EXHIBIT “A-1”

Winnie-Stowell Hospital District
Balance Sheet
As of February 28, 2026

	Feb 28, 26
ASSETS	
Current Assets	
Checking/Savings	
100 Prosperity Bank -Checking	685,195.58
102 First Financial Bank	
102b FFB #4846 DACA	4,524,419.66
102c FFB #7190 Money Market	23,728,797.36
Total 102 First Financial Bank	28,253,217.02
105 TexStar	7,166,658.38
108 Nursing Home Banks Combined	4,984,799.54
Total Checking/Savings	41,089,870.52
Other Current Assets	
110 Sales Tax Receivable	194,309.82
114 Accounts Receivable NH	101,009,980.00
115 Riceland Hospital Rec.	396,041.69
116 - A/R CHOW - LOC	377,288.10
117 NH - QIPP Prog Receivable	79,776,788.84
119 Prepaid IGT	31,369,968.33
Total Other Current Assets	213,124,376.78
Total Current Assets	254,214,247.30
Fixed Assets	3,887,534.63
Other Assets	
118.01 Prepaid NH Fees	12,806.48
Total Other Assets	12,806.48
TOTAL ASSETS	**258,114,588.41**
LIABILITIES & EQUITY	
Liabilities	
Current Liabilities	
Other Current Liabilities	
190 NH Payables Combined	6,814,060.55
201 NHP Accounts Payable	41,266,646.81
206 FFB Loan 27	31,670,100.00
206 FFB Loan 28	31,276,800.00
235 Payroll Liabilities	7,504.43
240 Accounts Payable NH Oper.	89,437,086.90
Total Other Current Liabilities	200,472,198.69
Total Current Liabilities	200,472,198.69
Total Liabilities	200,472,198.69
Equity	
300 Net Assets, Capital, net of	121,283.00
310 Net Assets-Unrestricted	11,219,913.13
315 Committed for Capital Proj	450,000.00
Retained Earnings	45,253,061.78
Net Income	598,131.81
Total Equity	57,642,389.72
TOTAL LIABILITIES & EQUITY	**258,114,588.41**

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

	Jan - Feb 26	Budget	$ Over Budget	% of Budget
Ordinary Income/Expense				
Income				
400 Sales Tax Revenue	159,481.30	850,000.00	-690,518.70	18.8%
405 Investment Income	115,752.90	600,000.00	-484,247.10	19.3%
407 Rental Income	10,500.00	42,000.00	-31,500.00	25.0%
409 Tobacco Settlement	0.00	15,000.00	-15,000.00	0.0%
415 Nursing Home - QIPP Program	20,632,398.64	131,858,612.00	-111,226,213.36	15.6%
Total Income	20,918,132.84	133,365,612.00	-112,447,479.16	15.7%
Gross Profit	20,918,132.84	133,365,612.00	-112,447,479.16	15.7%
Expense				
500 Admin				
501 Admin-Administative Salary	13,375.00	89,510.00	-76,135.00	14.9%
502 Admin-Administrative Assnt	5,949.64	42,950.00	-37,000.36	13.9%
503 Admin - Staff Incentive Pay	0.00	9,500.00	-9,500.00	0.0%
504 Admin-Administrative PR Tax	2,293.72	10,000.00	-7,706.28	22.9%
505 Admin-Board Bonds	0.00	250.00	-250.00	0.0%
506 Admin - Emp. Insurance	10,933.19	65,000.00	-54,066.81	16.8%
507 Admin-Retirement	5,105.55	16,500.00	-11,394.45	30.9%
515 Admin-Bank Service Charges	316.17	2,000.00	-1,683.83	15.8%
521 Professional Fees - Accntng	9,884.00	76,800.00	-66,916.00	12.9%
522 Professional Fees - Audit	0.00	34,000.00	-34,000.00	0.0%
523 Professional Fees - Legal	8,471.80	100,000.00	-91,528.20	8.5%
550 Admin-D&O / Liability Ins.	2,275.21	20,000.00	-17,724.79	11.4%
560 Admin-Cont Ed, Travel	74.56	6,500.00	-6,425.44	1.1%
562 Admin-Travel&Mileage Reimb.	142.03	2,500.00	-2,357.97	5.7%
569 Admin-Meals	1,114.16	4,700.00	-3,585.84	23.7%
570 Admin-District/County Prom	375.00	5,000.00	-4,625.00	7.5%
571 Admin-Office Supp. & Exp.	2,209.94	25,000.00	-22,790.06	8.8%
572 Admin-Web Site	0.00	1,000.00	-1,000.00	0.0%
573 Admin-Copier Lease/Contract	680.00	5,000.00	-4,320.00	13.6%
575 Admin-Cell Phone Reimburse	300.00	1,800.00	-1,500.00	16.7%
576 Admin-Telephone/Internet	606.61	4,000.00	-3,393.39	15.2%
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	742.90	4,000.00	-3,257.10	18.6%
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	1,658.52	15,000.00	-13,341.48	11.1%
Total 500 Admin	69,195.00	554,585.00	-485,390.00	12.5%
600 - IC Healthcare Expenses				
601 IC Provider Expenses				
601.01a IC Pmt to Hosp-Indigent	74,921.31	500,000.00	-425,078.69	15.0%
601.01b IC Pmt to Coastal (Ind)	2,138.16	25,000.00	-22,861.84	8.6%
601.01c IC Pmt to Thompson	1,417.82	18,000.00	-16,582.18	7.9%
601.02 IC Pmt to UTMB	65,402.50	525,000.00	-459,597.50	12.5%
601.03 IC Special Programs				
601.03a Dental	6,490.00	30,000.00	-23,510.00	21.6%
601.03b IC Vision	600.00	2,750.00	-2,150.00	21.8%
601.04 IC-Non Hosp Cost-Other	3,527.77	35,000.00	-31,472.23	10.1%
601.05 IC - Chairty Care Prog	0.00	25,000.00	-25,000.00	0.0%
Total 601.03 IC Special Programs	10,617.77	92,750.00	-82,132.23	11.4%
Total 601 IC Provider Expenses	154,497.56	1,160,750.00	-1,006,252.44	13.3%
602 IC-WCH 1115 Waiver Prog	0.00	610,000.00	-610,000.00	0.0%
603 IC-Pharmaceutical Costs	7,413.27	80,000.00	-72,586.73	9.3%
605 IC-Office Supplies/Postage	0.00	2,000.00	-2,000.00	0.0%
610 IC-Community Health Prog.	17,663.34	111,893.00	-94,229.66	15.8%
611 IC-Indigent Care Dir Salary	10,700.00	68,830.00	-58,130.00	15.5%
612 IC-Payroll Taxes -Ind Care	0.00	5,000.00	-5,000.00	0.0%
615 IC-Software	4,046.00	25,000.00	-20,954.00	16.2%
616 IC-Travel	0.00	1,000.00	-1,000.00	0.0%
617 Youth Programs				
617.01 Youth Counseling	340.00	25,000.00	-24,660.00	1.4%
617.02 Irlen Program	0.00	1,600.00	-1,600.00	0.0%
Total 617 Youth Programs	340.00	26,600.00	-26,260.00	1.3%
Total 600 - IC Healthcare Expenses	194,660.17	2,091,073.00	-1,896,412.83	9.3%

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

	Jan - Feb 26	Budget	$ Over Budget	% of Budget
620 WSHD - Grants				
620.01 WCH/RMC	99,490.79	133,000.00	-33,509.21	74.8%
620.03 WSVEMS	38,193.60	157,774.00	-119,580.40	24.2%
620.05 East Chambers ISD	46,360.84	278,165.00	-231,804.16	16.7%
620.06 FQHC(Coastal)	325,888.52	1,549,185.00	-1,223,296.48	21.0%
620.09 Admin-Cont Ed-Med Pers.	3,603.20	8,647.00	-5,043.80	41.7%
Total 620 WSHD - Grants	513,536.95	2,126,771.00	-1,613,234.05	24.1%
630 NH Program				
630 NH Program-Mgt Fees	7,238,993.36	47,607,558.00	-40,368,564.64	15.2%
631 NH Program-IGT	10,556,693.38	63,697,923.00	-53,141,229.62	16.6%
632 NH Program-Telehealth Fees	60,301.42	400,000.00	-339,698.58	15.1%
633 NH Program-Acctg Fees	2,471.00	30,000.00	-27,529.00	8.2%
634 NH Program-Legal Fees	75,887.20	300,000.00	-224,112.80	25.3%
635 NH Program-LTC Fees	922,000.00	5,554,000.00	-4,632,000.00	16.6%
637 NH Program-Interest Expense	0.00	4,895,660.00	-4,895,660.00	0.0%
638 NH Program-Loan/Bank Fees	652,857.61	658,768.00	-5,910.39	99.1%
639 NH Program-Appraisal	3,640.00	96,000.00	-92,360.00	3.8%
641 NH Program-NH Manager	3,300.00	20,400.00	-17,100.00	16.2%
Total 630 NH Program	19,516,143.97	123,260,309.00	-103,744,165.03	15.8%
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	23,140.40	14,000.00	9,140.40	165.3%
Total 675 HWY 124 Expenses	36,091.65	67,500.00	-31,408.35	53.5%
Total Expense	20,329,627.74	128,600,238.00	-108,270,610.26	15.8%
Net Ordinary Income	588,505.10	4,765,374.00	-4,176,868.90	12.3%
Other Income/Expense				
Other Income				
416 Nursing Home Operations	93,606,970.00			
Other Income	9,626.71			
Total Other Income	93,616,596.71			
Other Expense				
640 Nursing Home Oper. Expenses	93,606,970.00			
Total Other Expense	93,606,970.00			
Net Other Income	9,626.71			
Net Income	**598,131.81**	**4,765,374.00**	**-4,167,242.19**	**12.6%**

Exhibit “A-2”

WSHD Treasurer's Report

Reporting Date: Wednesday, March 18, 2026

Pending Expenses	For	Amount
Bayside Dental	SP Program	$3,026.00
Brookshire Brothers	Indigent Care	$1,494.32
$25 Optical	SP Program	$100.00
Coastal Gateway Health Center	Indigent Care	$539.11
Dr. June Stansky	SP Program	$60.00
Kalos Counseling (Ben Odom)	Youth Counseling	$595.00
Thompson Outpatient Clinic, LLC	Indigent Care	$890.86
UTMB at Galveston	Indigent Care	$42,898.43
UTMB Faculty Group Practice	Indigent Care	$9,026.45
Wilcox Pharmacy	Indigent Care /Charity Care	$1,287.12
Hubert Oxford	Retainer	$1,000.00
Benckenstein & Oxford	Invoice No	$17,090.00
Graciela Chavez	Inv 965995	$160.00
US Department of Education	Acct# 1778777782 - Benjamin Odom	$1,801.60
3Branch & More	Inv # 46091	$8,831.67
Function4	INV1275329	$135.00
Technology Solutions	Inv # 2025	$151.50
Indigent Healthcare Solutions	Indigent Care Inv # 81392	$2,023.00
Vidal Accounting Services	Invoice 00132	$5,845.00
Stone Hilton	Inv # 373 (Replinishment of Retainer)	$40,890.00
Coastal Gateway Health Cente	Grant Payment (Siding Scale 5,857.62 &	$333,599.11
	Total Expenses	**$471,444.17**

Funds Summary	Totals
Prosperity Operating (Unrestricted)	$746,032.27
First Financial DACA (Unrestricted)	$565,839.72
First Financial DACA (Restricted)	$3,144,717.24
First Financial Money Market	$24,875,262.20
TexStar (Restricted)	$7,232,919.88
FFB CD Balance	$0.00
Total District Funds	**$36,564,771.30**
Less First Financial (Restricted)	($3,144,717.24)
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*)	($1,212,363.08)
Cash Position (*Less First Financial Restricted*)	**$31,707,690.99**
Pending Expenses	($471,444.17)
Ending Balance (Cash Position-*Pending Expenses*)	$31,236,246.82
*Total Funds (*Ending Balance+LOC Outstanding+QIPP Funds Outstanding+Outstanding Chow Loans*)	**$34,771,416.05**
Prior Month	
Prosperity Operating (Unrestricted)	$812,769.69
First Financial (Unrestricted)	$1,302,100.75
First Financial (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 Reserve Account	($500,000.00)
Less LOC Outstanding	$0.00
Less First Financial Money Market (Restricted)	$0.00
Less Committed Funds (*See Total Committement*)	($1,578,582.91)
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+Committed Funds*)	**$33,118,241.08**

