EXHIBIT “A-1”

Winnie-Stowell Hospital District
Balance Sheet
As of December 31, 2025

	Dec 31, 25
ASSETS	
Current Assets	
Checking/Savings	
100 Prosperity Bank -Checking	302,211.98
102 First Financial Bank	
102b FFB #4846 DACA	21,292,240.96
102c FFB #7190 Money Market	5,928,169.47
Total 102 First Financial Bank	27,220,410.43
105 TexStar	7,166,658.38
108 Nursing Home Banks Combined	5,892,900.62
Total Checking/Savings	40,582,181.41
Other Current Assets	
110 Sales Tax Receivable	194,309.82
114 Accounts Receivable NH	88,339,642.46
115 Riceland Hospital Rec.	470,963.00
116 - A/R CHOW - LOC	377,288.10
117 NH - QIPP Prog Receivable	61,113,072.97
119 Prepaid IGT	10,649,931.27
Total Other Current Assets	161,145,207.62
Total Current Assets	201,727,389.03
Fixed Assets	3,887,534.63
Other Assets	
118.01 Prepaid NH Fees	12,806.48
Total Other Assets	12,806.48
TOTAL ASSETS	**205,627,730.14**
LIABILITIES & EQUITY	
Liabilities	
Current Liabilities	
Other Current Liabilities	
190 NH Payables Combined	6,055,811.34
201 NHP Accounts Payable	34,027,653.45
206 FFB Loan 27	31,670,100.00
235 Payroll Liabilities	15,034.88
240 Accounts Payable NH Oper.	92,404,694.71
Total Other Current Liabilities	164,173,294.38
Total Current Liabilities	164,173,294.38
Total Liabilities	164,173,294.38
Equity	41,454,435.76
TOTAL LIABILITIES & EQUITY	**205,627,730.14**

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

	Jan - Dec 25	Budget	$ Over Budget	% of Budget
Ordinary Income/Expense				
Income				
400 Sales Tax Revenue	909,027.02	850,000.00	59,027.02	106.9%
405 Investment Income	616,596.22	600,000.00	16,596.22	102.8%
407 Rental Income	47,500.00	42,000.00	5,500.00	113.1%
409 Tobacco Settlement	18,002.15	15,000.00	3,002.15	120.0%
415 Nursing Home - QIPP Program	128,087,968.03	128,420,184.00	-332,215.97	99.7%
Total Income	129,679,093.42	129,927,184.00	-248,090.58	99.8%
Gross Profit	129,679,093.42	129,927,184.00	-248,090.58	99.8%
Expense				
500 Admin				
501 Admin-Administative Salary	83,489.13	83,500.00	-10.87	100.0%
502 Admin-Administrative Assnt	30,265.68	46,860.00	-16,594.32	64.6%
503 Admin - Staff Incentive Pay	8,320.76	8,500.00	-179.24	97.9%
504 Admin-Administrative PR Tax	8,543.41	9,500.00	-956.59	89.9%
505 Admin-Board Bonds	200.00	250.00	-50.00	80.0%
506 Admin - Emp. Insurance	66,316.47	81,000.00	-14,683.53	81.9%
507 Admin-Retirement	16,494.42	16,100.00	394.42	102.4%
515 Admin-Bank Service Charges	2,152.50	2,000.00	152.50	107.6%
521 Professional Fees - Accntng	8,956.50	12,000.00	-3,043.50	74.6%
522 Professional Fees - Audit	38,407.74	38,410.00	-2.26	100.0%
523 Professional Fees - Legal	12,400.00	50,000.00	-37,600.00	24.8%
550 Admin-D&O / Liability Ins.	15,295.77	20,000.00	-4,704.23	76.5%
560 Admin-Cont Ed, Travel	6,000.27	6,500.00	-499.73	92.3%
562 Admin-Travel&Mileage Reimb.	2,037.23	2,500.00	-462.77	81.5%
569 Admin-Meals	4,412.91	4,700.00	-287.09	93.9%
570 Admin-District/County Prom	2,000.00	5,000.00	-3,000.00	40.0%
571 Admin-Office Supp. & Exp.	20,532.03	25,000.00	-4,467.97	82.1%
572 Admin-Web Site	0.00	1,000.00	-1,000.00	0.0%
573 Admin-Copier Lease/Contract	4,586.09	5,000.00	-413.91	91.7%
575 Admin-Cell Phone Reimburse	1,800.00	1,800.00	0.00	100.0%
576 Admin-Telephone/Internet	4,031.34	4,000.00	31.34	100.8%
577 - Admin Dues	2,095.00	1,895.00	200.00	110.6%
591 Admin-Notices & Fees	1,859.06	3,000.00	-1,140.94	62.0%
592 Admin Office Rent	3,740.00	4,080.00	-340.00	91.7%
593 Admin-Utilities	3,754.53	4,000.00	-245.47	93.9%
594 Admin-Casualty & Windstorm	0.00	2,800.00	-2,800.00	0.0%
597 Admin-Flood Insurance	1,549.00	1,800.00	-251.00	86.1%
598 Admin-Building Maintenance	13,735.24	15,000.00	-1,264.76	91.6%
Total 500 Admin	362,975.08	456,195.00	-93,219.92	79.6%
600 - IC Healthcare Expenses				
601 IC Provider Expenses				
601.01a IC Pmt to Hosp-Indigent	453,745.17	500,000.00	-46,254.83	90.7%
601.01b IC Pmt to Coastal (Ind)	9,702.52	25,000.00	-15,297.48	38.8%
601.01c IC Pmt to Thompson	11,586.46	18,000.00	-6,413.54	64.4%
601.02 IC Pmt to UTMB	471,190.40	525,000.00	-53,809.60	89.8%
601.03 IC Special Programs				
601.03a Dental	18,995.00	30,000.00	-11,005.00	63.3%
601.03b IC Vision	1,700.00	2,750.00	-1,050.00	61.8%
601.04 IC-Non Hosp Cost-Other	32,029.58	35,000.00	-2,970.42	91.5%
601.05 IC - Chairty Care Prog	381.95	25,000.00	-24,618.05	1.5%
Total 601.03 IC Special Programs	53,106.53	92,750.00	-39,643.47	57.3%
Total 601 IC Provider Expenses	999,331.08	1,160,750.00	-161,418.92	86.1%
602 IC-WCH 1115 Waiver Prog	507,385.71	510,000.00	-2,614.29	99.5%
603 IC-Pharmaceutical Costs	45,589.01	80,000.00	-34,410.99	57.0%
605 IC-Office Supplies/Postage	477.27	2,000.00	-1,522.73	23.9%
610 IC-Community Health Prog.	111,892.92	111,893.00	-0.08	100.0%
611 IC-Indigent Care Dir Salary	64,255.38	64,300.00	-44.62	99.9%
612 IC-Payroll Taxes -Ind Care	4,258.50	5,000.00	-741.50	85.2%
615 IC-Software	24,276.00	25,000.00	-724.00	97.1%
616 IC-Travel	37.50	1,000.00	-962.50	3.8%
617 Youth Programs				
617.01 Youth Counseling	3,995.00	25,000.00	-21,005.00	16.0%
617.02 Irlen Program	1,000.00	1,600.00	-600.00	62.5%
Total 617 Youth Programs	4,995.00	26,600.00	-21,605.00	18.8%
Total 600 - IC Healthcare Expenses	1,762,498.37	1,986,543.00	-224,044.63	88.7%
620 WSHD - Grants				
620.01 WCH/RMC	218,278.87	218,500.00	-221.13	99.9%
620.02 Chambers Cty	34,307.00	34,500.00	-193.00	99.4%
620.03 WSVEMS	268,966.73	269,000.04	-33.31	100.0%
620.05 East Chambers ISD	259,397.62	278,165.04	-18,767.42	93.3%
620.06 FQHC(Coastal)	991,067.55	991,071.00	-3.45	100.0%
620.09 Admin-Cont Ed-Med Pers.	7,600.01	8,647.44	-1,047.43	87.9%
Total 620 WSHD - Grants	1,779,617.78	1,799,883.52	-20,265.74	98.9%

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

	Jan - Dec 25	Budget	$ Over Budget	% of Budget
630 NH Program				
630 NH Program-Mgt Fees	48,193,133.59	47,201,843.56	991,290.03	102.1%
631 NH Program-IGT	60,200,703.08	60,939,015.67	-738,312.59	98.8%
632 NH Program-Telehealth Fees	361,808.52	400,000.00	-38,191.48	90.5%
633 NH Program-Acctg Fees	80,608.50	100,000.00	-19,391.50	80.6%
634 NH Program-Legal Fees	149,981.25	350,000.00	-200,018.75	42.9%
635 NH Program-LTC Fees	5,216,000.00	5,216,000.00	0.00	100.0%
637 NH Program-Interest Expense	3,206,035.10	4,895,659.55	-1,689,624.45	65.5%
638 NH Program-Loan/Bank Fees	333,867.31	655,734.76	-321,867.45	50.9%
639 NH Program-Appraisal	7,948.24	96,000.00	-88,051.76	8.3%
641 NH Program-NH Manager	17,510.00	20,400.00	-2,890.00	85.8%
Total 630 NH Program	117,767,595.59	119,874,653.54	-2,107,057.95	98.2%
674 Prop Acqusition/Development	564,665.67	4,500,000.00	-3,935,334.33	12.5%
675 HWY 124 Expenses				
675.01 Tony's BBQ Bldg Expenses	25,708.82	26,000.00	-291.18	98.9%
675.02 Clinic Expenses	0.00	10,000.00	-10,000.00	0.0%
675.03 - Clinic Property Ins	10,372.57	17,500.00	-7,127.43	59.3%
675.04 Seabreeze Prop. Expenses	23,406.20	25,500.00	-2,093.80	91.8%
Total 675 HWY 124 Expenses	59,487.59	79,000.00	-19,512.41	75.3%
Total Expense	122,296,840.08	128,696,275.06	-6,399,434.98	95.0%
Net Ordinary Income	7,382,253.34	1,230,908.94	6,151,344.40	599.7%
Other Income/Expense				
Other Income				
416 Nursing Home Operations	470,980,021.18			
Total Other Income	470,980,021.18			
Other Expense				
640 Nursing Home Oper. Expenses	470,980,021.18			
Total Other Expense	470,980,021.18			
Net Other Income	0.00			
Net Income	**7,382,253.34**	**1,230,908.94**	**6,151,344.40**	**599.7%**

Exhibit “A-2”

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

	Jan 31, 26
ASSETS	
Current Assets	
Checking/Savings	
100 Prosperity Bank -Checking	737,042.85
102 First Financial Bank	
102b FFB #4846 DACA	2,676,580.00
102c FFB #7190 Money Market	24,003,217.63
Total 102 First Financial Bank	26,679,797.63
105 TexStar	7,166,658.38
108 Nursing Home Banks Combined	4,295,781.63
Total Checking/Savings	38,879,280.49
Other Current Assets	
110 Sales Tax Receivable	194,309.82
114 Accounts Receivable NH	88,339,642.46
115 Riceland Hospital Rec.	418,767.56
116 - A/R CHOW - LOC	377,288.10
117 NH - QIPP Prog Receivable	70,266,128.14
119 Prepaid IGT	36,648,315.02
Total Other Current Assets	196,244,451.10
Total Current Assets	235,123,731.59
Fixed Assets	3,887,534.63
Other Assets	
118.01 Prepaid NH Fees	12,806.48
Total Other Assets	12,806.48
TOTAL ASSETS	**239,024,072.70**
LIABILITIES & EQUITY	
Liabilities	
Current Liabilities	
Other Current Liabilities	
190 NH Payables Combined	4,492,100.10
201 NHP Accounts Payable	37,647,150.13
206 FFB Loan 27	31,670,100.00
206 FFB Loan 28	31,276,800.00
235 Payroll Liabilities	6,670.25
240 Accounts Payable NH Oper.	92,404,694.71
Total Other Current Liabilities	197,497,515.19
Total Current Liabilities	197,497,515.19
Total Liabilities	197,497,515.19
Equity	41,526,557.51
TOTAL LIABILITIES & EQUITY	**239,024,072.70**

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

	Jan 26	Budget	$ Over Budget	% of Budget
Ordinary Income/Expense				
Income				
400 Sales Tax Revenue	73,748.67	850,000.00	-776,251.33	8.7%
405 Investment Income	58,397.78	600,000.00	-541,602.22	9.7%
407 Rental Income	7,000.00	42,000.00	-35,000.00	16.7%
409 Tobacco Settlement	0.00	15,000.00	-15,000.00	0.0%
415 Nursing Home - QIPP Program	10,316,199.32	131,858,612.00	-121,542,412.68	7.8%
Total Income	10,455,345.77	133,365,612.00	-122,910,266.23	7.8%
Gross Profit	10,455,345.77	133,365,612.00	-122,910,266.23	7.8%
Expense				
500 Admin				
501 Admin-Administative Salary	6,687.50	89,510.00	-82,822.50	7.5%
502 Admin-Administrative Assnt	3,239.21	42,950.00	-39,710.79	7.5%
503 Admin - Staff Incentive Pay	0.00	9,500.00	-9,500.00	0.0%
504 Admin-Administrative PR Tax	1,166.95	10,000.00	-8,833.05	11.7%
505 Admin-Board Bonds	0.00	250.00	-250.00	0.0%
506 Admin - Emp. Insurance	5,549.41	65,000.00	-59,450.59	8.5%
507 Admin-Retirement	3,009.04	16,500.00	-13,490.96	18.2%
515 Admin-Bank Service Charges	140.82	2,000.00	-1,859.18	7.0%
521 Professional Fees - Accntng	7,140.00	76,800.00	-69,660.00	9.3%
522 Professional Fees - Audit	0.00	34,000.00	-34,000.00	0.0%
523 Professional Fees - Legal	6,081.80	100,000.00	-93,918.20	6.1%
550 Admin-D&O / Liability Ins.	2,275.21	20,000.00	-17,724.79	11.4%
560 Admin-Cont Ed, Travel	37.28	6,500.00	-6,462.72	0.6%
562 Admin-Travel&Mileage Reimb.	73.15	2,500.00	-2,426.85	2.9%
569 Admin-Meals	669.68	4,700.00	-4,030.32	14.2%
570 Admin-District/County Prom	375.00	5,000.00	-4,625.00	7.5%
571 Admin-Office Supp. & Exp.	1,167.44	25,000.00	-23,832.56	4.7%
572 Admin-Web Site	0.00	1,000.00	-1,000.00	0.0%
573 Admin-Copier Lease/Contract	272.50	5,000.00	-4,727.50	5.5%
575 Admin-Cell Phone Reimburse	150.00	1,800.00	-1,650.00	8.3%
576 Admin-Telephone/Internet	382.38	4,000.00	-3,617.62	9.6%
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	340.00	4,080.00	-3,740.00	8.3%
593 Admin-Utilities	330.03	4,000.00	-3,669.97	8.3%
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	1,008.52	15,000.00	-13,991.48	6.7%
Total 500 Admin	42,442.92	554,585.00	-512,142.08	7.7%
600 - IC Healthcare Expenses				
601 IC Provider Expenses				
601.01a IC Pmt to Hosp-Indigent	52,195.44	500,000.00	-447,804.56	10.4%
601.01b IC Pmt to Coastal (Ind)	1,599.05	25,000.00	-23,400.95	6.4%
601.01c IC Pmt to Thompson	273.39	18,000.00	-17,726.61	1.5%
601.02 IC Pmt to UTMB	67,659.20	525,000.00	-457,340.80	12.9%
601.03 IC Special Programs				
601.03a Dental	1,320.00	30,000.00	-28,680.00	4.4%
601.03b IC Vision	210.00	2,750.00	-2,540.00	7.6%
601.04 IC-Non Hosp Cost-Other	438.69	35,000.00	-34,561.31	1.3%
601.05 IC - Chairty Care Prog	0.00	25,000.00	-25,000.00	0.0%
Total 601.03 IC Special Programs	1,968.69	92,750.00	-90,781.31	2.1%
Total 601 IC Provider Expenses	123,695.77	1,160,750.00	-1,037,054.23	10.7%
602 IC-WCH 1115 Waiver Prog	0.00	610,000.00	-610,000.00	0.0%
603 IC-Pharmaceutical Costs	3,887.58	80,000.00	-76,112.42	4.9%
605 IC-Office Supplies/Postage	0.00	2,000.00	-2,000.00	0.0%
610 IC-Community Health Prog.	8,831.67	111,893.00	-103,061.33	7.9%
611 IC-Indigent Care Dir Salary	5,350.00	68,830.00	-63,480.00	7.8%
612 IC-Payroll Taxes -Ind Care	0.00	5,000.00	-5,000.00	0.0%
615 IC-Software	2,023.00	25,000.00	-22,977.00	8.1%
616 IC-Travel	0.00	1,000.00	-1,000.00	0.0%
617 Youth Programs				
617.01 Youth Counseling	0.00	25,000.00	-25,000.00	0.0%
617.02 Irlen Program	0.00	1,600.00	-1,600.00	0.0%
Total 617 Youth Programs	0.00	26,600.00	-26,600.00	0.0%
Total 600 - IC Healthcare Expenses	143,788.02	2,091,073.00	-1,947,284.98	6.9%
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	23,180.42	278,165.00	-254,984.58	8.3%
620.06 FQHC(Coastal)	316,987.25	1,549,185.00	-1,232,197.75	20.5%
620.09 Admin-Cont Ed-Med Pers.	1,801.60	8,647.00	-6,845.40	20.8%
Total 620 WSHD - Grants	380,162.87	2,126,771.00	-1,746,608.13	17.9%

