	Retainer		(1,000.00)	162,741.05
Check	2026-04-21	4920	Technology Solutions of Texas, ...	Inv# 2033		(154.60)	162,586.45
Check	2026-04-21	4921	US Department of Education	Acct #1778777792-1		(1,801.60)	160,784.85
Check	2026-04-21	4922	Vidal Accounting, PLLC	Inv# 00136		(5,862.50)	154,922.35
Check	2026-04-22	4923	Benckenstein & Oxford	Inv 51726		(9,140.00)	145,782.35
Check	2026-04-22	4924	Winnie-Stowell Volunteer EMS	Qtr 2 Grant		(38,193.60)	107,588.75
Check	2026-04-22	4925	Ethan Kahla	Mowing for both properties April		(1,000.00)	106,588.75
Check	2026-04-22	4926	Moore Service Company	# 78176		(1,339.86)	105,248.89
Total 100 Prosperity Bank -Checking						(160,372.98)	105,248.89
102 First Financial Bank							28,622,658.33
102b FFB #4846 DACA							3,747,456.96
Check	2026-03-19			Memo:Transfer from DDA Acct No. 1110214838-D Payee:Transfer fro...	X	14,639,654.47	18,387,111.43
Check	2026-03-20			Memo:Transfer from DDA Acct No. 1110214838-D Payee:Transfer fro...	X	190,325.00	18,577,436.43
Check	2026-03-25			Memo:Transfer from DDA Acct No. 1110214838-D Payee:Transfer fro...	X	12,295,386.79	30,872,823.22
Check	2026-03-25			Y8Q4 QIPP Winnie-Stowell HCCD 1611500560	X	(53,204.34)	30,819,618.88
Check	2026-03-26			Memo:Transfer from DDA Acct No. 1110214838-D Payee:Transfer fro...	X	157,923.33	30,977,542.21
Check	2026-03-26			Memo:Transfer from XXX4846 to XXX7190: Conf #:29940474 Payee:T...	X	(30,000,000.00)	977,542.21
Total 102b FFB #4846 DACA						(2,769,914.75)	977,542.21
102c FFB #7190 Money Market							24,875,201.37
Check	2026-03-26			Memo:Transfer from XXX4846 to XXX7190: Conf #:29940474 Payee:T...	X	30,000,000.00	54,875,201.37
Deposit	2026-03-31				X	642.96	54,875,844.33
Deposit	2026-03-31			Interest	X	77,259.52	54,953,103.85
Total 102c FFB #7190 Money Market						30,077,902.48	54,953,103.85
Total 102 First Financial Bank						27,307,987.73	55,930,646.06
TOTAL						27,147,614.75	56,035,894.95

Exhibit “C”

**April 22, 2026****WSHD Regular Board Meeting Indigent Care Report****1. Summary:**

In March, the Indigent Care Program increased by 3 clients for a total of 90 active clients.

Budget and Billing Update

As of the current reporting period, the program has utilized **19%** 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 ▾	YTD Monthly Average ▾
Indigent Care Clients	94	87	90	90
Youth Counseling	4	5	5	5
Irlen Services	0	0	0	0

3. Renewals & Approvals:

March 2026 Client Activity	Total	Approved	Denied	No Show	Withdrew	Pending
Renewals	25	17	0	7	1	0
Late Renewals/Previous Client	4	3	0	0	0	1
New Applicants	8	2	0	5	0	1

Services Usage**Youth Counseling:**

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

Dental:

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

Vision Services:

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



4. Indigent Care Vendor Payment Trends:

Service Provider	Jan	Feb	Mar	YTD Monthly Average
Local Clinics	\$ 1,818.54	\$ 1,429.97	\$ 2,635.82	\$ 1,961.44
UTMB (Includes Charity Care)	\$ 40,277.51	\$ 51,924.88	\$ 24,639.86	\$ 38,947.42
Riceland Medical Center	\$ 52,195.44	\$ 22,725.87	\$ 14,878.59	\$ 29,933.30
Pharmacy Costs (Includes Charity Care)	\$ 3,525.69	\$ 2,781.44	\$ 2,941.37	\$ 3,082.83
Indigent Special Services (Dental & Vision)	\$ 5,560.00	\$ 3,186.00	\$ 1,643.00	\$ 3,463.00
Medical Supplies (C-PAP)	\$ -	\$ -	\$ -	\$ -
Non Contract ER Services (Includes WSEMS)	\$ 2,954.08	\$ -	\$ 315.75	\$ 1,089.94
Other Services				
Irlen Services	\$ -	\$ -	\$ -	\$ -
Youth Counseling	\$ 340.00	\$ 595.00	\$ 425.00	\$ 453.33
Total	\$ 106,671.26	\$ 82,643.16	\$ 47,479.39	\$ 19,732.82

5. YTD Budget Expenditures:

Indigent Service	2026 Budget	YTD Expense	% of Budget
Pharmacy	\$80,000.00	\$9,248.50	12%
WCH	\$500,000.00	\$89,799.90	18%
UTMB	\$525,000.00	\$116,842.25	22%
Youth Counseling	\$25,000.00	\$1,360.00	5%
Irlen	\$1,600.00	\$0.00	0%
Dental	\$30,000.00	\$9,659.00	32%
Vision	\$2,750.00	\$730.00	27%
CGHC Clinic	\$25,000.00	\$2,784.40	11%
Thompson Clinic	\$18,000.00	\$2,964.93	16%
Other Non-Contract/Unspecified Services	\$35,000.00	\$3,404.83	10%
Charity Care	\$20,000.00	\$0.00	0%
Charity Care Pharmacy	\$5,000.00	\$0.00	0%
Adjustments & Credits			
TOTALS	\$1,267,350.00	\$236,793.81	19%



6. Riceland Medical Center 2026 Expenditure Breakdown:

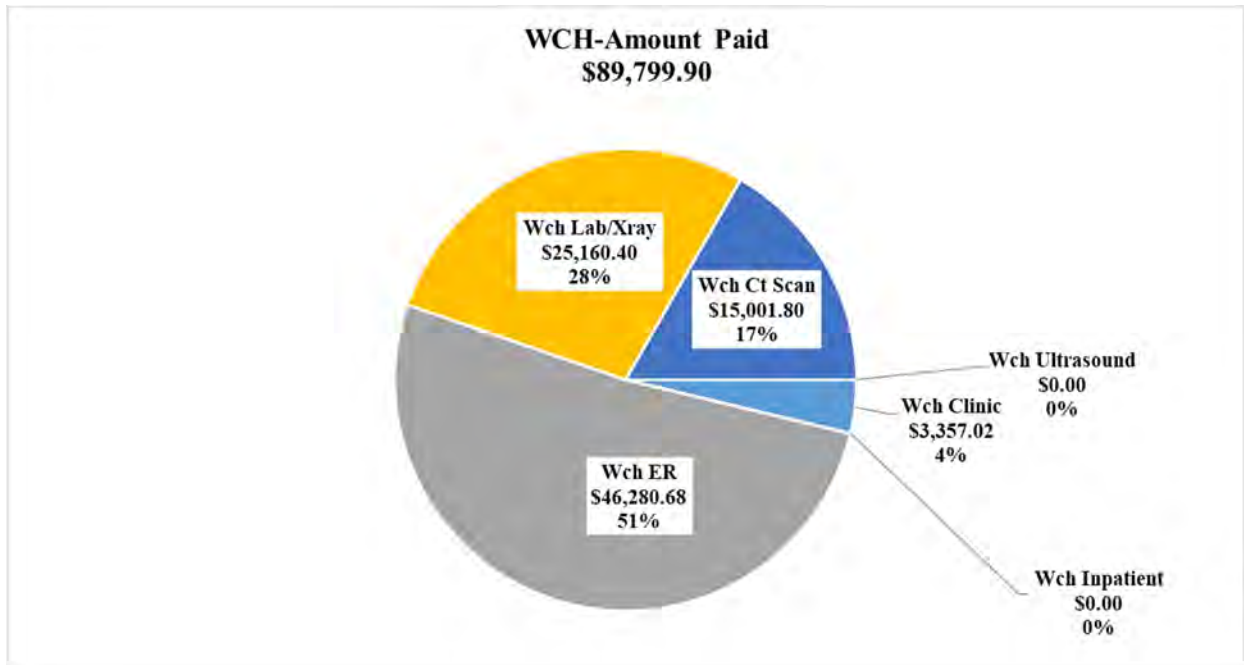


Exhibit “D”



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

Mar-26

VEHICLE #1 EAST SIDE VAN #1	
TOTAL MILES DRIVEN	2837
TOTAL HOURS DRIVEN	155.53
TOTAL EXPENSES FOR MONTH	\$810.70
FUEL COST	\$637.97
REPAIRS & battery for old van	\$172.73
MISC EXPENSES	\$0.00
TOTAL RIDERS	22
TOTAL WSHD RIDERS	0
TOTAL TRIPS	51
TOTAL TRIPS FOR WSHD RIDERS	0
VEHICLE #2 EAST SIDE VAN #2	
TOTAL MILES DRIVEN	807
TOTAL HOURS DRIVEN	41.07
TOTAL EXPENSES FOR MONTH	\$159.98
FUEL COST	\$133.98
REPAIRS & parking fees	\$26.00
MISC EXPENSES	\$0.00
TOTAL RIDERS	6
TOTAL WSHD RIDERS	1
TOTAL TRIPS	7
TOTAL TRIPS FOR WSHD RIDERS	1
VEHICLE #3 EAST SIDE VAN #3	
TOTAL MILES DRIVEN	4239
TOTAL HOURS DRIVEN	164.73
TOTAL EXPENSES FOR MONTH	\$880.35
FUEL COST	\$880.35
REPAIRS & MAINTENANCE COST	\$0.00
MISC EXPENSES	\$0.00
TOTAL RIDERS	23
TOTAL WSHD RIDERS	1
TOTAL TRIPS	58
TOTAL TRIPS FOR WSHD RIDERS	1
VEHICLE #4 RAV4	
TOTAL MILES DRIVEN	3797
TOTAL HOURS DRIVEN	137.33
TOTAL EXPENSES FOR MONTH	\$503.41
FUEL COST	\$451.15
REPAIRS & oil change	\$52.26
MISC EXPENSES	\$0.00
TOTAL RIDERS	19
TOTAL WSHD RIDERS	1
TOTAL TRIPS	29
TOTAL TRIPS FOR WSHD RIDERS	1
VEHICLE #5	
TOTAL MILES DRIVEN	1245
TOTAL HOURS DRIVEN	104.75
TOTAL EXPENSES FOR MONTH	\$422.02
FUEL COST	\$104.03
REPAIRS & tail light replacement	\$317.99
MISC EXPENSES	\$0.00
TOTAL RIDERS	15
TOTAL WSHD RIDERS	1
TOTAL TRIPS	22
TOTAL TRIPS FOR WSHD RIDERS	1
VEHICLE #6	
TOTAL MILES DRIVEN	3724
TOTAL HOURS DRIVEN	191.60
TOTAL EXPENSES FOR MONTH	\$1,004.81
FUEL COST	\$831.48
REPAIRS & BACK UP ALARM	\$173.33
MISC EXPENSES	\$0.00
TOTAL RIDERS	33
TOTAL WSHD RIDERS	0
TOTAL TRIPS	50
TOTAL TRIPS FOR WSHD RIDERS	0
GRAND TOTALS	
MILES DRIVEN	16649
TOTAL HOURS DRIVEN	795.01
RIDERS	118
WSHD RIDERS	4
TRIPS	217
WSHD TRIPS	4
EXPENSES	\$2,851.66

 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	YTD DATE
CALL SUMMARY					
CALLS/TRANSPORTS REQUESTED	100	8	4	13	25
CALLS/TRANSPORTS MADE					
INSURED	78	7	3	9	19
SELF-PAY	7	0	1	1	2
TOTAL CALLS MADE	85	7	4	10	21
CALLS/TRANSPORTS DELAYED	0	0	0	0	0
TRANSPORTS NOT MADE	15	1	0	3	4
PERCENTAGE OF CALLS MADE/INVOICED/BILLED	85.0%	87.5%	100.0%	76.9%	84.0%
Insurance Billed for Services this Month	\$104,704.89	\$11,066.68	\$3,907.87	\$23,060.00	\$38,034.55
Self-Pay Billed for Services this Month	\$8,471.47	\$0.00	\$0.00	\$0.00	\$0.00
Total	\$113,176.36	\$11,066.68	\$3,907.87	\$23,060.00	\$38,034.55
PAYMENTS RECEIVED					
Insurance Payments Rcvd for Services this Month	\$43,316.25	\$2,659.68	\$1,447.87	\$0.00	\$4,107.55
Self-Pay Billed Rcvd for Services this Month	\$3,900.84	\$0.00	\$0.00	\$0.00	\$0.00
Total	\$47,217.09	\$2,659.68	\$1,447.87	\$0.00	\$4,107.55
ACCOUNTS RECEIVABLE-FUNDS OWED					
Owed by Insurance for Services this Month	\$62,099.48	\$8,407.00	\$2,460.00	\$23,060.00	\$33,927.00
Owed by Self-Pay for Services this Month	\$4,570.63	\$0.00	\$0.00	\$0.00	\$0.00
Total	\$66,670.11	\$8,407.00	\$2,460.00	\$23,060.00	\$33,927.00
STAFFING EXPENSES					
	\$151,396.93	\$12,448.57	\$11,687.66	\$12,490.49	\$151,242.31

Mar-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#
3/1/2026	Riceland	TCH TMC, (Unable to take due to 911 volume)			R	
3/2/2026	Riceland	Herman TMC, (Unable to take due to 911 volume)			R	
3/4/2026	Riceland	Baytown Methodist	M			26-07529
3/8/2026	Riceland	Herman TMC	M			26-07951
3/10/2026	Riceland	St. Elizabeth Beaumont	M			26-08142
3/10/2026	Riceland	St. Elizabeth Beaumont	M			26-08251
3/12/2026	Riceland	HCA Kingwood	M			26-08419
3/16/2026	Riceland	St. Elizabeth Beaumont	M			26-08877
3/16/2026	Riceland	St. Elizabeth Beaumont	M			26-08894
3/18/2026	Riceland	Herman TMC	M			26-09095
3/18/2026	Riceland	UTMB, Unable to take due to 911 volume)			R	
3/26/2026	Riceland	TCH TMC	M			26-09905
3/27/2026	Riceland	TCH TMC	M			26-10026
TOTAL CALLS & RESULTS			13	0	3	