First Finanical Bank Reconciliations

FFB Balance **$3,710,556.95**

	Restricted Funds	Total Scheduled Payment	Balance Received	Balance Due	Due to District
Yr. 9 Q1 (Public & Private)					
Yr. 9, Component 1 Q1	$1,315,188.83	$14,434,302.08	$1,315,188.83	$13,119,113.25	$0.00
Total Component 1 YR 9 Q1	**$1,315,188.83**	**$14,434,302.08**	**$1,315,188.83**	**$13,119,113.25**	**$0.00**
Yr. 9, Component 2 (Public & Private)					
Yr. 9, Component 2 Q1	$261,055.27	$4,453,257.12	$372,936.10	$4,080,321.02	$1,020,080.26
Total Component 2 due to MGRs.	**$261,055.27**	**$4,453,257.12**	**$372,936.10**	**$4,080,321.02**	**$1,020,080.26**
Yr. 9, Component 3 (Public & Private)					
Yr. 9, Component 3 Q1	$295,143.84	$5,156,400.09	$421,634.06	$4,734,766.03	$1,183,691.51
Total Component 3 due to MGRs	**$295,143.84**	**$5,156,400.09**	**$421,634.06**	**$4,734,766.03**	**$1,183,691.51**
Yr. 9, Component 4 (Public & Private)					
Yr. 9, Component 4 Q1	$260,613.12	$4,431,293.64	$372,304.46	$4,058,989.18	$1,014,747.30
Total restricted Yr 9 Q1 funds	**$260,613.12**	**$4,431,293.64**	**$372,304.46**	**$4,058,989.18**	**$1,014,747.30**
Yr. 9, Lapse Funds					
Yr. 9, Component Lapse Q1	$252,149.84	$4,132,477.62	$360,214.05	$3,772,263.57	$943,065.89
Total Lapse Funds 4 due to MGRs	**$252,149.84**	**$4,132,477.62**	**$360,214.05**	**$3,772,263.57**	**$943,065.89**
Yr. 8 Q4					
Yr. 8 Q4 - Not distributed yet	$348,464.62	$497,806.60	$497,806.60	$0.00	$0.00
Variance Payment Totals	**$348,464.62**	**$497,806.60**	**$497,806.60**	**$0.00**	**$0.00**
Yr. 8 Adjustment 1					
Yr. 8 Adjustment 1 - Not distributed yet	$220,201.72	$314,573.88	$314,573.88	$0.00	$0.00
Variance Payment Totals	**$220,201.72**	**$314,573.88**	**$314,573.88**	**$0.00**	**$0.00**

Non-QIPP Funds	**$191,900.00**
Restricted	**$2,952,817.24**
Unrestricted	**$565,839.72**
Total Funds	**$3,710,556.95**

Committed Funds

Commitment	Total Initial Commitment	YTD Paid by District	Committed Balance
1. FQHC Grant Funding - 2026	**$1,549,185.00**	**$660,026.74**	**$889,158.26**
2. East Chambers ISD	**$278,165.04**	**$69,541.02**	**$208,624.02**
3. WSVEMS Grant	**$152,774.40**	**$38,193.60**	**$114,580.80**
Total Commitments	**$1,980,124.44**	**$767,761.36**	**$1,212,363.08**

Hospital - DY 8/IRS Repayment

	Amount Advanced by District	IC Repayment	Balance Owed by RMC
January 31, 2026	$0.00	$52,195.44	$419,769.97
February 28, 2026	$0.00	$22,725.87	$397,044.10
	$2,116,856.95	**$1,719,812.85**	**$397,044.10**

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	$24,875,262.20	3.105%	February 2026	$56,544.79	$113,511.63
Texstar C.D. #1110	$7,232,919.88	3.677%	February 2026	$20,342.57	$42,981.94

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

Edward Murrell,
President

Date:_____

Robert "Bobby" Way
Treasurer/Investment

_

*Italics are Estimated amounts

Exhibit “A-3”

Winnie-Stowell Hospital District

Bank Accounts Register

February 18, 2026 to March 18, 2026

Type	Date	Num	Name	Memo	Clr	Amount	Balance
100 Prosperity Bank -Checking							717,990.20
Check	02/23/2026		Entergy	ACH, Withdrawal, Processed	X	(248.63)	717,741.57
Check	02/23/2026		Entergy	ACH, Withdrawal, Processed	X	(30.72)	717,710.85
Check	02/23/2026			ACH, Withdrawal, Processed	X	(1,839.26)	715,871.59
Liability C...	02/26/2026		QuickBooks Payroll Service	Created by Payroll Service on 02/25/2026	X	(5,923.16)	709,948.43
Check	02/26/2026		ECISD	ACH, Withdrawal, Processed	X	(23,180.42)	686,768.01
Paycheck	02/27/2026	DD1483	Barron, Kiela M	Direct Deposit	X		686,768.01
Paycheck	02/27/2026	DD1484	Carlo, Victoria M	Direct Deposit	X		686,768.01
Paycheck	02/27/2026	DD1485	Davis, Tina R	Direct Deposit	X		686,768.01
Check	02/27/2026		Blue Cross Blue Shield of Texas	ACH, Withdrawal, Processed	X	(5,124.04)	681,643.97
Deposit	02/27/2026		Tony's BBQ	Deposit, Processed	X	3,500.00	685,143.97
Deposit	02/27/2026			Deposit, Processed	X	51.61	685,195.58
Check	03/11/2026	4874	Ethan Kahla	Invoice #010326-R-0003 and 1202226-R-0003		(1,000.00)	684,195.58
Check	03/11/2026	4875	Texas Mutual Insurance Comp...	Q004956199		(410.00)	683,785.58
Check	03/11/2026	4876	Technology Solutions of Texas, ...	Invoice 2016 - Reissue. Chk not rcv'd by vendor		(158.15)	683,627.43
Liability C...	03/12/2026		QuickBooks Payroll Service	Created by Payroll Service on 03/11/2026		(5,737.86)	677,889.57
Paycheck	03/13/2026	DD1486	Carlo, Victoria M	Direct Deposit			677,889.57
Paycheck	03/13/2026	DD1487	Davis, Tina R	Direct Deposit			677,889.57
Paycheck	03/13/2026	DD1488	Barron, Kiela M	Direct Deposit			677,889.57
Check	03/18/2026	4877	Brookshire Brothers	Batch Dates 02/04/26		(1,494.32)	676,395.25
Check	03/18/2026	4878	Coastal Gateway Health Center	Batch Dates 02/11/26		(539.11)	675,856.14
Check	03/18/2026	4879	Indigent Healthcare Solutions, ...	Invoice 81562		(2,023.00)	673,833.14
Check	03/18/2026	4880	$25 Optical	Batch Dates 02/08/26		(100.00)	673,733.14
Check	03/18/2026	4881	Thompson Outpatient Clinic, LLC	Batch Dates 02/11/26		(890.86)	672,842.28
Check	03/18/2026	4882	UTMB Faculty Group Practice	Batch Dates 02/01/26		(9,026.45)	663,815.83
Check	03/18/2026	4883	UTMB at Galveston	Batch Dates 02/01/26		(42,898.43)	620,917.40
Check	03/18/2026	4884	Wilcox Pharmacy			(1,287.12)	619,630.28
Check	03/18/2026	4885	Benjamin Odom	Batch Dates 02/02/26		(595.00)	619,035.28
Check	03/18/2026	4886	3Branch & More	Invoice 46091		(8,831.67)	610,203.61
Check	03/18/2026	4887	Coastal Gateway Health Center	Outreach And Enrollment Grant re Funding Request for 2/28		(24,093.74)	586,109.87
Check	03/18/2026	4888	Coastal Gateway Health Center	Sliding Fee Services Grant re Funding Request for 2/28		(5,857.62)	580,252.25
Check	03/18/2026	4889	Coastal Gateway Health Center	Base Grant re Funding Request for 2/28		(303,647.75)	276,604.50
Check	03/18/2026	4890	Graciela Chavez	965995		(160.00)	276,444.50
Check	03/18/2026	4891	Hubert Oxford	Retainer		(1,000.00)	275,444.50
Check	03/18/2026	4892	Benckenstein & Oxford	Invoice 51699		(17,090.00)	258,354.50
Check	03/18/2026	4893	Stone Hilton PLLC	Invoice # 373		(40,890.00)	217,464.50
Check	03/18/2026	4894	Technology Solutions of Texas, ...	Invoice 2025		(151.50)	217,313.00
Check	03/18/2026	4895	US Department of Education	Acct #1778777792-1		(1,801.60)	215,511.40
Check	03/18/2026	4896	Vidal Accounting, PLLC	INVOICE: 00132		(5,845.00)	209,666.40
Check	03/18/2026	4897	Bayside Dental	Batch Dates 02/11/26		(3,026.00)	206,640.40
Check	03/18/2026	4898	Dr. June Stansky, Optometrist	Batch Dates 02/08/26		(60.00)	206,580.40
Check	03/18/2026	4899	Function 4	3A0064 re INV1275329		(135.00)	206,445.40
Total 100 Prosperity Bank -Checking						(511,544.80)	206,445.40
102 First Financial Bank							28,004,747.61
102b FFB #4846 DACA							4,332,495.04
Check	02/20/2026			Memo:Transfer from DDA Acct No. 1110214838-D Payee:Transfer fro...	X	191,900.00	4,524,395.04
Check	02/24/2026			Memo:Transfer from DDA Acct No. 1110214838-D Payee:Transfer fro...	X	24.62	4,524,419.66
Total 102b FFB #4846 DACA						191,924.62	4,524,419.66
102c FFB #7190 Money Market							23,672,252.57
Deposit	02/28/2026			Interest	X	56,544.79	23,728,797.36
Total 102c FFB #7190 Money Market						56,544.79	23,728,797.36
Total 102 First Financial Bank						248,469.41	28,253,217.02
TOTAL						***(263,075.39)***	***28,459,662.42***

Exhibit “B”

Floor Plan Diagram

Winnie Medical Clinic

Winnie, TX

Plan North

0 4' 8' 16'

INTERIM REVIEW ONLY

Name: Jennifer P. Higgins

Registration: 24386

Date: 03/17/2026

Not for regulatory approval, permit or construction.

Exhibit “C”

WINNIE STOWELL HOSPITAL DISTRICT
WWW.WSHD-TX.ORG

PO BOX 1997 | 520 BROADWAY | WINNIE, TX 77665 | PHONE: (409)296-1003 | FAX: (409)400-4023

Administrator's Report Update

- **Oak Grove Update**

We received an updated status from Daniel with Oak Grove regarding the pending sale of the facility, which is tied to repayment of the District's CHOW loan. The Purchase and Sale Agreement (PSA) has now been executed, and they recently received the Management Transfer Agreement (MTA). Their attorney has completed an initial review, and a call is scheduled to discuss any potential revisions prior to execution. The anticipated closing date remains April 30. Daniel is expected to be in attendance at tonight's meeting and may provide any additional updates directly.

- **Stone Hilton Update**

We received an invoice from Stone Hilton in the amount of $40,890, which reduced the retainer balance to $9,110. In accordance with the contract, the retainer was required to be replenished back to the original $50,000 once it fell below the $10,000 threshold. I would like to confirm whether follow-up has already been made with the other entities regarding cost-sharing, or if this is something I need to initiate. If helpful, we can also ask Newlight, who is joining via Zoom, to provide an update.

- **HHSC LoFTS Review Update**

All requested documentation for the FFY 2023 LoFTS in-depth review was submitted in a timely manner. HHSC requested clarification on Ad Valorem Tax Revenue and Net Patient Revenue, which was provided by our CPA. HHSC advised that future budget documentation should include both District and nursing facility net patient revenue, along with payor mix. The review remains ongoing, and HHSC will follow up if additional information is needed.

- **QIPP Y10 Enrollment Status**

Enrollment for all 79 facilities is complete. Charice was instrumental in keeping the process moving forward despite challenges with the new STEPS portal. She is a great partner to work with, and I always appreciate the teamwork and collaboration she brings to these projects.

- **Indigent Care Director Achievement**

A few months ago, Tina applied to become a licensed Community Health Worker based on her experience serving the community, and we are pleased to share that her license has now been approved. This will benefit the District by allowing Tina to assist clients when our Community Health Worker is unavailable, especially in time-sensitive situations. Given the collaborative nature of these roles, this is a meaningful professional achievement that will strengthen our team's ability to serve the community.

- **QIPP External Stakeholders Meeting 3/24**

Creative Solutions reached out regarding an upcoming QIPP External Stakeholders Meeting. I plan to attend remotely to listen and gain a better understanding of the discussion. I believe Newlight also plans to attend.

Exhibit “D”

WINNIE STOWELL HOSPITAL DISTRICT

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

March 18, 2026

WSHD Regular Board Meeting Indigent Care Report

1. Summary:

In February, the Indigent Care Program decreased by 7 clients for a total of 87 active clients.

Budget and Billing Update

As of the current reporting period, the program has utilized ***15%*** 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	Feb	YTD Monthly Average
Indigent Care Clients	94	87	91
Youth Counseling	4	5	5
Irlen Services	0	0	0

3. Renewals & Approvals:

February 2026 Client Activity	Total	Approved	Denied	No Show	Withdrew	Pending
Renewals	10	8	0	1	1	0
Late Renewals/Previous Client	3	2	0	1	0	1
New Applicants	4	2	0	2	0	0

Services Usage

Youth Counseling:

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

Dental:

- Eight (8) clients used their benefit in February.