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

	Jan 26	Budget	$ Over Budget	% of Budget
630 NH Program				
630 NH Program-Mgt Fees	3,619,496.68	47,607,558.00	-43,988,061.32	7.6%
631 NH Program-IGT	5,278,346.69	63,697,923.00	-58,419,576.31	8.3%
632 NH Program-Telehealth Fees	30,150.71	400,000.00	-369,849.29	7.5%
633 NH Program-Acctg Fees	1,785.00	30,000.00	-28,215.00	6.0%
634 NH Program-Legal Fees	70,327.20	300,000.00	-229,672.80	23.4%
635 NH Program-LTC Fees	461,000.00	5,554,000.00	-5,093,000.00	8.3%
637 NH Program-Interest Expense	0.00	4,895,660.00	-4,895,660.00	0.0%
638 NH Program-Loan/Bank Fees	321,200.72	658,768.00	-337,567.28	48.8%
639 NH Program-Appraisal	0.00	96,000.00	-96,000.00	0.0%
641 NH Program-NH Manager	3,300.00	20,400.00	-17,100.00	16.2%
Total 630 NH Program	9,785,607.00	123,260,309.00	-113,474,702.00	7.9%
674 Prop Acqusition/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	22,309.68	14,000.00	8,309.68	159.4%
Total 675 HWY 124 Expenses	35,260.93	67,500.00	-32,239.07	52.2%
Total Expense	10,387,261.74	128,600,238.00	-118,212,976.26	8.1%
Net Ordinary Income	68,084.03	4,765,374.00	-4,697,289.97	1.4%
Other Income/Expense				
Other Income				
416 Nursing Home Operations	46,803,485.00			
Other Income	33,542.70			
Total Other Income	46,837,027.70			
Other Expense				
640 Nursing Home Oper. Expenses	46,803,485.00			
Total Other Expense	46,803,485.00			
Net Other Income	33,542.70			
Net Income	**101,626.73**	**4,765,374.00**	**-4,663,747.27**	**2.1%**

Exhibit “A-3”

WSHD Treasurer's Report

Reporting Date: Wednesday, February 18, 2026

Pending Expenses	For	Amount
Bayside Dental	SP Program	$5,170.00
Brookshire Brothers	Indigent Care	$2,070.84
CABA Therapy Services dba Physio	SP Program	$135.00
Coastal Gateway Health Center	Indigent Care	$539.11
Dr. June Stansky	SP Program	$240.00
Kalos Counseling	Youth Counseling	$340.00
Thompson Outpatient Clinic, LLC	Indigent Care	$1,144.43
UTMB at Galveston	Indigent Care	$35,128.67
UTMB Faculty Group Practice	Indigent Care	$5,148.84
Wilcox Pharmacy	Indigent Care /Charity Care	$1,454.85
$25 Optical	SP Program	$150.00
Benckenstein & Oxford	Invoice No 51661	$6,950.00
Graciela Chavez	Inv 965994	$160.00
US Department of Education	Acct# 1778777782 - Benjamin Odom	$1,801.60
3Branch & More	Inv # 46062	$8,831.67
Function4	INV1268780	$135.00
Technology Solutions	Inv # 2016	$158.15
Indigent Healthcare Solutions	Indigent Care Inv # 81392	$2,023.00
Vidal Accounting Services	Invoice 00128	$3,430.00
Hubert Oxford	Retainer	$1,000.00
Cascades Healthcare	Inv 2537 - Split CHOW Fees - Port Arthur	$3,615.00
Coastal Gateway Health Center	Grant Payment (Siding Scale 4165.21 &	$8,901.27
Neogenomics Laboratories	Indigent Care	$2,954.08
De Lage Landen Financial Services	**Inv # 595610993**	$272.50
	Total Expenses	$91,754.01

Funds Summary	Totals
Prosperity Operating (Unrestricted)	$812,769.69
First Financial DACA (Unrestricted)	$1,302,100.75
First Financial DACA (Restricted)	$6,050.00
First Financial Money Market	$23,673,077.31
TexStar (Restricted)	$7,212,577.31
FFB CD Balance	$0.00
Total District Funds	**$33,006,575.06**
Less First Financial (Restricted)	($6,050.00)
Less TexStar Restricted Amount	($500,000.00)
Less LOC Outstanding	$0.00
Less First Financial Money Market	$0.00
Less Committed Funds (*See Total Committement*)	($1,578,582.91)
Cash Position (*Less First Financial Restricted*)	**$30,921,942.15**
Pending Expenses	($91,754.01)
Ending Balance (Cash Position *Pending Expenses*)	$30,830,188.14
*Total Funds (*Ending Balance+LOC Outstanding+QIPP Funds Outstanding+Outstanding Chow Loans*)	**$33,118,241.08**

Prior Month

Prosperity Operating (Unrestricted)	$875,282.46
First Financial (Unrestricted)	$1,361,883.48
First Financial (Restricted)	$685,799.79
First Financial Money Market	$23,946,311.62
TexStar (Restricted)	$7,189,937.94
FFB CD Balance	$0.00
Total District Funds	**$34,059,215.29**
Less First Financial (Restricted)	($685,799.79)
Less TexStar Reserve Account	($500,000.00)
Less LOC Outstanding	$0.00
Less First Financial Money Market (Restricted)	$0.00
Less Committed Funds (*See Total Committement*)	($1,601,763.25)
Cash Position (*Less First Financial Restricted*)	**$31,271,652.25**
Pending Expenses	($87,319.12)
Ending Balance (Cash Position *Pending Expenses*)	**$31,184,333.13**
Total Funds (*Ending Balance+LOC Outstanding+QIPP Funds Outstanding+Committed Funds*)	**$32,096,823.41**

First Finanical Bank Reconciliations

FFB Balance	**$1,308,150.75**

	Restricted Funds	Total Scheduled Payment	Balance Received	Balance Due	Due to District
QIPP YR8 Adjustment 1					
YR 8 Adjustment 1	$0.00	$4,883,316.22	$0.00	$4,883,316.22	$1,464,994.87
Total restricted Yr 8 Q4 funds	**$0.00**	**$4,883,316.22**	**$0.00**	**$4,883,316.22**	**$1,464,994.87**

Non-QIPP Funds	**$6,050.00**
Restricted	**$0.00**
Unrestricted	**$1,302,100.75**
Total Funds	**$1,308,150.75**

Committed Funds

Commitment	Total Initial Commitment	YTD Paid by District	Committed Balance
1. FQHC Grant Funding - 2026	**$1,549,185.00**	**$316,987.25**	**$1,232,197.75**
2. East Chambers ISD	**$278,165.04**	**$46,360.68**	**$231,804.36**
3. WSVEMS Grant	**$152,774.40**	**$38,193.60**	**$114,580.80**
Total Commitments	**$1,980,124.44**	**$401,541.53**	**$1,578,582.91**

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
	$2,116,856.95	**$1,697,086.98**	**$419,769.97**

CHOW Interim Working Capital Loan

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

First Financial Bank-11 Month Outstanding Short Term Revenue Note-Loan 27 (July 31, 2025 - July 25, 2026) 1st Half of Year 9					
Annual Interest Rate:	**7.00%**	**Payments Per Year:**	**12**	**Origination Fee:**	**$323,700.00**
Years:	**1**	**Amount:**	**$31,670,100.00**		
Amoritization Table	**Component Payment**	**Principle**	**Interest**	**Payment**	**Balance**
1-August 25, 2025			($215,532.62)	*($215,532.62)*	$31,670,100.00
2-September 25, 2025			($184,742.25)	*($184,742.25)*	$31,670,100.00
3-October 25, 2025			($190,900.33)	*($190,900.33)*	$31,670,100.00
4-November 25, 2025			($184,742.25)	*($184,742.25)*	$31,670,100.00
5-December 25, 2025			($184,742.25)	*($184,742.25)*	$31,670,100.00
6-January 25, 2025			($184,050.42)	*($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 25, 2026 (YR9 Q1)	$15,835,050.00	($15,835,050.00)	*($184,742.25)*	*($16,019,792.25)*	$15,835,050.00
10 May 25, 2026	*$0.00*	*$0.00*	*($92,371.13)*	*($92,371.13)*	$15,835,050.00
11-June 25, 2026	*$0.00*	*$0.00*	*($92,371.13)*	*($92,371.13)*	$15,835,050.00
12-July 25, 2026 (YR9 Q2)	*$15,835,050.00*	*($15,835,050.00)*	*($92,371.13)*	*($14,730,429.17)*	$0.00
Amount Paid	**$31,670,100.00**	**($31,670,100.00)**	**($1,976,050.25)**	**($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**		
Amoritization Table	**Component Payment**	**Principle**	**Interest**	**Payment**	**Balance**
February 1, 2026			($146,827.20)	*($146,827.20)*	$31,276,800.00
March 1, 2026			*($182,448.00)*	*($182,448.00)*	$31,276,800.00
April 1, 2026			*($182,448.00)*	*($182,448.00)*	$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)**	**($1,880,083.20)**	**($32,154,632.76)**	

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	$23,673,077.31	3.320%	January 2026	$57,562.26	$57,562.26
Texstar C.D. #1110	$7,212,577.31	3.690%	January 2026	$22,639.37	$22,639.97

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

Edward Murrell,
President

Robert "Bobby" Way
Treasurer/Investment

Date:_____

_

*Italics are Estimated amounts

Exhibit “A-4”

Winnie-Stowell Hospital District

Bank Accounts Register

January 21, 2026 to February 18, 2026

Type	Date	Num	Name	Memo	Clr	Amount	Balance
100 Prosperity Bank -Checking							784,197.98
Check	01/21/2026			ACH, Withdrawal, Processed	X	(2,522.92)	781,675.06
Check	01/22/2026	4848	J. S. Edwards and Sherlock Ins.	Policy Renewal: NPP6157345		(23,467.04)	758,208.02
Check	01/26/2026		Entergy	ACH, Withdrawal, Processed	X	(215.45)	757,992.57
Check	01/26/2026		Entergy	ACH, Withdrawal, Processed	X	(34.60)	757,957.97
Liability C...	01/29/2026		QuickBooks Payroll Service	Created by Payroll Service on 01/28/2026	X	(6,008.84)	751,949.13
Paycheck	01/30/2026	DD1477	Barron, Kiela M	Direct Deposit	X		751,949.13
Paycheck	01/30/2026	DD1478	Carlo, Victoria M	Direct Deposit	X		751,949.13
Paycheck	01/30/2026	DD1479	Davis, Tina R	Direct Deposit	X		751,949.13
Deposit	01/30/2026		Funcion 4-Lease fka Star Grap...	Deposit, Processed	X	13,261.71	765,210.84
Check	01/30/2026		ECISD	ACH, Withdrawal, Processed	X	(23,180.42)	742,030.42
Check	01/30/2026		Blue Cross Blue Shield of Texas	ACH, Withdrawal, Processed	X	(5,124.04)	736,906.38
Deposit	01/31/2026			Deposit, Processed	X	136.47	737,042.85
Check	02/09/2026	4849	Ethan Kahla	Invoice# 02012262 & Invoice# 020126		(1,000.00)	736,042.85
Liability C...	02/12/2026		QuickBooks Payroll Service	Created by Payroll Service on 02/11/2026		(5,854.34)	730,188.51
Paycheck	02/13/2026	DD1480	Carlo, Victoria M	Direct Deposit			730,188.51
Paycheck	02/13/2026	DD1481	Davis, Tina R	Direct Deposit			730,188.51
Paycheck	02/13/2026	DD1482	Barron, Kiela M	Direct Deposit			730,188.51
Check	02/18/2026	4850	Brookshire Brothers	Batch Dates 01/04/26		(2,070.84)	728,117.67
Check	02/18/2026	4851	Coastal Gateway Health Center	Batch Dates 01/11/26		(539.11)	727,578.56
Check	02/18/2026	4852	Indigent Healthcare Solutions, ...	Invoice 81392		(2,023.00)	725,555.56
Check	02/18/2026	4853	$25 Optical	Batch Dates 01/08/26		(150.00)	725,405.56
Check	02/18/2026	4854	Bayside Dental	Batch Dates 01/08/26		(5,170.00)	720,235.56
Check	02/18/2026	4855	Dr. June Stansky, Optometrist	Batch Dates 01/08/26		(240.00)	719,995.56
Check	02/18/2026	4856	CABA Therapy Services dba Ph...	Batch Dates 01 /10/26		(135.00)	719,860.56
Check	02/18/2026	4857	Thompson Outpatient Clinic, LLC	Batch Dates 01 /10/26		(1,144.43)	718,716.13
Check	02/18/2026	4858	UTMB at Galveston	Batch Dates 01/01/26		(5,148.84)	713,567.29
Check	02/18/2026	4859	UTMB at Galveston	Batch Dates 01/01/26		(35,128.67)	678,438.62
Check	02/18/2026	4860	Wilcox Pharmacy	Batch Dates 01/03/26		(1,454.85)	676,983.77
Check	02/18/2026	4861	Benjamin Odom	Batch Dates 01/02/26		(340.00)	676,643.77
Check	02/18/2026	4862	3Branch & More	Invoice 46062		(8,831.67)	667,812.10
Check	02/18/2026	4863	Benckenstein & Oxford	Invoice No. 51611		(6,950.00)	660,862.10
Check	02/18/2026	4864	Coastal Gateway Health Center	Sliding Fee Services & Outreach And Enrollment Grant		(8,901.27)	651,960.83
Check	02/18/2026	4865	Neogenomics Laboratories Inc	Batch Dates 01/31/26		(2,954.08)	649,006.75
Check	02/18/2026	4866	DE LAGE LANDEN FINANCIAL ...	Invoice 595610993		(272.50)	648,734.25
Check	02/18/2026	4867	Function 4	3A0064 re INV1268780		(135.00)	648,599.25
Check	02/18/2026	4868	Graciela Chavez	Invoice 965994		(160.00)	648,439.25
Check	02/18/2026	4869	Hubert Oxford	Retainer		(1,000.00)	647,439.25
Check	02/18/2026	4870	Technology Solutions of Texas, ...	Invoice 2016		(158.15)	647,281.10
Check	02/18/2026	4871	US Department of Education	Acct #1778777792-1		(1,801.60)	645,479.50
Check	02/18/2026	4872	Cascades Healthcare LLC	Reimbursement of half CHOW Fees for Port Arthur		(3,615.00)	641,864.50
Check	02/18/2026	4873	Vidal Accounting, PLLC	Invoice 00128		(3,430.00)	638,434.50
Total 100 Prosperity Bank -Checking						(145,763.48)	638,434.50
102 First Financial Bank							26,030,238.65
102b FFB #4846 DACA							2,084,583.28
Check	01/23/2026			Memo:Transfer from DDA Acct No. 1110214838-D Payee:Transfer fro...	X	757,459.43	2,842,042.71
Check	01/26/2026			Q2BCR2025 WINNIEMONEYMRKT CCD B611500560	X	(4,695.46)	2,837,347.25
Check	01/26/2026			Q2BCR2025 Winnie-Stowell HCCD 1611500560	X	(9,000.00)	2,828,347.25
Check	01/26/2026			CAPITATIONWinnie-Stowell HCCD 1611500560	X	(9,375.00)	2,818,972.25
Check	01/26/2026			CAPITATIONWinnie-Stowell HCCD 1611500560	X	(16,200.00)	2,802,772.25
Check	01/26/2026			CAPITATIONWINNIEMONEYMRKT CCD B611500560	X	(161,100.00)	2,641,672.25
Check	01/28/2026			Memo:Transfer from DDA Acct No. 1110214838-D Payee:Transfer fro...	X	34,839.00	2,676,511.25
Check	01/30/2026			Memo:Transfer from DDA Acct No. 1110214838-D Payee:Transfer fro...		68.75	2,676,580.00
Total 102b FFB #4846 DACA						591,996.72	2,676,580.00
102c FFB #7190 Money Market							23,945,655.37
Deposit	01/31/2026			Interest	X	57,562.26	24,003,217.63
Total 102c FFB #7190 Money Market						57,562.26	24,003,217.63
Total 102 First Financial Bank						649,558.98	26,679,797.63
TOTAL						***503,795.50***	***27,318,232.13***

Exhibit “B”

WINNIE STOWELL HOSPITAL DISTRICT
WWW.WSHD-TX.ORG

President: Edward Murrell
Vice President: Anthony Stramecki
Secretary: Jeff Rollo
Treasurer: George Bobby Way

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

Administrator: Victoria Carlo
Indigent Director: Tina Davis

- **Chambers County Property Tax Reimbursement**
  We have received reimbursement from Chambers County for the previously overpaid property taxes in the amount of $9,626.71. These funds have now been returned to the District.

- **LoFTS In-Depth Review with HHSC**
  Hubert, Makayla, and I are working closely with Charice to compile and organize the requested materials for the upcoming LoFTS in-depth review with HHSC. We are ensuring all documentation is complete and properly aligned with the request.

- **Oak Grove Update**
  On February 16, 2026, Daniel Duplechin provided an update regarding the sale of Oak Grove. He indicated that the transaction continues to move forward; however, the buyer is seeking a price adjustment. An April closing is currently anticipated.

Exhibit “C”

WINNIE STOWELL HOSPITAL DISTRICT

PO BOX 1997, WINNIE, TX 77665 PHONE: (409)296-1003 FAX: (409)400-4023

February 18, 2026

WSHD Regular Board Meeting Indigent Care Report

1. Summary:

In January, the Indigent Care Program increased by 1 client. January had 94 active clients.

Budget and Billing Update

As of the current reporting period, the program has utilized ***8%*** of its overall budget.

There are no billing issues to report currently.

We currently have two individuals who have had major medical issues and are close to maxing out their 2026 benefits.

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

2. Active Client Trends:

2026 Indigent Care Statistics	Jan	YTD Monthly Average
Indigent Care Clients	94	94
Youth Counseling	4	4
Irlen Services	0	0

3. Renewals & Approvals:

January 2026 Client Activity	Total	Approved	Denied	No Show	Withdrew	Pending
Renewals	24	15	0	8	1	0
Late Renewals/Previous Client	5	3	0	1	0	1
New Applicants	4	0	0	2	1	1

Services Usage

Youth Counseling:

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

Dental:

- Seven (7) clients used their benefit in January.