Mar-26													
MONTHLY TRANSPORT AMBULANCE EMPLOYEE SCHEDULE & PAYROLL													
DATE	EMPLOYEE NAME	SHIFT SCHEDULE	GRANT ALLOWED SALARY (SPR HR)	MAXIMUM HOURS	MAXIMUM PAY	HOURS WORKED	Not Staffed SURPLUS or (DEFICIT)	OVER-TIME HOURS	GRANT FUNDED PAYROLL AMOUNT	Maximum v. Actual SURPLUS or (DEFICIT)	ACTUAL SALARY (SPR HR)	ACTUAL PAYROLL AMOUNT	GRANT vs ACTUAL SURPLUS or (DEFICIT)
3/1/2025	Olivia Kitzmiller	7am - 7am	\$17.39	24.0	\$417.42	24	0.0	0	\$417.42	\$0.00	\$22.00	\$528.00	(\$110.58)
3/2/2025	Brad Eads	7am - 445am	\$17.39	24.0	\$417.42	21.75	(2.3)	0	\$378.28	(\$39.13)	\$22.00	\$478.50	(\$100.22)
3/3/2025	Lori Peine	7am - 7am	\$17.39	24.0	\$417.42	24	0.0	0	\$417.42	\$0.00	\$18.00	\$432.00	(\$14.58)
3/4/2025	Haley Bridges	7am - 7am	\$17.39	24.0	\$417.42	24	0.0	0	\$417.42	\$0.00	\$22.00	\$528.00	(\$110.58)
3/5/2025	Andrew Broussard	7am - 7am	\$17.39	24.0	\$417.42	24	0.0	0	\$417.42	\$0.00	\$21.00	\$504.00	(\$86.58)
3/6/2025	Austin Issacks	7am - 7am	\$17.39	24.0	\$417.42	24	0.0	0	\$417.42	\$0.00	\$17.00	\$408.00	\$9.42
3/7/2025	Hunter Traweek	7am - 7am	\$17.39	24.0	\$417.42	24	0.0	0	\$417.42	\$0.00	\$17.00	\$408.00	\$9.42
3/8/2025	Ruthann Broussard	7am - 7am	\$17.39	23.0	\$400.02	23	0.0	0	\$400.02	\$0.00	\$20.00	\$460.00	(\$59.98)
3/9/2025	Brad Eads	7am - 7am	\$17.39	24.0	\$417.42	24	0.0	0	\$417.42	\$0.00	\$22.00	\$528.00	(\$110.58)
3/10/2025	Lori Peine	7am - 6am	\$17.39	23.0	\$400.02	23	0.0	0	\$400.02	\$0.00	\$18.00	\$414.00	(\$13.98)
3/11/2025	Haley Bridges	630am - 7am	\$17.39	25.0	\$434.81	24.5	(0.5)	0	\$426.11	(\$8.70)	\$22.00	\$539.00	(\$112.89)
3/12/2025	Hunter Traweek	7am - 7am	\$17.39	24.0	\$417.42	24	0.0	0	\$417.42	\$0.00	\$17.00	\$408.00	\$9.42
3/13/2025	Benjamin Robertson	7am - 7am	\$17.39	24.0	\$417.42	24	0.0	0	\$417.42	\$0.00	\$24.00	\$576.00	(\$158.58)
3/14/2025	Boyd Abshire	7am - 7am	\$17.39	24.0	\$417.42	24	0.0	0	\$417.42	\$0.00	\$19.00	\$456.00	(\$38.58)
3/15/2025	Ruthann Broussard	7am - 7am	\$17.39	24.0	\$417.42	24	0.0	0	\$417.42	\$0.00	\$20.00	\$480.00	(\$62.58)
3/16/2025	Brad Eads	7am - 7am	\$17.39	24.0	\$417.42	24	0.0	0	\$417.42	\$0.00	\$22.00	\$528.00	(\$110.58)
3/17/2025	Lori Peine	7am - 7am	\$17.39	24.0	\$417.42	24	0.0	0	\$417.42	\$0.00	\$18.00	\$432.00	(\$14.58)
3/18/2025	Hunter Traweek	7am - 7am	\$17.39	24.0	\$417.42	24	0.0	0	\$417.42	\$0.00	\$17.00	\$408.00	\$9.42
3/19/2025	Ruthann Broussard	320pm - 7am	\$17.39	24.0	\$417.42	15.66	(8.3)	0	\$272.36	(\$145.05)	\$20.00	\$313.20	(\$40.84)
3/20/2025	Mark Matak	7pm - 7am	\$17.39	24.0	\$417.42	12	(12.0)	0	\$208.71	(\$208.71)	\$19.00	\$228.00	(\$19.29)
3/21/2025	Andrew Broussard	7am - 7am	\$17.39	24.0	\$417.42	24	0.0	0	\$417.42	\$0.00	\$21.00	\$504.00	(\$86.58)
3/22/2025	James Eshlman	7am - 7am	\$17.39	24.0	\$417.42	24	0.0	0	\$417.42	\$0.00	\$22.00	\$528.00	(\$110.58)
3/23/2025	Brad Eads	7am - 7am	\$17.39	24.0	\$417.42	24	0.0	0	\$417.42	\$0.00	\$22.00	\$528.00	(\$110.58)
3/24/2025	Lori Peine	7am - 7am	\$17.39	24.0	\$417.42	24	0.0	0	\$417.42	\$0.00	\$18.00	\$432.00	(\$14.58)
3/25/2025	Andrew Broussard	7am - 7am	\$17.39	24.0	\$417.42	23	(1.0)	0	\$400.02	(\$17.39)	\$21.00	\$483.00	(\$82.98)
3/26/2025	Ruthann Broussard	7am - 7am	\$17.39	24.0	\$417.42	24	0.0	0	\$417.42	\$0.00	\$20.00	\$480.00	(\$62.58)
3/27/2025	Benjamin Robertson	7am - 7am	\$17.39	24.0	\$417.42	24	0.0	0	\$417.42	\$0.00	\$24.00	\$576.00	(\$158.58)
3/28/2025	Mark Matak	7am - 7am	\$17.39	24.0	\$417.42	24	0.0	0	\$417.42	\$0.00	\$19.00	\$456.00	(\$38.58)
3/29/2025	Haley Bridges	7am - 7am	\$17.39	24.0	\$417.42	23.25	(0.8)	0	\$404.37	(\$13.04)	\$22.00	\$511.50	(\$107.13)
3/30/2025	Brad Eads	7am - 7am	\$17.39	24.0	\$417.42	24	0.0	0	\$417.42	\$0.00	\$22.00	\$528.00	(\$110.58)
3/31/2025	Lori Peine	7am - 7am	\$17.39	24.0	\$417.42	24	0.0	0	\$417.42	\$0.00	\$18.00	\$432.00	(\$14.58)
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	743.0	\$12,922.52	718.16	(24.8)	0	\$12,490.49	(\$432.026)	\$20.19	\$14,515.20	(\$2,024.71)

Community Health Worker Program

	2025 YTD	JAN	FEB	MAR	2026 YTD
CLIENTS SERVED					
ICAP	278	15	16	14	45
Non-ICAP	319	23	18	27	68
Total Clients Served	597	38	34	41	113
BENEFIT APPLICATION TYPE					
Indigent Care Assistance Program (ICAP)	22	3	0	2	5
Prescription Assistance Program (PAP)	57	1	5	3	9
Medicaid	98	8	5	8	21
Medicare	7	1	0	2	3
Medicare Savings Plan	30	2	2	0	4
Food Stamps (SNAP)	377	23	18	19	60
Supplemental Security Income (SSI)	56	3	5	4	12
Retirement, Survivor, Disability Income (RSDI)	51	1	0	0	1
Unemployment/Texas Workforce	10	1	0	0	1
Housing	18	0	0	0	0
Utilities	2	0	0	0	0
Legal Aid	2	0	0	0	0
OTHER	18	4	1	5	10
Total Applications Facilitated	748	47	36	43	126
EXPENSES					
Personnel	\$83,153.67	\$6,766.00	\$6,820.00	\$6,469.00	\$20,055.00
Operational	\$26,528.93	\$20.00	\$13.40	\$4.00	\$37.40
Total	\$109,682.60	\$6,786.00	\$6,833.40	\$6,473.00	\$20,092.40
BUDGET REMAINING	\$2,210.40	\$88,734.00	\$81,900.60	\$75,427.60	\$75,427.60

Exhibit “E”



Report to Winnie-Stowell Hospital District April 22, 2026

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

- The HPV vaccination and cervical cancer screening grant (**SAVE TX**) we will be receiving from **MD Anderson** is starting to take shape, we had our kickoff meeting on March 30th (to discuss and review HPV vaccinations and processes at the health center). We then had a meeting on April 16th to discuss and review our processes for cervical cancer. We are also still providing them with data for their reporting purposes. This is the grant we will receive **\$75,000** each year for three (3) years. We have not yet {officially} received the funding, still in the contract stage.
- **Spring Fundraising Event** that is being planned for **Thursday, April 30, 2026** at the Winnie Community Building where we will host an evening of Singo Bingo. This event is part of our Workplace Campaign for our grant funding received through our United Way.
- Continuing to work with **Catholic Charities of Southeast** to finalize a behavioral health referral agreement for uninsured patients needing behavioral health services. As well as a collaborative agreement and process for referrals to/from Market to Hope (their food pantry).
- **Incubator Funding.** We submitted our Final Workplan Report and first voucher for the first \$100,000 last week, expected to receive the funding within the next two (2) weeks.
- **340B Program.** Anticipated to go-live with Wilcox Pharmacy on July 1 and Brookshire Brothers Pharmacy-Winnie by Mid-May. We also recently registered with HEB Pharmacy in Mont Belvieu through the Office of Pharmacy Affairs, this pharmacy is receiving a high-volume of GLP1s from the health center.
- **Grants**
 - **United Way of Greater Baytown and Chambers County.** Application submitted for FY 2027, waiting on our scheduled interview.
 - **Rural Health Transformation Funds.** No new information. We were approved to join TACHCs CIN, which will open us for funding.
 - **DSHS Incubator Grant.** Awarded **\$650,000**.
 - **MD Anderson (SAVE TX).** Funding was approved by CPRIT, still waiting on the funding package to be issued from MD Anderson.
 - **Small Grants:** Applied for two small grants (both for \$1,000) from Beaumont Junior League and Southeast Texas Foundation. The grant request is for our "Coastal Care Boxes".
 - **Beaumont Junior League** – Notification received, approved.
 - **Southeast Texas Foundation** – Pending notification.
- **Upcoming Events/Activities**
 - Programming is still ongoing with Winnie Square once a month.
 - Twice a month Home Delivery Meals ('Meals on Wheels') delivery.
 - Monthly presence at the Hardin Jefferson Hunger Initiative food distribution in China.
- Statistical report for March is attached for your review; there were **607** patient encounters.

Exhibit “F”

Hubert Oxford IV

From: Scott Johnson <scott.johnson@newlighthealthcare.com>
Sent: Tuesday, April 21, 2026 12:18 PM
To: Hubert Oxford IV
Cc: Chris Rutledge
Subject: Nursing Home Active Partnership and Review Summary

Good afternoon Hubert,

As we discussed yesterday on the phone, I will be unavailable and miss the board meeting tomorrow evening. Please see the following updates as it pertains to work I complete for the district's nursing homes.

Annual site visits for active partnership facilities are underway. I have recently completed visits for Arbrook Plaza, The Villa at Texarkana, and Treviso Transitional Care. I am in Corpus Christi today and tomorrow to complete site visits for Gulf Pointe Plaza and Cimarron Place Nursing and Rehabilitation. Visits are also being planned for more facilities next month.

QIPP Year 9 Q3 quarterly trainings have also begun. The topic is advanced care planning, which is a very necessary aspect of managing care in nursing facilities. Advance care planning ensures services provided are aligned with the residents' wishes, particularly as it pertains to end-of-life care.

Please let me know if you have any questions or need any additional information from me.

Sincerely,

Scott Johnson
972-750-0169

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

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

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



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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

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

March 20, 2026

Facility Administrator: Cody Bedford
Facility BOM: Cindy Bowers

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

Crowley Nursing and Rehabilitation is licensed for 120 beds, and its current census is 94 residents including 18 skilled patients. There is one planned discharge today, and another discharge planned tomorrow. Discussed recent referral volume and efforts to build the facility census.

The facility is recruiting some CNAs and one CMA. All department heads are in place at this time.

There were no recent visits by state surveyors reported, and there are no new self-reports.

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

The facility will hold its monthly QAPI meeting next week. Discussed recent efforts by the facility to maintain focus areas and support clinical systems. The interdisciplinary team collaborates to support the facility's initiatives and priorities.

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

The facility recently had three portions of the parking lot demolished and redone. The facility will be updating the cabinetry in the nursing station soon.



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

March 30, 2026

Facility Administrator: Rachel Amiri

Rachel Amiri is the new administrator of Green Oaks Nursing and Rehabilitation. Rachel began employment at the facility in February.

Green Oaks Nursing & Rehabilitation is licensed for 142 beds, and its current census is 92 residents including 18 skilled patients. There are two planned admissions today, with another two more potential admissions soon. There are two planned skilled services discharges later this week of skilled patients who will be transitioning to long-term care services.

The facility is currently recruiting a social worker. The team recently hired two CNAs who are going through orientation now.

The facility was visited by state surveyors earlier this month who conducted the facility's annual fullbook survey. The facility received seven D-tags related to baseline and comprehensive careplans, infection control, PASRR, MDS assessment timeliness, and pharmacy services. All findings have been addressed and will easily be resolved. The surveyors were complimentary of their observations and stated all skills checkoffs were perfect.

The life safety survey was also conducted and there were some findings which are being addressed. Some of the findings included strobe light alignment, fire panel installation certificate, generator panel locks, and sections missing in the emergency preparedness binder.

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

The facility reported on its monthly QAPI meeting held earlier this month. Discussed continued efforts to improve efforts and outcomes related to fall prevention and skin systems. The facility

is still reaching its target in these areas, but wants to ensure outcomes improve. Discussed working with staff and identifying opportunities for the teams to be more involved and supportive of the associated interventions.

There were no reported trends or outbreaks related to infection control. The recent infection control deficiency was due to a family member who was observed using the ice chest. Discussed steps taken to ensure all equipment and resources are being used properly and safely.

The administrator reported on recent grievances which are being actively managed. There have been some reports of issues with dietary services and meal temperatures. Discussed efforts to ensure adequate warming pellets are available to support maintaining meal temperatures. The building is also announcing when meal trays have been delivered to the hallways on meal carts to be passed promptly by staff.



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Winnie-Stowell Hospital District

Hewitt Nursing and Rehabilitation
8836 Mars Drive
Hewitt, TX 76643

March 20, 2026

Facility Administrator: Chris Gallardo

Hewitt Nursing and Rehabilitation is licensed for 140 beds, and its current census is 70 residents including 16 skilled patients. The facility has two pending admissions today, and there are more referrals under review. Discussed the current referrals and expectations for some to have a quick approval and admission over the weekend. There are no planned discharges at this time.

The facility is seeking three CNAs. Discussed success recently filling some open nurse positions. The facility's new MDS nurse is doing great and the administrator reported there have been improvements with documentation and assessments.

The facility was visited by a state surveyor last Thursday and all reasons for investigation were unsubstantiated. There are no new self-reports at this time.

Hewitt Nursing and Rehabilitation has a 1-star rating overall. The facility has a 2-star rating in Health Inspections, a 1-star rating in Staffing, and a 4-star rating in Quality Measures. The facility's quality measures star rating increased from a 3-star rating.

Discussed the facility's recent QAPI meeting and discussed outcomes observed in February. The team is focusing on completing therapy assessments timely. Discussed current offerings by the activity department and opportunities to continue building up this department.

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

Discussed ongoing management of grievances and efforts to improve the patient experience. Discussed some opportunities and education provided to staff regarding customer service, call lights, and dietary services.

The facility ordered some new beds to replace remaining rental bed units.



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Scott Johnson, Nursing Facility Specialist
Winnie-Stowell Hospital District

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

March 24, 2026

Facility Administrator: Donna Tillman

Holland Lake Rehabilitation and Wellness Center is licensed for 120 beds, and its current census is 100 residents including 38 skilled patients. Last week the census reached 107 residents. The facility's census has been in the 100s most of this month. Discussed efforts to ensure resident rooms are prepared and equipped to meet the needs of existing and incoming residents.