Vision Services:

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

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

4. Indigent Care Vendor Payment Trends:

2026 Indigent Care Statistics	Jan	Feb	YTD Monthly Average
Indigent Care Clients	94	87	91
Youth Counseling	4	5	5
Irlen Services	0	0	0
Service Provider	**Jan**	**Feb**	**YTD Monthly Average**
Local Clinics	$ 1,818.54	$ 1,429.97	$ 1,624.26
UTMB (Includes Charity Care)	$ 40,277.51	$ 51,924.88	$ 46,101.20
Riceland Medical Center	$ 52,195.44	$ 22,725.87	$ 37,460.66
Pharmacy Costs (Includes Charity Care)	$ 3,525.69	$ 2,781.44	$ 3,153.57
Indigent Special Services (Dental & Vision)	$ 5,560.00	$ 3,186.00	$ 4,373.00
Medical Supplies (C-PAP)	$ -	$ -	$ -
Non Contract ER Services (Includes WSEMS)	$ 2,954.08	$ -	$ 1,477.04
Other Services			
Irlen Services	$ -	$ -	$ -
Youth Counseling	$ 340.00	$ 595.00	$ 467.50
Total	*$ 106,671.26*	*$ 82,643.16*	$ 15,776.20

5. YTD Budget Expenditures:

Indigent Service	2026 Budget	YTD Expense	% of Budget
Pharmacy	$80,000.00	$6,307.13	8%
WCH	$500,000.00	$74,921.31	15%
UTMB	$525,000.00	$92,202.39	18%
Youth Counseling	$25,000.00	$935.00	4%
Irlen	$1,600.00	$0.00	0%
Dental	$30,000.00	$8,196.00	27%
Vision	$2,750.00	$550.00	20%
CGHC Clinic	$25,000.00	$1,078.22	4%
Thompson Clinic	$18,000.00	$2,035.29	11%
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**	**$189,314.42**	**15%**

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

6. Riceland Medical Center 2026 Expenditure Breakdown:

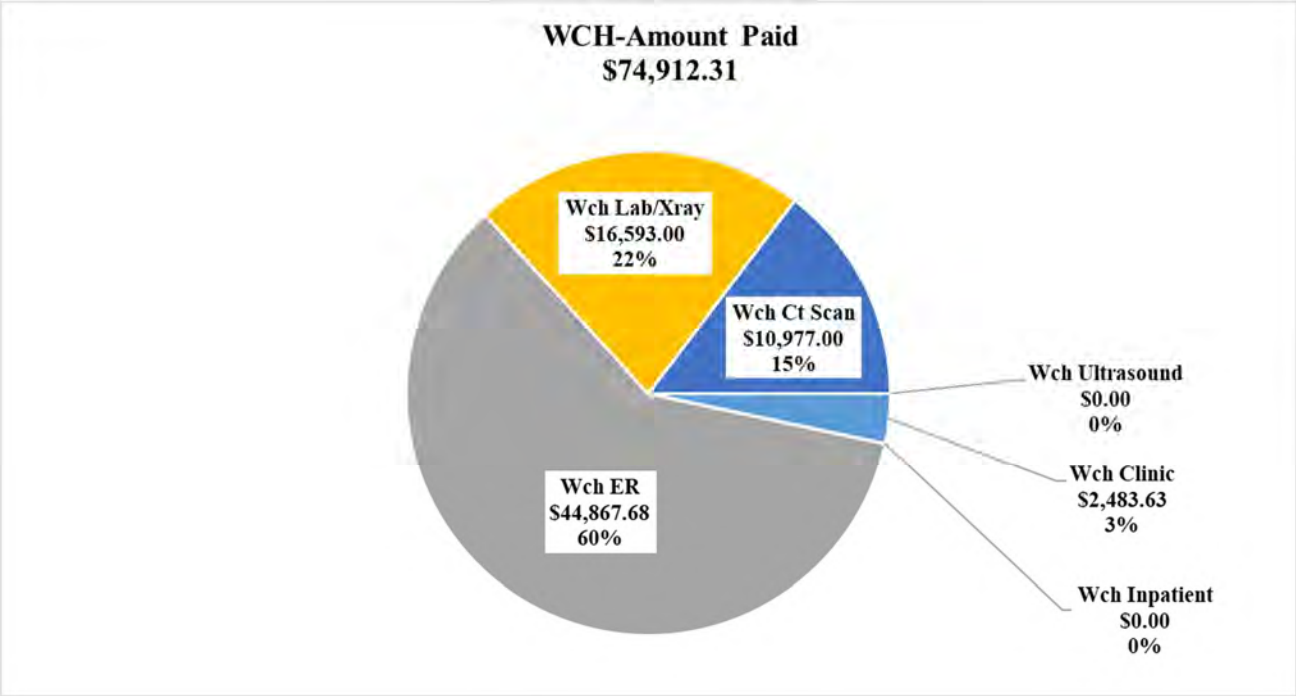

Exhibit “E”

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

Feb-26

VEHICLE #1 EAST SIDE VAN #1	
TOTAL MILES DRIVEN	3014
TOTAL HOURS DRIVEN	137.25
TOTAL EXPENSES FOR MONTH	$488.26
FUEL COST	$430.60
REPAIRS & OIL CHANGE, LABOR	$57.66
MISC EXPENSES	$0.00
TOTAL RIDERS	22
TOTAL WSHD RIDERS	1
TOTAL TRIPS	52
TOTAL TRIPS FOR WSHD RIDERS	1
VEHICLE #2 EAST SIDE VAN #2	
TOTAL MILES DRIVEN	690
TOTAL HOURS DRIVEN	27.33
TOTAL EXPENSES FOR MONTH	$76.40
FUEL COST	$76.40
REPAIRS & MAINTENANCE COST	$0.00
MISC EXPENSES	$0.00
TOTAL RIDERS	7
TOTAL WSHD RIDERS	0
TOTAL TRIPS	8
TOTAL TRIPS FOR WSHD RIDERS	0
VEHICLE #3 EAST SIDE VAN #3	
TOTAL MILES DRIVEN	3860
TOTAL HOURS DRIVEN	169.33
TOTAL EXPENSES FOR MONTH	$998.56
FUEL COST	$583.53
REPAIRS & tires, labor	$415.03
MISC EXPENSES	$0.00
TOTAL RIDERS	18
TOTAL WSHD RIDERS	0
TOTAL TRIPS	55
TOTAL TRIPS FOR WSHD RIDERS	0
VEHICLE #4 RAV 4	
TOTAL MILES DRIVEN	4245
TOTAL HOURS DRIVEN	162.00
TOTAL EXPENSES FOR MONTH	$375.77
FUEL COST	$363.77
REPAIRS & parking	$12.00
MISC EXPENSES	$0.00
TOTAL RIDERS	25
TOTAL WSHD RIDERS	3
TOTAL TRIPS	39
TOTAL TRIPS FOR WSHD RIDERS	4
VEHICLE #5	
TOTAL MILES DRIVEN	570
TOTAL HOURS DRIVEN	64.00
TOTAL EXPENSES FOR MONTH	$171.00
FUEL COST	$119.02
REPAIRS & oil change, labor	$51.98
MISC EXPENSES	$0.00
TOTAL RIDERS	17
TOTAL WSHD RIDERS	1
TOTAL TRIPS	19
TOTAL TRIPS FOR WSHD RIDERS	2
VEHICLE #6	
TOTAL MILES DRIVEN	3034
TOTAL HOURS DRIVEN	153.55
TOTAL EXPENSES FOR MONTH	$529.83
FUEL COST	$529.83
REPAIRS & MAINTENANCE COST	$0.00
MISC EXPENSES	$0.00
TOTAL RIDERS	35
TOTAL WSHD RIDERS	1
TOTAL TRIPS	46
TOTAL TRIPS FOR WSHD RIDERS	1
GRAND TOTALS	
MILES DRIVEN	15413
TOTAL HOURS DRIVEN	713.47
RIDERS	124
WSHD RIDERS	6
TRIPS	219
WSHD TRIPS	8
TOTAL EXPENSES FOR MONTH	$2,102.49

Winnie-Stowell Volunteer EMS

Vinnie-Stowell Hospital District Report

Year to Date Details for 2026	Previous Year (2025) End	Jan-26	Feb-26	YTD DATE
CALL SUMMARY				
CALLS/TRANSPORTS REQUESTED	100	8	4	12
CALLS/TRANSPORTS MADE				
INSURED	78	7	3	10
SELF-PAY	7	0	1	1
TOTAL CALLS MADE	85	7	4	11
CALLS/TRANSPORTS DELAYED	0	0	0	0
TRANSPORTS NOT MADE	15	1	0	1
PERCENTAGE OF CALLS MADE	**85.0%**	**87.5%**	**100.0%**	**91.7%**
INVOICED/BILLED				
Insurance Billed for Services this Month	$104,704.89	$13,608.49	$3,907.87	$17,516.36
Self-Pay Billed for Services this Month	$8,471.47	$0.00	$0.00	$0.00
Total	**$113,176.36**	**$13,608.49**	**$3,907.87**	**$17,516.36**
PAYMENTS RECEIVED				
Insurance Payments Rcvd for Services this Month	$43,316.25	$2,266.49	$1,235.15	$3,501.64
Self-Pay Billed Rcvd for Services this Month	$3,900.84	$0.00	$0.00	$0.00
Total	**$47,217.09**	**$2,266.49**	**$1,235.15**	**$3,501.64**
ACCOUNTS RECEIVABLE-FUNDS OWED				
Owed by Insurance for Services this Month	$62,099.48	$11,342.00	$2,672.72	$14,014.72
Owed by Self-Pay for Services this Month	$4,570.63	$0.00	$0.00	
Total	**$66,670.11**	**$11,342.00**	**$2,672.72**	**$14,014.72**
STAFFING EXPENSES				
	$151,396.93	**$12,448.57**	**$11,687.66**	**$151,648.25**

Feb-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#
2/3/2026	Rickland	Methodist TMC	M			26-03927
2/9/2026	Rickland	Baytown Methodist	M			26-04243
2/14/2026	Rickland	Baptist Beaumont	M			26-05237
2/19/2026	Rickland	St. Elizabeth Beaumont	M			26-05916
TOTAL CALLS & RESULTS		4	4	0	0	

Feb-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)
2/1/2025	Benjamin Robertson	7am - 7am	$17.39	24.0	$417.42	24	0.0	0	$417.42	$0.00	$24.00	$576.00	($158.58)
2/2/2025	Brad Eads	7am - 7am	$17.39	24.0	$417.42	24	0.0	0	$417.42	$0.00	$22.00	$528.00	($110.58)
2/3/2025	Lori Peine	7am - 7am	$17.39	24.0	$417.42	24	0.0	0	$417.42	$0.00	$18.00	$432.00	($14.58)
2/4/2025	Ruthann Broussard	7am - 7am	$17.39	24.0	$417.42	24	0.0	0	$417.42	$0.00	$20.00	$480.00	($62.58)
2/5/2025	Steven Hilton	7am - 7am	$17.39	24.0	$417.42	24	0.0	0	$417.42	$0.00	$22.00	$528.00	($110.58)
2/6/2025	Brady Kirkgard	7am - 7am	$17.39	24.0	$417.42	24	0.0	0	$417.42	$0.00	$22.00	$528.00	($110.58)
2/7/2025	Andrew Broussard	7am - 7am	$17.39	24.0	$417.42	24	0.0	0	$417.42	$0.00	$21.00	$504.00	($86.58)
2/8/2025	Austin Isaacks	7am - 7am	$17.39	24.0	$417.42	24	0.0	0	$417.42	$0.00	$17.00	$408.00	$9.42
2/9/2025	Brad Eads	7am - 7am	$17.39	24.0	$417.42	24	0.0	0	$417.42	$0.00	$22.00	$528.00	($110.58)
2/10/2025	Lori Peine	7am - 7am	$17.39	24.0	$417.42	24	0.0	0	$417.42	$0.00	$18.00	$432.00	($14.58)
2/11/2025	Kayla Callesto	7am - 7am	$17.39	24.0	$417.42	24	0.0	0	$417.42	$0.00	$18.00	$432.00	($14.58)
2/12/2025	Andrew Broussard	7am - 7am	$17.39	24.0	$417.42	24	0.0	0	$417.42	$0.00	$21.00	$504.00	($86.58)
2/13/2025	Ruthann Broussard	7am - 7am	$17.39	24.0	$417.42	24	0.0	0	$417.42	$0.00	$20.00	$480.00	($62.58)
2/14/2025	Boyd Abshire	7am - 7am	$17.39	24.0	$417.42	24	0.0	0	$417.42	$0.00	$19.00	$456.00	($38.58)
2/15/2025	Keven Gilbert	7am - 7am	$17.39	24.0	$417.42	24	0.0	0	$417.42	$0.00	$22.00	$528.00	($110.58)
2/16/2025	Brad Eads	7am - 7am	$17.39	24.0	$417.42	24	0.0	0	$417.42	$0.00	$22.00	$528.00	($110.58)
2/17/2025	Lori Peine	7am - 7am	$17.39	24.0	$417.42	24	0.0	0	$417.42	$0.00	$18.00	$432.00	($14.58)
2/18/2025	Andrew Broussard	7am - 7am	$17.39	24.0	$417.42	24	0.0	0	$417.42	$0.00	$21.00	$504.00	($86.58)
2/19/2025	Ruthann Broussard	7am - 7am	$17.39	24.0	$417.42	24	0.0	0	$417.42	$0.00	$20.00	$480.00	($62.58)
2/20/2025	Austin Isaacks	7am - 7am	$17.39	24.0	$417.42	24	0.0	0	$417.42	$0.00	$17.00	$408.00	$9.42
2/21/2025	Mark Matak	7am - 7am	$17.39	24.0	$417.42	24	0.0	0	$417.42	$0.00	$19.00	$456.00	($38.58)
2/22/2025	Haley Bridges	7am - 7am	$17.39	24.0	$417.42	24	0.0	0	$417.42	$0.00	$22.00	$528.00	($110.58)
2/23/2025	Brad Eads	7am - 7am	$17.39	24.0	$417.42	24	0.0	0	$417.42	$0.00	$22.00	$528.00	($110.58)
2/24/2025	Lori Peine	7am - 7am	$17.39	24.0	$417.42	24	0.0	0	$417.42	$0.00	$18.00	$432.00	($14.58)
2/25/2025	Haley Bridges	7am - 7am	$17.39	24.0	$417.42	24	0.0	0	$417.42	$0.00	$22.00	$528.00	($110.58)
2/26/2025	Ruthann Broussard	7am - 7am	$17.39	24.0	$417.42	24	0.0	0	$417.42	$0.00	$20.00	$480.00	($62.58)
2/27/2025	Austin Isaacks	7am - 7am	$17.39	24.0	$417.42	24	0.0	0	$417.42	$0.00	$17.00	$408.00	$9.42
2/28/2025	Andrew Broussard	7am - 7am	$17.39	24.0	$417.42	24	0.0	0	$417.42	$0.00	$21.00	$504.00	($86.58)
TOTAL SALARY EXPENSE FOR THE MONTH:			GRANT ALLOWED SALARY ($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	**672.0**	**$11,687.66**	**672.00**	**0.0**	**0**	**$11,687.66**	**$0.00**	**$20.18**	**$13,560.00**	**($1,872.34)**

WINNIE STOWELL HOSPITAL DISTRICT

Community Health Worker Program

	2025 YTD	JAN	FEB	2026 YTD
CLIENTS SERVED				
ICAP	278	15	16	31
Non-ICAP	319	23	18	41
Total Clients Served	**597**	**38**	**34**	**72**
BENEFIT APPLICATION TYPE				
Indigent Care Assistance Program (ICAP)	22	3	0	3
Prescription Assistance Program (PAP)	57	1	5	6
Medicaid	98	8	5	13
Medicare	7	1	0	1
Medicare Savings Plan	30	2	2	4
Food Stamps (SNAP)	377	23	18	41
Supplemental Security Income (SSI)	56	3	5	8
Retirement, Survivor, Disability Income (RSDI)	51	1	0	1
Unemployment/Texas Workforce	10	1	0	1
Housing	18	0	0	0
Utilities	2	0	0	0
Legal Aid	2	0	0	0
OTHER	18	4	1	5
Total Applications Facilitated	**748**	**47**	**36**	**83**
EXPENSES				
Personnel	$83,153.67	$6,766.00	$6,820.00	$13,586.00
Operational	$26,528.93	$20.00	$13.40	$33.40
Total	**$109,682.60**	**$6,786.00**	**$6,833.40**	**$13,619.40**
BUDGET REMAINING	$2,210.40	$88,734.00	$81,900.60	$81,900.60

Exhibit “F”

Report to Winnie-Stowell Hospital District
March 18, 2026

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

- **Incubator Funding**. We were officially awarded and signed the contract with DSHS for **$650,000** in Incubator funding.