Vision Services:

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

WINNIE STOWELL HOSPITAL DISTRICT
PO BOX 1997, WINNIE, TX 77665 PHONE: (409)296-1003 FAX: (409)400-4023

4. Indigent Care Vendor Payment Trends:

Service Provider	Jan	YTD Monthly Average
Local Clinics	$ 1,818.54	$ 1,818.54
UTMB (Includes Charity Care)	$ 40,277.51	$ 40,277.51
Riceland Medical Center	$ 52,195.44	$ 52,195.44
Pharmacy Costs (Includes Charity Care)	$ 3,525.69	$ 3,525.69
Indigent Special Services (Dental & Vision)	$ 5,560.00	$ 5,560.00
Medical Supplies (C-PAP)	$ -	$ -
Non Contract ER Services (Includes WSEMS)	$ 2,954.08	$ 2,954.08
Other Services		
Irlen Services	$ -	$ -
Youth Counseling	$ 340.00	$ 340.00
Total	*$ 106,671.26*	$ 8,889.27

5. YTD Budget Expenditures:

Indigent Service	2026 Budget	YTD Expense	% of Budget
Pharmacy	$80,000.00	$3,525.69	4%
WCH	$500,000.00	$52,195.44	10%
UTMB	$525,000.00	$40,277.51	8%
Youth Counseling	$25,000.00	$340.00	1%
Irlen	$1,600.00	$0.00	0%
Dental	$30,000.00	$5,170.00	17%
Vision	$2,750.00	$390.00	14%
CGHC Clinic	$25,000.00	$539.11	2%
Thompson Clinic	$18,000.00	$1,144.43	6%
Other Non-Contract/Unspecified Services	$35,000.00	$3,089.08	9%
Charity Care	$20,000.00	$0.00	0%
Charity Care Pharmacy	$5,000.00	$0.00	0%
Adjustments & Credits			
TOTALS	**$1,267,350.00**	**$106,671.26**	**8%**

PO BOX 1997, WINNIE, TX 77665 PHONE: (409)296-1003 FAX: (409)400-4023

6. Riceland Medical Center 2026 Expenditure Breakdown:

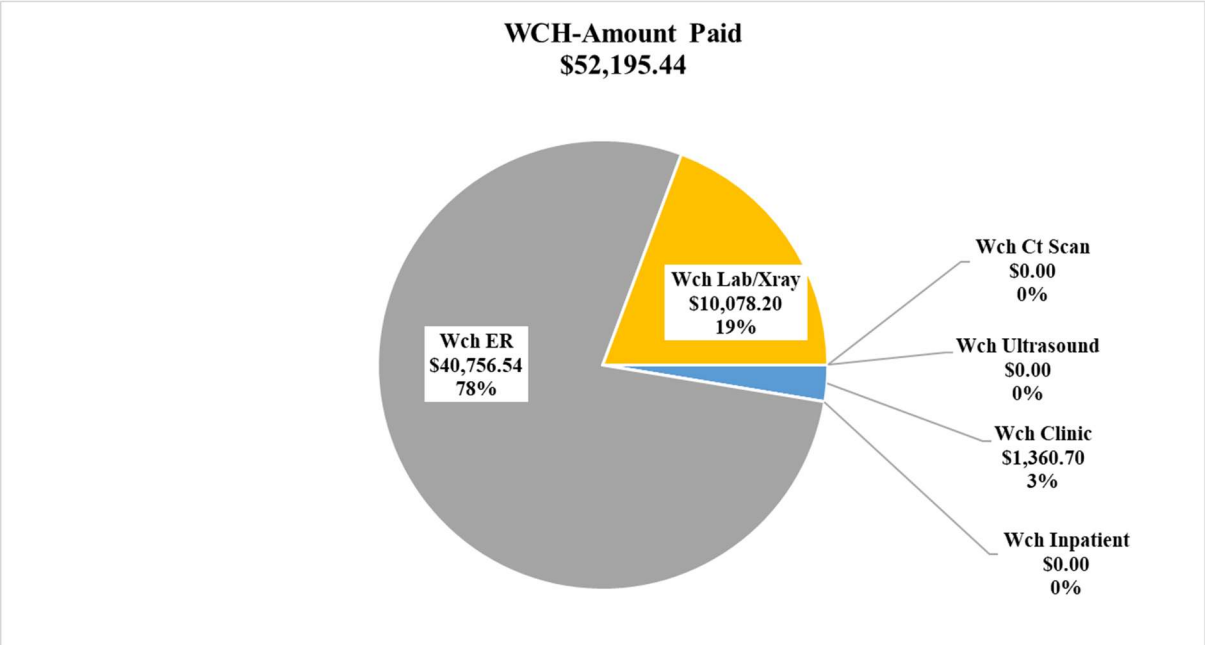

Exhibit “D”

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

Jan-26

VEHICLE #1 EAST SIDE VAN #1	
TOTAL MILES DRIVEN	2746
TOTAL HOURS DRIVEN	133.80
TOTAL EXPENSES FOR MONTH	$1,738.18
FUEL COST	$422.65
REPAIRS & switch for seat	$29.99
MISC EXP parts and labor sensor circuit	$1,285.54
TOTAL RIDERS	25
TOTAL WSHD RIDERS	0
TOTAL TRIPS	39
TOTAL TRIPS FOR WSHD RIDERS	0
VEHICLE #2 EAST SIDE VAN #2	
TOTAL MILES DRIVEN	2129
TOTAL HOURS DRIVEN	102.20
TOTAL EXPENSES FOR MONTH	$348.44
FUEL COST	$337.28
REPAIRS & windshield deicer	$11.16
MISC EXPENSES	$0.00
TOTAL RIDERS	20
TOTAL WSHD RIDERS	1
TOTAL TRIPS	37
TOTAL TRIPS FOR WSHD RIDERS	1
VEHICLE #3 EAST SIDE VAN #3	
TOTAL MILES DRIVEN	4305
TOTAL HOURS DRIVEN	165.88
TOTAL EXPENSES FOR MONTH	$715.55
FUEL COST	$715.55
REPAIRS & MAINTENANCE COST	$0.00
MISC EXPENSES	$0.00
TOTAL RIDERS	35
TOTAL WSHD RIDERS	2
TOTAL TRIPS	50
TOTAL TRIPS FOR WSHD RIDERS	3
VEHICLE #4 RAV 4	
TOTAL MILES DRIVEN	3827
TOTAL HOURS DRIVEN	129.17
TOTAL EXPENSES FOR MONTH	$389.06
FUEL COST	$330.08
REPAIRS & parking	$7.00
MISC EXP oil change, labor	$51.98
TOTAL RIDERS	18
TOTAL WSHD RIDERS	1
TOTAL TRIPS	36
TOTAL TRIPS FOR WSHD RIDERS	1
VEHICLE #5	
TOTAL MILES DRIVEN	1473
TOTAL HOURS DRIVEN	116.00
TOTAL EXPENSES FOR MONTH	$1,143.79
FUEL COST	$188.56
REPAIRS & windshield and labor	$955.23
MISC EXPENSES	$0.00
TOTAL RIDERS	24
TOTAL WSHD RIDERS	2
TOTAL TRIPS	28
TOTAL TRIPS FOR WSHD RIDERS	3
VEHICLE #6	
TOTAL MILES DRIVEN	1258
TOTAL HOURS DRIVEN	53.83
TOTAL EXPENSES FOR MONTH	$187.73
FUEL COST	$187.73
REPAIRS & MAINTENANCE COST	$0.00
MISC EXPENSES	$0.00
TOTAL RIDERS	21
TOTAL WSHD RIDERS	1
TOTAL TRIPS	21
TOTAL TRIPS FOR WSHD RIDERS	1
GRAND TOTALS	
MILES DRIVEN	15738
TOTAL HOURS DRIVEN	700.88
RIDERS	143
WSHD RIDERS	7
TRIPS	211
WSHD TRIPS	9
EXPENSES	$2,538.33

Winnie-Stowell Volunteer EMS

Winnie-Stowell Hospital District Report

Year to Date Details for 2026	Previous Year (2025) End	Jan-26	Feb-26	Mar-26	Apr-26	May-26	Jun-26	Jul-26	Aug-26	Sep-26	Oct-26	Nov-26	Dec-26	YTD DATE
CALL SUMMARY														
CALLS/TRANSPORTS REQUESTED	100	8	0	0	0	0	0	0	0	0	0	0	0	8
CALLS/TRANSPORTS MADE														
INSURED	78	7												7
SELF-PAY	7	0												0
TOTAL CALLS MADE	85	7	0	0	0	0	0	0	0	0	0	0	0	7
CALLS/TRANSPORTS DELAYED	0	0	0	0	0	0	0	0	0	0	0	0	0	0
TRANSPORTS NOT MADE	15	1	0	0	0	0	0	0	0	0	0	0	0	1
PERCENTAGE OF CALLS MADE	**85.0%**	**87.5%**												**87.5%**
INVOICED/BILLED														
Insurance Billed for Services this Mouth	$128,694.03	$12,965.00												$12,965.00
Self-Pay Billed for Services this Month	$8,471.47	$0.00												$0.00
Total	**$137,165.50**	**$12,965.00**	**$0.00**	**$0.00**	**$0.00**	**$0.00**	**$0.00**	**$0.00**	**$0.00**	**$0.00**	**$0.00**	**$0.00**	**$0.00**	**$12,965.00**
PAYMENTS RECEIVED														
Insurance Payments Rcvd for Services this Month	$37,981.18	$0.00												$0.00
Self-Pay Billed Rcvd for Services this Month	$2,749.73	$0.00												$0.00
Total	**$40,730.91**	**$0.00**	**$0.00**	**$0.00**	**$0.00**	**$0.00**	**$0.00**	**$0.00**	**$0.00**	**$0.00**	**$0.00**	**$0.00**	**$0.00**	**$0.00**
ACCOUNTS RECEIVABLE-FUNDS OWED														
Owed by Insurance for Services this Mouth	$90,713.72	$12,965.00												$12,965.00
Owed by Self-Pay for Services this Month	$8,731.74	$0.00												
Total	**$99,445.46**	**$12,965.00**	**$0.00**	**$0.00**	**$0.00**	**$0.00**	**$0.00**	**$0.00**	**$0.00**	**$0.00**	**$0.00**	**$0.00**	**$0.00**	**$12,965.00**
STAFFING EXPENSES														
	$151,378.66	**$12,448.57**	**$11,687.66**	**$12,896.43**	**$12,522.49**	**$12,939.91**	**$12,522.49**	**$12,765.98**	**$12,939.91**	**$12,522.49**	**$12,939.91**	**$12,522.49**	**$12,939.91**	**$151,648.25**

Jan-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#
1/12/2026	Riceland	Methodist Baytown	M			26-01421
1/14/2026	Riceland	Methodist Baytown	M			26-01765
1/15/2026	Riceland	Methodist Baytown	M			26-01770
1/16/2026	Riceland	Methodist Baytown	M			26-02037
1/16/2026	Riceland	Methodist Baytown (Turned down, No trucks availble)			R	
1/19/2026	Riceland	Methodist Baytown	M			26-02349
1/27/2026	Riceland	Methodist Baytown	M			26-03089
1/27/2026	Riceland	Baptist Beaumont	M			26-03153
TOTAL CALLS & RESULTS		8	7	0	1	

Jan-26

MONTHLY TRANSPORT AMBULANCE EMPLOYEE SCHEDULE & PAYROLL

DATE	EMPLOYEE NAME	SHIFT SCHEDULE	GRANT ALLOWED SALARY ($PR HR)	MAXIMUM HOURS	MAXIMUM PAY	HOURS WORKED	Not Staffed SURPLUS or (DEFICIT)	OVER-TIME HOURS	GRANT FUNDED PAYROLL AMOUNT	Maximum v. Actual SURPLUS or (DEFICIT)	ACTUAL SALARY ($PR HR)	ACTUAL PAYROLL AMOUNT	GRANT vs ACTUAL SURPLUS or (DEFICIT)
1/1/2025	Andrew Broussard	7am - 7am	$17.39	24.0	$417.42	24	0.0	0	$417.42	$0.00	$21.00	$504.00	($86.58)
1/2/2025	Ruthann Broussard	7am - 7am	$17.39	24.0	$417.42	24	0.0	0	$417.42	$0.00	$20.00	$480.00	($62.58)
1/3/2025	Haley Bridges	7am - 7am	$17.39	24.0	$417.42	24	0.0	0	$417.42	$0.00	$21.00	$504.00	($86.58)
1/4/2025	Keven Gilbert	7am - 7am	$17.39	24.0	$417.42	24	0.0	0	$417.42	$0.00	$22.00	$528.00	($110.58)
1/5/2025	Haley Bridges	7am - 4pm	$17.39	9.0	$156.53	6	(3.0)	0	$104.35	($52.18)	$21.00	$126.00	($21.65)
1/5/2025	Boyd Abshire	4pm - 7am	$17.39	15.0	$260.89	15	0.0	0	$260.89	$0.00	$19.00	$285.00	($24.11)
1/6/2025	Brad Eads	7am - 7am	$17.39	24.0	$417.42	24	0.0	0	$417.42	$0.00	$22.00	$528.00	($110.58)
1/7/2025	Andrew Broussard	7am - 7am	$17.39	24.0	$417.42	24	0.0	0	$417.42	$0.00	$21.00	$504.00	($86.58)
1/8/2025	Ruthann Broussard	7am - 7am	$17.39	24.0	$417.42	24	0.0	0	$417.42	$0.00	$20.00	$480.00	($62.58)
1/9/2025	Austin Issacks	7am - 7am	$17.39	24.0	$417.42	24	0.0	0	$417.42	$0.00	$17.00	$408.00	$9.42
1/10/2025	Mark Matak	7am - 7am	$17.39	24.0	$417.42	24	0.0	0	$417.42	$0.00	$19.00	$456.00	($38.58)
1/11/2025	Haley Bridges	7am - 7am	$17.39	24.0	$417.42	24	0.0	0	$417.42	$0.00	$21.00	$504.00	($86.58)
1/12/2025	Brad Eads	7am - 7am	$17.39	24.0	$417.42	24	0.0	0	$417.42	$0.00	$22.00	$528.00	($110.58)
1/13/2025	Lori Peine	7am - 7am	$17.39	24.0	$417.42	24	0.0	0	$417.42	$0.00	$18.00	$432.00	($14.58)
1/14/2025	Ruthann Broussard	7am - 7am	$17.39	24.0	$417.42	24	0.0	0	$417.42	$0.00	$20.00	$480.00	($62.58)
1/15/2025	Keven Gilbert	7am - 7am	$17.39	24.0	$417.42	24	0.0	0	$417.42	$0.00	$22.00	$528.00	($110.58)
1/16/2025	Boyd Abshire	7am - 7am	$17.39	24.0	$417.42	24	0.0	0	$417.42	$0.00	$19.00	$456.00	($38.58)
1/17/2025	Haley Bridges	7am - 7am	$17.39	24.0	$417.42	24	0.0	0	$417.42	$0.00	$21.00	$504.00	($86.58)
1/18/2025	Austin Issacks	7am - 7am	$17.39	24.0	$417.42	24	0.0	0	$417.42	$0.00	$17.00	$408.00	$9.42
1/19/2025	Brad Eads	7am - 7am	$17.39	24.0	$417.42	24	0.0	0	$417.42	$0.00	$22.00	$528.00	($110.58)
1/20/2025	Lori Peine	7am - 7am	$17.39	24.0	$417.42	24	0.0	0	$417.42	$0.00	$18.00	$432.00	($14.58)
1/21/2025	Olivia Kitzmiller	7am - 7am	$17.39	24.0	$417.42	12	(12.0)	0	$208.71	($208.71)	$22.00	$264.00	($55.29)
1/22/2025	Andrew Broussard	7am - 7am	$17.39	24.0	$417.42	24	0.0	0	$417.42	$0.00	$21.00	$504.00	($86.58)
1/23/2025	Kayla Callesto	7am - 7am	$17.39	24.0	$417.42	24	0.0	0	$417.42	$0.00	$18.00	$432.00	($14.58)
1/24/2025	Mark Matak	7am - 7am	$17.39	24.0	$417.42	24	0.0	0	$417.42	$0.00	$19.00	$456.00	($38.58)
1/25/2025	Austin Issacks	7am - 7am	$17.39	24.0	$417.42	21	(3.0)	0	$365.24	($52.18)	$17.00	$357.00	$8.24
1/26/2025	Brad Eads	7am - 7am	$17.39	24.0	$417.42	24	0.0	0	$417.42	$0.00	$22.00	$528.00	($110.58)
1/27/2025	Lori Peine	7am - 7am	$17.39	24.0	$417.42	23.75	(0.3)	0	$413.07	($4.35)	$18.00	$427.50	($14.43)
1/28/2025	Andrew Broussard	7am - 7am	$17.39	24.0	$417.42	24	0.0	0	$417.42	$0.00	$21.00	$504.00	($86.58)
1/29/2025	Ruthann Broussard	7am - 7am	$17.39	24.0	$417.42	14	(10.0)	0	$243.49	($173.92)	$20.00	$280.00	($36.51)
1/30/2025	Haley Bridges	7am - 7am	$17.39	24.0	$417.42	24	0.0	0	$417.42	$0.00	$21.00	$504.00	($86.58)
1/31/2025	Kayla Callesto	7am - 7am	$17.39	24.0	$417.42	24	0.0	0	$417.42	$0.00	$18.00	$432.00	($14.58)
TOTAL SALARY EXPENSE FOR THE MONTH:			**GRANT ALLOWED SALARY ($PR HR)**	**MAXIMUM HOURS**	**MAXIMUM PAY**	**HOURS WORKED**	**Not Staffed SURPLUS or (DEFICIT)**	**OVER-TIME HOURS**	**GRANT FUNDED PAYROLL AMOUNT**	**Maximum v. Actual SURPLUS or (DEFICIT)**	**ACTUAL SALARY ($PR HR)**	**ACTUAL PAYROLL AMOUNT**	**GRANT vs ACTUAL SURPLUS or (DEFICIT)**
			$17.39	**744.0**	**$12,939.91**	**715.75**	**(28.3)**	**0**	**$12,448.57**	**($491.334)**	**$20.00**	**$14,291.50**	**($1,842.93)**

WINNIE STOWELL HOSPITAL DISTRICT
WWW.WSHD-TX.ORG

Community Health Worker Program

	2025 YTD	JAN	2026 YTD
CLIENTS SERVED			
ICAP	278	15	15
Non-ICAP	319	23	23
Total Clients Served	**597**	**38**	**38**
BENEFIT APPLICATION TYPE			
Indigent Care Assistance Program (ICAP)	22	3	3
Prescription Assistance Program (PAP)	57	1	1
Medicaid	98	8	8
Medicare	7	1	1
Medicare Savings Plan	30	2	2
Food Stamps (SNAP)	377	23	23
Supplemental Security Income (SSI)	56	3	3
Retirement, Survivor, Disability Income (RSDI)	51	1	1
Unemployment/Texas Workforce	10	1	1
Housing	18	0	0
Utilities	2	0	0
Legal Aid	2	0	0
OTHER	18	4	4
Total Applications Facilitated	**748**	**47**	**47**
EXPENSES			
Personnel	$83,153.67	$6,766.00	$6,766.00
Operational	$26,528.93	$20.00	$20.00
Total	**$109,682.60**	**$6,786.00**	**$6,786.00**
BUDGET REMAINING	$2,210.40	$88,734.00	$88,734.00

Exhibit “E”

Report to Winnie-Stowell Hospital District
February 18, 2026

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

- Our annual **Uniform Data Systems (UDS)** Report was submitted well in advance of the February 15th deadline. It is now in the hands of our UDS reviewer, we are on standby for any additional edits or comments before they finalize. This report incorporates various data components, including: various patient demographic data (zip code, poverty level, race/ethnicity, etc.), payor information, diagnosis codes, clinical quality metrics, and financial data.