The building discussed challenges hiring PRN staff who do not sign up to fill shifts. Hiring these staff is expensive for the building, so it is focusing on hiring people for specific fulltime and part-time positions. There are current openings for a few CNAs at this time. The facility has a new maintenance director who started three weeks ago and has been a great addition to the team.

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

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

The facility will have its monthly QAPI meeting tomorrow. Discussed expectations to continue reviewing outcomes and progress meeting departmental goals.

There are no infection control trends or outbreaks reported at this time. Discussed admitting new residents from the hospital who come in with IV antibiotic orders. The facility works to continue managing the needs of its residents while ensuring proper precautions are being utilized.

Grievances are being managed well with no reported trends.

The facility is making some equipment purchases as needed to keep all rooms ready and available for residents. Discussed purchasing some beds, TVs, and new curtains. The facility is planning a 30th anniversary ribbon cutting event on May 14.



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Scott Johnson, Nursing Facility Specialist
Winnie-Stowell Hospital District

Mission Nursing and Rehabilitation Center

1013 S. Bryan Road
Mission, TX 78572

March 25, 2026

Facility Administrator: Daniel Rodriguez

Mission Nursing and Rehabilitation Center is licensed for 170 beds, and its current census is 104 residents including 20 skilled patients. The facility is meeting its total and skilled census budgets. Discussed recent census growth, and continued efforts to support marketing in the community. The new business development manager has done a great job, and has been taking opportunities to bring the DON and Administrator out on marketing rounds in the community. There are several more referrals under review for admission as well.

The facility only has openings for three CNAs at this time. There is only one CNA position open on each of the three 8-hour shifts. The administrator reports the talent and learning director has continued to be a great advocate and support for staff recruitment and retention efforts. Many staff have joined and are pleased working and are inviting their former colleagues to apply for work at the facility.

The facility was visited by state surveyors last week to conduct its annual full book survey. The facility reported there were four recommended findings under the health survey, and only one finding under life safety. The health survey findings were related to infection control, quality of life, enhanced barrier precaution signage and care plans, and pharmacy services. These are expected to be low-level findings, and the facility is already beginning to address these opportunities for improvement. The life safety finding was related to the smoke doors and its rating of protection. The administrator found the paperwork which details the protection of the materials at the smoke doors and is submitting it to the surveyor to review. If what is in place does not meet standards, the facility will replace the doors.

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 this monthly QAPI meeting last Friday and discussed clinical outcomes and quality measures observed in February. The facility also discussed feedback from the recent

fullbook survey, which had exited the prior day on Thursday. The facility is watching it's utilization of psychoactive medications amongst short-term and long-term care residents. Discussed considering and offering GDRs where appropriate. The facility is also watching its RTA rate and discussed the impact admitting higher acuity patients has on readmissions. Falls were within the facility's target but have seen an increase. Discussed putting more focus on fall prevention to ensure that the facility does not trigger in this system.

There is one resident who tested positive for COVID at this time. Discussed using appropriate precautions to care for this resident. The majority of scabies cases have resolved, and there is only one active case at this time.

The administrator reported the recent ribbon-cutting ceremony earlier this month went well, and there was great turnout to the event. The team finished its landscaping updates. All equipment and furniture in the building were placed where it belonged prior to the grand reopening.



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Scott Johnson, Nursing Facility Specialist
Winnie-Stowell Hospital District

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

March 31, 2026

Facility Administrator: Josie Pebsworth

Pecan Bayou Nursing and Rehabilitation is licensed for 90 beds, and its current census is 66 residents including 16 skilled patients. The hospital census is low and the facility has worked hard to maintain its census level despite fewer referrals. The facility has one planned admission and a few pending discharges of skilled patients who are completing their plans of care.

The facility is seeking three dayshift CNAs. There is also an opening for a receptionist/payroll staff member. There has been some turnover in the receptionist position, and the team is working to find the right person for the role. The new activity director started and is doing great supporting the residents and offering new activities. Discussed taking opportunities to spend time with residents outside with exercise and activities. The adjacent town named Early has recently opened a boardwalk and the facility is discussing the possibility of taking the residents on an outing to the boardwalk.

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

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

The facility held its monthly QAPI meeting on March 19. Discussed continued efforts to monitor and support fall prevention, antipsychotic medication utilization, and behaviors affecting others amongst long-stay residents. Discussed further communication and meetings with the hospital to improve processes with medication orders of residents admitting to the facility. There will be a follow up meeting in April. The facility's nursing staff are being intentional to go through medication reviews line by line to ensure all orders are appropriate.

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



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

March 26, 2026

Facility Administrator: Jana Sanders

Stephenville Rehabilitation and Wellness Center is licensed for 122 beds, and its current census is 89 residents including 17 skilled patients. The facility has one planned admission at this time. Discussed challenges navigating census development challenges since the hospital census low. The team is marketing for more long-term care admissions at this time.

The facility only reported staff openings for two CNA positions. The recent CNA class wrapped up and was successful bringing in new staff.

There were no reports of any visits by state surveyors. There are no new self-reports at this time.

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

The facility reported its monthly QAPI meeting was held earlier this month. The team discussed an increase in falls and interventions in place to support improvement. The facility is also working to be timelier with signing of physician orders.

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

The administrator reported food related grievances have been improving. Discussed plans for an upcoming resident council and a separate food council where further feedback will be provided about residents' experiences.



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

March 31, 2026

Facility Administrator: Joe Matlock

Joe Matlock is the new administrator of Stonegate Nursing and Rehabilitation. He began employment at the facility in February.

Stonegate Nursing and Rehabilitation is licensed for 134 beds, and its current census is 95 residents including 18 skilled patients. There is one confirmed admission today, but potentially two more referrals will be admitted. There are no discharges planned until this weekend. Discussed efforts by the interdisciplinary team to improve the admissions processes and support building the census.

The facility has been working hard to round out and fill openings on the interdisciplinary team. Discussed recent hiring successes which have included a social worker and an MDS nurse. The social worker has started and the MDS nurse will begin employment next month. There are two recent ADON hires as well with one starting yesterday and the second planning to start next week. The facility is still recruiting for an admissions director.

Discussed working with the state surveyors to complete follow up activities for the fullbook survey which was conducted last month. The facility's health survey POC has been accepted, and it is submitting evidence of compliance with the POC today. The facility is still working with the state for approval of its life safety POC and is continuing to make adjustments as requested by the state.

The facility was visited again by a surveyor who investigated a complaint. All reasons for investigation were unsubstantiated.

Stonegate Nursing and Rehabilitation has a 3-star rating overall. The facility has a 2-star rating in Health Inspections, a 3-star rating in Staffing, and a 5-star rating in Quality Measures.

The facility held its monthly QAPI meeting and discussed ongoing efforts to adhere to recent fullbook survey POCs. Discussed other efforts to continue improving clinical outcomes and collections in the business office.

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

Grievances are being managed well with no reported trends. Discussed the importance of documenting grievances and taking feedback from the resident council.



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Cimarron Place Health & Rehabilitation

3801 Cimarron Blvd.
Corpus Christi, TX 78414

March 20, 2026

Facility Administrator: Ernest De La Garza

Cimarron Place Health & Rehabilitation Center is licensed for 120 beds, and its current census is 88 residents including 31 skilled patients. The facility has been working to develop its census and discussed ongoing efforts with social media and communications. The team strives to work closely with the case managers at referring hospitals. The facility is on track to reach new census highs for the last 2-year lookback. The new contract with the VA has also been approved and the facility began admitting veterans.

Staffing efforts are going well and the facility will add new positions as there are needs with the growing census. Current openings include one CMA, two CNAs, and two nurses.

The administrator has entered into agreements with a local RN nursing school for its students to complete some clinical rounds and training at Cimarron Place Health & Rehabilitation. The current students are just starting their program, and the students are expected to complete their programs in roughly one year.

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

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

The facility held its monthly QAPI meeting today and discussed clinical outcomes and quality measures. The facility reviewed its performance improvement plans addressing pressure ulcers and falls. Discussed interventions for these systems and working to create personalized care plans for the residents.

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

The facility is working to remodel its 300-hall which will primarily be used for the VA residents. The facility is planning a VA unveiling event next week. The building is installing a flagpole and a plaque to honor the military veterans.

Discussed recent activities in the facility aimed to engage the residents. The facility recently hosted a comedy show for residents and family members.



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

March 13, 2026

Facility Administrator: Calvin Crosby

At the facility QAPI meeting on 3/13/26, the administrator and other attendees discussed the facility's outcomes from February 2026.

Harbor Lakes Nursing and Rehabilitation Center is licensed for 142 beds, and its current census is 91 residents.

Discussed staff openings and efforts to fill these positions with great team members. There are a few remaining LVN and CNA openings at this time. Discussed the facility's recent nurse aide training class which has seven students. Discussed working through recruitment and onboarding to bring applicants in to interview as soon as possible to reduce the risk of them seeking employment elsewhere.

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's staffing star rating decreased from a 4-star rating.

The interdisciplinary team discussed review of medications being utilized including efforts to manage pain experienced by residents. The team works closely with its physician partners to ensure all needs of the residents are being met.

Discussed incidents and accidents reported in the month of February. Falls were reviewed including the location and time of each fall. The team works to identify the root cause of all incidents in order to find an appropriate intervention. Discussed education with staff about fall prevention and toileting residents.

Weight loss was reviewed and there were no issues or trends reported.

There is one resident with behaviors in the facility at this time. Discussed specific interventions for this resident and others when making changes to roommates. Discussed the facility's process for issuing a 30-day discharge when necessary.

There are no trends or outbreaks reported under infection control.



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Red Oak Health and Rehabilitation Center

101 Reese Drive
Red Oak, TX 74154

March 19, 2026

Facility Administrator: Lee Richard

Red Oak Health and Rehabilitation Center is licensed for 144 beds, and its current census is 105 residents. The facility has three planned admissions, and several referrals under review. Discussed expectations for the skilled census to increase alongside the growing referral volume.

The facility is hiring a day shift nurse, seven CNAs, and two CMAs. Discussed the orientation scheduled tomorrow and the recently hired staff who are planning to attend.

State surveyors visited the facility last week to conduct the facility's annual fullbook survey beginning on March 11. The facility received two tags under its health survey, and only one under life safety. The health survey findings were related to pharmacy services and dietary services. The facility has begun to address all of these findings, and each finding is expected to be a low-level citation.

Red Oak Health and Rehabilitation Center has a 3-star overall rating. The facility has a 3-star rating in Health Inspections, a 2-star rating in Staffing, and a 3-star rating in Quality Measures.

The facility held its monthly QAPI meeting yesterday and discussed ongoing focus areas and performance improvement plans. The facility is maintaining efforts watching falls. Discussed the importance of keeping residents entertained and engaged.

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

Grievances are being managed well with no trending issues. Discussed focusing on customer service with staff members.

The facility reported an issue with its call light system and is looking to replace the system soon. Discussed recent updates with painting and new lighting in the kitchen.



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

March 18, 2026

Facility Administrator: Bobby Simpkins

Silver Spring is licensed for 120 beds, and its current census is 82 residents including 22 skilled patients. The facility has one resident in the hospital who is expected to return once appropriate for hospital discharge. There is one admission planned today, and another seven referrals under review.

The facility is recruiting to fill openings for two CNAs, one CMA, and a medical records manager. The previous medical records manager gave notice of resignation last week and then was a no-call no-show this week. The facility has interviewed several candidates and recently extended an offer to a candidate who accepted. Discussed other staff recruitment improvements through moving job postings from Indeed to ADP. The facility recently offered some sign-on bonuses for new staff members.

The facility was visited by a state surveyor who investigated a recent fall with major injury on February 26. The surveyor exited and cited the facility related to the fall with major injury and employee checkoffs. The facility received the 2567 from the visit, but there were no deficiencies that made it through enforcement. The state visited again on March 12 to investigate a complaint which was unsubstantiated.

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

The facility held its monthly QAPI meeting earlier this month and discussed quality measures and clinical outcomes. The facility reported its RTA rate increased slightly compared to the prior month. Discussed continual efforts to support fall prevention interventions. The facility reviewed long-term care residents who have experienced repeat falls.

Discussed maintaining a clean environment throughout the building. The administrator is also an advocate for residents' rights and assisting residents according to their needs and preferences.

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

The facility reports there are still occasional grievances related to the dietary department, but the facility is seeing some improvements. Discussed efforts to get the right team members on board and fine tune processes.

The team was planning to paint its new colors throughout remaining areas of the building, but the project has transitioned to touch up resident rooms that are currently unoccupied while the census is low.



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Gulf Pointe Plaza
1008 Enterprise Blvd.
Rockport, TX 78382

March 23, 2026

Facility Administrator: Michael Higgins

Gulf Pointe Plaza is licensed for 120 beds, and its current census is 71 residents including 13 skilled patients. The facility reported it has had a strong average daily census this month. There were some recent discharges but discussed continued efforts to build the census back up.

The facility is seeking two CNAs and one LVN. The team will add more staff members as the census grows. The facility has a new business office manager who started recently and has been a good addition to the building.

The state visited the facility recently to conduct its annual fullbook survey. Surveyors were in the building for three days beginning on March 8. The administrator reported there was one life safety finding related to a wall repair needed in the laundry room. The health survey was conducted during this time, and the facility received three deficiencies related to a missing signature on a DNR from 2022, labeling on bread in the kitchen, and a consent not being completed according to policy. The administrator expects the facility will receive its 2567 tomorrow. There were no care issues expressed or identified during the survey.

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

The facility held its monthly QAPI meeting on March 18. Discussed maintaining the performance improvement plan addressing falls. The team has recently implemented new activities to take place after lunch service. Discussed review of falls and recognizing many were occurring after lunch. The new activities have been a great new intervention, and the facility is seeing decreases in fall volume. The team also discussed some opportunities to improve its process related to managing personnel files.

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

The wall repair in the laundry room has been completed. The administrator confirmed the building will be painting its dining room next. A local veterans' association made a big wooden board to display veterans in the TV room.



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

March 24, 2026

Facility Administrator: Eric Johnan

Eric Johnan is the new administrator of Forum Parkway Health & Rehabilitation. He started employment as the administrator in late February. Eric previously worked as the facility's administrator several years ago.

Forum Parkway Health & Rehabilitation is licensed for 139 beds, and its current census is 93 residents including 22 skilled patients. The facility's target is a census of 100 residents. There were a few slow weeks with census development, but the administrator is putting focus on improving these efforts. Discussed working to make census growth more sustainable.

Staffing efforts are going well with no reported issues. The facility is seeking one double weekend CNA.

The building was visited by state surveyors last week to conduct its annual fullbook survey. The team was prepared for this visit which reportedly went well. The facility received two citations under its health survey, and two under life safety. The health survey findings were minor tags related to pharmacy services and dietary orders. The life safety findings were related to an air handler and build up on a return air vent. The facility has not had any recent self-reports.

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's overall and health inspections star ratings increased from 3-star and 2-star ratings respectively. The staffing star rating decreased from a 3-star rating.

The facility held its monthly QAPI meeting this morning. The building triggered for falls and is working through review of fall prevention efforts and interventions. The team also discussed survey follow-up and corrections made. The team hasn't received the 2567, but will complete and submit the POC once it is received.