- Our annual **Uniform Data Systems (UDS)** Report is complete but still pending the final review and approval of the UDS assigned reviewer.

- **MD Anderson** grant kickoff meeting for the HPV program will occur on Monday, March 30th at the public library during the lunch hour. This is the grant we will receive **$75,000** each year for three (3) years. We have not yet {officially} received the funding, still in the contract stage.

- 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. The maximum amount to request is **$20,000** for one (1) year.

- ***Spring Fundraising Event*** that is being planned for **Thursday, April 23, 2026** at the Winnie Community Building where we will host an evening of Singo Bingo. This event is part of our Workplace Campaign for our grant funding received through our United Way.

- Met with Linda Harper-Reising, LCSW and Jayda Martinez with Catholic Charities of Southeast on Thursday, March 5th to discuss building a formal connection. Making a formal connection and referral agreement has been a goal for us (and a goal with our United Way of Greater Baytown and Chambers County grant). We discussed their behavioral health program and also Market to Hope (which is their food pantry). We will be working to formalize and add another behavioral health referral source to our network.

- **340B Program**. We are finalizing last minute items during the setup/implementation phase; planning to go live April 1.

- **Grants**
  - **United Way of Greater Baytown and Chambers County.** The application for FY 2027 was submitted at the end of February. We have applied again for grant funding to cover our Eligibility Specialist position. Announcements are usually made in May.
  - **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**. Awarded $650,000.

- **MD Anderson**. Funding was approved by CPRIT, waiting on the funding package and contract from MD Anderson. Kickoff and training meeting for clinical staff will be held on Monday, March 30th during the lunch hour at the Winnie Library.
- **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". Pending notification.

- **Upcoming Events/Activities**
  - Programming is still ongoing with Winnie Square once a month.
  - Twice a month Home Delivery Meals ('Meals on Wheels') delivery.
  - Monthly presence at the Hardin Jefferson Hunger Initiative food distribution in China.

- Statistical report for December is attached for your review; there were **556** patient encounters.

- Other miscellaneous statistics:

Average Patients/Day				New Patients	
2026	**Jan**	**Feb**		**2024**	1,026
				2025	944
Flores	16.75	17.40		***2026**	148
LeDoux	10.94	10.06			
Lyons	14.77	17.00		*to-date	

Coastal Gateway Health Center
Statistical Report CY 2026

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Total
Total Visits	568	556											**1,124**
Unduplicated Patients (Rolling YTD)	462	694											
Referrals (By Specialist)													
Dermatology	5	3											**8**
Gastro	10	14											**24**
ENT	6	1											**7**
OB/GYN	2	2											**4**
Urology	1	1											**2**
Cardio	5	12											**17**
Pysch/Behavioral Health	7	6											**13**
Physical Therapy/Occ Therapy	5	3											**8**
Sleep	4	2											**6**
Imaging (including x-ray)	10	35											**45**
Neurology	6	9											**15**
Endo	0	1											**1**
Ortho	6	12											**18**
Home Health/Hospice/Wound/DME	4	1											**5**
Dietician/Nutrionist/Diabetes Ed	0	0											**0**
Other	24	24											**48**
Total	**95**	**126**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**221**
Nurse Visits	357	286											**643**
Annual Wellness Visits (AWVs)	5	7											**12**
Eligibility													
SFS Applications	25	13											**38**
Pharmacy Assistance Program	12	15											**27**
Mammo/The Rose	27	12											**39**
Medicaid/CHIP Assists	2	2											**4**
Meals on Wheels/Congregate Meals	107	123											**230**
Transportation	1	2											**3**
Other Applications (ACA,SNAP)	4	0											**4**
FIT Testing (Colon Cancer)	37	28											**65**
Total	**215**	**195**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**410**
Payors													
BCBS	181	186											**367**
Other Commercial	119	120											**239**
Medicare	98	80											**178**
Medicaid/CHIP	58	58											**116**
Sliding Fee Scale	71	76											**147**
Self-Pay	35	29											**64**
Workers Comp	0	0											**0**
WSHD Indigent	6	7											**13**
Medicaid/Medicare (dual eligible)	0	0											**0**
Total	**568**	**556**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**1,124**

Coastal Gateway Health Center

Funding Request

As of 02/28/2026

Outreach And Enrollment Grant

Original Award Amount:	$191,940.00
Total Funding Received:	$24,705.81
Funding Request for 2/28:	**$24,093.74**
Grant Funds Remaining:	$143,140.45

Sliding Fee Services Grant

Original Award Amount:	$142,653.00
Total Funding Received:	$4,165.21
Funding Request for 2/28:	**$5,857.62**
Grant Funds Remaining:	$132,630.17

Base Grant

Award Amount:	$1,214,592.00
Total Funding Received:	$297,017.50
Funding Request for 2/28:	**$303,647.75**
2025 Grant Funds Remaining:	$613,926.75

Total Funding Request all Grants **$333,599.11**

Coastal Gateway Health Center
Base Salaries Grant - Funding Request
As of 02/28/2026

Base Salaries Grant Award Amount $ 1,214,592.00

Period	Beginning Unearned Grant Balance	Advance Received	Expenses / Grant Revenue Recognized	Ending Unearned Grant Balance	Amount Requested
Dec-25	$ -	$ -	$ -	$ 5,855.72	$ 297,017.50
January	$ 5,855.72	$ 297,017.50	$ 156,975.84	$ 145,897.38	$ -
February	**$ 145,897.38**	**$ -**	**$ 88,546.94**	**$ 57,350.44**	**$ 303,647.75**
March					
April					
May					
June					
July					
August					
September					
October					
November					
December					

Total Previous Requests $ 297,017.50

Total Funds Request 02/28/2026 $ 303,647.75

Total Unarned Grant Revenue $ 57,350.44

Remaining Grant Balance $ 613,926.75

Coastal Gateway Health Center
Outreach and Enrollment Grant - Funding Request
As of 02/28/2026

Outreach and Enrollment Grant Award Amount **$ 191,940.00**

Personnel Portion

Period	Beginning Unearned Grant Balance	Advance Received	Expenses / Grant Revenue Recognized	Ending Unearned Grant Balance	Amount Requested
January	$ -	$ 19,969.75	$ 6,969.96	$ 12,999.79	$ -
February	**$ 12,999.79**	**0**	**$ 6,123.98**	**$ 6,875.81**	**$ 19,969.75**
March					
April					
May					
June					
July					
August					
September					
October					
November					
December					

Total Funding Request - Personnel $ 19,969.75

Non Personnel Portion

Period	Beginning Grants Receivable Balance	Payments Received	Ending Grants Receivable Balance	Grant Revenue Recognized	Amount Requested
January	$ -	$ -	$ -	$ 4,736.06	$ 4,736.06
February	**$ 4,736.06**	**$ 4,736.06**	**$ -**	**$ 4,123.99**	**$ 4,123.99**
March					
April					
May					
June					
July					
August					
September					
October					
November					
December					

Total Funds Request - Non Personnel $ 4,123.99

Total Grant Funds Request 2/28/2026 **$ 24,093.74**

Total Funding Received $ 24,705.81

Total Unearned Grant Revenue $ 6,875.81

Total Earned Grant Revenue $ 21,953.99

Remaining Grant Balance **$ 143,140.45**

Coastal Gateway Health Center
Sliding Fee Scale Grant - Funding Request
As of 02/28/2026

Sliding Fee Scale Services Grant $ 142,653.00

Period	Beginning Grants Receivable Balance	Payments Received	Ending Grants Receivable Balance	Grant Revenue Recognized	Amount Requested
January	$ -	$ -	$ -	$ 4,165.21	$ 4,165.21
February	**$ 4,165.21**	**$ 4,165.21**	**$ -**	**$ 5,857.62**	**$ 5,857.62**
March					
April					
May					
June					
July					
August					
September					
October					
November					
December					

Total Previous Requests	$	4,165.21
Total Request 02/28/2026	**$**	**5,857.62**
Total Funding Received	$	4,165.21
Remaining Grant Balance	**$**	**132,630.17**

Coastal Gateway Health Center

Statement of Financial Position

2/28/2026

	Assets	
	Current Assets	
1001	Cash	299,872.04
1003	Imprest Funds	0.00
1150	Grants Receivable	9,981.61
1140	Due from Employee	0.00
1180	Accounts Receivable	312,936.71
1130	Allowances	-106,083.57
1120	Reserves	-149,393.93
	Net Accounts Receivable	67,440.82
1400	Prepaid Expenses	33,020.30
	Total Current Assets	*400,333.16*
	Long Term Assets	
	Property Plant & Equipment	
1510	Building Improvements	13,115.00
1514	Information Technology	21,759.95
1515	Leasehold Improvements	49,629.00
1519	Medical Fixtures	7,594.93
1530	Vehicles	33,053.77
1540	WIP (Patient Beds, Vaccine Fridg	82,998.78
1610	A/D Building Improvements	-1,249.04
1614	A/D IT	-14,990.46
1615	A/D Leasehold Improvements	-8,856.27
1619	A/D Medical Fixture	-3,923.99
1630	A/D Vehicles	-15,976.09
	Total PPE	163,155.58
	Total Long Term Assets	*163,155.58*
	Total Assets	**563,488.74**
	Liabilities	
	Current Liabilities	
2000	Accounts Payable	32,842.88
2015	Unearned Grant Revenue	71,489.95
2019	Payroll Payable	6,494.22
2010	Accrued Payroll	165,851.06
2100	Credit Cards	4,161.89
2150	Accrued Expenses	7,054.01
2300	United Way Contributions Payable	300.00
	Total Current Liabilities	*288,194.01*
	Total Liabilities	**288,194.01**
	Net Assets	
3010	Beginning	251,326.83
	YTD Net Income	23,967.90
	Total Net Assets	*275,294.73*
	Total Net Assets	**275,294.73**
	Total Liabilities & Net Assets	**563,488.74**