- **Incubator Funding**.
  - First round of Incubator funding ($1,000,000 and must open a new site). DSHS closed this funding on January 30th—they had already reached their max on applications. They also did not allow centers to receive funding under both opportunities; it was either one or the other.
  - We have since applied for the second round of funding ($650,000 to use at existing location to increase access, services, or programs), with them closing the other announcement within two (2) weeks, I went ahead and got our application written and submitted to ensure they did not close this opportunity before we could apply.

- The health center was asked to provide PPD (TB) skin tests to Health Sciences students at Hamshire-Fannett ISD again this year. We also provided several influenza (flu) vaccines to those students that still needed one.

- Completed and submitted our Annual Certification Report to HRSA at the end of January.

- A new funding opportunity was just released through the CPRIT-funded Coordinating Center for Colorectal Cancer Screening across Texas (CONNECT) Pilot Program. This initiative is designed to support clinics like ours in enhancing colorectal cancer screening efforts throughout the state. The CONNECT Pilot Program is currently requesting proposals for "Improving Colorectal Cancer Screening In Texas" which is designed to develop new evidence – based pathways or workflows to support CRC screening. This funding opportunity presents a unique chance to further our shared goal of improving colorectal cancer outcomes for our communities. This grant is not due until April 15th—we plan to apply.

- We continue to host 3rd and 4th year medical students from the University of Houston, Tillman Fertitta College of Medicine on a rotating basis.

- Applying to become a national Health Service Corp (NHSC). This is federal loan repayment program that we are eligible for as FQHC-LAL. Our new provider, Taylor LeDoux, FNP-C has expressed interest.

- **340B Program**. Will are still on target to officially going live with both pharmacies (Wilcox Pharmacy in Winnie and Brookshire Brothers in Winnie) on April 1, 2026.

- **Vaxcare** is an automated vaccine procurement, inventory management, vaccine eligibility, and billing platform; go live is expected for February 13th. This will allow the health center to no longer carry the cost of ordering expensive vaccines and billing for them. This company and platform will handle all of this on behalf

of the health center. This will eventually open up the opportunity for the health center to carry additional adult vaccines such as shingles, pneumonia, etc.

- A way of receiving future **Rural Health Transformation (RHT) funds** is for Coastal Gateway Health Center to join the Texas Association of Community Health Center's (TACHC) Clinically integrated (CIN)—we requested to join last month and were formally approved last week.

- We recently joined the **Southeast Texas Non-Profit Development Center** as a member organization. This will help make additional connections in the Southeast region, as well as be looped into future funding opportunities available in our service area.

- **Grants**
  - **United Way of Greater Baytown and Chambers County.** Applications for FY 2027 are due at the end of February. We will apply again; this funding covers our Eligibility Specialist position.
  - **Rural Health Transformation Funds.** No new information. We were approved to join TACHC's CIN, which is supposed to open up funding.
  - **DSHS Incubator Grant**. Discussed above.
  - **MD Anderson**. Funding was approved by CPRIT, waiting on the funding package to apply with MD Anderson. This grant would provide funding for cancer screening initiatives. Recently attended the **HPV Coalition** meeting in Houston, this group will cross paths with this funding initiative. I have a meeting next Friday morning with MD Anderson to begin discussing the details on this grant and program.
  - **Episcopal Health Foundation**. Received denial letter for our Letter of Intent (LOI) to apply for a grant. The letter stated we have been waitlisted until the fall.
  - **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".

- **Upcoming Events/Activities**
  - Mardi Gras Parade at Crystal Beach on Saturday, February 14th
  - Attended the Chambers County Job Fair on January 14th.
  - Attended the Sour Lake Chamber of Commerce Annual Banquet on February 3rd.
  - 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 December is attached for your review; there were **568** patient encounters.

- Other miscellaneous statistics:

2024	Patients per Day	2025	Patients per Day	*2026	Patients per Day
Flores	12.70	Flores	18.06	Flores	16.75
Lyons	12.00	Lyons	17.81	LeDoux	10.94
				Lyons	14.77
				*January only	

Exhibit “F”

			Q4 Comp 1		Q4 Comp 2		Q4 Comp 3	Q4 Comp 4	Total Q4	Total YTD
Facility ID	Operator	Facility Name	% Metrics Attained	Payout % Earned	% Metrics Attained	Payout % Earned	% Metrics Attained	% Metrics Attained	% Metrics Attained	% Metrics Attained
4154	Caring	Garrison Nursing Home & Rehabilitation Center	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%
4376	Caring	Golden Villa	80.00%	100.00%	100.00%	100.00%	100.00%	100.00%	92.31%	94.23%
110098	Caring	Highland Park Rehabilitation & Nursing Center	100.00%	100.00%	33.33%	70.00%	100.00%	50.00%	76.92%	66.67%
4484	Caring	Marshall Manor Nursing & Rehabilitation Center	60.00%	100.00%	100.00%	100.00%	66.67%	100.00%	76.92%	76.47%
4730	Caring	Marshall Manor West	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	96.15%
4798	Caring	Rose Haven Retreat	80.00%	100.00%	66.67%	100.00%	66.67%	100.00%	76.92%	82.35%
5182	Caring	The Villa at Texarkana	60.00%	100.00%	66.67%	100.00%	100.00%	100.00%	76.92%	69.23%
5250	Caring	Oak Brook Health Care Center	100.00%	100.00%	66.67%	100.00%	100.00%	100.00%	92.31%	90.38%
5261	Caring	Gracy Woods Nursing Center	40.00%	100.00%	100.00%	100.00%	66.67%	100.00%	69.23%	76.92%
5322	Cascades	Cascades at Port Arthur	75.00%	100.00%	100.00%	100.00%	66.67%	50.00%	75.00%	70.83%
4747	Creative Solutions	Parkview Manor Nursing & Rehabilitation	80.00%	100.00%	33.33%	70.00%	100.00%	100.00%	76.92%	65.31%
5289	Creative Solutions	Winnie L Nursing & Rehabilitation	75.00%	100.00%	0.00%	0.00%	100.00%	100.00%	66.67%	58.33%
106784	Fundamental	Sterling Oaks Rehabilitation	100.00%	100.00%	66.67%	100.00%	66.67%	100.00%	84.62%	80.77%
5369	Gulf Coast	Oak Village Healthcare	25.00%	90.00%	0.00%	0.00%	66.67%	100.00%	41.67%	50.00%
5193	Gulf Coast	Corrigan LTC Nursing & Rehabilitation	50.00%	100.00%	66.67%	100.00%	66.67%	100.00%	66.67%	60.42%
5154	Gulf Coast	Copperas Cove Nursing & Rehabilitation	50.00%	100.00%	0.00%	0.00%	33.33%	50.00%	33.33%	47.92%
5240	Gulf Coast	Hemphill Care Center	50.00%	100.00%	0.00%	0.00%	100.00%	50.00%	50.00%	58.70%
4340	Gulf Coast	Woodlake Nursing Center	25.00%	90.00%	100.00%	100.00%	100.00%	50.00%	66.67%	66.67%
4663	Gulf Coast	Creekside Village	60.00%	100.00%	100.00%	100.00%	100.00%	50.00%	76.92%	76.92%
5169	Gulf Coast	Wells LTC Nursing & Rehabilitation	50.00%	100.00%	100.00%	100.00%	100.00%	100.00%	83.33%	66.67%
5350	Gulf Coast	Woodland Park Nursing & Rehab	50.00%	100.00%	33.33%	70.00%	100.00%	0.00%	50.00%	70.83%
100790	HMG	Park Manor of Conroe	100.00%	100.00%	0.00%	0.00%	100.00%	100.00%	76.92%	86.54%
4456	HMG	Park Manor of Cyfair	75.00%	100.00%	0.00%	0.00%	100.00%	50.00%	58.33%	64.58%
101489	HMG	Park Manor of Cypress Station	60.00%	100.00%	100.00%	100.00%	100.00%	100.00%	84.62%	75.00%
101633	HMG	Park Manor of Humble	80.00%	100.00%	0.00%	0.00%	100.00%	100.00%	69.23%	70.00%
102417	HMG	Park Manor of Quail Valley	25.00%	90.00%	33.33%	70.00%	100.00%	100.00%	58.33%	64.58%
102294	HMG	Park Manor of Westchase	100.00%	100.00%	66.67%	100.00%	100.00%	100.00%	91.67%	83.33%
104661	HMG	Park Manor of The Woodands	50.00%	100.00%	100.00%	100.00%	100.00%	100.00%	83.33%	85.42%
103191	HMG	Park Manor of Tomball	80.00%	100.00%	0.00%	0.00%	100.00%	50.00%	61.54%	65.38%
5400	HMG	Park Manor of Southbelt	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	90.00%
104541	HMG	Deerbrook Skilled Nursing and Rehab Center	100.00%	100.00%	0.00%	0.00%	100.00%	100.00%	76.92%	76.47%
4286	HMG	Friendship Haven Healthcare & Rehab Center	60.00%	100.00%	100.00%	100.00%	100.00%	100.00%	84.62%	92.31%
5225	HMG	Willowbrook Nursing Center	80.00%	100.00%	33.33%	70.00%	100.00%	100.00%	76.92%	86.54%
106988	HMG	Accel at College Station	75.00%	100.00%	66.67%	100.00%	100.00%	100.00%	83.33%	90.00%
102375	HMG	Cimarron Place Health & Rehabilitation	75.00%	100.00%	0.00%	0.00%	100.00%	0.00%	50.00%	77.08%
106050	HMG	Silver Spring	75.00%	100.00%	33.33%	70.00%	100.00%	100.00%	75.00%	77.78%
4158	HMG	Red Oak Health and Rehabilitation Center	100.00%	100.00%	66.67%	100.00%	100.00%	100.00%	92.31%	82.69%
5255	HMG	Mission Nursing and Rehabilitation Center	100.00%	100.00%	0.00%	0.00%	100.00%	100.00%	75.00%	70.83%
4053	HMG	Stephenville Rehabilitation and Wellness Cente	50.00%	100.00%	100.00%	100.00%	66.67%	100.00%	75.00%	85.42%
103743	HMG	Hewitt Nursing and Rehabilitation	100.00%	100.00%	100.00%	100.00%	66.67%	100.00%	91.67%	79.17%

103011	HMG	Stallings Court Nursing and Rehabilitation	100.00%	100.00%	66.67%	100.00%	100.00%	100.00%	91.67%	85.42%
104537	HMG	Pecan Bayou Nursing and Rehabilitation	75.00%	100.00%	100.00%	100.00%	100.00%	100.00%	91.67%	89.58%
5372	HMG	Holland Lake Rehabilitation and Wellness Cente	75.00%	100.00%	66.67%	100.00%	100.00%	50.00%	75.00%	72.92%
5387	HMG	Stonegate Nursing and Rehabilitation	100.00%	100.00%	66.67%	100.00%	100.00%	100.00%	91.67%	77.08%
102993	HMG	Green Oaks Nursing and Rehabilitation	100.00%	100.00%	33.33%	70.00%	100.00%	100.00%	83.33%	81.25%
103223	HMG	Crowley Nursing and Rehabilitation	80.00%	100.00%	66.67%	100.00%	100.00%	100.00%	84.62%	86.00%
103435	HMG	Harbor Lakes Nursing and Rehabilitation Center	80.00%	100.00%	0.00%	0.00%	66.67%	50.00%	53.85%	62.75%
105966	HMG	Treviso Transitional Care	100.00%	100.00%	66.67%	100.00%	100.00%	100.00%	92.31%	94.00%
100806	HMG	Gulf Pointe Plaza	75.00%	100.00%	66.67%	100.00%	100.00%	100.00%	83.33%	85.42%
101157	HMG	Arbrook Plaza	100.00%	100.00%	33.33%	70.00%	100.00%	100.00%	83.33%	91.67%
106566	HMG	Forum Parkway Health & Rehabilitation	75.00%	100.00%	0.00%	0.00%	66.67%	100.00%	58.33%	66.67%
4379	HSM	Cleveland Health Care Center	60.00%	100.00%	0.00%	0.00%	66.67%	100.00%	53.85%	48.08%
5135	HSM	Lawrence Street Healthcare Center	100.00%	100.00%	66.67%	100.00%	100.00%	50.00%	84.62%	80.77%
4355	HSM	West Janisch Health Care Center	100.00%	100.00%	66.67%	100.00%	66.67%	100.00%	83.33%	68.75%
4306	HSM	Beaumont Health Care Center	75.00%	100.00%	33.33%	70.00%	66.67%	100.00%	66.67%	62.50%
4500	HSM	Conroe Health Care Center	50.00%	100.00%	100.00%	100.00%	33.33%	50.00%	58.33%	59.18%
4439	HSM	Huntsville Healthcare Center	75.00%	100.00%	33.33%	70.00%	66.67%	100.00%	66.67%	58.33%
5067	HSM	Liberty Health Care Center	100.00%	100.00%	100.00%	100.00%	66.67%	100.00%	91.67%	84.00%
4511	HSM	Richmond Health Care Center	60.00%	100.00%	0.00%	0.00%	33.33%	100.00%	46.15%	60.78%
5145	HSM	Sugar Land Healthcare Center	60.00%	100.00%	33.33%	70.00%	100.00%	100.00%	69.23%	75.00%
5166	Nexion	Flatonia Nursing Center	75.00%	100.00%	66.67%	100.00%	100.00%	100.00%	83.33%	83.33%
110342	Pillar Stone	Mont Belvieu Rehabilitation & Healthcare Cente	75.00%	100.00%	0.00%	0.00%	100.00%	100.00%	66.67%	58.33%
5256	Regency	Spindletop Hill Nursing and Rehabilitation Cente	60.00%	100.00%	0.00%	0.00%	66.67%	100.00%	53.85%	67.31%
5297	Regency	Hallettsville Nursing and Rehabilitation Center	60.00%	100.00%	0.00%	0.00%	66.67%	100.00%	53.85%	63.46%
5234	Regency	Monument Hill Nursing and Rehabilitation Cente	50.00%	100.00%	66.67%	100.00%	100.00%	100.00%	75.00%	62.50%
5203	Regency	The Woodlands Nursing and Rehabilitation Cen	100.00%	100.00%	0.00%	0.00%	66.67%	100.00%	69.23%	69.23%
5307	SLP	Oakland Manor Nursing Center	80.00%	100.00%	100.00%	100.00%	100.00%	0.00%	76.92%	86.00%
4807	SLP	Seabreeze Nursing and Rehabilitation	75.00%	100.00%	100.00%	100.00%	100.00%	50.00%	83.33%	75.00%
4584	SLP	Palestine Healthcare Center	75.00%	100.00%	100.00%	100.00%	100.00%	100.00%	91.67%	86.96%
4586	SLP	Paris Healthcare Center	100.00%	100.00%	33.33%	70.00%	66.67%	100.00%	75.00%	74.47%
4996	SLP	Overton Healthcare Center	60.00%	100.00%	66.67%	100.00%	66.67%	100.00%	69.23%	78.43%
4028	SLP	Coronado Nursing Center	80.00%	100.00%	33.33%	70.00%	66.67%	50.00%	61.54%	71.15%
4436	SLP	Garland Nursing & Rehabilitation	60.00%	100.00%	66.67%	100.00%	66.67%	100.00%	69.23%	69.23%
5379	Trident	Bayou Pines Care Center	60.00%	100.00%	0.00%	0.00%	66.67%	100.00%	53.85%	58.00%

	Q4 Comp 1 Metrics Met		Q4 Comp 2 Metrics Met		Q4 Comp 3	Q4 Comp 4	Q4 Total	YTD Total
Y	% Attained	Avg Payout Ea	% Attained	Avg Payout Earn	% Attained	% Attained	% Attained	% Attained
	75.3%	99.6%	52.3%	67.7%	86.5%	86.5%	74.2%	74.7%

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Scott Johnson, Nursing Facility Specialist
Winnie-Stowell Hospital District

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

January 20, 2026

Facility Administrator: Cody Bedford

Crowley Nursing and Rehabilitation is licensed for 120 beds, and its current census is 97 residents including 23 skilled patients. The facility's census reached the low 100s recently. There are two planned discharges, but the facility has six pending admissions. Discussed efforts to develop community relationships and support gradual census growth.