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

Discussed opportunities to strengthen the grievance process and ensure all issues are documented thoroughly.

The administrator is planning painting touchup work to be completed throughout the building. Discussed expectations to better utilize the bistro/classroom area of the building. The facility's back-up generator is also not functioning so it has a rental unit in place. Discussed working with the vendors and expectations for the generator repairs to be completed this week.



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

March 31, 2026

Facility Administrator: Martha Paddie

Copperas Cove LTC is licensed for 124 beds, and its current census is 80 residents. There are two referrals planned for admission today. Discussed recent census growth and expectations for more admissions later this week.

Discussed recent hires and effort to fill remaining staff vacancies. The facility is leaning fulltime and PRN staff for coverage needs as much as possible. The team recognizes the importance of creating an environment which shows appreciation to staff members.

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

The facility shared updates on its QAPI process and recent meeting. Discussed clinical outcomes and observations reported during the period. The facility confirms involvement and collaboration by the interdisciplinary team and medical director. Discussed the facility's clinical targets being supported by the team.

Discussed ongoing infection prevention and control efforts in the building. Discussed education provided to new staff members during onboarding processes. The team maintains enhanced barrier precautions to ensure proper precautions are utilized to keep residents and staff safe.

The facility is still working on strengthening customer service outcomes. Discussed some customer service improvements recognized due to education and consistency throughout the past month.



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

March 26, 2026

Facility Administrator: Brittany Smith

At the facility QAPI meeting on 3/26/26, the Administrator and other attendees discussed the facility's outcomes from February 2026.

Winnie L LTC is licensed for 105 beds, and its current census is 42 residents. For the month of March, the facility averaged a census of 44 residents.

The facility reports 62 total employees and a 5% turnover rate during the reporting period. There is a new housekeeping supervisor who is doing an excellent job managing the department.

The facility reported submission of two self-reports. The first was regarding an injury of unknown origin, and the second regarding an allegation of abuse. The state visited the facility and investigated the intake regarding the first reportable. All reasons for investigation were unsubstantiated. The facility is in its annual fullbook survey window and discussed ongoing survey preparedness efforts.

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

There were thirteen total falls and two residents experiencing repeat falls in February. Discussed ongoing fall prevention efforts and interventions in place to support residents' needs. The fall rate reduced to 30% compared to 37% in the prior month. Discussed the facility's falling stars program and expectations to be within its fall benchmark in the coming month.

The facility reported five urinary infections in February. There is an ongoing performance improvement plan addressing UTIs which is also showing improvement compared to the prior

month's outcomes. There were three residents with pressure ulcers, and two residents who experienced significant weight loss.

The facility met all targets under Component 1 except urinary tract infections and locomotion independently worsened. Discussed the PIPs addressing these targets and considerations to further adjust interventions.

The facility met its target for CNA hours under Component 2. Discussed improvements approaching the staffing targets for licensed nurse and total nursing hours.

The facility met all targets under Components 3 and 4 except new/worsened bowel/bladder incontinence. There is a PIP in place addressing this indicator target.



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

March 25, 2026

Facility Administrator: Lorraine Haynes

This report is from the site visit to the Villa at Texarkana on March 25, 2026. A tour of the building was provided and a meeting was held with the administrator for an update on the facility.

The Villa at Texarkana is licensed for 120 beds, and its current census is 93 residents. The facility has three pending admissions at this time. Discussed the facility's place in the market and efforts to be a consistent care provider for those in need. There have been several residents who have transferred to the Villa at Texarkana from other nursing facilities in the area.

Staffing efforts are going well overall, and there continues to be no agency staffing utilization. The facility is seeking to hire a few more nurses. Discussed efforts to manage overtime and hold staff accountable to facility policies and procedures.

The facility was visited by state surveyors earlier this month. The surveyors came to conduct the facility's annual fullbook survey. There were some low-level tags in both the health and life safety surveys. Under the health survey, there were three findings related to the completion timing of comprehensive MDS assessments. There were also findings in the reported in the dietary and activity departments. The life safety tags were related to deficient caulking and dusty sprinkler heads. Discussed corrective actions taken by the facility to make immediate adjustments. The facility is working to complete the plan of correction for submission to the state.

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

Discussed the facility's QAPI plan and recent monthly meeting. The facility reported there are no issues but the team discussed including the recent survey activity and feedback into the QA process. The team will continue to monitor corrections appropriately.

There is no COVID in the facility at this time. There are no trends or outbreaks related to infection control at this time.

Grievances are being managed and the administrator stressed the importance of having strong communication with residents and family members. Discussed the need to document all communications and actions taken by the facility. Discussed some challenging family members and the need to over-communicate with them to manage expectations.

The facility was very clean and there were no odors throughout the building. Residents were engaged in various activities, and many begun gathering in the dining room for lunch meal service. Residents were happy to see the administrator and were quick to greet her during the visit.

The front of the building has been renovated and painted with a new sign affixed to the front entry porch. The covered carport has new wood added to its ceiling and beams. Discussed potential plans to paint the last two columns of the carport white to match the rest of the brick at the front of the building. The carport and entry was very bright and welcoming due to these recent updates.

The floors throughout the building were very clean and maintained. The replacement flooring looks very professional and well done. The facility also completed some work in the courtyard and has poured new cement to make the space more stable and safer for resident use.

The work renovating the shower rooms is nearly complete. The tile on the floors and walls has been installed. The new tile makes the shower rooms feel more luxurious. Discussed the final touchups needed to update the trim and doors throughout the building. There is some touchup work throughout the building that is needed, but the facility is working to consistently address these needs and keep the building in great shape.

Staff were very kind and welcoming throughout the building. The team members were observed assisting the residents with their needs. Staff were prompt to answer call lights and the environment was very peaceful.



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

March 26, 2026

Facility Administrator: Matt Mewborn

This report is from the site visit to Treviso Transitional Care Center on March 26, 2026. A tour of the building was provided and a meeting was held with the administrator for an update on the facility.

Treviso Transitional Care Center is licensed for 140 beds, and its current census is 101 residents including 24 skilled patients. Discussed recent trends with the facility's marketing efforts and targeting key relationships in the community. Discussed working to connect with local veterans and a local ortho group.

Discussed ongoing review of staffing ratios and budgets. Facility leadership makes changes to staffing assignments as needed while ensuring appropriate coverage is always provided. Discussed recent recruitment efforts to fill vacancies with qualified team members.

The administrator discussed state activity that has occurred in the facility over recent years. Discussed expectations that in December previous survey findings will fall off the facility's health inspections star rating record. When the negative points from a former IJ no longer affect the facility's health inspections star rating, the facility expects to see drastic improvements in overall and health inspections star ratings.

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

With the expected improvements in star ratings later this year, the facility will be eligible to have more contracts, including a VA contract. These contracts will further support census development and referral volume.

The facility is maintaining its QAPI processes and ongoing review of clinical outcomes. Discussed the services offered by each department and opportunities to push for alignment as

an interdisciplinary team. The facility had some of its offices, rearranged to support workflows, collaboration, and access for residents.

The facility presented as a very clean and calm home for residents. The premises are cared for and managed well, maintaining a welcoming feeling. The inner courtyard has been beautified with groomed landscaping and patio furniture. Residents utilize the space in the courtyard often for activities, socializing, and relaxation.

Many residents were gathered in the dining room in preparation for lunch service. Discussed progress with updating the kitchenette for meal service. Discussed the impact this has on improving the dining experience for residents. The facility recognizes the impact meal service and meal quality has on resident satisfaction.

The new floors in the hallways look immaculate and provide a very elegant feeling throughout the building. Many of the hallways have been repainted, and additional touchup work is being completed as needed. Discussed the facility's processes for requesting and logging maintenance needs.

The facility began collaborating with a local contractor who is refurbishing the furniture throughout the building. The completed pieces have given new life and excitement to the environment.

Discussed expectations for the building to continue to grow and increase its footprint of caring for residents and skilled patients in the community. Discussed the importance of working to be a trusted partner in the community. The facility is continuing to develop its reputation of clinical excellence and successful outcomes.



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Arbrook Plaza
401 West Arbrook Blvd.
Arlington, TX 76014

March 9, 2026

Facility Administrator: Jodi Scarbro

This report is from the site visit to Arbrook Plaza on March 9, 2026. A tour of the building was provided after a meeting was held with the administrator for an update on the facility.

Arbrook Plaza is licensed for 120 beds, and its current census is 98 residents including 28 skilled patients. The facility has seen a strong volume of referrals recently. Discussed ongoing efforts to manage the referral and intake process. The facility strives to be prompt and welcoming with admitting processes when new residents come to the facility.

The facility is seeking two double weekend nurses and one weekend supervisor. Discussed challenges with finding accountable and dependable weekend staff for these remaining openings. Discussed ongoing coverage of these shifts until the fulltime positions are filled.

The administrator was selected as a runner-up for the Administrator of the Year award with HMG. Discussed efforts by the administrator to support building a strong team, which is focused on creating a quality experience for the residents.

The facility was visited by the state last week. The state investigated two self-reports which were both unsubstantiated. There was one new self-report submitted regarding a fall with injury. Discussed education provided to staff members regarding fall related topics.

Arbrook Plaza has a 3-star rating overall. The facility has a 2-star rating in Health Inspections, a 3-star rating in Staffing, and a 5-star rating in Quality Measures.

The facility will hold its monthly QAPI meeting this week. The team will continue to monitor and address falls and RTA rates. The nursing department has been very involved in reviewing RTAs to identify any missed opportunities to better manage care inhouse. Discussed watching new admissions closely during the first 48 to 72 hours in the facility and communicating closely with the referring hospital.

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

The facility presented very clean and organized throughout the building. There were no smells or odors, and staff were occupied serving and supporting the residents. The building was festively decorated for St. Patrick's Day. The facility's residents were participating in activities in the lounge room and in the main dining room.

The administrator shared plans and supplies prepared to celebrate the Employee of the Year. The celebration will be held tomorrow since the staff member being recognized is currently fulfilling transportation responsibilities. Discussed the facility's commitment to recognizing staff members and celebrating successes as a team.

The ongoing updates to resident rooms is progressing well. The completed rooms have been repainted and had any appropriate repairs. The rooms provide a welcoming and homelike environment. Discussed plans to maintain these efforts and continue to address remaining rooms. The administrator confirmed the residents have been excited about the updates and are anxiously awaiting completion of these updates in their own rooms. Discussed success keeping long-term care beds largely full with little turnover. Discussed ongoing review of referrals and the great support through the new referral management service being utilized by the admissions team.

Department heads are completing their responsibilities and support the residents' needs. Discussed the survey readiness efforts and keeping regulatory compliance front of mind through all aspects of operations. The facility is striving to work closely with hospital partners and efforts to maintain strong relationships. The administrator shared some challenges when new patients are referred to the facility when they may not yet be completely stable for hospital discharge. Discussed the risk of hospital admission in these cases and efforts by the facility to communicate clearly with the hospital and collaborate to prevent any avoidable readmissions. Discussed the importance of communication and documentation.

The facility is in the process of returning some rental equipment that is no longer needed. Discussed the facility's efforts to ensure all necessary equipment for caring for the residents is available. Discussed making accommodations through rental equipment or purchasing new equipment when to meet these needs.



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

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Phone: 409-296-1003

Treasurer: Bobby Way
Dir. Kacey Vratiss

Scott Johnson, Nursing Facility Specialist
Winnie-Stowell Hospital District

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

March 20, 2026

Facility Administrator: Isaiah Ramirez
Facility DON: Cynthia Jordan

At the facility QAPI meeting on 3/20/26, the Administrator and other attendees discussed the facility's outcomes from February 2026.

Parkview Manor Nursing & Rehabilitation is licensed for 94 beds, and its current census is 31 residents. For the month of February, the facility averaged a census of 33 residents. The facility is expecting a respite patient admission today.

The facility will be entering its annual fullbook survey window in June. Discussed ongoing survey preparedness efforts and review of previous survey activity. The facility reported two new self-reports. A surveyor visited the facility last week, but didn't exit and hasn't returned to close the investigation.

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

There were nine falls and two residents who experienced repeat falls in the month of February. The facility discussed efforts to support fall prevention efforts and adjust fall interventions.

There were only three respiratory infections during the reporting period. Discussed adherence to enhanced barrier precautions and utilizing proper PPE to care for the residents.

There were two residents with pressure ulcers, and two residents who experienced significant weight loss.

The only indicator not met under Component 1 was falls with major injury. Discussed the PIP in place which includes activities and therapy services. All other indicators under Component 1 were met. Discussed some recent education with staff regarding toileting.

The facility did not meet its target for CNA hours or total nursing hours under Component 2. Discussed ongoing efforts to recruit staff to support staffing targets. The facility met all indicators under Components 3 and 4.



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Gracy Woods Nursing Center
12021 Metric Blvd
Austin, TX 78758

March 31, 2026

Facility Administrator: Heather Devine

Gracy Woods Nursing Center is licensed for 122 beds, and its current census is 92 residents including 2 skilled patients. The facility is pending authorization on a new skilled admission planning to be admitted tomorrow. There are four residents in the hospital who are expected to return soon as well.

The facility is fully staffed at this time other than two nurse and two CNA openings. All other departments and manager positions are filled at this time.

The facility received its 2567 from two recent D-tags received earlier this month regarding infection control and dignity. The POC has been accepted and the facility submitted evidence of compliance last week.

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 March 10. The facility has cleared all but three remaining concern areas of the Rapid Response and Quality Monitoring teams. These three areas are being monitored, and the facility is expected to graduate on April 16. The next special focus survey is expected to be conducted in May. After the next successful SFF survey, the facility will likely be eligible to graduate from the SFF designation.

There are no trends or outbreaks reported regarding infection control.

Grievances are going well and the new washers and dryers have improved laundry satisfaction. There are some occasional grievances related to call light response time. Discussed education provided and working with floor staff to improve communication to residents and family members.

The renovations on the outside of the building started and the facility's gutters have been removed. The backboards have also been painted and the front of the building has been power washed. The flooring project will be started soon. The renovations will also include replacing the freezer door and redoing the shower rooms to be more homelike.



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Winnie-Stowell Hospital District

Garland Nursing and Rehabilitation

321 N Shiloh Rd
Garland, TX 75042

March 18, 2026

Facility Administrator: Wanda Ledford

Garland Nursing and Rehabilitation is licensed for 122 beds, and its current census is 81 residents including 3 skilled patients. A few of the facility's residents are in the hospital at this time. Discussed working with the hospital to support the needs of these residents and preparing for their eventual transition back to the facility. The facility has one planned admission of a respite care patient. There are four additional referrals under review at this time. Discussed steady census growth from the 60s over the last five months.

The facility is currently recruiting a social worker and four CNAs. Discussed potential plans with changes to the housekeeping department. The administrator reported a new business office manager has been hired and has been a phenomenal addition to the team.

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 reported state surveyors visited recently to investigate three self-reports and a complaint. All investigations related to the self-reports were cleared, and one self-report was substantiated but not cited. The surveyors cited a deficiency under pharmacy services related to the complaint. The facility is awaiting receipt of the 2567, but it has begun to implement changes to associated processes. The facility is in its annual fullbook survey window and is expecting the state to enter soon. The facility's annual survey last year was on March 18.