Coastal Gateway Health Center

Statement of Revenue and Expenditures

	Total Prior YTD 1/31/2026	Total Current Month 2/28/2026	**Total Current YTD 2/28/2026**	Total Budget 12/31/2026	Remaining Budget as of 2/28/2026	% Budget used 2/28/2026	Projected 12/31/2026
Gross Patient Revenue	158,242.71	149,072.88	**307,315.59**	1,540,938.00	1,233,622.41	19.94%	1,843,893.54
Daily Deposits in Transit	0.00	-4,047.32	**-4,214.99**	0.00	4,214.99	0.00%	-25,289.94
Adjustments	-92,403.43	-84,458.17	**-176,861.60**	-782,520.00	-605,658.40	22.60%	-1,061,169.60
Patient Refunds	0.00	0.00	**0.00**	-689.00	-689.00	0.00%	-689.00
Incentive Payments	523.29	0.00	**523.29**	1,500.00	976.71	34.89%	523.29
ACO Shared Savings Revenue	0.00	0.00	**0.00**	0.00	0.00	0.00%	0.00
340b Revenue	0.00	0.00	**0.00**	60,855.00	60,855.00	0.00%	60,855.00
Vaxcare Revenue	0.00	0.00	**0.00**	5,000.00	5,000.00	0.00%	5,000.00
Donations	0.00	0.00	**0.00**	0.00	0.00	0.00%	0.00
United Way Grant	0.00	0.00	**0.00**	0.00	0.00	0.00%	0.00
United Way Grant '25	2,427.58	1,903.46	**4,331.04**	24,338.00	20,006.96	17.80%	24,338.00
United Way Food Distribution Grant	0.00	0.00	**0.00**	0.00	0.00	0.00%	0.00
Incubator Grant	0.00	0.00	**0.00**	0.00	0.00	0.00%	0.00
WSHD Sliding Fee Grant Revenue	11,708.02	5,857.62	**10,022.83**	142,653.00	132,630.17	7.03%	60,136.98
WSHD Outreach Grant Revenue	11,708.02	10,245.97	**21,953.99**	191,940.00	169,986.01	11.44%	131,723.94
WSHD Base Grant Revenue	156,975.84	88,546.94	**245,522.78**	1,214,592.00	969,069.22	20.21%	1,214,592.00
Total Revenue	**249,182.03**	**167,121.38**	**408,592.93**	**2,398,607.00**	**1,990,014.07**	**17.03%**	**2,253,914.21**
Salaries	145,749.93	83,517.59	**229,267.52**	1,251,590.00	1,022,322.48	18.32%	1,251,590.00
Social Security Tax	8,633.20	4,827.30	**13,460.50**	65,705.00	52,244.50	20.49%	65,705.00
Medicare Tax	2,019.06	1,129.18	**3,148.24**	17,193.00	14,044.76	18.31%	17,193.00
SUTA	391.71	60.79	**452.50**	338.00	-114.50	133.88%	338.00
FUTA	768.51	86.75	**855.26**	630.00	-225.26	135.76%	630.00
Workers Compensation	0.00	49.83	**49.83**	5,350.00	5,300.17	0.93%	5,350.00
Other Insurance	0.00	0.00	**0.00**	0.00	0.00	0.00%	0.00
Dental Insurance	0.00	0.00	**0.00**	0.00	0.00	0.00%	0.00
Health Insurance	8,954.49	8,045.22	**16,999.71**	157,303.00	140,303.29	10.81%	157,303.00
STD/LTD Insurance	601.82	545.37	**1,147.19**	8,065.00	6,917.81	14.22%	8,065.00
Group Life Insurance	71.50	65.00	**136.50**	1,080.00	943.50	12.64%	1,080.00
Pension	5,136.39	3,656.02	**8,792.41**	49,738.00	40,945.59	17.68%	49,738.00
HSA Employer Contributions	477.23	387.78	**865.01**	4,650.00	3,784.99	18.60%	4,650.00
Payroll Processing Fees	1,194.96	0.00	**1,194.96**	14,741.00	13,546.04	8.11%	14,741.00
Personnel Expenses	*172,326.61*	*102,370.83*	***276,369.63***	*1,576,383.00*	*1,300,013.37*	**17.53%**	*1,576,383.00*
Contract Services	9,442.70	14,809.58	**24,252.28**	118,455.00	94,202.72	20.47%	145,513.68
Training	617.49	150.90	**768.39**	21,000.00	20,231.61	3.66%	4,610.34
Travel	1,254.00	520.27	**1,774.27**	28,000.00	26,225.73	6.34%	10,645.62
Expendable Equipment	260.18	0.00	**260.18**	15,312.00	15,051.82	1.70%	1,561.08
Repairs	0.00	0.00	**0.00**	4,000.00	4,000.00	0.00%	0.00
Supplies	5,102.72	1,724.12	**6,826.84**	92,658.00	85,831.16	7.37%	40,961.04
Pharmacy Fees	3,549.24	3,428.34	**6,977.58**	59,706.00	52,728.42	11.69%	41,865.48
Internet	713.44	465.92	**1,179.36**	23,000.00	21,820.64	5.13%	7,076.16
Telephone	525.64	1,346.63	**1,872.27**	8,000.00	6,127.73	23.40%	11,233.62
Postage	192.20	172.35	**364.55**	1,800.00	1,435.45	20.25%	2,187.30
Water/Sewer	282.78	0.00	**282.78**	3,400.00	3,117.22	8.32%	1,696.68
Waste Disposal	386.00	430.87	**816.87**	5,800.00	4,983.13	14.08%	4,901.22
Electric Utilites	381.24	369.21	**750.45**	6,400.00	5,649.55	11.73%	4,502.70
Vehicle Operation	413.11	414.42	**827.53**	17,000.00	16,172.47	4.87%	4,965.18
Legal Fees	0.00	0.00	**0.00**	10,000.00	10,000.00	0.00%	0.00
Liability Insurance	535.75	1,071.50	**1,607.25**	16,000.00	14,392.75	10.05%	9,643.50
Insurance D & O	376.50	376.50	**753.00**	6,000.00	5,247.00	12.55%	4,518.00
Professional Licenses	502.79	0.00	**502.79**	6,000.00	5,497.21	8.38%	3,016.74
Software Subscription	5,694.80	4,260.96	**9,955.76**	66,000.00	56,044.24	15.08%	59,734.56
Dues & Subscriptions	2,280.60	1,341.45	**3,622.05**	16,000.00	12,377.95	22.64%	21,732.30

Coastal Gateway Health Center

Statement of Revenue and Expenditures

	Total Prior YTD	Total Current Month	**Total Current YTD**	Total Budget	Remaining Budget as of	% Budget used	Projected
	1/31/2026	2/28/2026	**2/28/2026**	12/31/2026	2/28/2026	2/28/2026	12/31/2026
Meals & Entertainment	699.77	627.71	**1,327.48**	8,000.00	6,672.52	16.59%	7,964.88
Lab Fees	753.07	2,619.21	**3,372.28**	41,446.00	38,073.72	8.14%	20,233.68
Imaging	0.00	0.00	**0.00**	9,151.00	9,151.00	0.00%	0.00
Enabling Services	287.25	228.87	**516.12**	0.00	-516.12	0.00%	3,096.72
Outreach & Enrollment	1,487.99	145.05	**1,633.04**	51,200.00	49,566.96	3.19%	9,798.24
Maintenance Contracts	2,755.00	1,800.00	**4,555.00**	26,000.00	21,445.00	17.52%	27,330.00
Advertising	2,721.01	2,283.61	**5,004.62**	50,861.00	45,856.38	9.84%	30,027.72
Recruitment	30.93	0.00	**30.93**	20,000.00	19,969.07	0.15%	185.58
Bank Fees	780.35	750.46	**1,530.81**	12,900.00	11,369.19	11.87%	9,184.86
Books and Journals	0.00	0.00	**0.00**	1,000.00	1,000.00	0.00%	0.00
Bad Debt	9,628.52	12,576.98	**22,205.50**	59,635.00	37,429.50	37.24%	133,233.00
Charity Care	0.00	0.00	**0.00**	15,000.00	15,000.00	0.00%	0.00
Rent	225.00	0.00	**225.00**	2,500.00	2,275.00	9.00%	1,350.00
Operating Expenses	*51,880.07*	*51,914.91*	*103,794.98*	*822,224.00*	*718,429.02*	**12.62%**	*622,769.88*
Total Expenses	*224,206.68*	*154,285.74*	*380,164.61*	*2,398,607.00*	*2,018,442.39*	*15.85%*	*2,199,152.88*
Net Operating Income	**24,975.35**	**12,835.64**	**28,428.32**	**0.00**	**-28,428.32**	**0.00%**	**54,761.33**
Depreciation Bldg Improvements	156.13	156.13	**312.26**	1,874.00	1,561.30	16.66%	1,873.56
Depreciation IT	362.67	362.67	**725.34**	4,352.00	3,626.70	16.67%	4,352.04
Depreciation Leasehold Imp	1,033.93	1,033.93	**2,067.86**	12,407.00	0.00	16.67%	12,407.16
Depreciation Med. Fixtures	126.58	126.58	**253.16**	1,519.00	1,265.80	16.67%	1,518.96
Depreciation Vehicle	550.90	550.90	**1,101.80**	6,611.00	5,509.00	16.67%	6,610.80
Net Income	**22,745.14**	**10,605.43**	**23,967.90**	**-26,763.00**	**-50,729.59**	**0.00%**	**27,998.81**

Coastal Gateway Health Center

Statement of Revenue and Expenditures

	Gen Operating Prior YTD 1/31/2026	Gen Operating Current Month 2/28/2026	Gen Operating Current YTD 2/28/2026	Un. Way Grant Prior YTD 1/31/2026	Un. Way Grant Current Month 2/28/2026	Un. Way Grant Current YTD 2/28/2026
Gross Patient Revenue	158,242.71	149,072.88	307,315.59	0.00	0.00	0.00
Daily Deposits in Transit	-167.67	-4,047.32	-4,214.99	0.00	0.00	0.00
Adjustments	-92,403.43	-84,458.17	-176,861.60	0.00	0.00	0.00
Patient Refunds	0.00	0.00	0.00	0.00	0.00	0.00
Incentive Payments	523.29	0.00	523.29	0.00	0.00	0.00
ACO Shared Savings Revenue	0.00	0.00	0.00	0.00	0.00	0.00
340b Revenue	0.00	0.00	0.00	0.00	0.00	0.00
Vaxcare Revenue	0.00	0.00	0.00	0.00	0.00	0.00
Donations	0.00	0.00	0.00	0.00	0.00	0.00
United Way Grant	0.00	0.00	0.00	0.00	0.00	0.00
United Way Grant '25	0.00	0.00	0.00	2,427.58	1,903.46	4,331.04
United Way Food Distribution Grant	0.00	0.00	0.00	0.00	0.00	0.00
Incubator Grant	0.00	0.00	0.00	0.00	0.00	0.00
WSHD Sliding Fee Grant Revenue	0.00	0.00	0.00	0.00	0.00	0.00
WSHD Outreach Grant Revenue	0.00	0.00	0.00	0.00	0.00	0.00
WSHD Base Grant Revenue	0.00	0.00	0.00	0.00	0.00	0.00
Total Revenue	**66,194.90**	**60,567.39**	**126,762.29**	**2,427.58**	**1,903.46**	**4,331.04**
Salaries	5,053.51	4,397.51	9,451.02	2,232.45	1,753.29	3,985.74
Social Security Tax	299.24	259.61	558.85	138.42	108.70	247.12
Medicare Tax	69.98	60.73	130.71	32.37	25.43	57.80
SUTA	18.78	13.88	32.66	8.32	5.52	13.84
FUTA	35.70	25.12	60.82	16.02	10.52	26.54
Workers Compensation	0.00	0.00	0.00	0.00	0.00	0.00
Other Insurance	0.00	0.00	0.00	0.00	0.00	0.00
Dental Insurance	0.00	0.00	0.00	0.00	0.00	0.00
Health Insurance	1,745.40	1,745.41	3,490.81	0.00	0.00	0.00
STD/LTD Insurance	47.60	47.60	95.20	0.00	0.00	0.00
Group Life Insurance	13.00	13.00	26.00	0.00	0.00	0.00
Pension	114.23	147.26	261.49	0.00	0.00	0.00
HSA Employer Contributions	159.08	129.26	288.34	0.00	0.00	0.00
Payroll Processing Fees	68.90	0.00	68.90	0.00	0.00	0.00
Personnel Expenses	*7,625.42*	*6,839.38*	*14,464.80*	*2,427.58*	*1,903.46*	*4,331.04*
Contract Services	9,142.70	13,121.77	22,264.47	0.00	0.00	0.00
Training	617.49	150.90	768.39	0.00	0.00	0.00
Travel	1,254.00	520.27	1,774.27	0.00	0.00	0.00
Expendable Equipment	260.18	0.00	260.18	0.00	0.00	0.00
Repairs	0.00	0.00	0.00	0.00	0.00	0.00
Supplies	5,033.88	1,182.96	6,216.84	0.00	0.00	0.00
Pharmacy Fees	0.00	0.00	0.00	0.00	0.00	0.00
Internet	713.44	465.92	1,179.36	0.00	0.00	0.00
Telephone	525.64	1,346.63	1,872.27	0.00	0.00	0.00
Postage	192.20	172.35	364.55	0.00	0.00	0.00
Water/Sewer	282.78	0.00	282.78	0.00	0.00	0.00
Waste Disposal	386.00	430.87	816.87	0.00	0.00	0.00
Electric Utilites	381.24	369.21	750.45	0.00	0.00	0.00
Vehicle Operation	0.00	0.00	0.00	0.00	0.00	0.00
Legal Fees	0.00	0.00	0.00	0.00	0.00	0.00
Liability Insurance	535.75	1,071.50	1,607.25	0.00	0.00	0.00
Insurance D & O	376.50	376.50	753.00	0.00	0.00	0.00

Coastal Gateway Health Center

Statement of Revenue and Expenditures

	Gen Operating Prior YTD 1/31/2026	Gen Operating Current Month 2/28/2026	Gen Operating Current YTD 2/28/2026	Un. Way Grant Prior YTD 1/31/2026	Un. Way Grant Current Month 2/28/2026	Un. Way Grant Current YTD 2/28/2026
Professional Licenses	502.79	0.00	502.79	0.00	0.00	0.00
Software Subscription	5,587.23	4,260.96	9,848.19	0.00	0.00	0.00
Dues & Subscriptions	2,230.60	1,041.45	3,272.05	0.00	0.00	0.00
Meals & Entertainment	295.77	459.29	755.06	0.00	0.00	0.00
Lab Fees	137.10	534.81	671.91	0.00	0.00	0.00
Imaging	0.00	0.00	0.00	0.00	0.00	0.00
Enabling Services	287.25	228.87	516.12	0.00	0.00	0.00
Outreach & Enrollment	814.46	14.46	828.92	0.00	0.00	0.00
Maintenance Contracts	2,755.00	1,800.00	4,555.00	0.00	0.00	0.00
Advertising	0.00	16.21	16.21	0.00	0.00	0.00
Recruitment	30.93	0.00	30.93	0.00	0.00	0.00
Bank Fees	780.35	750.46	1,530.81	0.00	0.00	0.00
Books and Journals	0.00	0.00	0.00	0.00	0.00	0.00
Bad Debt	9,628.52	12,576.98	22,205.50	0.00	0.00	0.00
Charity Care	0.00	0.00	0.00	0.00	0.00	0.00
Rent	225.00	0.00	225.00	0.00	0.00	0.00
Operating Expenses	*42,976.80*	*40,892.37*	*83,869.17*	*0.00*	*0.00*	*0.00*
Total Expenses	*50,602.22*	*47,731.75*	*98,333.97*	*2,427.58*	*1,903.46*	*4,331.04*
Net Operating Income	**15,592.68**	**12,835.64**	**28,428.32**	**0.00**	**0.00**	**0.00**
Depreciation Bldg Improvements	156.13	156.13	312.26	0.00	0.00	0.00
Depreciation IT	362.67	362.67	725.34	0.00	0.00	0.00
Depreciation Leasehold Imp	1,033.93	1,033.93	2,067.86	0.00	0.00	0.00
Depreciation Med. Fixtures	126.58	126.58	253.16	0.00	0.00	0.00
Depreciation Vehicle	550.90	550.90	1,101.80	0.00	0.00	0.00
Net Income	**13,362.47**	**10,605.43**	**23,967.90**	**0.00**	**0.00**	**0.00**