Staffing efforts have been successful and there are only three reported openings for CNA positions. Discussed staff recruitment and retention best practices and strategies.

State surveyors visited the facility on New Year's Day to investigate a complaint. All reasons for investigation were unsubstantiated. The facility submitted a self-report due to an allegation of a stolen necklace. Discussed actions taken by the facility to investigate and review the inventory process.

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 have its monthly QAPI meeting this afternoon. The team is continuing to focus on falls and fall prevention efforts. The administrator reported an increase in falls around Christmas. Discussed review of root causes of each fall to identify any trends which can be addressed.

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

The facility is working with a different transportation company for the majority of transportation needs. The complaints and grievances have improved alongside the change in vendor.

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Scott Johnson, Nursing Facility Specialist
Winnie-Stowell Hospital District

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

January 29, 2026

Facility Administrator: Eric Johnan

Green Oaks Nursing & Rehabilitation is licensed for 142 beds, and its current census is 103 residents including 28 skilled patients. The facility reports strong census activity in recent weeks. The facility has been averaging roughly ten admissions each week this month.

The team is seeking two evening shift CNAs, and an overnight CNA. Discussed interviewing candidates for these openings. The new activity director started earlier this month and is doing well in the role.

There have not been any visits to the facility by state surveyors this month. The administrator submitted a new self-report regarding an allegation of verbal and physical abuse. Although the incident wasn't able to be confirmed, the staff member involved was terminated.

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

The facility had its monthly QAPI meeting earlier this month and reviewed quality measures and clinical outcomes as an interdisciplinary team. Discussed review of recent focus areas including falls and weight loss. Discussed fall prevention efforts and collaboration with the attending physicians to implement appropriate interventions.

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

The work updating the lighting and painting in the building was completed last weekend.

The administrator stated the recent freezing weather has caused delays in delivery of some medical supplies. Discussed purchasing needed supplies from local vendors until the shipment is delivered.

The administrator and another staff member have been involved in transporting staff to and from work during recent freezing conditions. There was a sprinkler pipe that burst in the facility due to the cold. The damage was minimal and the facility will replace some sheetrock around the pipe.

Scott Johnson, Nursing Facility Specialist
Winnie-Stowell Hospital District

Hewitt Nursing and Rehabilitation
8836 Mars Drive
Hewitt, TX 76643

January 16, 2026

Facility Administrator: Chris Gallardo

Hewitt Nursing and Rehabilitation is licensed for 140 beds, and its current census is 81 residents including 27 skilled patients. Discussed improvements with referral volume due to the red hand coming off of the facility's page on Medicare.gov. Discussed plans to continue growing the facility census and making adjustments to private and shared room assignments when needed. Discussed considerations for other clinical programs that could positively impact the census like a GIP Hospice program.

The facility reported staffing efforts are going well. The facility is staffed with nurses and is looking to add a few CNAs alongside the growing census. The facility has extended an offer of employment to a new MDS nurse as well.

The facility was visited by state surveyors in December and again earlier this month. There were two citations regarding infection control and documentation. Discussed the POCs and changes made to related systems. There are no new self-reports at this time.

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

The facility held its monthly QAPI meeting and reported on clinical systems and quality measures. Discussed fall volume in December and opportunities to increase fall prevention efforts through implementation of a PIP. The interdisciplinary team reviews each fall and implements interventions personalized to the needs of the affected resident.

The administrator reported there are currently sixteen residents with COVID at this time. There have not been any new cases in this outbreak during the last three days. All affected residents' care is being managed, and all are expected to recover. Discussed utilizing proper infection prevention precautions to keep staff and residents safe throughout the building.

The administrator reported there have been some more general nursing grievances related to response time and call light response. Discussed in-services provided to staff and ensuring staffing assignments are meeting appropriate ratios as the census continues to grow.

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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

January 20, 2026

Facility Administrator: Daniel Rodriguez

Mission Nursing and Rehabilitation Center is licensed for 170 beds, and its current census is 91 residents including 12 skilled patients. The facility is near its budget census of 93 residents including 17 skilled patients. There are three planned discharges over the next week, and there are several referrals under review for admission.

There is a new director of business development who will start soon. The facility has six CNA openings, but these openings are being covered by fulltime and PRN staff.

The facility was visited by a state surveyor to investigate a P1 complaint. All reasons for investigation regarding the complaint were unsubstantiated. The facility received a D-tag, however, due to a medication cart that was found unlocked. There are no self-reports outstanding at this time. The facility is in its annual fullbook survey window at this time. Discussed ongoing fullbook survey preparedness efforts including review of facility policies, emergency plans, and competency checkoffs.

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

The facility had its monthly QAPI meeting and the interdisciplinary team reviewed opportunities to improve RTAs and psychotropic medication utilization for long-term care residents. The administrator also stated the team is reviewing foley catheter utilization to ensure proper diagnoses and interventions are being used. The administrator reports the interdisciplinary team collaborates well together to pursue improvements in outcomes for the residents.

There have not been any recent trends or issues reported related to infection control.

The administrator reported there have been some challenges with food temperatures on the 700-hall. The dietary department has been involved in addressing this issue to ensure meals are delivered timely. The facility is also adding an insulated cart to support maintaining desired food temperatures.

The renovation work in the facility is nearly completed. The contractor's final punch list has been addressed, and all the associated work should be completed tomorrow. The administrator will take care of some final tasks with artwork, furniture, and equipment placement or removal.

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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

January 20, 2026

Facility Administrator: Donna Tillman

Holland Lake Rehabilitation and Wellness Center is licensed for 120 beds, and its current census is 94 residents including 31 skilled patients. There are nine referrals and two residents expected to readmit to the facility soon. There is only one pending discharge at this time.

Discussed staffing efforts and challenges when new hires don't show for their orientation or first shift. The team has continued to hire and replace any staff who are not meeting expectations. The administrator is planning an all-staff meeting this week and will review various trainings, expectations, and policies with staff.

The facility was visited by surveyors who conducted the building's annual fullbook survey. The facility is awaiting receipt of the 2567s from the health and life safety surveys. The facility is expecting to receive one tag under dietary services, and one under life safety pertaining to fire walls. The facility has started to address the feedback given by the surveyors. There was also one complaint investigated and unsubstantiated.

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 held its monthly QAPI meeting and the interdisciplinary team reviewed clinical systems and quality measures. The team is continuing to focus on falls and fall prevention efforts.

The administrator discussed some recent admissions from the hospital of residents who were admitted with an active infection. These residents are generally near the end of the illness and are cared for in the facility until they recover. Discussed maintaining proper precautions until these illnesses resolve.

There were two heating units in the facility which stopped working and are being addressed. One unit was recently replaced and work on the second unit will be completed tomorrow. Discussed preparations for impending cold weather and ensuring the facility is prepared to continue caring for the residents. The facility has also ordered five new beds and mattresses as well.

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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

January 15, 2026

Facility Administrator: Josie Pebsworth

Pecan Bayou Nursing and Rehabilitation is licensed for 90 beds, and its current census is 61 residents including 16 skilled patients. The facility has four residents in the hospital who will return when appropriate for hospital discharge. There are seven new referrals planning to be admitted over the next week. Discussed the increase in referrals and efforts by the facility to be prompt in communicating and accepting referrals from the hospital. The facility's new target census is 63 residents including 17 skilled patients. There are only two planned discharges at this time.

The facility is recruiting to fill four CNA openings. Discussed the referral and sign-on bonuses being offered for these open positions. There is a nurse who may change employment status. Discussed plans to cover this nurse opening if it becomes available.

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

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's monthly QAPI meeting was held this morning. The interdisciplinary team is focusing on antipsychotic medication utilization. Discussed the importance of reviewing all psychotropic medication utilization and implementing GDRs wherever appropriate. Discussed coordinating these efforts with the medical director and pharmacy consultant.

The administrator reported there have been cases of MRSA amongst residents post-surgery. These infections were acquired in the hospital, and the facility ensures proper precautions are in place to keep residents and staff safe.

The administrator reported the Christmas celebrations and parties for residents and staff last month were successful.

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Scott Johnson, Nursing Facility Specialist
Winnie-Stowell Hospital District

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

January 29, 2026

Facility Administrator: Jana Sanders

Stephenville Rehabilitation and Wellness Center is licensed for 122 beds, and its current census is 87 residents including 17 skilled patients. There are three pending admissions and one planned discharge today. Discussed recent referrals and efforts to be strong collaborators with referring partners. The facility's updated budget census in 2026 is 88 residents.

The facility is seeking one LVN at this time. Discussed progress with the current CNA training cohort. The students have completed the classroom portion of the program, and they are now working on the floor to develop their skills.

There have not been any recent visits to the facility 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 3-star rating in Quality Measures.

The facility held its monthly QAPI meeting this month and reviewed clinical outcomes observed in January. Discussed ongoing performance improvement plans and continued focus on QIPP Measures this year.

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

The facility reported it was prepared for the recent freeze and was able to support all operations without any major issues.

Scott Johnson, Nursing Facility Specialist
Winnie-Stowell Hospital District

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

January 29, 2026

Facility Administrator: Scott Barrick

Stonegate Nursing and Rehabilitation is licensed for 134 beds, and its current census is 98 residents including 29 skilled patients. Discussed the significant census improvement which is largely attributed to the recent increase to a 3-star rating overall. The new marketer is also pushing to market throughout the community sharing the news of the new star rating achievement.

The facility reports there are openings for a staffing coordinator and an ADON. There are also seven CNA openings, but several of these CNA openings are due to new positions being added to support the census growth.

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

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

The facility recently held its monthly QAPI meeting and reported effective collaboration as an interdisciplinary team. Discussed recent performance improvement plans addressing medical records regarding transfer notices and death reports. The team also discussed the appeal and notice of non-coverage processes with the new social worker. The administrator is planning to redefine roles and support as needed.

The facility reported infection control efforts have been effective and there are no outbreaks or trends at this time.

Discussed the recent freeze and supporting facility operations. The facility worked to make some accommodations to support staff and the residents over the cold weekend.

Scott Johnson, Nursing Facility Specialist
Winnie-Stowell Hospital District

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

January 29, 2026

Facility Administrator: Ernest De La Garza

December 29, 2026

Cimarron Place Health & Rehabilitation Center is licensed for 120 beds, and its current census is 82 residents including 27 skilled patients. Discussed the strong census growth and efforts to motivate the team members through census development. The facility has also seen some recent admissions of residents who transferred to Cimarron Place Health & Rehabilitation from competing facilities.

The facility has two CNA openings at this time. The team has made some adjustments to staffing alongside the growing census. There is also a new maintenance director in place. Discussed working with staff members in efforts to establish strong relationships and employee retention. The facility recently held an event with a snow cone machine for residents and staff to show appreciation. Discussed plans to host similar events throughout the year.

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

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

The facility held its monthly QAPI meeting on January 21. The facility is maintaining its pip addressing falls. Discussed working through some root cause analyses and the administrator reports there have been some improvements following the changes. The facility is also reviewing medical records processes to ensure all tasks are completed correctly.

Infection control efforts are ongoing and there were no reported outbreaks or trends.

Grievances are being actively managed with no trending issues. Discussed working with a family member about supporting a resident's needs with feeding support. Discussed plans to maintain strong communication and ensure all pertinent individuals have proper education and training.

The project updating resident rooms are still ongoing. The work on the 100-hall is complete; the hall is now filled and occupied by residents. The renovations have moved primarily to the 300-hall at this time.

The facility is working on getting a VA contract in place. Discussed working with the medical director and other partners to complete this task.

The administrator has also implemented a partnership with the art museum to plan some projects with the facility. The team has also partnered with Texas A&M University Corpus Christi to have its RN nursing program begin visiting the facility in coming months to facilitate part of the nursing program.

Scott Johnson, Nursing Facility Specialist
Winnie-Stowell Hospital District

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

January 16, 2026

Facility Administrator: Calvin Crosby

At the facility QAPI meeting on 1/16/26, the administrator and other attendees discussed the facility's outcomes from December 2025.

Harbor Lakes Nursing and Rehabilitation Center is licensed for 142 beds, and its current census is 96 residents including 27 skilled patients.

There have not been any visits to the facility by state surveyors.

Harbor Lakes Nursing and Rehabilitation Center has a 5-star rating overall. The facility has a 4-star rating in Health Inspections, a 3-star rating in Staffing, and a 5-star rating in Quality Measures.

The interdisciplinary team reviewed clinical systems and quality measures. Discussed focus on fall prevention, wounds, and RTA rates. The medical director attended the QAPI meeting and was collaborative in care discussions.

The facility reported there has been non-compliance with fall prevention efforts amongst some residents. Discussed methods to encourage compliance and provide one-on-one education and training when possible. The team is also encouraging residents to attend activities as another means to have positive engagement and involvement of staff with residents. The interdisciplinary team also discussed documentation for clinical systems, care plans, and interventions.

The facility reviewed wounds observed during the reporting period. The facility reported three total wounds which is slightly over its benchmark for this metric. Discussed interventions and efforts to heal wounds.

The team reviewed recent RTAs and discussed root causes of issues leading to readmissions. Discussed opportunities to increase the skillset and education of staff to reduce any avoidable readmissions.

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Red Oak Health and Rehabilitation Center
101 Reese Drive
Red Oak, TX 74154

January 14, 2026

Facility Administrator: Lee Richard

Red Oak Health and Rehabilitation Center is licensed for 144 beds, and its current census is 108 residents including 8 skilled patients. There are plans for two discharges and two admissions. The administrator is anticipating continued census growth throughout 2026. Discussed the positive impact star rating improvements have played on census development over the last month.

The facility is seeking several staff members at this time. Discussed openings for thirteen CNAs, three charge nurses, and one CMA. Discussed interviewing processes and ensuring candidates are interviewed and onboarded promptly where appropriate. There are some reported challenges with low numbers of candidates applying to openings. Discussed plans to market the facility's employment opportunities to various groups in the community. There is no agency staffing utilization and all openings are being covered with PRN and fulltime staff members.

The state visited the facility to investigate a complaint. All reasons for investigation were unsubstantiated. There are no new self-reports at this time. The facility is in its annual fullbook survey window. Discussed survey readiness efforts and review of previous survey activity and findings.

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

The facility will have its monthly QAPI meeting this afternoon. Fall prevention and staffing continue to be primary focus areas. Discussed best practices to consider for fall prevention and employee recruitment.

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

Grievances are being managed well and the facility works to resolve issues promptly. The administrator did not report any trends in grievances. Discussed the importance of setting expectations and having clear communication.

Scott Johnson, Nursing Facility Specialist
Winnie-Stowell Hospital District

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

January 20, 2026

Facility Administrator: Bobby Simpkins

Silver Spring is licensed for 120 beds, and its current census is 88 residents including 20 skilled patients. The facility recently hit a record census of 97 residents. The current ADC is 93 residents. There have been several skilled discharges of residents who completed their plan of care. The facility's new target budget census is 88 residents. The facility has four residents in the hospital and three are expected to readmit soon. There are also three pending admissions awaiting hospital discharge.

The facility is seeking four CNAs. There is one CNA who is expected to start next month. There is another opening for a weekend RN supervisor. The new housekeeping manager has been doing well and has helped stabilize their department's staff.

There have not been any state visits and there are no new self-reports. Discussed survey readiness efforts and remaining prepared for visits by state surveyors.

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

The facility held its monthly QAPI meeting last month. The facility is continuing with its PIP addressing medical records and completion of death records in TULIP. The facility is still watching falls as well.

There was one case of the flu which has already resolved. Discussed utilizing proper precautions when managing illness and infections.

The dietary department under Sonderbloom has also been going through some changes. Discussed turnover of the manager who quit without notice. The facility is reviewing some processes to improve data collection and data entry regarding residents' meal preferences. There have been some grievances related to dietary services, but the recent changes in the

department are showing improvement. The facility managers have also been receiving compliments as well due to their involvement in supporting meal service.

The facility has started painting the walls on the northside of the building to have the same coloring throughout the building.

Scott Johnson, Nursing Facility Specialist
Winnie-Stowell Hospital District

Gulf Pointe Plaza
1008 Enterprise Blvd.
Rockport, TX 78382

January 13, 2026

Facility Administrator: Michael Higgins

Gulf Pointe Plaza is licensed for 120 beds, and its current census is 71 residents including 10 skilled patients. The facility's census has been in the mid-70s recently. There are five referrals under review at this time. Discussed challenges reported at the hospital which is impacting the regular flow of patients through hospital units.

The facility is seeking six CNAs at this time, but the team is filling vacant positions with PRN staff. There is also an opening for one nurse. The facility increased its sign-on bonuses and have added a driving incentive for staff who are geographically located far from the facility. Discussed progress with the facility in efforts to partner with a local nursing program as a partner facility for clinical training and the potential access to new staff members as the students complete their program.

The facility hasn't had any recent visits by state surveyors. There are no new self-reports at this time.

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

The facility will have its monthly QAPI meeting next week. Gulf Pointe Plaza reported success meeting indicators in all QIPP Measure Components. The team is continuing to monitor falls. The administrator reported continued progress and successful outcomes with pressure ulcers. There were no new PIPs reported at this time.

There are no outbreaks at this time, and the administrator reports there are no trends under infection control or grievances.

The facility will begin a painting project this Friday. The facility will start in the lobby and proceed throughout the building in order to update and match the paint colors. The facility expects to re-tile another shower soon as well.