The facility held its monthly QAPI meeting and discussed updates from the interdisciplinary team. The facility is focusing on improving processes and outcomes related to medication administration. The team is also reviewing inconsistencies in weights and discussed changes to improve the weight management process. The timeliness and completion of baseline careplans and H&Ps are being addressed too. The recent transition to PCC has affected the facility's normal method of completing or pulling H&Ps into the EMR.

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

Discussed recent grievances in the building. There were nine grievances logged in February. There were no trending issues, but the administrator is educating staff to ensure they always document any grievance or issue appropriately.

Administrator: Ken Kale, LNFA
DON: Lakeisha Owens, RN

FACILITY INFORMATION

Marshall Manor West is an 118-bed facility with a current overall star rating of 3 (IJ in November) and a Quality Measures rating of 5. The census on the date of this visit was 51 (7 skill mix) with 15 in memory care.

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

The facility has regular outings to the store and for Bingo and they go on a casino boat trip next month. The facility had a party for Valentine's Day, Mardi Gras and St. Patrick's Day as well as a potluck for black history month. The Administrator reports the facility is planning an Easter egg hunt.

The Administrator reports the facility continues birthdays, weekly meal provisions and they also have an employee of the month program and each month a different department. The staff participated in the black history month potluck.

EDUCATION PROVIDED

- Reviewed QIPP year 9 – QIPP year 9 Qtr 2 ended 02/28/2026 but the data collection started 10/1/25 and ended 12/30/25. Quarter 3 started 03/01/2026 but the data collection started 01/01/2026 and will end 03/31/2026. The facility is currently meeting 4 of the 4 components with PIPs in place for census.
- Simple SNF Hot Topics Webinar Info – Reviewed and provided recording and slides on information covered during webinar, including Quality Measures: 5 star rating updates, VBP changes, QRPs; New Quality Measures for Falls with Major Injury & Antipsychotics; Ongoing Audits; Regulatory Updates.

QIPP SCORECARD:

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

SURVEY INFORMATION

Administrator reports the state came their full book survey the first week of February 2026. The facility had 7 low level tags and 1 they are IDRing and the POC has been accepted and cleared.

REPORTABLE INCIDENTS

The facility has 0 pending self-reports.

PHARMACY: No concerns, comes monthly and med destruction completed

NURSING/MDS: None



DIETARY/KITCHEN: New Dietary Manager just hired,
Dietician comes monthly, no concerns

HOUSEKEEPING/LAUNDRY: None

CENTRAL SUPPLY/MEDICAL RECORDS: None

MAINTENANCE: None

ACTIVITIES: None

CLINICAL TRENDING

Incidents/Falls:

Information not provided

Infection Control:

Information not provided

Weight loss:

Information not provided

Pressure Ulcers:

Information not provided

Restraints:

Information not provided

Staffing:

Administrator reports ability to staff facility without use of Agency, low overtime but they do have nurse and 2 CNA open positions and 1 PT nurse position.



Administrator: Greg Sechrist, LNFA
DON: Robin Sharp, RN

FACILITY INFORMATION

Marshall Manor Nursing and Rehab is a 169-bed facility with a current overall star rating of 2 (from a past non-compliance for abuse) and a Quality Measures rating of 4. The census on the date of this call was 95 with a skill mix of 14.

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

The facility has regular outings. The facility had parties for Mardi Gras, Valentine's Day and St. Patrick's Day. The facility is planning an Easter egg hunt to include staff and their kids.

The Administrator reports the facility continues anniversary recognitions, giveaways at staff meetings, and they also have an employee of the month program.

QIPP SCORECARD:

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

SURVEY INFORMATION

The state came to facility for a complaint, and it was unsubstantiated, no citations.

REPORTABLE INCIDENTS

The facility has several pending self-reports.

EDUCATION PROVIDED

- Reviewed QIPP year 9 – QIPP year 9 Qtr 2 ended 02/28/2026 but the data collection started 10/1/25 and ended 12/30/25. Quarter 3 started 03/01/2026 but the data collection started 01/01/2026 and will end 03/31/2026. The facility is currently meeting 4 of the 4 components.
- Simple SNF Hot Topics Webinar Info – Reviewed and provided recording and slides on information covered during webinar, including Quality Measures: 5 star rating updates, VBP changes, QRPs; New Quality Measures for Falls with Major Injury & Antipsychotics; Ongoing Audits; Regulatory Updates.



PHARMACY: No concerns, comes once per month and med destruction completed

NURSING/MDS: None

DIETARY/KITCHEN: None, Dietician comes 2x month

HOUSEKEEPING/LAUNDRY: None

CENTRAL SUPPLY/MEDICAL RECORDS: None

MAINTENANCE: None

ACTIVITIES: None

CLINICAL TRENDING

Incidents/Falls:

Facility information not provided

Infection Control:

Facility information not provided

Weight loss:

Facility information not provided

Pressure Ulcers:

Facility information not provided

Restraints:

Facility information not provided

Staffing:

The Administrator reports they have open positions for nursing and CNAs.

Administrator: Chad Mohammed, MHA, LNFA
DON: Chelsea Oduro, RN

FACILITY INFORMATION

Highland Park is a 120-bed facility with a current Overall Star Rating of 2 due to the facility receiving 2 IJs and a Quality Measures star rating of 4. The census given on the date of this report was 95.

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

The DON believes the facility met 3 of the 4 QIPP measures for QTR 4, year nine with a PIP in place for nursing staff.

The facility continues with outings, and they continue with Bingo and regular holiday celebrations, including a Mardi Gras and Valentine's Day party. The DON reports the facility is planning an Easter egg hunt. The DON reports the facility does provide outings for the residents and this month they are going to the mall.

The DON reports the facility tries to do something for the staff every month and they have an Employee of the Month.

SURVEY INFORMATION

The state came to the facility Monday and left yesterday to investigate a P1, and 2 other complaints and 2 self-reports and all were unsubstantiated, no citations.

REPORTABLE INCIDENTS

The facility has no pending self-reports.

EDUCATION PROVIDED

- QIPP year 9 - Qtr 2 ended 02/28/2026 but the data collection started 10/1/25 and ended 12/30/25. Quarter 3 started 03/01/2026 but the data collection started 01/01/2026 and will end 03/31/2026. The facility is currently meeting 4 of the 4 components with PIPs in place for staffing.
- Simple SNF Hot Topics Webinar Info – Reviewed and provided recording and slides on information covered during webinar, including Quality Measures: 5 star rating updates, VBP changes, QRPs; New Quality Measures for Falls with Major Injury & Antipsychotics; Ongoing Audits; Regulatory Updates.

CLINICAL TRENDING



Incidents/Falls:

Information was not provided.

Infection Control:

Information was not provided.

Weight loss:

Information was not provided.

Pressure Ulcers:

Information was not provided.

Restraints:

Highland Park does not use restraints.

Staffing:

Staffing needs – need CNAs.

PHARMACY: No concerns, comes monthly, med destruction completed

NURSING/MDS: None

DIETARY/KITCHEN: No concerns, Dietician comes weekly

HOUSEKEEPING/LAUNDRY: No concerns

CENTRAL SUPPLY/MEDICAL RECORDS: No concerns

MAINTENANCE: No concerns

Activities: No concerns

QIPP SCORECARD: Information not provided



Administrator: Michael Herring, LNFA
DON: Jerold Hindsman, RN

FACILITY INFORMATION

Golden Villa is a 110 Medicaid/Medicare & 10 Medicare-bed facility with a current overall star rating of 1 (due to full book survey results) and a Quality Measures star rating of 4. The census on the date of this call was 98 with a skill mix of 26.

The QIPP site visit was conducted over the phone with the Administrator, who was very helpful. The facility is a certified CNA facility but due to IJ they received they are not able to run a class. Their sister facility is still running classes. The Administrator reports the facility still has a full-time NP in-house. The facility is currently COVID_19 free.

The Administrator reports they had a resident Valentine's Day banquet with a king and a queen and a St. Patrick's Day social. The Administrator reports the facility is having an Easter egg hunt.

The Administrator reports the facility continues to celebrate employee of the month and each department's week throughout the year. If an employee goes above and beyond, they get handwritten notes and gift cards and meals are offered at a discounted rate. The facility also has a covered patio with a fan for staff to enjoy on their breaks, weather permitting.

QIPP SCORECARD:

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

SURVEY INFORMATION

The Administrator reports the state came in March for a complaint investigation, unsubstantiated, no citations. The facility is currently in their full book window.

REPORTABLE INCIDENTS

The Administrator reports the facility has 4 pending self-reports.

EDUCATION PROVIDED

- Reviewed QIPP year 9 – QIPP year 9 Qtr 2 ended 02/28/2026 but the data collection started 10/1/25 and ended 12/30/25. Quarter 3 started 03/01/2026 but the data collection started 01/01/2026 and will end 03/31/2026. The facility is currently meeting 4 of the 4 components with PIPs in place for antipsychotics, locomotion and antianxiety medications.
- Simple SNF Hot Topics Webinar Info – Reviewed and provided recording and slides on information covered during webinar, including Quality Measures: 5 star rating updates, VBP changes, QRPs; New Quality Measures for Falls with Major Injury & Antipsychotics; Ongoing Audits; Regulatory Updates.



PHARMACY: No concerns, comes monthly, med destruction completed

NURSING/MDS: None

DIETARY/KITCHEN: No concerns, Dietician comes monthly

HOUSEKEEPING/LAUNDRY: No concerns

CENTRAL SUPPLY/MEDICAL RECORDS: No concerns

MAINTENANCE: getting ready to put new floors and paint on most of the resident rooms, new floors on front offices and new roof for the gazebo

ACTIVITIES: No concerns

CLINICAL TRENDING

Incidents/Falls:

Facility information not provided

Infection Control:

Facility information not provided

Weight loss:

Facility information not provided

Pressure Ulcers:

Facility information not provided

Restraints:

Facility information not provided

Staffing:

Facility currently has 3-4 CNA open positions

Administrator: Julie Johnson, LNFA
DON: Amber Manning, RN

FACILITY INFORMATION

Garrison Nursing and Rehabilitation is a 93 bed SNF in a rural area. The census is at 80 residents with a skill mix of 8 and 4 in the hospital. The facility has an overall star rating of 5 and a star rating in Quality Measures of 5.

The QIPP site visit call was conducted over the phone with the Administrator. The facility is currently COVID_19 free.

The Administrator reports the facility had a fall festival and a Thanksgiving dinner to include families and they had a resident Christmas party today with snacks and community gifts for the residents and they will have a Christmas Day lunch. The facility continues to provide outings to Walmart, and to Nacogdoches to the senior citizen center.

The Administrator reports the facility has an employee of the month celebration, random drawings for gifts and treats weekly and they try to feed the staff at least monthly. The Administrator reports the facility staff Christmas party will be Thursday with drawings and bonuses.

QIPP SCORECARD:

The Administrator reports the facility is meeting all 4 QIPP components in quarter 3 year 9.

SURVEY INFORMATION

The facility had state in the building on 3/6/26 to clear 2 self-reports that were unsubstantiated, no citations.

REPORTABLE INCIDENTS

Administrator reports there are no pending SRIs.

EDUCATION PROVIDED

- Reviewed QIPP year 9 – QIPP year 9 Qtr 2 ended 02/28/2026 but the data collection started 10/1/25 and ended 12/30/25. Quarter 3 started 03/01/2026 but the data collection started 01/01/2026 and will end 03/31/2026. The facility is currently meeting 4 of the 4 components with PIPs in place for weight loss and antianxiety medications.
- Simple SNF Hot Topics Webinar Info – Reviewed and provided recording and slides on information covered during webinar, including Quality Measures: 5 star rating updates, VBP changes, QRPs; New Quality Measures for Falls with Major Injury & Antipsychotics; Ongoing Audits; Regulatory Updates.

CLINICAL TRENDING



Incidents/Falls:

Information was not provided.

Infection Control:

Information was not provided.

Weight loss:

Information was not provided.

Pressure Ulcers:

Information was not provided.

Restraints:

Information was not provided.

Staffing:

Administrator reports the facility is currently fully staffed.

PHARMACY: comes monthly and med destruction completed, staff in-serviced on expired meds

NURSING/MDS: None

DIETARY/KITCHEN: None, Dietician comes monthly

HOUSEKEEPING/LAUNDRY: None

CENTRAL SUPPLY/MEDICAL RECORDS: None

MAINTENANCE: None

ACTIVITIES: None

Administrator: Genevieve Gonzales, LNFA
DON: Dr. Ramona Cain DNP, MSN, MS Ed., RN

FACILITY INFORMATION

Deerbrook Nursing and Rehab is a licensed 124- bed facility with an overall star rating of 1 and a rating of 4 stars in Quality Measures. Current census is 99: 6 PP; 2 MCR; 65 MCD; 18 HMO; 4 Hospice.

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

The Facility had a Mardi Gras, Valentine's Day and St. Patrick's Day celebrations for the residents and they are planning an Easter egg hunt. The facility did a resident outing to the mall in February.

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

EDUCATION PROVIDED

- Reviewed QIPP year 9 – QIPP year 9 Qtr 2 ended 02/28/2026 but the data collection started 10/1/25 and ended 12/30/25. Quarter 3 started 03/01/2026 but the data collection started 01/01/2026 and will end 03/31/2026. The facility is currently meeting 3 of the 4 components with PIPs in place for CAN staffing, weight loss and pressure ulcers.
- Simple SNF Hot Topics Webinar Info – Reviewed and provided recording and slides on information covered during webinar, including Quality Measures: 5 star rating updates, VBP changes, QRPs; New Quality Measures for Falls with Major Injury & Antipsychotics; Ongoing Audits; Regulatory Updates.

SURVEY INFORMATION

The facility has not had state in the building since November for a complaint and self-reports, and they received a citation for infection control, inappropriate discharge, resident call system, ADLs, care plans (all D level) and the POC has been accepted and cleared.

REPORTABLE INCIDENTS

Dec/Jan/Feb 2025/26 the facility had 8 pending self-reports.

CLINICAL TRENDING DECE/JAN/FEB 2025/26

Incidents/Falls:

Deerbrook had 80 falls without injury (8 repeat) and 0 falls with injury. The facility also reported 0 Fractures, 6 Skin Tears, 0 Laceration, 0 Elopements, 2 Behaviors and 2 Bruises. PIP in place for falls.

Infection Control:

Deerbrook reports 70 total infections 26 UTI's; 1 Respiratory infections, 5 EENT infections, 11 Wound infections, 1 Blood infection, 1 GI infection, 0 Genital infections and 30 Other infections.

Weight loss:

Deerbrook reported Weight loss 8 residents with 5-10% and 4 residents with > 10% loss.

Pressure Ulcers:

Deerbrook had 23 residents with 67 pressure ulcer sites and 5 were acquired in house.

Restraints:

Deerbrook is a restraint free facility.