Coastal Gateway Health Center

Statement of Revenue and Expenditures

	Base Grant Prior YTD 1/31/2026	Base Grant Current Month 2/28/2026	Base Grant Current YTD 2/28/2026	Outreach Grant Prior YTD 1/31/2026	Outreach Grant Current Month 2/28/2026	Outreach Grant Current YTD 2/28/2026	Sliding Fee Grant Prior YTD 1/31/2026	Sliding Fee Grant Current Month 2/28/2026	Sliding Fee Grant Current YTD 2/28/2026
Gross Patient Revenue	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Daily Deposits in Transit	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Adjustments	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Patient Refunds	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Incentive Payments	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
ACO Shared Savings Revenue	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
340b Revenue	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Vaxcare Revenue	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Donations	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
United Way Grant	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
United Way Grant '25	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
United Way Food Distribution Grant	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Incubator Grant	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
WSHD Sliding Fee Grant Revenue	0.00	0.00	0.00	0.00	0.00	0.00	4,165.21	5,857.62	10,022.83
WSHD Outreach Grant Revenue	0.00	0.00	0.00	11,708.02	10,245.97	21,953.99	0.00	0.00	0.00
WSHD Base Grant Revenue	156,975.84	88,546.94	245,522.78	0.00	0.00	0.00	0.00	0.00	0.00
Total Revenue	**156,975.84**	**88,546.94**	**245,522.78**	**11,708.02**	**10,245.97**	**21,953.99**	**4,165.21**	**5,857.62**	**10,022.83**
Salaries	133,067.44	72,619.37	205,686.81	5,396.53	4,747.42	10,143.95	0.00	0.00	0.00
Social Security Tax	7,863.21	4,167.42	12,030.63	332.33	291.57	623.90	0.00	0.00	0.00
Medicare Tax	1,838.99	974.62	2,813.61	77.72	68.40	146.12	0.00	0.00	0.00
SUTA	346.22	27.56	373.78	18.39	13.83	32.22	0.00	0.00	0.00
FUTA	680.60	36.59	717.19	36.19	14.52	50.71	0.00	0.00	0.00
Workers Compensation	0.00	49.83	49.83	0.00	0.00	0.00	0.00	0.00	0.00
Other Insurance	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Dental Insurance	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Health Insurance	6,299.78	5,363.48	11,663.26	909.31	936.33	1,845.64	0.00	0.00	0.00
STD/LTD Insurance	509.54	453.09	962.63	44.68	44.68	89.36	0.00	0.00	0.00
Group Life Insurance	52.00	45.50	97.50	6.50	6.50	13.00	0.00	0.00	0.00
Pension	4,873.85	3,508.03	8,381.88	148.31	0.73	149.04	0.00	0.00	0.00
HSA Employer Contributions	318.15	258.52	576.67	0.00	0.00	0.00	0.00	0.00	0.00
Payroll Processing Fees	1,126.06	0.00	1,126.06	0.00	0.00	0.00	0.00	0.00	0.00
Personnel Expenses	*156,975.84*	*87,504.01*	*244,479.85*	*6,969.96*	*6,123.98*	*13,093.94*	*0.00*	*0.00*	*0.00*
Contract Services	0.00	1,042.93	1,042.93	300.00	300.00	600.00	0.00	344.88	344.88
Training	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Travel	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Expendable Equipment	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Repairs	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Supplies	0.00	0.00	0.00	68.84	541.16	610.00	0.00	0.00	0.00

Coastal Gateway Health Center

Statement of Revenue and Expenditures

	Base Grant Prior YTD 1/31/2026	Base Grant Current Month 2/28/2026	Base Grant Current YTD 2/28/2026	Outreach Grant Prior YTD 1/31/2026	Outreach Grant Current Month 2/28/2026	Outreach Grant Current YTD 2/28/2026	Sliding Fee Grant Prior YTD 1/31/2026	Sliding Fee Grant Current Month 2/28/2026	Sliding Fee Grant Current YTD 2/28/2026
Pharmacy Fees	0.00	0.00	0.00	0.00	0.00	0.00	3,549.24	3,428.34	6,977.58
Internet	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Telephone	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Postage	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Water/Sewer	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Waste Disposal	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Electric Utilites	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Vehicle Operation	0.00	0.00	0.00	413.11	414.42	827.53	0.00	0.00	0.00
Legal Fees	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Liability Insurance	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Insurance D & O	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Professional Licenses	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Software Subscription	0.00	0.00	0.00	107.57	0.00	107.57	0.00	0.00	0.00
Dues & Subscriptions	0.00	0.00	0.00	50.00	300.00	350.00	0.00	0.00	0.00
Meals & Entertainment	0.00	0.00	0.00	404.00	168.42	572.42	0.00	0.00	0.00
Lab Fees	0.00	0.00	0.00	0.00	0.00	0.00	615.97	2,084.40	2,700.37
Imaging	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Enabling Services	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Outreach & Enrollment	0.00	0.00	0.00	673.53	130.59	804.12	0.00	0.00	0.00
Maintenance Contracts	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Advertising	0.00	0.00	0.00	2,721.01	2,267.40	4,988.41	0.00	0.00	0.00
Recruitment	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Bank Fees	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Books and Journals	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Bad Debt	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Charity Care	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Rent	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Operating Expenses	*0.00*	*1,042.93*	*1,042.93*	*4,738.06*	*4,121.99*	*8,860.05*	*4,165.21*	*5,857.62*	*10,022.83*
Total Expenses	*156,975.84*	*88,546.94*	*245,522.78*	*11,708.02*	*10,245.97*	*21,953.99*	*4,165.21*	*5,857.62*	*10,022.83*
Net Operating Income	**0.00**	**0.00**	**0.00**	**0.00**	**0.00**	**0.00**	**0.00**	**0.00**	**0.00**
Depreciation Bldg Improvements	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Depreciation IT	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Depreciation Leasehold Imp	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Depreciation Med. Fixtures	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Depreciation Vehicle	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Net Income	**0.00**	**0.00**	**0.00**	**0.00**	**0.00**	**0.00**	**0.00**	**0.00**	**0.00**

TEXAS FIRST BANK
Helping Texans Build Texas®
www.texasfirst.bank
600 Gulf Freeway, Texas City, TX 77591
Return Service Requested

TELEPHONE BANKING
(409) 945-9889 (281) 538-2226
(855) 355-8321

CUSTOMER SERVICE
(409) 948-1993

1
COASTAL GATEWAY HEALTH CENTER
PO BOX 2264
WINNIE TX 77665-2264

Account Number: ****7448
Date 02/27/26

EM

AA-BUSINESS	COASTAL GATEWAY HEALTH CENTER	Acct XXXXXX7448

Summary of Activity Since Your Last Statement

	Beginning Balance	2/01/26	396,045.68	
	Deposits / Misc Credits	128	58,075.44	
	Withdrawals / Misc Debits	63	152,755.73	
**	Ending Balance	2/28/26	301,365.39	**
	Service Charge		.00	
	Average Balance		346,663	
	Enclosures		62	

	Total for this period	Total year-to-date
Total Overdraft Fees	$.00	$.00
Total Returned Item Fees	$.00	$.00

Deposits and Other Credits

Date	Amount	Activity Description
2/02	93.17	Deposit
2/02	125.00	Deposit
2/02	465.15	GLOBAL PAYMENTS/GLOBAL DEP 8788240055297 COASTAL GATEWAY HEALTH
2/02	487.85	GLOBAL PAYMENTS/GLOBAL DEP 8788240055297 COASTAL GATEWAY HEALTH
2/02	1,229.65	GLOBAL PAYMENTS/GLOBAL DEP 8788240055297 COASTAL GATEWAY HEALTH
2/02	8.91	UnitedHealthcare/HCCLAIMPMT TRN*1*U7218891*1411289245*000087726\ 874389463 Coastal Gateway Health
2/02	18.70	SELECTCARE OF TX/HCCLAIMPMT TRN*1*1001588697*1621819658\ COASTAL GATEWAY HEALTH
2/02	68.54	Freedom Life Ins/HCCLAIMPMT TRN*1*3388720644*1611096685*0000USHA1\ 874389463 Coastal Gateway Health
2/02	115.34	NOVITAS/HCCLAIMPMT TRN*1*820643441*1205296137~

Coastal Gateway Health Center
Reconcile Cash Accounts

Summary

Cash Account: 1001 Cash- Operating
Reconciliation ID: 2026.02
Reconciliation Date: 2/28/2026
Status: Open

Bank Balance	301,365.39
Less Outstanding Checks/Vouchers	1,493.35
Plus Deposits in Transit	0.00
Plus or Minus Other Cash Items	0.00
Plus or Minus Suspense Items	0.00
Reconciled Bank Balance	299,872.04
Balance Per Books	299,872.04
Unreconciled Difference	0.00

Click the Next Page toolbar button to view details.

Detail

Cash Account: 1001 Cash- Operating
Reconciliation ID: 2026.02
Reconciliation Date: 2/28/2026
Status: Open

Outstanding Checks/Vouchers

Document Number	Document Date	Document Description	Document Amount	Payee
2211	1/21/2026	System Generated Check/Voucher	49.99	Grinnell Computers, Inc.
2229	2/18/2026	System Generated Check/Voucher	750.00	Gilbreath Outdoor Advertising
2230	2/18/2026	System Generated Check/Voucher	49.99	Grinnell Computers, Inc.
2232	2/18/2026	System Generated Check/Voucher	287.25	Night Nurse, Inc.
2234	2/18/2026	System Generated Check/Voucher	356.12	Staples
Outstanding Checks/Vouchers			1,493.35	

Detail

Cash Account: 1001 Cash- Operating
Reconciliation ID: 2026.02
Reconciliation Date: 2/28/2026
Status: Open

Cleared Checks/Vouchers

Document Number	Document Date	Document Description	Document Amount	Payee
2172	1/8/2026	System Generated Check/Voucher	75.00	Bolivar Peninsula LIGHTHOUSE KREWE
2182	1/8/2026	System Generated Check/Voucher	2,291.22	North American Healthcare Management Services
2195	1/16/2026	System Generated Check/Voucher	300.00	Southeast Texas NonProfit Development Center
2208	1/21/2026	System Generated Check/Voucher	2,674.31	Discovery Analysts and Consultants
2209	1/21/2026	System Generated Check/Voucher	135.83	ENDPOINT IT LLC
2210	1/21/2026	System Generated Check/Voucher	775.00	Gulf Coast Generators
2213	1/21/2026	System Generated Check/Voucher	2,726.40	North American Healthcare Management Services
2214	1/21/2026	System Generated Check/Voucher	200.00	Sour Lake Chamber of Commerce
2216	1/21/2026	System Generated Check/Voucher	40.52	ULINE
2196	1/31/2026	System Generated Check/Voucher	400.00	Sour Lake Chamber of Commerce
2197	1/31/2026	System Generated Check/Voucher	1,771.17	Kaleb Norris
2198	1/31/2026	System Generated Check/Voucher	745.81	Staples
2199	2/5/2026	System Generated Check/Voucher	95.00	Attaboy Termite & Pest Control, Inc.
2200	2/5/2026	System Generated Check/Voucher	225.00	Cammareri's Mini Stor-All
2201	2/5/2026	System Generated Check/Voucher	500.00	KALEY SMITH
2202	2/5/2026	System Generated Check/Voucher	1,638.00	ENDPOINT IT LLC
2203	2/5/2026	System Generated Check/Voucher	750.00	Gilbreath Outdoor Advertising
2204	2/5/2026	System Generated Check/Voucher	49.99	Grinnell Computers, Inc.
2205	2/5/2026	System Generated Check/Voucher	3,968.39	McKesson Medical Surgical
2206	2/5/2026	System Generated Check/Voucher	355.88	MedPro Disposal, LLC
2218	2/5/2026	System Generated Check/Voucher	162.50	MedTrainer
2219	2/5/2026	System Generated Check/Voucher	1,050.00	Peerspectiv LLC
2220	2/5/2026	System Generated Check/Voucher	1,305.02	Quest Diagnostics
2221	2/5/2026	System Generated Check/Voucher	252.93	Republic Services #862
2222	2/5/2026	System Generated Check/Voucher	240.00	Russell Breaux
2223	2/5/2026	System Generated Check/Voucher	379.65	Staples

Detail

Cash Account: 1001 Cash- Operating
Reconciliation ID: 2026.02
Reconciliation Date: 2/28/2026
Status: Open