Scott Johnson, Nursing Facility Specialist
Winnie-Stowell Hospital District

Arbrook Plaza
401 West Arbrook Blvd.
Arlington, TX 76014

January 27, 2026

Facility Administrator: Jodi Scarbro

Arbrook Plaza is licensed for 120 beds, and its current census is 96 residents including 29 skilled patients. There were four notices of non-coverage issued over the weekend which were recently appealed by the affected skilled patients. One of these appeals was approved to extend their stay and coverage. There are roughly fifteen referrals under review for potential admission.

The facility is seeking two double weekend nurses but has one nurse planned to start orientation tomorrow for one of these openings. There are three CNA openings as well. Discussed maintaining appropriate coverage while the facility is recruiting new team members.

The state visited the facility to conduct its annual fullbook survey two weeks ago. The facility received five low-level tags in its health survey. All findings and feedback from the health survey have been addressed and in-services have been completed. The life safety portion of the survey went very well with a handful of minor findings. The facility is awaiting receipt of its 2567 and will have the POC for all findings completed promptly.

The administrator submitted two self-reports last week. The first was related to a resident who fell with an injury and the second was due to a COVID outbreak which occurred in the facility.

Arbrook Plaza has a 3-star rating overall. The facility has a 3-star rating in Health Inspections, a 1-star rating in Staffing, and a 5-star rating in Quality Measures.

Discussed the facility's QA review and QAPI process. Discussed efforts by the interdisciplinary team to re-educate and in-service staff according to feedback from the recent fullbook survey.

The COVID outbreak has been contained well with only six residents and one staff member who have tested positive. Discussed using proper precautions and expectations to close the outbreak next Monday if all continues to progress well.

Grievances are being managed with no trends reported.

Discussed weather preparations and ensuring staff were available to work this past weekend through the freezing weather. Discussed helping some of the staff with transportation to and from the building.

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Scott Johnson, Nursing Facility Specialist
Winnie-Stowell Hospital District

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

January 27, 2026

Facility Administrator: Matt Mewborn

Treviso Transitional Care Center is licensed for 140 beds, and its current census is 108 residents including 31 skilled patients. Discussed plans to continue growing the census and maximizing more of the facility's licensed beds. The administrator has been reviewing which rooms have been treated as private rooms so far and making adjustments as appropriate for more shared rooms. Discussed ongoing regional business development rounds and feedback from these interactions.

The facility is seeking four CNAs and two nightshift nurses. Discussed continued efforts to collaborate with local CNA and nursing programs. The administrator plans to attend a CNA course graduation soon to present about employment opportunities. Discussed plans to improve overtime utilization this year as well.

There was a visit to the facility by a state surveyor to investigate two complaints. All reasons for investigation were unsubstantiated.

Treviso Transitional Care Center has a 1-star overall rating. The facility has a 1-star rating in Health Inspections, a 1-star rating in Staffing and a 4-star rating in Quality Measures. Discussed plans to push for a 3-star rating overall this year. The facility will be able to join local networks once the star rating improvement is achieved.

The facility held its monthly QAPI meeting and discussed opportunities for improvement with the interdisciplinary team and medical director. Discussed timeliness of signing orders and getting authenticators working to support these processes. The team is still watching falls, infection control, and skins.

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

There were some men who came to the building to help transport staff to and from work through the recent freeze. The administrator also put a few staff members up in the hotel down the street to ensure staff would be available for their shifts.

The flooring and trim work in the building has been completed. The administrator expects to continue working on furniture updates with a vendor next week. Discussed making some office changes to make some processes more efficient.

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Scott Johnson, Nursing Facility Specialist
Winnie-Stowell Hospital District

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

January 19, 2026

Facility Administrator: Dylan Gadberry

Forum Parkway Health & Rehabilitation is licensed for 139 beds, and its current census is 87 residents including 20 skilled patients. There were several discharges over the weekend, but the facility has a strong amount of referrals under review at this time.

The administrator reported his last day of employment at the facility will be this Friday. The new administrator has been identified and will be transferring to Forum Parkway Health & Rehabilitation from a sister facility. The facility's former social worker has returned to manage social services at the facility. There are a few direct care staff openings which are expected to be filled soon.

The state visited the facility to investigate some intakes and all reasons for investigation were unsubstantiated. There are no longer any outstanding self-reports at this time. The facility is prepared for its annual fullbook survey. Discussed ongoing review of prior survey activity and general survey readiness efforts.

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

The facility will hold its monthly QAPI meeting this week. Discussed continued efforts to monitor clinical systems and quality measures as an interdisciplinary team.

Infection control has been steady with no reported trends or upticks in rates.

The facility's generator has been down, and the facility is preparing to have the replacement installed.

Scott Johnson, Nursing Facility Specialist
Winnie-Stowell Hospital District

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

January 29, 2026

Facility Administrator: Martha Paddie

Martha Paddie is the new administrator at Copperas Cove LTC Partners Inc. Her first day of employment was on December 22, 2025.

Copperas Cove LTC is licensed for 124 beds, and its current census is 75 residents. The facility has two residents in the hospital at this time. Discussed recent referrals and census growth increasing from the low 70s.

The facility is seeking one MDS coordinator, one RN weekend supervisor, and two nightshift CNAs. Discussed coverage for these openings until they are filled with fulltime staff. The administrator shared corporate resources being leveraged to support the building's needs as well.

There have not been any visits by state surveyors this month. There were two self-reports submitted regarding abuse and neglect. All internal investigations unconfirmed any abuse or neglect, but the facility still in-serviced staff about relevant topics. Discussed in-servicing regarding gait belt utilization, resident rights, abuse and neglect.

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 3-star rating in Quality Measures.

Discussed the facility's QAPI meetings and processes. The facility started working with a new medical director earlier this month on January 12. The administrator reported the new medical director has more presence in the building and rounds more frequently which has been a benefit to the residents.

The facility currently has a flu outbreak with one staff member and one resident testing positive. Discussed ongoing management, monitoring, and testing being completed in response to these cases of the flu and working to prevent any more positives cases.

Discussed recent freezing weather and efforts to ensure proper staffing was in place. The administrator reports the building has a strong team and she looks forward to strengthening it further.

Scott Johnson, Nursing Facility Specialist
Winnie-Stowell Hospital District

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

January 22, 2026

Facility Administrator: Brittany Smith

At the facility QAPI meeting on 1/22/26, the Administrator and other attendees discussed the facility's outcomes from December 2026.

Winnie L LTC is licensed for 105 beds, and its current census is 42 residents. For the month of December, the facility averaged a census of 41 residents.

The facility reported 58 total employees during the reporting period. The facility reported improvements in the employee turnover rate compared to the prior month from 5% in November down to 2% in December.

The facility submitted two self-reports regarding a resident-to-resident incident, and a resident death. The state already investigated the latter reportable and there were no findings or deficiencies. The facility is preparing to enter its annual fullbook survey window next month.

Winnie L LTC has a 1-star overall rating. The facility has a 2-star rating in Health Inspections, a 1-star rating in Staffing, and a 3-star rating in Quality Measures.

The facility reported eight total falls and two residents who experienced repeat falls. There were also ten total infections during the reporting period.

There was one resident with pressure ulcers, and there were not any residents who experienced significant weight loss this period.

The facility met all its indicator targets under Components 1, 3, and 4. The facility did not meet any of its targets under staffing indicators in Component 2. Discussed ongoing efforts to support staffing improvements and achievement in this component.

Scott Johnson, Nursing Facility Specialist
Winnie-Stowell Hospital District

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

January 14, 2026

Facility Administrator: Lorraine Haynes

The Villa at Texarkana is licensed for 120 beds, and its current census is 96 residents. The facility saw steady census growth through the end of 2025. The average census during 2025 was 91 residents.

Staffing efforts are going well with some turnover which has been managed without utilizing agency staffing. The administrator reported that all manager positions are filled.

The facility is waiting for the state to conduct its annual fullbook survey. Discussed continued preparations for fullbook and ongoing review of the facility's systems. There has not been any state activity or visits this month.

The Villa at Texarkana has a 5-star rating overall. The facility has a 4-star rating in Health Inspections, a 3-star rating in Staffing, and a 5-star rating in Quality Measures.

The facility's monthly QAPI meeting will be held soon. The team is continuing to closely monitor hiring and onboarding processes. The administrator is playing an active role to ensure all hiring requirements are completed before new staff members work any shifts. Discussed adjustments made to time adjustment request processes and immediate improvements observed.

There are no outbreaks or trends related to infection control at this time. The administrator discussed the facility's commitment to its infection control policies and ensuring proper precautions are used at all times.

The facility's renovation work is continuing, and the work in the bathrooms is nearing completion.

Scott Johnson, Nursing Facility Specialist
Winnie-Stowell Hospital District

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

January 19, 2026

Facility Administrator: Isaiah Ramirez

At the facility QAPI meeting on 1/19/26, the Administrator and other attendees discussed the facility's outcomes from December 2025.

Parkview Manor Nursing & Rehabilitation is licensed for 94 beds, and its current census is 38 residents. For the month of December, the facility averaged a census of 38 residents.

The facility reported 22 total employees and a 10% turnover rate during the reporting period.

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. Discussed working with the MDS and nursing departments to make appropriate adjustments with processes to support improving outcomes and increasing star ratings.

The facility reported there were nineteen total falls and five residents who experienced repeat falls during the reporting period. Discussed the performance improvement plan addressing falls and fall prevention programs.

The facility reported two residents with pressure ulcers, and seven residents who experienced significant weight loss. Discussed the ongoing performance improvement plan addressing weights.

The facility met its indicator targets for urinary tract infections and antipsychotic medications under Component 1. The facility is looking to work with the quality monitoring program to have their falls program reviewed for feedback and support.

The facility did not meet any of its staffing targets under Component 2. Discussed staff recruitment and retention best practices.

All three indicator targets were met in Component 3.

The facility met its target for catheter left in bladder under Component 4 but did not meet its target for pressure ulcers. Discussed progress with wounds healing so far in January.

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Scott Johnson, Nursing Facility Specialist
Winnie-Stowell Hospital District

Gracy Woods Nursing Center
12021 Metric Blvd
Austin, TX 78758

January 28, 2026

Facility Administrator: Heather Devine

Gracy Woods Nursing Center is licensed for 122 beds, and its current census is 97 residents including 6 skilled patients. There are no planned discharges at this time, but two potential admissions this week. Discussed some seasonal increases in the census this month.

The facility has made several successful hires. There is only one nurse and one CNA open at this time. The facility is leveraging PRN staff to provide coverage for the current openings.

The state visited the facility to conduct its annual fullbook survey at the end of December. The facility received two D-tags and one E-tag. The findings were related to dating and labeling in the kitchen, documenting discharge details, and a careplan finding. The recent fullbook survey counts as a good survey for the special focus designation. The facility needs to have another successful survey in six months to graduate from the special focus designation.

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 discussed its ongoing rapid response monitoring with the state. This program will continue to work with the facility during upcoming months. The facility is expected to graduate in March since it has met the majority of the requirements. The QAPI meetings have been focused on following the rapid response team's feedback and improving related systems.

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

The facility will be receiving two new washers and two new dryers for the laundry department soon.

The facility is still renting a generator until the main generator is fixed next week. The facility's bus will also have its battery replaced on Monday. While the bus has been down, the facility has been using a third-party company to facilitate transportation.

The facility did well responding to the recent cold weather. The team completed a drill ahead of time and was prepared. The team has included a fire drill to be scheduled on the day of each new staff member orientation so that new team members have a fire drill to participate in upon hire.

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Winnie-Stowell Hospital District

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

January 15, 2026

Facility Administrator: Wanda Ledford

Garland Nursing and Rehabilitation is licensed for 122 beds, and its current census is 78 residents. The census was recently in the low 80s. The facility has one discharge of a resident today who has been in the facility as a respite patient. There are two other potential admissions this week.

Staffing efforts have been well with no reported problems. The facility has great pool of RN nurses. The team hired an RN ADON recently who the administrator has worked with in the past.

The facility had a visit by the state to investigate a self-report and three complaints. All reasons for investigation were unsubstantiated. There is only one outstanding self-report at this time due to a resident-to-resident incident on the secure-unit.

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

The facility's monthly QAPI meeting will be on Monday. The facility recently had a mock survey and the interdisciplinary team will be focusing on feedback from the survey to strengthen target areas. Discussed plans to implement PIPs in various departments including HR and maintenance.

Infection control efforts are going well at this time. There were two cases of COVID on different parts of the building, but both have recovered and no other residents or staff have been ill.

Discussed promptly addressing grievances to make sure they are resolved. Discussed the importance of effective communication with residents and family members.

The facility will be hosting a monthly fine dining event. The residents' family members are invited to attend a dinner with the residents once a month. The facility's managers will serve the meal and take the opportunity to become better acquainted with residents and their families.

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

FACILITY INFORMATION

Park Manor Westchase is a 125-bed facility with a current census of 100: (8) MC; (17) HMO; (9) PP; (56) MDC; (10) Hospice; (0) VA. Their overall star rating is 1 and Quality Measures star rating is 4.

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

The facility celebrates all major holidays including Thanksgiving and Christmas with families participating. The Administrator reports the facility continues outings for fishing and shopping at Walmart 2x per month. The DON reports the facility will have celebrations for Mardi Gras, St. Patrick's Day and Valentines Day.

The Administrator reports the facility still has employee of the month and the MAD Genius program with prizes or cash. The DON reports the facility also provides food every month during staff meetings for all staff appreciation. The facility has implemented daily staff huddles that appear to be going over well. The facility recently celebrated staff birthdays and they had a Christmas party for the staff offsite and onsite with gifts.

EDUCATION PROVIDED

- Reviewed QIPP year 9 –Data collection for QTR 2 ended 12/31/2025. Currently meeting 2 of the 4 components with PIPs in place.
- Infection Control - Administrator educated on highlights of final rule, including the change in how Star rating is to be calculated. Slides from Simple webinar provided.

SURVEY INFORMATION

The facility had state in the building twice in November to review 4 self-reports and investigate 5 complaints and all were unsubstantiated.

REPORTABLE INCIDENTS

OCT/NOV/DEC 2025 -The facility had 3 self-reports and 5 complaints (most from same resident) that were unsubstantiated, no citations.

CLINICAL TRENDING -OCT/NOV/DEC 2025

Incidents/Falls:

PM Westchase reported - 55 total falls without injury and 6 falls with injury, with 11 repeat falls, 8 skin tears, 0 bruises, 2 fractures, 2 behaviors, 0 Lacerations and 0 Elopements.

Infection Control:
PM Westchase reported a total of 55 infections- 15 UTI's; 10 Respiratory infections; 1 GI infection; 7 EENT infections, 5 Wound infections, 2 Blood infections, 0 Genital infections and 15 Other infections.

Weight loss:
PM of Westchase reported - 11 residents with 5% in 1 month or less weight loss and 0 residents with greater than 10% weight loss in 6 months. PIP in place.

Pressure Ulcers:
PM of Westchase reported - 20 residents with pressure ulcers, totaling 25 sites, 2 of them facility acquired. PIP in place.

Restraints:
PM of Westchase is a restraint free facility.

Staffing: **No open positions at this time**

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

Total number employees: 115 Turnover rate%: 58% for 2025

Casper Report:

Indicator	Current %	State %	National %	Comments/PIPs
Percent of residents who used antianxiety or hypnotic medication (L)	4.2%	7.5%	7.4%	*Below benchmarks*
Fall w/Major Injury (L)	1.1%	3.4%	3.4%	*Below benchmarks*
UTI (L)	0%	1.0%	1.9%	*Below benchmarks*
High risk with pressure ulcers (L)	2.54%	4.9%	5.8%	*Below benchmarks*
Loss of Bowel/Bladder Control(L)	12.5%	15.2%	20.2%	*Below benchmarks*
Catheter(L)	0.0%	0.00%	0.6%	*Below benchmarks*
Physical restraint(L)	0.0%	0.1%	0.1%	*Below benchmarks*
Residents whose ability to walk independently worsened (L)	9.5%	19.2%	17.6%	*Below benchmarks*
Excessive Weight Loss(L)	0.0%	3.3%	5.4%	*Below benchmarks*
Depressive symptoms(L)	2.6%	3.0%	12.6%	*Below benchmarks*
Antipsychotic medication (L)	0.0%	1.6%	1.8%	*Below benchmarks*

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

_____

# of GDR ATTEMPTS in the month: How many successful?
# of Anti-anxiety (attempts___6__ successful__4__failed___2__)
# of Antidepressants (attempts___4 3__ successful__failed_____1__)
# of Antipsychotic (attempts__4__ successful_4_failed__0__)
# of Sedatives (attempts__6__successful__6__failed__0__)

_____

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

- **SOCIAL SERVICES: NUMBER/TYPE OF GRIEVANCES (RESOLVED OR NOT)-** October – 38 grievances – all resolved; November – 19 grievances – all resolved; December – 25 grievances all resolved

TRAUMA INFORMED CARE IDENTIFIED: N/A

ACTIVITIES PIP/CONCERNS: None

DIETARY PIP/CONCERNS: N/one

ENVIRONMENTAL SERVICES PIP/CONCERNS: None

MAINTENANCE PIP/CONCERNS: None

MEDICAL RECORDS/ CENTRAL SUPPLY PIPS/CONCERNS: Clear backlog of records

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	3.43%	2.52%%	0.00%	Y	Met benchmark
Metric 2: (CMS N024.02) Percent of residents with a urinary tract infection	1.08%	0.32%	0.00%	y	Met benchmark
Metric 3: (CMS N029.03) Percent of residents who lose too much weight	2.00%	0.00	0.00%	y	Met benchmark
Metric 4: (CMS N031.04) Percent of residents who received an antipsychotic medication	5.58%	3.58%	4.00%	Y	Met benchmark
Metric 5: (CMS N035.04) Percent of residents whose ability to walk	10.83%	8.83%	14.29%	No	PIP

independently worsened					

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

Indicator Payroll Based Journal (PBJ) - Staffing Measure in Hours Per Resident Day (HPRD)	**National Benchmark Met Y/N**	**Baseline Target**	**Performance Target of 1% improvement**	**Results**	**Met Y/N**	**Comments**
Metric 1: Reported Certified Nursing Assistant (CNA) HPRD 60% weighted	**2.26 – NO**	**2.22**		**2.03**	**NO**	No directive from corporate
Metric 2: Reported Licensed Nursing HPRD 85% weighted	**1.17 – NO**	**1.22**		**1.14**	**NO**	
Metric 3: Reported Total Nursing Staff HPRD 100% weighted	**3.31 – No**	**3.44**		**3.17**	**NO**	
In case of audit: Did NF maintain 4 additional hours (*non-managerial*) of RN staffing coverage per day, beyond the CMS mandate?				Yes		
• Additional hours provided by direct care staff?				YES		
Did NF maintain 8 additional hours (*non-managerial*) of RN staffing coverage per day, beyond the CMS mandate?				YES		
• 8 additional hours non-concurrenty scheduled?				YES		
• Additional hours provided by direct care staff?				YES		
• Telehealth used?				YES		
NFs provided 12 or 16 hours of RN coverage, respectively, on at least 90 percent of the days within the reporting period?				YES		
• Agency usage or need d/t critical staffing levels				None		

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	9.01%	8.19%	2.67%	y	n/a

Metric 2: (CMS N036.03) Percent of residents who used antianxiety or hypnotic medication	19.69%	12.54%	9.21%	y	n/a
Metric 3: (CMS N046.01) Percent of residents with new or worsened bowel or bladder incontinence	23.06%	11.50%	7.63%	y	n/a

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

Indicator	State Benchmark	Baseline Target	Results	Met (5% Improvement) Y/N	Comments
Metric 1: (CMS N045.01) Percent of residents with pressure ulcers	4.59%	4.39%	5.17%	No	PIP
Metric 2: (CMS N026.03) Percent of residents who have/had a catheter inserted and left in their bladder	1.00%	0.30%	0.00%	Y	n/a

Administrator: David Holt
DON: Tina Cook, RN

FACILITY INFORMATION

Park Manor South Belt is a 120-bed facility with a current census of 104: (12) MC; (31) HMO; (8) PP; (52) MDC; (0) Hospice. Their overall star rating is 4 and Quality Measures star rating is 4.