Staffing: Information not provided

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

Total number employees:114 Turnover rate%: 6.08 Dec, 1.85 Jan 5.37 Feb

Casper Report: Information not Provided

Indicator	Current %	State %	National %	Comments/PIPs
Percent of residents who used antianxiety or hypnotic medication (L)	4.3%	7.4%	7.5%	
Fall w/Major Injury (L)	0%	3.4%	3.4%	
UTI (L)	1.3%	.9%	1.7%	
High risk with pressure ulcers (L)	12%	4.6%	5.6%	PIP in place
Loss of Bowel/Bladder Control(L)	5.6%	14%	19%	
Catheter(L)	0%	.5%	1.1%	
Physical restraint(L)	0%	0%	.1%	
Residents whose ability to walk independently worsened (L)	4.2%	16.6%	16.4%	
Excessive Weight Loss(L)	4.3%	3.2%	5.5%	PIP in place



Depressive symptoms(L)	2.9%	2.6%	13.2%	
Antipsychotic medication (L)	13%	9.5%	15.5%	PIP to be implemented

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

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

of Anti-anxiety (attempts_4_ successful_4_ failed_0_)

of Antidepressants (attempts_9_ successful__ failed_9_)

of Antipsychotic (attempts10__ successful__ failed10__)

of Sedatives (attempts0__ successful__ failed__)

DIETICIAN Recommendation concerns/Follow Up? Comes monthly. No concerns

SOCIAL SERVICES NUMBER/TYPE OF GRIEVANCES (RESOLVED OR NOT) – 5 in Dec; 20 Jan; 12 Feb-all resolved

TRAUMA INFORMED CARE IDENTIFIED: NA

ACTIVITIES PIP/CONCERNS: Ensure assessments are done timely

DIETARY PIP/CONCERNS: None

ENVIRONMENTAL SERVICES PIP/CONCERNS: None

MAINTENANCE PIP/CONCERNS: None

MEDICAL RECORDS/ CENTRAL SUPPLY PIPS/CONCERNS: None

MDS PIPS/CONCERNS: None

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

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

Indicator	State Benchmark	Baseline Target	Results	Met (5% improvement) Y/N	Comments
Metric 1: (CMS N013.02) Percent of residents experiencing one or more falls with major injury	3.28%	3.86%	0%	y	
Metric 2: (CMS N024.02) Percent of residents with a urinary tract infection	.84%	.84%	1.32%	N	Will review for PIP
Metric 3: (CMS N029.03) Percent of residents who lose too much weight	4.11%	12.56%	4.29%	Y	PIP in place
Metric 4: (CMS N031.04) Percent of residents who received an antipsychotic medication	8.02%	5.65%	10%	N	GDR every 3 months

Metric 5: (CMS N035.04) Percent of residents whose ability to walk independently worsened	17.78%	13.98%	4%	Y	
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Component 2 -Workforce Development HPRD Measures (All Facilities). Achievement in 1 metric earns 70% of eligible funds; achievement in 2 metrics earns 100%

Indicator	National Benchmark	Baseline Target	Performance Target of 1% improvement	Results	Met Y/N	Comments
Payroll Based Journal (PBJ) - Staffing Measure in Hours Per Resident Day (HPRD)	Met Y/N					
Metric 1: Reported Certified Nursing Assistant (CNA) HPRD 60% weighted	N	2.32%	2.12%		N	PIP in place
Metric 2: Reported Licensed Nursing HPRD 85% weighted	Y	1.26%	1.32%		Y	
Metric 3: Reported Total Nursing Staff HPRD 100% weighted	N	3.86%	3.43%		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?				Yes		
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				0		

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

Indicator	National Benchmark	Baseline Target	Results	Met (5% Improvement)	Comments
				Y/N	
Metric 1: (CMS N030.03) Percent of residents who have depressive symptoms	5.21%	2.89%	2.86%	Y	

Metric 2: (CMS N036.03) Percent of residents who used antianxiety or hypnotic medication	18.74%	15.07%	10%	Y	
Metric 3: (CMS N046.01) Percent of residents with new or worsened bowel or bladder incontinence	8.77%	6.10%	5.56%	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	9.39	13.16	N	PIP in place
Metric 2: (CMS N026.03) Percent of residents who have/had a catheter inserted and left in their bladder	.89	0	0	y	

Administrator: James Teel, LNFA
DON: Angel McSpadden, RN
ADON: Tremeka Landry, LVN
MDS: Donna Adams, LVN

FACILITY INFORMATION

Spindletop Hill is a licensed 128- bed facility with an overall star rating of 1 and a rating of 4 stars in Quality Measures. Census 86: 0 PP; 1 MC; 64 MDC; 5 HMO; & 13 Hospice 14 Memory Care.

The QIPP site visit was conducted over the phone. The Administrator, DON, ADON and MDS Coordinator were available and very helpful during the visit. The facility is currently COVID_19 free.

The Administrator reports the facility had celebrations for Mardi Gras (parade), super bowl party, Valentine's Day king and queen and they are planning something for Easter on Good Friday. The facility is working on providing outings for the residents.

The DON reports the facility re-start celebrating monthly birthdays and Employee of the Month and continues with a recognition program (gift cards) when anyone is seen providing above and beyond care. The facility staff participate in most of the residents' celebrations. The Administrator reports the facility is having a crawfish meal for the staff next month.

EDUCATION PROVIDED

- Reviewed QIPP year 9 – QIPP year 9 Qtr 2 ended 02/28/2026 but the data collection started 10/1/25 and ended 12/30/25. Quarter 3 started 03/01/2026 but the data collection started 01/01/2026 and will end 03/31/2026. The facility is currently meeting 2 of the 4 components.
- Simple SNF Hot Topics Webinar Info – Reviewed and provided recording and slides on information covered during webinar, including Quality Measures: 5 star rating updates, VBP changes, QRPs; New Quality Measures for Falls with Major Injury & Antipsychotics; Ongoing Audits; Regulatory Updates.

SURVEY INFORMATION

The facility had the state in the building in January and twice in February to review self-reports and 2 complaints that were all unsubstantiated, no citations.

REPORTABLE INCIDENTS –

The facility had 5 self-reports during **Dec/Jan/Feb 2025/26** and 3 were cleared and 2 still pending

CLINICAL TRENDING DEC/JAN/FEB 2025/26:

Incidents/Falls:

Spindletop had 40 falls without injury (11 repeat) and 14 falls with injury. The facility also reported 5 Skin Tears, 1 Fracture, 1 Laceration, 0 Elopements, 0 Behaviors and 11 Bruises.

Infection Control:

Spindletop reports 54 total infections: 28 UTIs, 17 Respiratory infections, 1 EENT infection, 4 Wound infections, 2 GI infections, 2 Genital infections and 0 Other infections.

Weight loss:

Spindletop had 17 residents with 5-10% weight loss in 1 month and 0 with >10% weight loss in 10 months. The facility has a PIP in place for this measure.

Pressure Ulcers:

Spindletop had 23 residents with 44 pressure ulcer sites and 16 acquired in house. The facility has a PIP in place for this measure.

Restraints:

Spindletop does not use restraints.

Staffing:

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

Total number employees: 116 Turnover rate %: 8.47

CASPER REPORT –

Indicator	Current %	State %	National %	Comments/PIPs
Percent of residents who used antianxiety or hypnotic medication (L)	18.5%	17.9%	19.6%	Will review for PIP
Fall w/Major Injury (L)	3.6%	3.4%	3.4%	The one triggering will fall off but PIP in place (4 Ps)
UTI (L)	0%	.9%	1.7%	
High risk with pressure ulcers (L)	9.4%	4.6%	5.6%	PIP in place, already improved
Loss of Bowel/Bladder Control(L)	12.80%	14.0%	19.9%	
Catheter(L)	0%	0%	1.1%	
Physical restraint(L)	0%	0%	.1%	
Residents whose ability to walk independently worsened (L)	4.9%	10.6%	16.4%	
Excessive Weight Loss(L)	9.5%	3.2%	5.5%	PIP in place, already

				improved
Depressive symptoms(L)	1.4%	2.6%	13.2%	
Antipsychotic medication (L)	9.6%	9.5%	15.5%	

PHARMACY Consultant reports/visit/ med destruction: Education and proficiency check offs with weekly monitoring for nurses and medication aides since survey

of GDR ATTEMPTS in the month: How many successful? 10/5

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

of Antidepressants (attempts 6 successful 4 failed 2)

of Antipsychotic (attempts 3 successful 1 failed 2)

of Sedatives (attempts 0 successful 0 failed 0)

DIETICIAN Recommendation concerns/Follow Up – Information not provided

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

TRAUMA INFORMED CARE IDENTIFIED: NA

ACTIVITIES PIP/CONCERNS: No concerns

DIETARY PIP/CONCERNS: Ensuring all products labeled and dated

ENVIRONMENTAL SERVICES PIP/CONCERNS: None

MAINTENANCE PIP/CONCERNS: None

MEDICAL RECORDS/CENTRAL SUPPLY PIPS/CONCERNS: None

MDS PIPS/CONCERNS: No concerns

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	3.3%	3.28%	3.6%	N	PIP in place
Metric 2: (CMS N024.02) Percent of residents with a urinary tract infection	.9%	.84%	0%	Y	
Metric 3: (CMS N029.03) Percent of residents who lose too much weight	3.3%	8.04%	9.5%	N	PIP in place
Metric 4: (CMS N031.04) Percent of residents who received an antipsychotic medication	10.7%	8.02%	9.5%	Y/N	

Metric 5: (CMS N035.04) Percent of residents whose ability to walk independently worsened	15.4%	16.3%	4.4%	Y	
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Component 2 -Workforce Development HPRD Measures (All Facilities). Achievement in 1 metric earns 70% of eligible funds; achievement in 2 metrics earns 100%

Indicator	National Benchmark	Baseline Target	Performance Target of 1% improvement	Results	Met Y/N	Comments
Payroll Based Journal (PBJ) - Staffing Measure in Hours Per Resident Day (HPRD)	Met Y/N					
Metric 1: Reported Certified Nursing Assistant (CNA) HPRD 60% weighted						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?						
• 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	11.4%	2.36%	1.4%	Y	

Metric 2: (CMS N036.03) Percent of residents who used antianxiety or hypnotic medication	19.6%	21.71%	18.5%	Y	
Metric 3: (CMS N046.01) Percent of residents with new or worsened bowel or bladder incontinence	19.8%	19.49%	13.6%	y	

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

Indicator	State Benchmark	Baseline Target	Results	Met (5% Improvement) Y/N	Comments
Metric 1: (CMS N045.01) Percent of residents with pressure ulcers	4.2%	5.3%	9.7%	N	PIP in place
Metric 2: (CMS N026.03) Percent of residents who have/had a catheter inserted and left in their bladder	0.5%	1.15%	0%	Y	



Administrator: Dr. Kera Gored, LNFA
DON: Tara Murphy, RN

FACILITY INFORMATION

Rose Haven Retreat is a licensed 108- bed facility with an overall star rating of 4 and a rating of 5 stars in Quality Measures. The current census on the date of the call was 55 and 20 in the unit.

The Administrator was available and very helpful during the call. The Administrator reports the facility is currently COVID_19 free. The facility is still focusing on Antipsychotic use reduction and resident behavior non-pharmaceutical solutions.

The Administrator reports the facility had a party for the super bowl, Mardi Gras, Valentine's Day and St. Patrick's Day. The facility is also planning an Easter egg hunt. The Administrator reports the facility offers to take residents to local churches for Sunday services.

The Administrator reports the facility offers lunches every quarter and when staff go above and beyond, they get a ticket to turn in for prizes. The facility also provides regular cookouts for the staff, and they are working on a grand re-opening after renovations.

EDUCATION PROVIDED

- Reviewed QIPP year 9 – QIPP year 9 Qtr 2 ended 02/28/2026 but the data collection started 10/1/25 and ended 12/30/25. Quarter 3 started 03/01/2026 but the data collection started 01/01/2026 and will end 03/31/2026. The facility is currently meeting 4 of the 4 components with PIP in place for antipsychotics.
- Simple SNF Hot Topics Webinar Info – Reviewed and provided recording and slides on information covered during webinar, including Quality Measures: 5 star rating updates, VBP changes, QRPs; New Quality Measures for Falls with Major Injury & Antipsychotics; Ongoing Audits; Regulatory Updates.

SURVEY INFORMATION

Administrator reports the facility had the state in the facility February 2026 to investigate a complaint and it was unsubstantiated, no citations.

REPORTABLE INCIDENTS

The Administrator reports the facility has no pending SRIs.

Pharmacy: No concerns, comes monthly and medication destruction completed

Nursing/MDS: No concerns

Dietary/Kitchen: Dietician comes at least every other month, no concerns

Housekeeping/laundry: No concerns



Central supply/medical records: No Concerns

Maintenance: No concerns

Activities: No concerns

CLINICAL TRENDING

Incidents/Falls:

Facility information not provided

Infection Control:

Facility information not provided

Weight loss:

Facility information not provided

Pressure Ulcers:

Facility information not provided

Restraints:

Facility information not provided

Staffing:

Facility is currently fully staffed.

Exhibit “G”



717 Texas Avenue, Suite 3100
Houston, Texas 77002
Main (281) 377-3311
Fax (281) 377-3267

Dwight W. Scott, Jr.
Direct (281) 377-3322
dscott@scottpattonlaw.com

April 21, 2026

Via E-Mail: hoxfordiv@benoxford.com

Winnie Stowell Hospital District

C/o Hubert Oxford, IV
Beckenstein & Oxford
6850 Phelan Blvd.
Beaumont, TX 77706

Re: Legal Representation

Dear Mr. Oxford:

I would first like to take the opportunity to thank you again for allowing our firm to provide you, as legal authorized representative of Winnie Stowell Hospital District, (the "Client") legal services. The purpose of this letter is to confirm our mutual understanding of the representation that **SCOTT PATTON P.C.** ("SPPC" or "Firm") has agreed to undertake on behalf of Client and to set forth the scope and the terms of our engagement.

Please review this letter carefully. If it meets with your approval and reflects your understanding of our respective responsibilities, please sign the letter and return it to me at your earliest convenience.

1. Scope of Engagement

We understand the scope of our engagement will be to represent Client with general legal services, including representation of **Winnie Stowell Hospital District in Civil Action No.: 4:25-cv-01196-P; Dianne Kettler v HMG Park Manor of Crowley, LLC, et al filed in the United States District Court for the Northern District of Texas.** Should the case be removed to State Court, the Firm's representation shall continue. The Firm will provide those legal services reasonably required for our representation of you for the above purposes. The performance of the Firm's service will necessarily include activities outside of your immediate presence, which may include investigation, research and analysis of legal and factual issues in the matter, analysis of applicable law, negotiations with opposing counsel, drafting and preparation of documents, review and comment on documents prepared by others, and written and oral communications with other parties and Client. If Client requests we represent it in connection with litigation, then our services may include filing and/or appearing in the suit, trying, and appealing cases. We understand that you will provide us with the factual information and documents we require to perform the services, will make decisions and determinations as

necessary or appropriate to facilitate the rendering of our services, will be available to assist us in the progress of our representation, and will remit payment of our invoices in accordance with the terms set forth below.

The Firm will not undertake legal work on Client's behalf unless directed to do so. However, you may, from time to time, request we perform additional or other services not included within the scope of services described in this Paragraph 1. You understand that, when and if you request additional services, we will need to determine there are no conflicts presented by that additional representation and may need to enter into a separate engagement letter with you. If we undertake representation of you for additional or other services and do not ask you to enter into a new engagement letter, then this fee agreement will apply to those services.