Cleared Checks/Vouchers

Document Number	Document Date	Document Description	Document Amount	Payee
2224	2/5/2026	System Generated Check/Voucher	3,150.00	SW SYSTEMS
900046	2/14/2026	System Generated Check/Voucher	4,060.53	Ascensus Trust
900047	2/14/2026	System Generated Check/Voucher	285.12	Colonial Life
900048	2/14/2026	System Generated Check/Voucher	728.96	Global Payments Integrated
900049	2/14/2026	System Generated Check/Voucher	781.78	HSA Bank
900050	2/14/2026	System Generated Check/Voucher	808.88	Humana Insurance Co.
900051	2/14/2026	System Generated Check/Voucher	601.82	First Unum Life Insurance Company
900052	2/14/2026	System Generated Check/Voucher	390.89	HSA Bank
900053	2/14/2026	System Generated Check/Voucher	3,150.00	Liszcz Consulting, LLC
900054	2/17/2026	System Generated Check/Voucher	11,353.53	BLUE CROSS BLUE SHIELD OF TEXAS
900055	2/17/2026	System Generated Check/Voucher	1,050.00	The Seabreeze Beacon
900056	2/17/2026	System Generated Check/Voucher	1,508.23	Windstream
2225	2/18/2026	System Generated Check/Voucher	95.00	Attaboy Termite & Pest Control, Inc.
2226	2/18/2026	System Generated Check/Voucher	60.00	Alene Young
2227	2/18/2026	System Generated Check/Voucher	300.00	CCYB
2228	2/18/2026	System Generated Check/Voucher	1,025.00	MICHAEL LYONS
2231	2/18/2026	System Generated Check/Voucher	130.00	Language Line Services
2233	2/18/2026	System Generated Check/Voucher	149.16	Sanitary Supply Co
2235	2/18/2026	System Generated Check/Voucher	282.78	Trinity Bay Conservation District
2236	2/18/2026	System Generated Check/Voucher	3,549.24	Wilcox Pharmacy
900057	2/19/2026	System Generated Check/Voucher	4,101.23	Ascensus Trust
900058	2/19/2026	System Generated Check/Voucher	4,514.44	eClinicalWorks
900059	2/19/2026	System Generated Check/Voucher	273.78	Entergy
900060	2/20/2026	System Generated Check/Voucher	390.89	HSA Bank
900061	2/20/2026	System Generated Check/Voucher	282.60	Trizetto Provider Solutions, LLc
900062	2/24/2026	System Generated Check/Voucher	99.54	Entergy

Detail

Cash Account: 1001 Cash- Operating
Reconciliation ID: 2026.02
Reconciliation Date: 2/28/2026
Status: Open

Cleared Checks/Vouchers

Document Number	Document Date	Document Description	Document Amount	Payee
900063	2/28/2026	System Generated Check/Voucher	27.39	Texas First Bank
900063	2/28/2026	System Generated Check/Voucher	(27.39)	Texas First Bank
900064	2/28/2026	System Generated Check/Voucher	880.00	Ascensus Trust
900065	2/28/2026	System Generated Check/Voucher	6.00	HSA Bank
Cleared Checks/Vouchers			67,117.02	

Detail

Cash Account: 1001 Cash- Operating
Reconciliation ID: 2026.02
Reconciliation Date: 2/28/2026
Status: Open

Cleared Other Cash Items

Document Number	Document Date	Document Description	Document Amount
02.2026 Payroll 1	2/14/2026	Payroll 1 - 01.25.26 - 02.07.2026	(41,641.02)
JV 022426 KN01	2/24/2026	Payroll 2 - 02.08.26-02.21.26	(40,252.85)
JV 022826 KN01	2/28/2026	February 2026 Daily Deposits -	58,075.44
JV 022826 KN04	2/28/2026	Kaley February 2026 CC Transactions-	(1,985.21)
JV 022826 KN04-2	2/28/2026	Janci February 2026 CC Transactions-	(1,436.89)
JV 022826 KN04-3	2/28/2026	Kaleb February 2026 CC Transactions-	(322.74)
Cleared Other Cash Items			(27,563.27)

Exhibit “G”

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

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

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

Scott Johnson, Nursing Facility Specialist
Winnie-Stowell Hospital District

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

February 18, 2026

Facility Administrator: Wanda Ledford

Garland Nursing and Rehabilitation is licensed for 122 beds, and its current census is 79 residents. There are three residents in the hospital and two are expected to return to the facility soon. The facility is expecting a respite patient to be admitted today. Discussed building relationships in the community to support respite care for those in need.

Staffing efforts are going well with no nurse positions open at this time. There are three department head positions open including the business office manager, a social worker, and the housekeeping supervisor. There have been some interviews for these openings, but the facility is continuing to interview to find the right person for each position. The facility recently hired a treatment nurse, and it is looking to hire another nurse to lead education and staffing efforts.

The state visited the facility last month to investigate the self-report regarding a resident-to-resident incident. All reasons for investigation were unsubstantiated. The facility submitted a self-report last week regarding an injury of unknown origin. The resident involved has a shoulder fracture, but there were no witnessed events that would have caused the incident. The administrator shared interventions and education provided in response to the incident. nobody saw anything that would have caused it. The facility is in its annual fullbook survey window.

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 will have its monthly QAPI meeting on Monday. The facility has a fairly new DON who has been involved in reviewing and updating nursing processes and programs. Discussed recent work to audit the medication carts. The results of these audits will be included in the upcoming QAPI meeting with further review and action as necessary. The administrator shared some changes to nursing staff scheduling which will include more CMA hours.

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

The facility is continuing to host its monthly fine dining event. The event last month went well, with February's dinner planned later this week. Discussed taking feedback when planning foods to serve during these events.

Provided quarterly joint training regarding infection prevention and control. Discussed the critical role of these programs to protect resident health and clinical outcomes. Reviewed expectations for a proactive, facility-wide infection control program supported by clear policies, leadership oversight, and designated infection preventionist staff. Discussed required components including ongoing staff training, active infection surveillance, and timely response to potential outbreaks. Reviewed the importance of hand hygiene, use of personal protective equipment, and environmental cleaning.

The facility received a deficiency earlier this year due to a staff member not following enhanced barrier precautions by not utilizing a gown when needed. Discussed ongoing education and training for all staff members under infection prevention and control. The administrator shared the facility's efforts to ensure staff conduct is aligned with the facility's standards at all times. Discussed working consistently to make corrections and form strong habits.

Joint Training Information

Infection Prevention and Control programs in nursing facilities have significant impact on resident well-being and clinical outcomes. Nursing home residents are often at increased risk for infection due to factors such as existing comorbidities and living in a congregate setting. Effective infection prevention and control programs actively manage these risks to protect residents, staff, and visitors.

Texas Health and Human Services (HHS) has outlined evidence-based best practices for infection prevention and control to support safe, high-quality care in nursing facilities. These guidelines emphasize the importance of a proactive, organized, facility-wide infection control program that is consistently followed by all staff to reduce infection risk.

Infection prevention and control programs must maintain clear written policies and procedures, define staff roles and responsibilities, and ensure ongoing education and competency training. Leadership involvement is essential to ensure practices are consistently implemented, monitored, and reinforced throughout the facility. Each facility must have at least one infection preventionist (IP) to support program functions.

Surveillance systems must be in place to effectively identify and track infections, recognize trends, and activate prompt responses to potential outbreaks. Facilities are encouraged to use standardized tracking methods, analyze data, and communicate findings with staff to strengthen prevention efforts and improve resident outcomes.

Evidence-based prevention practices are central to effective infection control programs. These practices include strict adherence to hand hygiene, appropriate use of personal protective

equipment (PPE), and implementation of proper precautions when indicated. Environmental cleaning, disinfection, and safe handling of waste and contaminated materials are also critical components. Additional initiatives that support infection prevention include immunization programs, blood-borne pathogen exposure management, safe food handling, and emergency preparedness planning.

Please see the following links for additional information and evidence-based best practices on this topic:

Infection Prevention and Control

Evidence-Based Best Practices: Infection Prevention and Control in Nursing Facilities

Infection Control and Response Tool for General Infection Prevention and Control Across Settings (ICAR)

Thank you for your continued commitment to infection prevention and resident safety. The actions nursing home staff take each day play a vital role in maintaining a safe and healthy environment. Please feel free to contact me if you have any questions.

WINNIE STOWELL HOSPITAL DISTRICT
WWW.WSHD-TX.ORG

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

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

Treasurer: Bobby Way
Dir. Kacey Vratis

Scott Johnson, Nursing Facility Specialist
Winnie-Stowell Hospital District

Gracy Woods Nursing Center
12021 Metric Blvd
Austin, TX 78758

February 19, 2026

Facility Administrator: Heather Devine

Gracy Woods Nursing Center is licensed for 122 beds, and its current census is 93 residents including 8 skilled patients. There are three residents in the hospital, two of which are expected to readmit to the facility today. There are also several new referrals under review at this time with two pending admissions to the facility today. Discussed working with other facilities to help coordinate care of residents with varying insurers.

Discussed staffing and efforts to maintain appropriate ratios. There is only one open position at this time for a dietary aide.

There was a visit by a state surveyors to investigate four self-reports and two complaints. All reasons for investigation were unsubstantiated.

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

The facility held it monthly QAPI meeting and reviewed clinical outcomes and systems. The team continues to work on its requirements to graduate from the special focus designation. The rapid response team has been involved and confirmed the facility has met roughly 90% of the original POCs to be completed.

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

The new washers and dryers are expected to be delivered and installed next week. The generator was repaired and the rental generator was returned. The new generator was tested at full load and worked perfectly. There are two new batteries in the van as well.

The activities department has been working to offer new activities and increase resident engagement. The team has been receiving a lot of compliments on Facebook about the offerings at the building.

The team has plans to replace the remaining carpet with laminate flooring over the next few weeks. The building expects to complete some work on the facility grounds to increase its curbside appeal.

Provided quarterly joint training regarding infection prevention and control. Discussed the critical role of these programs to protect resident health and clinical outcomes. Reviewed expectations for a proactive, facility-wide infection control program supported by clear policies, leadership oversight, and designated infection preventionist staff. Discussed required components including ongoing staff training, active infection surveillance, and timely response to potential outbreaks. Reviewed the importance of hand hygiene, use of personal protective equipment, and environmental cleaning.

The facility completes required in-services every month. Discussed providing infection control re-education frequently. There is a nurse responsible for staff development who helps build up team members education and competencies. There are also routine assignments for staff members to complete skills checks offs.

Joint Training Information

Infection Prevention and Control programs in nursing facilities have significant impact on resident well-being and clinical outcomes. Nursing home residents are often at increased risk for infection due to factors such as existing comorbidities and living in a congregate setting. Effective infection prevention and control programs actively manage these risks to protect residents, staff, and visitors.

Texas Health and Human Services (HHS) has outlined evidence-based best practices for infection prevention and control to support safe, high-quality care in nursing facilities. These guidelines emphasize the importance of a proactive, organized, facility-wide infection control program that is consistently followed by all staff to reduce infection risk.

Infection prevention and control programs must maintain clear written policies and procedures, define staff roles and responsibilities, and ensure ongoing education and competency training. Leadership involvement is essential to ensure practices are consistently implemented, monitored, and reinforced throughout the facility. Each facility must have at least one infection preventionist (IP) to support program functions.

Surveillance systems must be in place to effectively identify and track infections, recognize trends, and activate prompt responses to potential outbreaks. Facilities are encouraged to use standardized tracking methods, analyze data, and communicate findings with staff to strengthen prevention efforts and improve resident outcomes.

Evidence-based prevention practices are central to effective infection control programs. These practices include strict adherence to hand hygiene, appropriate use of personal protective equipment (PPE), and implementation of proper precautions when indicated. Environmental

cleaning, disinfection, and safe handling of waste and contaminated materials are also critical components. Additional initiatives that support infection prevention include immunization programs, blood-borne pathogen exposure management, safe food handling, and emergency preparedness planning.

Please see the following links for additional information and evidence-based best practices on this topic:

Infection Prevention and Control

Evidence-Based Best Practices: Infection Prevention and Control in Nursing Facilities

Infection Control and Response Tool for General Infection Prevention and Control Across Settings (ICAR)

Thank you for your continued commitment to infection prevention and resident safety. The actions nursing home staff take each day play a vital role in maintaining a safe and healthy environment. Please feel free to contact me if you have any questions.

WINNIE STOWELL HOSPITAL DISTRICT
WWW.WSHD-TX.ORG

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

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

Treasurer: Bobby Way
Dir. Kacey Vratis

Scott Johnson, Nursing Facility Specialist
Winnie-Stowell Hospital District

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

February 16, 2026

Facility Administrator: Isaiah Ramirez
Facility DON: Raysheta Richardson

At the facility QAPI meeting on 2/16/26, the Administrator and other attendees discussed the facility's outcomes from January 2026.

Parkview Manor Nursing & Rehabilitation is licensed for 94 beds, and its current census is 35 residents. For the month of January, the facility averaged a census of 37 residents.

The facility's fullbook survey window will open in June. Discussed efforts by the interdisciplinary team to remain ready for survey and ensure prior findings are still being managed.

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

The facility reported seventeen total falls and four residents who experienced repeat falls in January. Discussed the facility's ongoing PIP addressing falls and adjustments being implemented to support fall prevention efforts.

The facility is implementing a PIP addressing infections, but there is not a specific infection type with a trend. There were six total facility acquired infections in January which was 16% of the facility census.

The interdisciplinary team reviewed its ongoing PIP addressing significant weight loss. The facility discussed evaluation of existing interventions and adding new measures to support the residents' personalized needs.

The facility met all indicator targets under Component 1 except falls with major injury. Many of these falls are from residents who experience repeat falls. Discussed efforts to meet residents needs and keep them safe.

The facility did not meet any of its indicator targets under Component 2 but is working to improve staffing ratios where possible.

All indicator targets under Component 3 were met. The facility did not meet its target for pressure ulcers under Component 4.