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

The facility had a Labor Day party, and they had breast awareness day yesterday with education and food and they will be having a party for Halloween with costumes and candy. The facility had a luncheon with family for Thanksgiving, and they had a luncheon again for Christmas as well as a day with Santa and gifts and entertainment. The DON reports that they also had a New Year's Eve party and a program for MLK day. The facility is planning something for Mardi Gras and Valentine's Day.

The DON reports the facility continues with a monthly meal for all staff and they also have employee of the month. The facility also has the Mad Genius program with tokens for going above and beyond and their CNA was just nominated for employee of the year for the entire company (car is prize). The facility had a Christmas party for the staff with gifts and Italian food.

EDUCATION PROVIDED

- Reviewed QIPP year 9 –Data collection for QTR 2 ended 12/31/2025. The facility is currently meeting 4 of the 4 components.
- Infection Control – Handwashing and documenting when it is done.

SURVEY INFORMATION – the state came to the facility in November to review a self-report and they received 2 low level tags, and they came back in December to clear it and the POC has been submitted but they are still waiting for the state to accept it. The state is in the building today to investigate a complaint.

REPORTABLE INCIDENTS

The facility had 1 self-report resulting in 2 D tags unrelated to the self-report **Oct/Nov/Dec 2025**.

CLINICAL TRENDING OCT/NOV/DEC 2025

Incidents/Falls:

Park Manor of South Belt had 65 total falls (41 repeat), of which 0 resulted in injury. They had 14 Skin Tears, 1 Laceration, 0 Fractures, 0 Elopements, 0 Bruises and 0 Behaviors.

Infection Control:

Park Manor of South Belt reports 268 total infections: 94 UTIs; 53 Respiratory; 33 Wound; 0 EENT; 0 Blood infections; 5 GI infections; 0 Genital infections and 83 Other infections. Several of these were community acquired.

Weight loss:

Park Manor of South Belt had 13 residents with 5-10% weight loss in 1 month and 0 residents with >10% weight loss in 6 months. The facility has a PIP in place for this measure.

Pressure Ulcers:

Park Manor South Belt reported 45 residents with 72 total pressure ulcers and 8 were facility acquired and there is a PIP in place.

Restraints:

Park Manor of South Belt is a restraint free facility.

Staffing:

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

Total number employees: 100 Turnover rate%: 3.0%

CASPER REPORT

Indicator	Current %	State %	National %	Comments/PIPs
Percent of residents who used antianxiety or hypnotic medication (L)	2.3%	9.5%	7.4%	
Fall w/Major Injury (L)	1.5%	3.4%	3.4%	
UTI (L)	1.5%	1.0%	1.9%	
High risk with pressure ulcers (L)	7.1%	4.9%	5.8%	2 and 1 person is now deceased (stays on for 180 days)
Loss of Bowel/Bladder Control(L)	9.4%	15.2%	20.2%	
Catheter(L)	0%	0%	1.2%	
Physical restraint(L)	0%	0.1%	0.1%	
Residents whose ability to walk independently worsened (L)	0%	19.2%	17.6%	
Excessive Weight Loss(L)	0%	3.3%	5.4%	
Depressive symptoms(L)	0%	3.0%	12.6%	
Antipsychotic medication (L)	0%	1.6%	1.8%	

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

# of GDR ATTEMPTS in the month: How many successful?
# of Anti-anxiety (attempts 0 successful 0 failed 0)
# of Antidepressants (attempts 3 successful 3 failed 0)
# of Antipsychotic (attempts 0 successful 0 failed 0)
# of Sedatives (attempts 3 successful 3 failed 0)

DIETICIAN Recommendation concerns/Follow Up? Weekly recommendations addressed.

SOCIAL SERVICES: NUMBER/TYPE OF GRIEVANCES (RESOLVED OR NOT) - **October**- 4 grievances: 1-Resident Care, 3-Customer Service; **November**- 13 grievances: 6-Resident Care,1 w/c too big, 1 maintenance, 2-rehab, 1 - missing item, 1- food concern, 1 - would like to see administrator more; **December**- 25 grievances: 8 Other 1 dialysis, 1 no briefs, 2 staff noise, 1 medical records,2 laundry 1 unclean shower. 14 Care- 3 call lights, 1 sleep aide, 1 Rehab,1 positioning 3 medication concerns, 1 shower 1 wanted to see M.D. 2 various concerns, 1 C.N.A. discourteous. 1 Missing item, 1 Food Concern, 1 Housekeeping concern. All grievances were resolved and activity director educated on grievances and requests

TRAUMA INFORMED CARE IDENTIFIED: None

ACTIVITIES PIP/CONCERNS: None

DIETARY PIP/CONCERNS: None

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

MAINTENANCE PIP/CONCERNS: Routine Maintenance

MEDICAL RECORDS/ CENTRAL SUPPLY PIPS/CONCERNS: None

MDS PIPS/CONCERNS: None

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

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

Indicator	State Benchmark	Baseline Target	Results	Met (5% improvement) Y/N	Comments
Metric 1: (CMS N013.02) Percent of residents experiencing one or more falls with major injury	3.28%	2.19%	1.89%	Y	
Metric 2: (CMS N024.02) Percent of residents with a urinary tract infection	0.84%	0%	0%	Y	

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

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

Indicator Payroll Based Journal (PBJ) - Staffing Measure in Hours Per Resident Day (HPRD)	**National Benchmark Met Y/N**	**Baseline Target**	**Performance Target of 1% improvement**	**Results**	**Met Y/N**	**Comments**
Metric 1: Reported Certified Nursing Assistant (CNA) HPRD 60% weighted	**2.32%**	**1.84%**	**1.89%**		**N**	
Metric 2: Reported Licensed Nursing HPRD 85% weighted	**1.23%**	**1.25%**	**1.38%**		**Y**	
Metric 3: Reported Total Nursing Staff HPRD 100% weighted	**3.86%**	**3.09%**	**3.27%**		**Y**	
In case of audit: Did NF maintain 4 additional hours (*non-managerial*) of RN staffing coverage per day, beyond the CMS mandate?						
• Additional hours provided by direct care staff?						
Did NF maintain 8 additional hours (*non-managerial*) of RN staffing coverage per day, beyond the CMS mandate?						
• 8 additional hours non-concurrenty 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	2.67%	0.67%	0%	Y	
Metric 2: (CMS N036.03) Percent of residents who used antianxiety or hypnotic medication	15.13%	13.13%	11.76%	Y	
Metric 3: (CMS N046.01) Percent of residents with new or worsened bowel or bladder incontinence	17.22%	15.22%	11.11%	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%	5.76%	5.26%	Y	
Metric 2: (CMS N026.03) Percent of residents who have/had a catheter inserted and left in their bladder	.89%	.28%	0%	Y	

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

FACILITY INFORMATION

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

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

The Administrator reports the facility is currently COVID_19 free.

The facility tries to provide regular outings to the store and for Bingo when transportation is available. The facility is having an indoor picnic today and they had a sit-down dinner with families for Thanksgiving. For Christmas the facility had a party with entertainment and finger foods. The facility is planning events for St. Patrick's Day and Valentines Day.

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

EDUCATION PROVIDED

- Reviewed QIPP year 9 –Data collection for QTR 2 ended 12/31/2025. The facility is currently meeting 3 of the 4 components with a PIP in place for Falls, Weight Loss, and Anti-psychotics and they continue working with corporate for component 2.
- Infection Control – Hand washing and documenting when they do it.

SURVEY INFORMATION

Administrator reports the facility had the state in the building in October for a complaint investigation on delay in care and they received an IJ. The state came back in November and December to review self-reports that were all unsubstantiated. The facility is currently in their full book window.

REPORTABLE INCIDENTS

In **July/August/September 2025-** The facility had 5 self-reports and 1 is still pending.

CLINICAL TRENDING FOR OCT/NOV/DEC 2025

Incidents/Falls:

Park Manor of Tomball – Information not provided.

Infection Control:
Park Manor of Tomball reports – Information not provided

Weight loss:
Park Manor of Tomball reported weight loss: Information not provided

Pressure Ulcers:
Park Manor of Tomball had – Information not provided

Restraints:
Park Manor of Tomball is a restraint free facility.

STAFFING COMPONENT: Information not provided

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

Total number employees: _____ Turnover rate%: ___

CASPER REPORT: Information not provided

Indicator	Current %	State %	National %	Comments/PIPs
Percent of residents who used antianxiety or hypnotic medication (L)	%	%	%	
Fall w/Major Injury (L)	%	%	%	
UTI (L)	%	%	%	
High risk with pressure ulcers (L)	%	%	%	
Loss of Bowel/Bladder Control(L)	%	%	%	
Catheter(L)	%	%	%	
Physical restraint(L)	%	%	%	
Residents whose ability to walk independently worsened (L)	%	%	%	
Excessive Weight Loss(L)	%	%	%	
Depressive symptoms(L)	%	%	%	
Antipsychotic medication (L)	%	%	%	

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

# of GDR ATTEMPTS in the month: How many successful?
Information not provided
# of Anti-anxiety (attempts____ successful ___failed____)
# of Antidepressants (attempts__ successful__ failed__)
# of Antipsychotic (attempts__ successful __failed
# of Sedatives (attempts__ successful__ failed_____)

SOCIAL SERVICES: NUMBER/TYPE OF GRIEVANCES (RESOLVED OR NOT)- 14 all resolved

TRAUMA INFORMED CARE IDENTIFIED: NA

DIETICIAN Recommendation concerns/Follow Up? Meet weekly, new dietician 2 months ago, no concerns

ACTIVITIES PIP/CONCERNS: Offering more activities to male residents has improved (cornhole & non-alcohol happy hour weekly)

DIETARY PIP/CONCERNS: Concern about weight loss but improved with new RD

ENVIRONMENTAL SERVICES PIP/CONCERNS : None

MAINTENANCE PIP/CONCERNS: older building and fixtures; replacing and repairing as they come up; adding a ladder on roof next to kitchen hood vents as requested by fire dept.

MEDICAL RECORDS/ CENTRAL SUPPLY PIPS/CONCERNS: cost needs to go down on CS have improved but still working on it

MDS PIPS/CONCERNS: None

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

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

Indicator	State Benchmark	Baseline Target	Results	Met (5% improvement) Y/N	Comments
Metric 1: (CMS N013.02) Percent of residents experiencing one or more falls with major injury	%	%	%		**Information not provided**
Metric 2: (CMS N024.02) Percent of residents with a urinary tract infection	%	%	%		
Metric 3: (CMS N029.03) Percent of residents who lose too much weight	%	%	%		
Metric 4: (CMS N031.04) Percent of residents who received an antipsychotic medication	%	%	%		
Metric 5: (CMS N035.04)	%	%	%		

Percent of residents whose ability to walk independently worsened					

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

Indicator Payroll Based Journal (PBJ) - Staffing Measure in Hours Per Resident Day (HPRD)	**National Benchmark Met Y/N**	**Baseline Target**	**Performance Target of 1% improvement**	**Results**	**Met Y/N**	**Comments**
Metric 1: Reported Certified Nursing Assistant (CNA) HPRD 60% weighted						**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 (*non-managerial*) of RN staffing coverage per day, beyond the CMS mandate?						
• Additional hours provided by direct care staff?						
Did NF maintain 8 additional hours (*non-managerial*) of RN staffing coverage per day, beyond the CMS mandate?						
• 8 additional hours non-concurrenty 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	%	%	%		**Information not provided**
Metric 2: (CMS N036.03) Percent of residents who used antianxiety or hypnotic medication	%	%	%		
Metric 3: (CMS N046.01) Percent of residents with new or worsened bowel or bladder incontinence	%	%	%		

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

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

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

FACILITY INFORMATION

Park Manor Humble is a 125-bed facility with a current census of 92: 3 PP, 2 MCR, 50 MCD, 18 HMO, 3 Hospice and 16 VA. Their overall star rating is 3 and their Quality Measures rating is 5.

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

The Administrator reports that the facility had a Thanksgiving dinner including families and they had a Christmas party and volunteer groups came on Christmas day to pass out gifts and elementary class gave all the residents cards. The Administrator reports the facility continues with extra transports (2 per month), bowling, Walmart, restaurants, aquarium and to a giant thrift store. Trying to set up outings to a casino and an Astros game.

The Administrator reports the facility has a Director of Talent and the facility continues to follow the AHCA calendar for recognizing each department. The facility celebrated Christmas with catered seafood and chicken, gifts (biggest was a 65-inch TV) for the staff.

EDUCATION PROVIDED

- Reviewed QIPP year 9 – Data collection for QTR 2 ended 12/31/2025. The facility is currently meeting 2 of the 4 components. The facility has a PIP and working with corporate on component 2.
- Infection Control – Handwashing and documenting when it is done.

SURVEY INFORMATION

The Administrator reports the facility had the state in the building in December to investigate 11 self-reports and they were all unsubstantiated. The facility is currently in their full book window.

REPORTABLE INCIDENTS

Oct/Nov/Dec 2025 – 0 self-reports.

CLINICAL TRENDING OCT/NOV/DEC 2025

Incidents/Falls:

Park Manor of Humble had 35 total falls without injury (6 repeat falls) and 4 falls with injury, 1 received a skin tear, 0 Elopements, 0 Fractures, 0 Lacerations, 1 behavior and 0 bruises.

Infection Control:

Facility reports 97 total infections – 34 UTI's; 5 Respiratory infections; 8 EENT infections; 15 Blood infections; 12 Wound infections; 0 Genital infections, 22 GI infections and 3 Other infections and there is a PIP in place for infections.

Weight loss:
Park Manor of Humble reported Weight loss information to include 8 total residents with weight loss. Of which 7 has a loss of 5-10% and 1 with a > 10% loss.

Pressure Ulcers:
There were 45 residents with 60 pressure ulcer sites – 2 acquired in house.

Restraints:
Park Manor of Humble is a restraint free facility.

STAFFING COMPONENT:

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

Total number employees: _89_____ Turnover rate%: _104%_____

CASPER REPORT

Indicator	Current %	State %	National %	Comments/PIPs
Percent of residents who used antianxiety or hypnotic medication (L)	6.3%	18.2%	19.6%	
Fall w/Major Injury (L)	2.9%`	3.4%	3.4%	
UTI (L)	0%	1.1%	1.9%	
High risk with pressure ulcers (L)	2.3%	4.9%	5.8%	
Loss of Bowel/Bladder Control(L)	9.8%	15.2%	20.2%	
Catheter(L)	0%	0.6%	1.2%	
Physical restraint(L)	0%	0.1%	0.1%	
Residents whose ability to walk independently worsened (L)	4.5%	19.2%	17.6%	
Excessive Weight Loss(L)	1.6%	3.3%	5.4%	
Depressive symptoms(L)	1.5%	3.0%	12.6%	
Antipsychotic medication (L)	13.0%	10.9%	16.6%	

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

# of GDR ATTEMPTS in the month: How many successful?
# of Anti-anxiety (attempts_5__ successful_3_ failed_2__)
# of Antidepressants (attempts_0__ successful _0__failed__0__)
# of Antipsychotic (attempts _0_ successful _0_ failed_0_)
# of Sedatives (attempts _0__successful _0__failed_0_)

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

SOCIAL SERVICES NUMBER/TYPE OF GRIEVANCES (RESOLVED OR NOT)- 18 Grievances, all resolved.

TRAUMA INFORMED CARE IDENTIFIED: NA

ACTIVITIES PIP/CONCERNS: None

DIETARY PIP/CONCERNS: None

ENVIRONMENTAL SERVICES PIP/CONCERNS: New manager has started, working on linen count, and room cleanliness. Laundry process has improved dramatically.