2. Progress and Reporting

We will report regularly on the status of each matter and on significant developments as they occur. It is also our practice to provide copies to you of significant documents and to inform you of significant communications in each matter. For the most part, our firm is completely electronic, meaning that all documents are maintained in electronic form. We routinely communicate with clients through protected email attaching copies of pertinent case related information in an effort to keep Client fully informed of the current status of any matter. We believe that electronic communication (email) allows the greatest flexibility for Client and Firm communications. All Firm attorneys maintain personal communication devices, such as iPads, iPhones, and other mobile devices, in order to maintain close communications when needed. We communicate, from time to time, with our clients using fax, cell phones, and email. As you are no doubt aware, these forms of communication are not secure against unauthorized access. These forms of communication do not ensure the confidentiality of their contents and there is, therefore, some risk of disclosure and loss of attorney-client privilege in using these forms of communication. By signing this agreement, you acknowledge your consent to the use of these devices and electronic communications. If you object to our using any one or more of these forms of communication, please let us know immediately and we will attempt to honor that request.

3. Client Responsibilities

We ask that you remain in close contact with us and that you be available to consult with us as developments occur and to instruct and give us authority as necessary. If you have any questions or concerns about the matter, we ask that you raise them with us immediately so they can be promptly and effectively addressed and resolved.

Unless you request and we agree in writing, or unless expressly contemplated by the rendering of the foregoing legal services, you will be exclusively responsible for (a) communicating with us as necessary to effectively represent you, (b) providing us with any factual information that may be necessary for us to perform the foregoing legal services or that

we may otherwise request, and (c) confirming the completeness and accuracy of all such information.

In addition, you will be responsible for advising us on whether any document we have prepared or received and sent to you for approval or review reflects and is consistent with the terms of the proposed agreement, transaction, general strategy or other expectations, as the case may be.

4. Identity of Client

Notwithstanding the possibility that you may have associates, affiliates, members, investors, subsidiaries and/or parents, it is agreed that only you shall be our client under this agreement. Any individual signing this agreement on behalf of an entity guarantees payment of all fees and costs incurred by said entity.

5. Disclaimer of Guarantee

From time to time, through the course of the Firm's representation of you, we may express beliefs concerning the effectiveness of various strategies and courses of action. However, the Firm necessarily cannot make any promises or give any guarantees regarding the outcome of a matter, and the statements of any of the Firm's attorneys are not intended, nor should they be construed, as any such promise or guarantee.

6. Termination of Services

We retain the right to cease performing legal services and to terminate our representation of you, for any reason consistent with the applicable ethical rules, including unanticipated conflicts of interest or delinquency or nonpayment of legal fees and expenses incurred on your behalf.

Client has the ability to terminate this agreement at any time, without any further liability or obligation, except for payment of any amounts owed for services rendered or expenses reasonably incurred on behalf of client. Client understands that the Firm's ability to withdrawal from a matter, and thus the ability to stop incurring additional legal fees and expenses after termination, may be limited by Court Order or Firm's ethical obligations to Client. In this event, Client agrees to pay all reasonable legal fees and expenses necessarily incurred as a result of Firm's continued representation of Client despite reasonable attempts to withdrawal from Client's representation.

The relationship established by this agreement is subject to termination by the Firm as follows:

- a) Nonpayment of fees, costs, and expenses in accordance with this agreement

- b) Failure to cooperate and comply fully with all reasonable requests of the Firm with respect to each matter
- c) Your engagement in conduct that renders it unreasonably difficult for the Firm to carry out the purposes of its engagement
- d) The development or disclosure of facts that, in the opinion of the Firm, creates an existing or potential conflict of interest in the ongoing representation of Client. Client, by signing this letter, acknowledges it currently knows of no facts that would create an actual or potential conflict of interest.

If the Firm is representing Client in connection with litigation and determines, after conducting a preliminary investigation, that Client's claims should not be pursued further, Client agrees that the Firm may withdraw from the representation of Client by sending written notice of the Firm's intention to withdraw to Client at its last known address. In that event, Client will be obligated to pay the Firm any fees incurred to that time and the Firm shall be entitled to reimbursement of all expenses, charges, and costs incurred during the course of the representation.

7. Staffing

Where it is to your advantage to do so, we may utilize the services of other lawyers and paralegals in the Firm. I will attempt, wherever possible, to make work assignments in a way that maximizes legal effectiveness and time efficiency and minimizes your legal expenses. Our goal is to provide you cost effective, high quality legal services.

8. Basis for Fees and Costs

The Firm's policy on staffing a matter is to provide high-quality and efficient legal services. The utilization of attorneys on this matter will follow this policy. The Firm has established an hourly rate for each attorney and paralegal in the Firm. These hourly rates are based on a variety of factors including the experience and expertise of each individual. **The Firm's standard legal hourly rates are as follows:**

Partner: \$420.00/hr.
Senior Counsel: \$375.00/hr.
Associate Attorney: \$325.00/hr.
Paralegal: \$175.00/hr.

This rate structure is basically all-inclusive. We do not charge for the following incidental costs:

- Routine copies;¹
- Local and long-distance telephone calls;
- Facsimiles;
- Westlaw online legal research;
- Routine scanning and storage of electronic documents;
- After hours climate (air conditioning and heat) charges; and
- Overtime of support staff.

All other traditional costs and/or expenses will be the responsibility of the Client.

Unless otherwise agreed to in writing, attorneys and paralegals will bill each task by the quarter (.25) hour instead of by the tenth hour (.10).

As stated above, the utilization of attorneys on any matter will be done in a way that provides the appropriate level of expertise in as efficient a manner as possible. Should there be a need for another lawyer to work on your files that has a higher hourly rate than mine, I will first seek your approval.

9. Retainer

We are not requesting a retainer with the execution of this Engagement Letter. However, the Firm reserves the right to request a retainer in the future, and any such retainer will become the property of the Firm immediately upon receipt. It will be applied by the Firm from time to time against unpaid invoices and will not be held in a trust account. You will be required to replenish the retainer to the original amount at such time that the balance falls to or below the designated amount before the completion of the engagement.

Upon request by the Firm, Client will advance to the Firm, for deposit in the retainer account, amounts necessary to cover extraordinary expenses like travel or depositions. Finally, if the Firm is representing Client in connection with any litigation that will go to trial, then Client will deposit in the Firm's retainer account at least sixty (60) days prior to trial an amount reasonably estimated by the Firm to cover the fees and expenses at the trial.

Failure to pay or replenish the stipulated retainer may result in our withdrawal and termination of the engagement in accordance with the applicable rules of professional conduct and the terms of this engagement.

¹ We handle most of our copy work internally. However, the Firm retains the right to send any specialty copy job or job in excess of 100 sheets to an external vendor, the cost of which will be the responsibility of the Client. The firm also retains the right to charge for internal copy work in excess of 100 pages or for specialty jobs as necessary for the preparation of hearings, depositions, trial, etc.

Upon completion or termination of the engagement, the retainer will be applied to any unpaid amounts billed and unbilled. After applying the retainer at the end of the engagement, any amount due to you will be refunded promptly. Similarly, you agree to pay additional amounts due SPPC within thirty days of receipt of invoice.

10. Estimates of Fees; Non-binding

We may from time to time, for your convenience, furnish you with estimates of the amounts of fees which we anticipate you will be charged for services performed by us. However, such estimates are by their nature inexact and are not binding on either you or us.

11. Attorney's Lien

You hereby grant the Firm a lien on any and all claims or causes of action that are the subject of the Firm's representation under this agreement. The Firm's lien will be for any sums due and owing to the Firm at the conclusion of the Firm's services. The lien will attach to any recovery you may obtain, whether by arbitration award, judgment, settlement or otherwise.

12. Billing Procedures

We understand that indemnification and legal fees, costs and expenses associated with your defense in the above-referenced litigation matter are being provided pursuant to a certain Management Agreement between Winnie Stowell Hospital District and HMG Manor of Crowley, LLC, for Crowley Nursing and Rehabilitation. Accordingly, we will submit all invoices to HMG Manor of Crowley, LLC, c/o Arielle Phillips, Vice President of Risk Management, HMG Services, LLC.

We review our billing rates from time to time. Any rate adjustments will be reflected in your invoices. I will not increase your rates unless first approved by you.

Statements are due and payable on receipt, but in any event no later than thirty (30) days after they are rendered to you. As our statements reflect time expended anywhere from fifteen (15) to forty-five (45) days prior to the statement date, we would appreciate receiving payment for our services upon presentation.

13. Record Retention

All of the Firm's work product will be owned by the Firm. At the conclusion of each matter, it is your obligation to advise us as to which, if any, of the documents in our files that you want us to return to you. The Firm may dispose of any and all documents it deems superfluous consistent with maintaining the confidentiality of the contents of those documents. Subject to casualties beyond our control, the Firm will store the entire balance of the file for each matter, at the Firm's expense, for at least five (5) years. After the five (5) year retention period, unless you make other arrangements and pick up the file, the file for each matter may be

disposed of in the regular course of business, at the Firm's expense, consistent with maintaining the confidentiality of its contents.

14. Additional Information

I have also attached additional information, incorporated into this agreement as Exhibit A (Additional Information), which provides further information about Firm services and operations. Please review and contact me should you have any questions regarding the information contained within the attached exhibits.

15. Dispute Resolution.

We appreciate the opportunity to serve as your attorneys and anticipate a productive, harmonious relationship. If you become dissatisfied for any reason with the services we have performed or the fees charged, we encourage you to bring that to our attention immediately. If we perceive a problem with the representation, we will discuss it with you. In the unlikely event that we are not able to come to a resolution, any dispute of this Agreement will be governed under Texas law. This Agreement represents the complete agreement of the parties and supersedes all prior discussions and understandings. As a specifically bargained for inducement for each of the parties hereto to enter into this agreement, each party hereto expressly waives the right to trial by jury in any lawsuit or proceeding relating to or arising in any way from this agreement.

16. Waiver of Jury Trial

THE FIRM AND CLIENT EACH ACKNOWLEDGE AND AGREE THAT ANY CONTROVERSY WHICH MAY ARISE UNDER THIS AGREEMENT OR OUR RELATIONSHIP IS LIKELY TO INVOLVE COMPLICATED AND DIFFICULT ISSUES, AND THEREFORE THE FIRM AND CLIENT HEREBY IRREVOCABLY AND UNCONDITIONALLY WAIVE ANY RIGHT THE FIRM AND CLIENT MAY HAVE TO A TRIAL BY JURY IN RESPECT OF ANY ACTION, PROCEEDING OR COUNTERCLAIM (WHETHER BASED ON CONTRACT, TORT, OR OTHERWISE) DIRECTLY OR INDIRECTLY ARISING OUT OF OR RELATING TO THIS AGREEMENT OR OUR RELATIONSHIP. THE FIRM AND CLIENT CERTIFY AND ACKNOWLEDGE THAT (1) NO REPRESENTATIVE, AGENT OR ATTORNEY OF THE FIRM OR CLIENT HAS REPRESENTED, EXPRESSLY OR OTHERWISE, THAT THE FIRM OR CLIENT WOULD NOT, IN THE EVENT OF LITIGATION, SEEK TO ENFORCE THE FOREGOING WAIVER; (2) THE FIRM AND CLIENT UNDERSTAND AND HAVE CONSIDERED THE IMPLICATIONS OF THIS WAIVER; AND (3) THE FIRM AND CLIENT MAKE THIS WAIVER KNOWINGLY AND VOLUNTARILY.

17. Forum Selection

ANY CLAIM ARISING OUT OF OR RELATING TO THIS AGREEMENT OR THE FIRM

AND CLIENT'S RELATIONSHIP SHALL BE BROUGHT AND DEEMED TO ARISE IN HARRIS COUNTY, TEXAS. THE FIRM AND CLIENT HEREBY SUBMIT TO THE EXCLUSIVE JURISDICTION OF HARRIS COUNTY, TEXAS.

We look forward to representing you and thank you for looking to us to assist you. If you have any questions concerning the contents of this letter, or any matter relating to our legal representation, please do not hesitate to call me directly.

Sincerely,

Scott | Patton_{PC}

A handwritten signature in blue ink, appearing to read "D. W. Scott, Jr.", with a stylized, cursive script.

Dwight W. Scott, Jr.

ACCEPTED AND AGREED:

WINNIE STOWELL HOSPITAL DISTRICT

By: _____

Title: _____

EXHIBIT A

INFORMATION FOR CLIENTS

We are pleased to have the opportunity to serve you. We are providing the following information about some of our standard client service practices and billing procedures. These practices and procedures will apply to your account unless you have reached a different understanding with us.

PERSONNEL

One lawyer will generally be assigned primary responsibility for seeing that your legal needs are met. When appropriate, additional lawyers may, from time to time, assist or replace others in rendering legal services. We attempt to assign lawyers and other personnel on the basis of experience, expertise, nature and scope of the issues, and the time constraints imposed by the matter.

MONTHLY INVOICES

We typically bill on a monthly basis, and payment is due and payable within 30 days from receipt of invoice. A Statement of Account will be forwarded to you automatically each month if you have any outstanding invoices.

CONFLICT OF INTEREST

We performed a name check of our other clients to see if our representation of you would create a conflict of interest for us. That check was done using your name and other names you gave us before we commenced working for you. Please inform us immediately if you use other names or have affiliated companies that you want entered into our conflicts system or if you become aware of any additional parties or entities to which your interests are, or may become, adverse in the matter.

DELINQUENT ACCOUNTS

We, like other businesses, have substantial cash demands that may require us to borrow money if our accounts receivable are not paid promptly. If an account becomes delinquent, we employ the prudent collection procedures used by other businesses to ensure that the vast majority of our clients who do pay their bills promptly are not penalized for the additional costs attributed to delinquent bills. If it becomes necessary for us to file a claim or to engage a collection agency for collection of our fees or disbursements, you will pay all our related costs and expenses, including reasonable legal fees.

TERMINATION OF SERVICES

We retain the right to cease performing legal services and to terminate our representation of you, for any reason consistent with the applicable ethical rules, including unanticipated conflicts of interest or delinquency or nonpayment of legal fees and expenses incurred on your behalf.

QUESTIONS

One of our goals is to ensure that legal services are delivered effectively and efficiently and that all billings are accurate and understandable. Please direct any questions about services or fees to the lawyer responsible for your account.

Exhibit “H”



Scott | Patton^{PC}

717 Texas Avenue, Suite 3100
Houston, Texas 77002
Main (281) 377-3311
Fax (281) 377-3267

Dwight W. Scott, Jr.
Direct (281) 377-3322
dscott@scottipattonlaw.com

April 21, 2026

Via E-Mail: hoxfordiv@benoxford.com

Winnie Stowell Hospital District

C/o Hubert Oxford, IV
Beckenstein & Oxford
6850 Phelan Blvd.
Beaumont, TX 77706

Re: Legal Representation

Dear Mr. Oxford:

I would first like to take the opportunity to thank you again for allowing our firm to provide you, as legal authorized representative of Winnie Stowell Hospital District, (the "Client") legal services. The purpose of this letter is to confirm our mutual understanding of the representation that SCOTT PATTON P.C. ("SPPC" or "Firm") has agreed to undertake on behalf of Client and to set forth the scope and the terms of our engagement.

Please review this letter carefully. If it meets with your approval and reflects your understanding of our respective responsibilities, please sign the letter and return it to me at your earliest convenience.