MAINTENANCE PIP/CONCERNS: None

MEDICAL RECORDS/CENTRAL SUPPLY PIPS/CONCERNS: None

MDS PIPS/CONCERNS: None

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

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

Indicator	State Benchmark	Baseline Target	Results	Met (5% improvement) Y/N	Comments
Metric 1: (CMS N013.02) Percent of residents experiencing one or more falls with major injury	1.72%	3.28	1.72%	Y	
Metric 2: (CMS N024.02) Percent of residents with a urinary tract infection	0	0.84	0	Y	
Metric 3: (CMS N029.03) Percent of residents who lose too much weight	0	0.45	0	Y	

Metric 4: (CMS N031.04) Percent of residents who received an antipsychotic medication	8.16	5.11	6.67	N	GDR was completed and numbers should be updating soon.
Metric 5: (CMS N035.04) Percent of residents whose ability to walk independently worsened	10.00	19.48	19.48	Y	

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

Indicator Payroll Based Journal (PBJ) - Staffing Measure in Hours Per Resident Day (HPRD)	**National Benchmark Met Y/N**	**Baseline Target**	**Performance Target of 1% improvement**	**Results**	**Met Y/N**	**Comments**
Metric 1: Reported Certified Nursing Assistant (CNA) HPRD 60% weighted	**Y**	**1.25**	**1.26**	**1.26**	**Y**	
Metric 2: Reported Licensed Nursing HPRD 85% weighted	**1.79**	**1.88**		**1.79**	**N**	
Metric 3: Reported Total Nursing Staff HPRD 100% weighted	**3.16**	**3.85**		**2.88**	**N**	
In case of audit: Did NF maintain 4 additional hours (*non-managerial*) of RN staffing coverage per day, beyond the CMS mandate?						
• Additional hours provided by direct care staff?						
Did NF maintain 8 additional hours (*non-managerial*) of RN staffing coverage per day, beyond the CMS mandate?						
• 8 additional hours non-concurrenty scheduled?						
• Additional hours provided by direct care staff?						
• Telehealth used?						
NFs provided in total 12 or 16 hours of RN coverage, respectively, on at least 90 percent of the days within the reporting period?						
• Agency usage or need d/t critical staffing levels						

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

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

				Y/N	
Metric 1: (CMS N030.03) Percent of residents who have depressive symptoms	1.85%	3.51%	1.85%	Y	
Metric 2: (CMS N036.03) Percent of residents who used antianxiety or hypnotic medication	10.18%	13.98%	5.77%	Y	
Metric 3: (CMS N046.01) Percent of residents with new or worsened bowel or bladder incontinence	8.24%	11.69%	9.80%	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	4.79%	3.64%	4.89%	Y	
Metric 2: (CMS N026.03) Percent of residents who have/had a catheter inserted and left in their bladder	0.00	0.89	2.04%	N	PIP in place

Administrator: Stanley Lira, LNFA, CHC, CCR
DON: Adriane Ruffin, RN
AIT: Ryan Walter

FACILITY INFORMATION

Park Manor Cy-fair is a 120-bed facility with a current overall star rating of 5 (now have a banner at front of building) and 5 in quality measures. The census on the day of the call was 104: PP: 8, MC: 4, MDC: 64, HMO: 26, Hospice: 2.

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

The facility has regular outings to the store and for Bingo. Residents and staff can purchase snacks in a store at the font lobby area (everything is 1.00). The facility had their Thanksgiving and Christmas celebrations for the residents and families, and the Administrator reports they were both a major success.

The Administrator reports the facility has a Director of Talent and continues with a MAD genius program, birthdays, monthly food provisions and they also do employee of the month program. The facility has a monthly celebration for staff and this month it is a food truck. The Administrator reports that the facility had a staff Christmas party with gifts for all of them and a barbeque food truck.

EDUCATION PROVIDED

- Reviewed QIPP year 9 –Data collection for QTR 2 began 12/31/2025. The facility is currently meeting 2 of the 4 components with a PIP in place for all metrics not being met.
- Infection Control – Handwashing and documenting when it is done.

SURVEY INFORMATION

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

REPORTABLE INCIDENTS

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

CLINICAL TRENDING FOR OCT/NOV/DEC 2025

Incidents/Falls:

Park Manor of Cyfair reported - 14 total falls without injury and 12 falls with injury with 3 repeat falls, 3 skin tears, 2 bruises, 0 fractures, 0 behaviors, 1 Laceration and 0 Elopements.

Infection Control:
Park Manor of Cyfair reported a total of 25 infections- 11 UTI's; and 3 Wound infections, 8 Respiratory infections; 0 Blood infections; 0 GI infections; 0 Genital infections; 2 EENT infections and 1 Other infection.

Weight loss:
Park Manor Cyfair reported - 2 residents with 5% in 1 month or less weight loss and 5 residents with greater than 10% weight loss in 6 months. The facility does have a PIP in place for this measure.

Pressure Ulcers:
Park Manor Cyfair reported –12 residents with pressure ulcers, totaling 26 sites, 1 of them facility acquired.

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

Staffing:

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

Total number employees: _121_____ Turnover rate%: 7.0%___

CASPER REPORT Information not provided

Indicator	Current %	State %	National %	Comments/PIPs
Percent of residents who used antianxiety or hypnotic medication (L)	1.9%	7.5%	7.4%	
Fall w/Major Injury (L)	0.0%	3.4%	3.4%	
UTI (L)	0.0%	1.0%	1.9%	
High risk with pressure ulcers (L)	3.5%	4.9%	5.8%	
Loss of Bowel/Bladder Control(L)	8.1%	15.2%	20.2%	
Catheter(L)	0.0%	0.6%	1.2%	
Physical restraint(L)	0.0%	0.1%	0.1%	
Residents whose ability to walk independently worsened (L)	19.9%	19.2%	17.6%	PIP in place
Excessive Weight Loss(L)	1.3%	3.3%	5.4%	
Depressive symptoms(L)	0.0%	3.0%	1.9%	
Antipsychotic medication (L)	0.0%	1.6%	1.8%	

PHARMACY Consultant reports/visit/ med destruction?

# of GDR ATTEMPTS in the month: How many successful?
# of Anti-anxiety (attempts:4 successful: 4 failed: 0)
# of Antidepressants (attempts: 20 successful: 14 Failed: 6)
# of Antipsychotic (attempts: 10 successful: 8 failed 2)
# of Sedatives (attempts: 6 successful: 6 failed: 0)

DIETICIAN Recommendation concerns/Follow Up?

SOCIAL SERVICES: NUMBER/TYPE OF GRIEVANCES (RESOLVED OR NOT)- October: 7; November: 5; December and all resolved

TRAUMA INFORMED CARE IDENTIFIED: None

ACTIVITIES PIP/CONCERNS: None

DIETARY: PIP/CONCERNS: None

ENVIRONMENTAL SERVICES: PIP/CONCERNS: None

MAINTENANCE PIP/CONCERNS: None

MEDICAL RECORDS/ CENTRAL SUPPLY PIPS/CONCERNS: None

MDS PIPS/CONCERNS: None

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

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

Indicator	State Benchmark	Baseline Target	Results	Met (5% improvement) Y/N	Comments
Metric 1: (CMS N013.02) Percent of residents experiencing one or more falls with major injury	3.43%	2.62%	0.0%	Y	
Metric 2: (CMS N024.02) Percent of residents with a urinary tract infection	1.08%	0.0%	2.35%	N	PIP in Place
Metric 3: (CMS N029.03) Percent of residents who lose too much weight	4,61%	1.11%	1.25%	Y	
Metric 4: (CMS N031.04) Percent of residents who received an antipsychotic medication	8.89%	8.04%	3.75%	Y	
Metric 5: (CMS N035.04) Percent of residents whose ability to walk independently worsened	12.73%	14.75%	22.22%	N	PIP in Place

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

Indicator Payroll Based Journal (PBJ) - Staffing Measure in Hours Per Resident Day (HPRD)	**National Benchmark Met Y/N**	**Baseline Target**	**Performance Target of 1% improvement**	**Results**	**Met Y/N**	**Comments**
Metric 1: Reported Certified Nursing Assistant (CNA) HPRD 60% weighted	**2.26**	**1.86**		**1.94**	**Y**	
Metric 2: Reported Licensed Nursing HPRD 85% weighted	**1.23**	**1.25**		**1.21**	**N**	
Metric 3: Reported Total Nursing Staff HPRD 100% weighted	**3.80**	**1.25**		**3.11**	**N/Y**	
In case of audit: Did NF maintain 4 additional hours (*non-managerial*) of RN staffing coverage per day, beyond the CMS mandate?						
• Additional hours provided by direct care staff?						
Did NF maintain 8 additional hours (*non-managerial*) of RN staffing coverage per day, beyond the CMS mandate?						
• 8 additional hours non-concurrenty scheduled?						
• Additional hours provided by direct care staff?						
• Telehealth used?						
NFs provided in total 12 or 16 hours of RN coverage, respectively, on at least 90 percent of the days within the reporting period?						
• Agency usage or need d/t critical staffing levels						

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

Indicator	**National Benchmark**	**Baseline Target**	**Results**	**Met (5% Improvement) Y/N**	**Comments**
Metric 1: (CMS N030.03) Percent of residents who have depressive symptoms	3.44%	1.44%	0.0%	**Y**	
Metric 2: (CMS N036.03) Percent of residents who used antianxiety or hypnotic medication	8.83%	6.83%	9.88%	**N**	PIP in Place

Metric 3: (CMS N046.01) Percent of residents with new or worsened bowel or bladder incontinence	2.00%	0.0%	1.11%	**Y/N**	PIP in Place

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

Indicator	State Benchmark	Baseline Target	Results	Met (5% Improvement) Y/N	Comments
Metric 1: (CMS N045.01) Percent of residents with pressure ulcers	4.59%	6.18%	9.29%	**N**	PIP in Place
Metric 2: (CMS N026.03) Percent of residents who have/had a catheter inserted and left in their bladder	1.08%	1.58%	0.0%	**Y**	

Administrator: Brent Walsh, LNFA
DON: Jodie Naeseth, RN

FACILITY INFORMATION

Friendship Haven is a 150-bed facility with a current overall star rating of 4 and Quality Measures star rating of 4. The census on the date of this report was 111: PP 5; MC 7; MCD 80; HMO 19; Hospice 9.

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

The Administrator reports that the facility celebrated all major holidays, including a Thanksgiving dinner for residents and families and luncheon with Santa and gifts for all the residents with families present for Christmas. The facility is planning a party for Mardi Gras, St. Patrick's Day and Valentine's Day. The facility had baby goats at the facility last week for the residents to hold/feed. The facility still has a singer who comes weekly as well as different churches.

The Administrator reports the facility is fully staffed. The facility has monthly birthday, anniversary and star-of-the-month celebrations for the staff. The Administrator reports the facility continues giving outdoor prizes for their pay day in-services and they have the Mad Genius program. The facility had a Christmas party on site for all staff, and they had more door prizes than ever.

EDUCATION PROVIDED

- Reviewed QIPP year 9 –Data collection for QTR 1 began 7/1/2025. The Administrator reports that the facility is meeting all 4 components.
- Infection Control – Handwashing and documenting when it is done.

SURVEY INFORMATION

The Administrator reports the facility is currently in their full book window and they came in September to clear self-reports and again in December to investigate a complaint and all were unsubstantiated, no citations.

REPORTABLE INCIDENTS

Information for **Oct/Nov/Dec 2025** – no self-reports.

CLINICAL TRENDING OCT/NOV/DEC 2025

Incidents/Falls:

Friendship Haven – 16 total falls without injury and 1 fall with injury with 2 repeat falls, 0 skin tears, 0 bruises, 1 fracture, 0 behaviors, 1 Laceration and 0 Elopements. The facility does have a PIP in place for falls.

Infection Control:
Friendship Haven reported – 44 total infections: 12 UTIs; 9 Respiratory infections, 1 EENT infection, 13 Wound infections, 1 Genital infection, 5 Blood infections, 1 stool infection and 3 Other infections.

Weight loss: - 1 resident with 5-10% weight loss in 1 month and 0 with >10% weight loss in 6 months.

Pressure Ulcers:
Friendship Haven reported – 8 residents with 12 pressure ulcer sites and 2 were acquired in house. The facility does have a PIP in place for this measure.

Restraints:
Friendship Haven does not use side rails or restraints.

***Staffing*: Information not provided**

Current Open Positions						
Shift	**RN**	**LVN**	**Nurse Aide**	**Hskp.**	**Dietary**	**Activity**
6 to 2						
2 to 10						
10 to 6						
Other				1		
# Hired this month	2	2	3			2
# Quit/Fired	1	7	9			1

Total number employees: 131__ Turnover rate%: __13 for December___

CASPER REPORT – Information not provided

Indicator	Current %	State %	National %	Comments/PIPs
Percent of residents who used antianxiety or hypnotic medication (L)	13.9%	18.2%	19.6%	
Fall w/Major Injury (L)	46.5%	43.6%	44.3%	PIP
UTI (L)	0%	1%	1.9%	
High risk with pressure ulcers (L)	1.2%	4.9%	5.8%	
Loss of Bowel/Bladder Control(L)	13.2%	15.2%	20.2%	
Catheter(L)	0%	.06%	1.2%	
Physical restraint(L)	0%	0.1%	0.1%	
Residents whose ability to walk independently worsened (L)	22.7%	19.2%	17.6%	Hospice patients
Excessive Weight Loss(L)	1.3%	3.3%	5.4%	
Depressive symptoms(L)	0%	3%	12.6%	
Antipsychotic medication (L)	0%	1.6%	1.8%	

PHARMACY Consultant reports/visit/ med destruction? Med destruction completed monthly.
# of GDR ATTEMPTS in the month:0 How many successful?
# of Anti-anxiety **(attempts - successful – failed -)**
# of Antidepressants **(attempts – successful – failed -)**
# of Antipsychotic **(attempts – successful – failed -)**
# of Sedatives **(attempts – successful _____failed_____)**

DIETICIAN Recommendation concerns/Follow Up? - Recommendations are reviewed once report is received and followed up with Physician orders if changes are made or necessary for diet changes.

SOCIAL SERVICES NUMBER/TYPE OF GRIEVANCES (RESOLVED OR NOT)- Month of December had 13 official grievances, all resolved.

TRAUMA INFORMED CARE IDENTIFIED: NA

ACTIVITIES PIP/CONCERNS: Administrator to get with Activity Director of 2026 expectation of some new and added variety of activities.

DIETARY: PIP/CONCERNS: None

ENVIRONMENTAL SERVICES PIP/CONCERNS: Facility to get a new EVS Director starting on the 26th, just terminated the EVS Director on Monday 1/12/26 due to poor management and expectations.

MAINTENANCE PIP/CONCERNS: None

MEDICAL RECORDS/ CENTRAL SUPPLY PIPS/CONCERNS: None

MDS PIPS/CONCERNS: Just finished with OIG audit, await results from turning everything in last week.

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	Program Wide Target	Facility Results	Met (5% improvement) Y/N	Comments
Metric 1: (CMS N013.02) Percent of residents experiencing one or more falls with major injury	3.4%	3.28%	0%	Y	
Metric 2: (CMS N024.02) Percent of residents with a urinary tract infection	1%	0.84%	0%	Y	
Metric 3: (CMS N029.03) Percent of residents who lose too much weight	3.3%	4.11%	2.08%	Y	
Metric 4: (CMS N031.04) Percent of residents who received an antipsychotic	7.5%	7.25%	7.02%	Y	

medication					
Metric 5: (CMS N035.04) Percent of residents whose ability to walk independently worsened	19.2%	18.06%	23.08%	N	

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

Indicator Payroll Based Journal (PBJ) - Staffing Measure in Hours Per Resident Day (HPRD)	**National Benchmark Met Y/N**	**Program Wide Target**	**Performance Target of 1% improvement**	**Results**	**Met Y/N**	**Comments**
Metric 1: Reported Certified Nursing Assistant (CNA) HPRD 60% weighted	**Y**	**2.32**	**2.19**		**Y**	
Metric 2: Reported Licensed Nursing HPRD 85% weighted	**Y**	**1.26**	**1.3**		**Y**	
Metric 3: Reported Total Nursing Staff HPRD 100% weighted	**Y**	**3.86**	**3.49**		**Y**	
In case of audit: Did NF maintain 4 additional hours (*non-managerial*) of RN staffing coverage per day, beyond the CMS mandate?						
• Additional hours provided by direct care staff?						
Did NF maintain 8 additional hours (*non-managerial*) of RN staffing coverage per day, beyond the CMS mandate?						
• 8 additional hours non-concurrenty scheduled?						
• Additional hours provided by direct care staff?						
• Telehealth used?					Y	
NFs provided in total 12 or 16 hours of RN coverage, respectively, on at least 90 percent of the days within the reporting period?						
• Agency usage or need d/t critical staffing levels						

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

Indicator	**National Benchmark**	**Program Wide Target**	**Results**	**Met (5% Improvement)**	**Comments**

				Y/N	
Metric 1: (CMS N030.03) Percent of residents who have depressive symptoms	12.6%	9.79%	0%	Y	
Metric 2: (CMS N036.03) Percent of residents who used antianxiety or hypnotic medication	19.6%	14.7%	11.86%	Y	
Metric 3: (CMS N046.01) Percent of residents with new or worsened bowel or bladder incontinence	20.2%	20.9%	8%	Y	

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

Indicator	State Benchmark	Program Wide Target	Results	Met (5% Improvement) Y/N	Comments
Metric 1: (CMS N045.01) Percent of residents with pressure ulcers	4.9%	.089%	0%	Y	
Metric 2: (CMS N026.03) Percent of residents who have/had a catheter inserted and left in their bladder	0.6%	4.89%	3.7%	Y	