1. Scope of Engagement

We understand the scope of our engagement will be to represent Client with general legal services, including representation of **Winnie Stowell Hospital District in Civil Action No.: 4:25-cv-01196-P; Dianne Kettler v HMG Park Manor of Crowley, LLC, et al filed in the United States District Court for the Northern District of Texas.** Should the case be removed to State Court, the Firm's representation shall continue. The Firm will provide those legal services reasonably required for our representation of you for the above purposes. The performance of the Firm's service will necessarily include activities outside of your immediate presence, which may include investigation, research and analysis of legal and factual issues in the matter, analysis of applicable law, negotiations with opposing counsel, drafting and preparation of documents, review and comment on documents prepared by others, and written and oral communications with other parties and Client. If Client requests we represent it in connection with litigation, then our services may include filing and/or appearing in the suit, trying, and appealing cases. We understand that you will provide us with the factual information and documents we require to perform the services, will make decisions and determinations as

necessary or appropriate to facilitate the rendering of our services, will be available to assist us in the progress of our representation, and will remit payment of our invoices in accordance with the terms set forth below.

The Firm will not undertake legal work on Client's behalf unless directed to do so. However, you may, from time to time, request we perform additional or other services not included within the scope of services described in this Paragraph 1. You understand that, when and if you request additional services, we will need to determine there are no conflicts presented by that additional representation and may need to enter into a separate engagement letter with you. If we undertake representation of you for additional or other services and do not ask you to enter into a new engagement letter, then this fee agreement will apply to those services.

2. Progress and Reporting

We will report regularly on the status of each matter and on significant developments as they occur. It is also our practice to provide copies to you of significant documents and to inform you of significant communications in each matter. For the most part, our firm is completely electronic, meaning that all documents are maintained in electronic form. We routinely communicate with clients through protected email attaching copies of pertinent case related information in an effort to keep Client fully informed of the current status of any matter. We believe that electronic communication (email) allows the greatest flexibility for Client and Firm communications. All Firm attorneys maintain personal communication devices, such as iPads, iPhones, and other mobile devices, in order to maintain close communications when needed. We communicate, from time to time, with our clients using fax, cell phones, and email. As you are no doubt aware, these forms of communication are not secure against unauthorized access. These forms of communication do not ensure the confidentiality of their contents and there is, therefore, some risk of disclosure and loss of attorney-client privilege in using these forms of communication. By signing this agreement, you acknowledge your consent to the use of these devices and electronic communications. If you object to our using any one or more of these forms of communication, please let us know immediately and we will attempt to honor that request.

3. Client Responsibilities

We ask that you remain in close contact with us and that you be available to consult with us as developments occur and to instruct and give us authority as necessary. If you have any questions or concerns about the matter, we ask that you raise them with us immediately so they can be promptly and effectively addressed and resolved.

Unless you request and we agree in writing, or unless expressly contemplated by the rendering of the foregoing legal services, you will be exclusively responsible for (a) communicating with us as necessary to effectively represent you, (b) providing us with any factual information that may be necessary for us to perform the foregoing legal services or that

we may otherwise request, and (c) confirming the completeness and accuracy of all such information.

In addition, you will be responsible for advising us on whether any document we have prepared or received and sent to you for approval or review reflects and is consistent with the terms of the proposed agreement, transaction, general strategy or other expectations, as the case may be.

4. Identity of Client

Notwithstanding the possibility that you may have associates, affiliates, members, investors, subsidiaries and/or parents, it is agreed that only you shall be our client under this agreement. Any individual signing this agreement on behalf of an entity guarantees payment of all fees and costs incurred by said entity.

5. Disclaimer of Guarantee

From time to time, through the course of the Firm's representation of you, we may express beliefs concerning the effectiveness of various strategies and courses of action. However, the Firm necessarily cannot make any promises or give any guarantees regarding the outcome of a matter, and the statements of any of the Firm's attorneys are not intended, nor should they be construed, as any such promise or guarantee.

6. Termination of Services

We retain the right to cease performing legal services and to terminate our representation of you, for any reason consistent with the applicable ethical rules, including unanticipated conflicts of interest or delinquency or nonpayment of legal fees and expenses incurred on your behalf.

Client has the ability to terminate this agreement at any time, without any further liability or obligation, except for payment of any amounts owed for services rendered or expenses reasonably incurred on behalf of client. Client understands that the Firm's ability to withdrawal from a matter, and thus the ability to stop incurring additional legal fees and expenses after termination, may be limited by Court Order or Firm's ethical obligations to Client. In this event, Client agrees to pay all reasonable legal fees and expenses necessarily incurred as a result of Firm's continued representation of Client despite reasonable attempts to withdrawal from Client's representation.

The relationship established by this agreement is subject to termination by the Firm as follows:

- a) Nonpayment of fees, costs, and expenses in accordance with this agreement

- b) Failure to cooperate and comply fully with all reasonable requests of the Firm with respect to each matter
- c) Your engagement in conduct that renders it unreasonably difficult for the Firm to carry out the purposes of its engagement
- d) The development or disclosure of facts that, in the opinion of the Firm, creates an existing or potential conflict of interest in the ongoing representation of Client. Client, by signing this letter, acknowledges it currently knows of no facts that would create an actual or potential conflict of interest.

If the Firm is representing Client in connection with litigation and determines, after conducting a preliminary investigation, that Client's claims should not be pursued further, Client agrees that the Firm may withdraw from the representation of Client by sending written notice of the Firm's intention to withdraw to Client at its last known address. In that event, Client will be obligated to pay the Firm any fees incurred to that time and the Firm shall be entitled to reimbursement of all expenses, charges, and costs incurred during the course of the representation.

7. Staffing

Where it is to your advantage to do so, we may utilize the services of other lawyers and paralegals in the Firm. I will attempt, wherever possible, to make work assignments in a way that maximizes legal effectiveness and time efficiency and minimizes your legal expenses. Our goal is to provide you cost effective, high quality legal services.

8. Basis for Fees and Costs

The Firm's policy on staffing a matter is to provide high-quality and efficient legal services. The utilization of attorneys on this matter will follow this policy. The Firm has established an hourly rate for each attorney and paralegal in the Firm. These hourly rates are based on a variety of factors including the experience and expertise of each individual. **The Firm's standard legal hourly rates are as follows:**

Partner: \$420.00/hr.
Senior Counsel: \$375.00/hr.
Associate Attorney: \$325.00/hr.
Paralegal: \$175.00/hr.

This rate structure is basically all-inclusive. We do not charge for the following incidental costs:

- Routine copies;¹
- Local and long-distance telephone calls;
- Facsimiles;
- Westlaw online legal research;
- Routine scanning and storage of electronic documents;
- After hours climate (air conditioning and heat) charges; and
- Overtime of support staff.

All other traditional costs and/or expenses will be the responsibility of the Client.

Unless otherwise agreed to in writing, attorneys and paralegals will bill each task by the quarter (.25) hour instead of by the tenth hour (.10).

As stated above, the utilization of attorneys on any matter will be done in a way that provides the appropriate level of expertise in as efficient a manner as possible. Should there be a need for another lawyer to work on your files that has a higher hourly rate than mine, I will first seek your approval.

9. Retainer

We are not requesting a retainer with the execution of this Engagement Letter. However, the Firm reserves the right to request a retainer in the future, and any such retainer will become the property of the Firm immediately upon receipt. It will be applied by the Firm from time to time against unpaid invoices and will not be held in a trust account. You will be required to replenish the retainer to the original amount at such time that the balance falls to or below the designated amount before the completion of the engagement.

Upon request by the Firm, Client will advance to the Firm, for deposit in the retainer account, amounts necessary to cover extraordinary expenses like travel or depositions. Finally, if the Firm is representing Client in connection with any litigation that will go to trial, then Client will deposit in the Firm's retainer account at least sixty (60) days prior to trial an amount reasonably estimated by the Firm to cover the fees and expenses at the trial.

Failure to pay or replenish the stipulated retainer may result in our withdrawal and termination of the engagement in accordance with the applicable rules of professional conduct and the terms of this engagement.

¹ We handle most of our copy work internally. However, the Firm retains the right to send any specialty copy job or job in excess of 100 sheets to an external vendor, the cost of which will be the responsibility of the Client. The firm also retains the right to charge for internal copy work in excess of 100 pages or for specialty jobs as necessary for the preparation of hearings, depositions, trial, etc.

Upon completion or termination of the engagement, the retainer will be applied to any unpaid amounts billed and unbilled. After applying the retainer at the end of the engagement, any amount due to you will be refunded promptly. Similarly, you agree to pay additional amounts due SPPC within thirty days of receipt of invoice.

10. Estimates of Fees; Non-binding

We may from time to time, for your convenience, furnish you with estimates of the amounts of fees which we anticipate you will be charged for services performed by us. However, such estimates are by their nature inexact and are not binding on either you or us.

11. Attorney's Lien

You hereby grant the Firm a lien on any and all claims or causes of action that are the subject of the Firm's representation under this agreement. The Firm's lien will be for any sums due and owing to the Firm at the conclusion of the Firm's services. The lien will attach to any recovery you may obtain, whether by arbitration award, judgment, settlement or otherwise.

12. Billing Procedures

We understand that indemnification and legal fees, costs and expenses associated with your defense in the above-referenced litigation matter are being provided pursuant to a certain Management Agreement between Winnie Stowell Hospital District and HMG Manor of Crowley, LLC, for Crowley Nursing and Rehabilitation. Accordingly, we will submit all invoices to HMG Manor of Crowley, LLC., c/o Arielle Phillips, Vice President of Risk Management, HMG Services, LLC.

We review our billing rates from time to time. Any rate adjustments will be reflected in your invoices. I will not increase your rates unless first approved by you.

Statements are due and payable on receipt, but in any event no later than thirty (30) days after they are rendered to you. As our statements reflect time expended anywhere from fifteen (15) to forty-five (45) days prior to the statement date, we would appreciate receiving payment for our services upon presentation.

13. Record Retention

All of the Firm's work product will be owned by the Firm. At the conclusion of each matter, it is your obligation to advise us as to which, if any, of the documents in our files that you want us to return to you. The Firm may dispose of any and all documents it deems superfluous consistent with maintaining the confidentiality of the contents of those documents. Subject to casualties beyond our control, the Firm will store the entire balance of the file for each matter, at the Firm's expense, for at least five (5) years. After the five (5) year retention period, unless you make other arrangements and pick up the file, the file for each matter may be

disposed of in the regular course of business, at the Firm's expense, consistent with maintaining the confidentiality of its contents.

14. Additional Information

I have also attached additional information, incorporated into this agreement as Exhibit A (Additional Information), which provides further information about Firm services and operations. Please review and contact me should you have any questions regarding the information contained within the attached exhibits.

15. Dispute Resolution.

We appreciate the opportunity to serve as your attorneys and anticipate a productive, harmonious relationship. If you become dissatisfied for any reason with the services we have performed or the fees charged, we encourage you to bring that to our attention immediately. If we perceive a problem with the representation, we will discuss it with you. In the unlikely event that we are not able to come to a resolution, any dispute of this Agreement will be governed under Texas law. This Agreement represents the complete agreement of the parties and supersedes all prior discussions and understandings. As a specifically bargained for inducement for each of the parties hereto to enter into this agreement, each party hereto expressly waives the right to trial by jury in any lawsuit or proceeding relating to or arising in any way from this agreement.

16. Waiver of Jury Trial

THE FIRM AND CLIENT EACH ACKNOWLEDGE AND AGREE THAT ANY CONTROVERSY WHICH MAY ARISE UNDER THIS AGREEMENT OR OUR RELATIONSHIP IS LIKELY TO INVOLVE COMPLICATED AND DIFFICULT ISSUES, AND THEREFORE THE FIRM AND CLIENT HEREBY IRREVOCABLY AND UNCONDITIONALLY WAIVE ANY RIGHT THE FIRM AND CLIENT MAY HAVE TO A TRIAL BY JURY IN RESPECT OF ANY ACTION, PROCEEDING OR COUNTERCLAIM (WHETHER BASED ON CONTRACT, TORT, OR OTHERWISE) DIRECTLY OR INDIRECTLY ARISING OUT OF OR RELATING TO THIS AGREEMENT OR OUR RELATIONSHIP. THE FIRM AND CLIENT CERTIFY AND ACKNOWLEDGE THAT (1) NO REPRESENTATIVE, AGENT OR ATTORNEY OF THE FIRM OR CLIENT HAS REPRESENTED, EXPRESSLY OR OTHERWISE, THAT THE FIRM OR CLIENT WOULD NOT, IN THE EVENT OF LITIGATION, SEEK TO ENFORCE THE FOREGOING WAIVER; (2) THE FIRM AND CLIENT UNDERSTAND AND HAVE CONSIDERED THE IMPLICATIONS OF THIS WAIVER; AND (3) THE FIRM AND CLIENT MAKE THIS WAIVER KNOWINGLY AND VOLUNTARILY.

17. Forum Selection

ANY CLAIM ARISING OUT OF OR RELATING TO THIS AGREEMENT OR THE FIRM

Hubert Oxford, IV
April 21, 2026
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AND CLIENT'S RELATIONSHIP SHALL BE BROUGHT AND DEEMED TO ARISE IN HARRIS COUNTY, TEXAS. THE FIRM AND CLIENT HEREBY SUBMIT TO THE EXCLUSIVE JURISDICTION OF HARRIS COUNTY, TEXAS.

We look forward to representing you and thank you for looking to us to assist you. If you have any questions concerning the contents of this letter, or any matter relating to our legal representation, please do not hesitate to call me directly.

Sincerely,

Scott | Patton_{PC}



Dwight W. Scott, Jr.

ACCEPTED AND AGREED:

WINNIE STOWELL HOSPITAL DISTRICT

By: 

Title: Board President

EXHIBIT A

INFORMATION FOR CLIENTS

We are pleased to have the opportunity to serve you. We are providing the following information about some of our standard client service practices and billing procedures. These practices and procedures will apply to your account unless you have reached a different understanding with us.

PERSONNEL

One lawyer will generally be assigned primary responsibility for seeing that your legal needs are met. When appropriate, additional lawyers may, from time to time, assist or replace others in rendering legal services. We attempt to assign lawyers and other personnel on the basis of experience, expertise, nature and scope of the issues, and the time constraints imposed by the matter.

MONTHLY INVOICES

We typically bill on a monthly basis, and payment is due and payable within 30 days from receipt of invoice. A Statement of Account will be forwarded to you automatically each month if you have any outstanding invoices.

CONFLICT OF INTEREST

We performed a name check of our other clients to see if our representation of you would create a conflict of interest for us. That check was done using your name and other names you gave us before we commenced working for you. Please inform us immediately if you use other names or have affiliated companies that you want entered into our conflicts system or if you become aware of any additional parties or entities to which your interests are, or may become, adverse in the matter.

DELINQUENT ACCOUNTS

We, like other businesses, have substantial cash demands that may require us to borrow money if our accounts receivable are not paid promptly. If an account becomes delinquent, we employ the prudent collection procedures used by other businesses to ensure that the vast majority of our clients who do pay their bills promptly are not penalized for the additional costs attributed to delinquent bills. If it becomes necessary for us to file a claim or to engage a collection agency for collection of our fees or disbursements, you will pay all our related costs and expenses, including reasonable legal fees.

TERMINATION OF SERVICES

We retain the right to cease performing legal services and to terminate our representation of you, for any reason consistent with the applicable ethical rules, including unanticipated conflicts of interest or delinquency or nonpayment of legal fees and expenses incurred on your behalf.

QUESTIONS

One of our goals is to ensure that legal services are delivered effectively and efficiently and that all billings are accurate and understandable. Please direct any questions about services or fees to the lawyer responsible for your account.