Provided quarterly joint training regarding infection prevention and control. Discussed the critical role of these programs to protect resident health and clinical outcomes. Reviewed expectations for a proactive, facility-wide infection control program supported by clear policies, leadership oversight, and designated infection preventionist staff. Discussed required components including ongoing staff training, active infection surveillance, and timely response to potential outbreaks. Reviewed the importance of hand hygiene, use of personal protective equipment, and environmental cleaning.

Discussed the facility's systems supporting infection prevention and control efforts. The interdisciplinary team emphasizes clear communication when there is any infection present in the facility. Discussed the importance of having up to date information so that staff can effectively and safely care for residents using the correct precautions.

Joint Training Information

Infection Prevention and Control programs in nursing facilities have significant impact on resident well-being and clinical outcomes. Nursing home residents are often at increased risk for infection due to factors such as existing comorbidities and living in a congregate setting. Effective infection prevention and control programs actively manage these risks to protect residents, staff, and visitors.

Texas Health and Human Services (HHS) has outlined evidence-based best practices for infection prevention and control to support safe, high-quality care in nursing facilities. These guidelines emphasize the importance of a proactive, organized, facility-wide infection control program that is consistently followed by all staff to reduce infection risk.

Infection prevention and control programs must maintain clear written policies and procedures, define staff roles and responsibilities, and ensure ongoing education and competency training. Leadership involvement is essential to ensure practices are consistently implemented, monitored, and reinforced throughout the facility. Each facility must have at least one infection preventionist (IP) to support program functions.

Surveillance systems must be in place to effectively identify and track infections, recognize trends, and activate prompt responses to potential outbreaks. Facilities are encouraged to use standardized tracking methods, analyze data, and communicate findings with staff to strengthen prevention efforts and improve resident outcomes.

Evidence-based prevention practices are central to effective infection control programs. These practices include strict adherence to hand hygiene, appropriate use of personal protective equipment (PPE), and implementation of proper precautions when indicated. Environmental cleaning, disinfection, and safe handling of waste and contaminated materials are also critical components. Additional initiatives that support infection prevention include immunization programs, blood-borne pathogen exposure management, safe food handling, and emergency preparedness planning.

Please see the following links for additional information and evidence-based best practices on this topic:

Infection Prevention and Control

Evidence-Based Best Practices: Infection Prevention and Control in Nursing Facilities

Infection Control and Response Tool for General Infection Prevention and Control Across Settings (ICAR)

Thank you for your continued commitment to infection prevention and resident safety. The actions nursing home staff take each day play a vital role in maintaining a safe and healthy environment. Please feel free to contact me if you have any questions.

Scott Johnson, Nursing Facility Specialist
Winnie-Stowell Hospital District

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

February 18, 2026

Facility Administrator: Lorraine Haynes

The Villa at Texarkana is licensed for 120 beds, and its current census is 95 residents. The facility's census has been steady in the upper 90s recently. Discussed continued efforts to support community relationships with referral sources.

The facility has a new business office manager who started recently. The facility is seeking a few nurses, but no other open positions were reported at this time.

The administrator reported there are currently four outstanding self-reports pending investigation by the state. Discussed an incident regarding an allegation of abuse involving a staff member who did not provide a proper response or tone when answering a resident. The staff member was suspended pending investigation and has since been terminated. There was a separate incident of a resident who reported misappropriation of funds by a family member. The facility is working through the process with the resident to support them while keeping them safe.

The Villa at Texarkana has a 4-star rating overall. The facility has a 4-star rating in Health Inspections, a 3-star rating in Staffing, and a 3-star rating in Quality Measures. The facility's overall and quality measures star ratings both decreased from 5-star ratings.

The facility will hold its monthly QAPI meeting next week. The administrator shared updates on focus areas and newly implemented interventions. The team also plans to discuss communication and standards of employee conduct due to the recent reportable incident.

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

The construction project in the building has continued to progress and will be completed soon. Provided quarterly joint training regarding infection prevention and control. Discussed the critical role of these programs to protect resident health and clinical outcomes. Reviewed

expectations for a proactive, facility-wide infection control program supported by clear policies, leadership oversight, and designated infection preventionist staff. Discussed required components including ongoing staff training, active infection surveillance, and timely response to potential outbreaks. Reviewed the importance of hand hygiene, use of personal protective equipment, and environmental cleaning.

The facility routinely in-services its staff members on infection control protocol to ensure education is maintained and followed. Discussed the importance of consistency with this education and holding staff accountable to facility policies.

Joint Training Information

Infection Prevention and Control programs in nursing facilities have significant impact on resident well-being and clinical outcomes. Nursing home residents are often at increased risk for infection due to factors such as existing comorbidities and living in a congregate setting. Effective infection prevention and control programs actively manage these risks to protect residents, staff, and visitors.

Texas Health and Human Services (HHS) has outlined evidence-based best practices for infection prevention and control to support safe, high-quality care in nursing facilities. These guidelines emphasize the importance of a proactive, organized, facility-wide infection control program that is consistently followed by all staff to reduce infection risk.

Infection prevention and control programs must maintain clear written policies and procedures, define staff roles and responsibilities, and ensure ongoing education and competency training. Leadership involvement is essential to ensure practices are consistently implemented, monitored, and reinforced throughout the facility. Each facility must have at least one infection preventionist (IP) to support program functions.

Surveillance systems must be in place to effectively identify and track infections, recognize trends, and activate prompt responses to potential outbreaks. Facilities are encouraged to use standardized tracking methods, analyze data, and communicate findings with staff to strengthen prevention efforts and improve resident outcomes.

Evidence-based prevention practices are central to effective infection control programs. These practices include strict adherence to hand hygiene, appropriate use of personal protective equipment (PPE), and implementation of proper precautions when indicated. Environmental cleaning, disinfection, and safe handling of waste and contaminated materials are also critical components. Additional initiatives that support infection prevention include immunization programs, blood-borne pathogen exposure management, safe food handling, and emergency preparedness planning.

Please see the following links for additional information and evidence-based best practices on this topic:

Infection Prevention and Control

Evidence-Based Best Practices: Infection Prevention and Control in Nursing Facilities

Infection Control and Response Tool for General Infection Prevention and Control Across Settings (ICAR)

Thank you for your continued commitment to infection prevention and resident safety. The actions nursing home staff take each day play a vital role in maintaining a safe and healthy environment. Please feel free to contact me if you have any questions.

WINNIE STOWELL HOSPITAL DISTRICT
WWW.WSHD-TX.ORG

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

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

Treasurer: Bobby Way
Dir. Kacey Vratis

Scott Johnson, Nursing Facility Specialist
Winnie-Stowell Hospital District

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

February 27, 2026

Facility Administrator: Brittany Smith

At the facility QAPI meeting on 2/27/26, the Administrator and other attendees discussed the facility's outcomes from January 2026.

Winnie L LTC is licensed for 105 beds, and its current census is 44 residents. For the month of January, the facility averaged a census of 41 residents.

The facility reports 59 total employees and a 2% turnover rate. Discussed recent efforts to recruit new team members to fill vacancies. The facility has hired a new maintenance director and a new housekeeping and laundry supervisor.

The facility reports there were two new self-reports submitted in January. The first incident was related to a sprinkler head that burst during the freeze which has been replaced. The second incident was due to a resident-to-resident altercation. The state visited the facility and investigated these self-reports. The sprinkler head was substantiated but not cited, and the resident-to-resident altercation was unsubstantiated.

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

Discussed continued efforts to decrease falls and improve fall prevention efforts. There were fifteen total falls, but only one resident who experienced repeat falls.

Under Component 1, the facility did not meet its targets for urinary tract infections or locomotion independently worsened. Discussed efforts to seek further improvement in these categories.

The facility met its target for CNA hours under Component 2. The team reviewed marketing efforts to increase the facility census which will consequently support growing staffing assignments as well. Discussed staff recruitment and retention best practices.

Under Component 3, all indicator targets were met except for bowel and bladder incontinence. All indicators under Component 4 were met.

Provided quarterly joint training regarding infection prevention and control. Discussed the critical role of these programs to protect resident health and clinical outcomes. Reviewed expectations for a proactive, facility-wide infection control program supported by clear policies, leadership oversight, and designated infection preventionist staff. Discussed required components including ongoing staff training, active infection surveillance, and timely response to potential outbreaks. Reviewed the importance of hand hygiene, use of personal protective equipment, and environmental cleaning.

The facility has a performance improvement plan addressing infections. There were six urinary infections reported in January. Discussed efforts by the activity department to support resident hydration. The team also discussed ongoing catheter and peri-care checkoffs. Discussed including proficiencies for infection control and hand washing with staff trainings.

Joint Training Information

Infection Prevention and Control programs in nursing facilities have significant impact on resident well-being and clinical outcomes. Nursing home residents are often at increased risk for infection due to factors such as existing comorbidities and living in a congregate setting. Effective infection prevention and control programs actively manage these risks to protect residents, staff, and visitors.

Texas Health and Human Services (HHS) has outlined evidence-based best practices for infection prevention and control to support safe, high-quality care in nursing facilities. These guidelines emphasize the importance of a proactive, organized, facility-wide infection control program that is consistently followed by all staff to reduce infection risk.

Infection prevention and control programs must maintain clear written policies and procedures, define staff roles and responsibilities, and ensure ongoing education and competency training. Leadership involvement is essential to ensure practices are consistently implemented, monitored, and reinforced throughout the facility. Each facility must have at least one infection preventionist (IP) to support program functions.

Surveillance systems must be in place to effectively identify and track infections, recognize trends, and activate prompt responses to potential outbreaks. Facilities are encouraged to use standardized tracking methods, analyze data, and communicate findings with staff to strengthen prevention efforts and improve resident outcomes.

Evidence-based prevention practices are central to effective infection control programs. These practices include strict adherence to hand hygiene, appropriate use of personal protective equipment (PPE), and implementation of proper precautions when indicated. Environmental cleaning, disinfection, and safe handling of waste and contaminated materials are also critical

components. Additional initiatives that support infection prevention include immunization programs, blood-borne pathogen exposure management, safe food handling, and emergency preparedness planning.

Please see the following links for additional information and evidence-based best practices on this topic:

Infection Prevention and Control

Evidence-Based Best Practices: Infection Prevention and Control in Nursing Facilities

Infection Control and Response Tool for General Infection Prevention and Control Across Settings (ICAR)

Thank you for your continued commitment to infection prevention and resident safety. The actions nursing home staff take each day play a vital role in maintaining a safe and healthy environment. Please feel free to contact me if you have any questions.

Scott Johnson, Nursing Facility Specialist
Winnie-Stowell Hospital District

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

February 24, 2026

Facility Administrator: Martha Paddie

Copperas Cove LTC is licensed for 124 beds, and its current census is 75 residents including 8 skilled patients. There are two residents in the hospital who are expected to return soon. There are two pending admissions which are awaiting hospital discharge.

The facility is still seeking an MDS coordinator and has extended an offer of employment to a candidate. There are openings for a weekend RN supervisor, a wound care nurse, a dayshift nurse, four nightshift CNAs, and a PRN activity aide. The facility has been able to lean on its PRN staff for coverage needs but may need to utilize agency staffing to cover some of the CNA nightshifts until the vacancies are filled.

The state visited the facility earlier this month to investigate two self-reports and a complaint. All reasons for investigation were unsubstantiated. There is one self-report outstanding due to a resident-to-resident incident. Discussed interventions and internal investigations completed regarding the incident.

Copperas Cove LTC has a 2-star rating overall. The facility has a 2-star rating in Health Inspections, a 2-star rating in Staffing, and a 2-star rating in Quality Measures. The facility's quality measures star rating decreased from a 3-star rating.

The facility held its monthly QAPI meeting today and reported strong involvement by the interdisciplinary team and the medical director. The team is working to strengthen its QA process and ensure reporting is consistent, clear, and uniform. Discussed efforts to ensure the team is aligned and stays on track to meet care goals and targets.

The flu outbreak which began at the end of January has resolved. Discussed efforts by the team to follow its infection control policies and utilize proper precautions to keep other residents and staff safe.

Grievances are being managed and the team is working on improving customer service. Discussed opportunities to improve communication with residents and their family members.

The facility has an A/C unit which is leaking some Freon. Discussed work to repair the unit and potentially replace a coil.

Provided quarterly joint training regarding infection prevention and control. Discussed the critical role of these programs to protect resident health and clinical outcomes. Reviewed expectations for a proactive, facility-wide infection control program supported by clear policies, leadership oversight, and designated infection preventionist staff. Discussed required components including ongoing staff training, active infection surveillance, and timely response to potential outbreaks. Reviewed the importance of hand hygiene, use of personal protective equipment, and environmental cleaning.

Discussed ongoing efforts to support infection prevention efforts. The administrator is working on her infection preventionist recertification, and the facility's new ADON is also going through the certification process. Discussed management's involvement in leading these efforts. The facility has been working on hand hygiene recently. Discussed efforts to ensure staff follow hand hygiene protocol when doing daily tasks.

Joint Training Information

Infection Prevention and Control programs in nursing facilities have significant impact on resident well-being and clinical outcomes. Nursing home residents are often at increased risk for infection due to factors such as existing comorbidities and living in a congregate setting. Effective infection prevention and control programs actively manage these risks to protect residents, staff, and visitors.

Texas Health and Human Services (HHS) has outlined evidence-based best practices for infection prevention and control to support safe, high-quality care in nursing facilities. These guidelines emphasize the importance of a proactive, organized, facility-wide infection control program that is consistently followed by all staff to reduce infection risk.

Infection prevention and control programs must maintain clear written policies and procedures, define staff roles and responsibilities, and ensure ongoing education and competency training. Leadership involvement is essential to ensure practices are consistently implemented, monitored, and reinforced throughout the facility. Each facility must have at least one infection preventionist (IP) to support program functions.

Surveillance systems must be in place to effectively identify and track infections, recognize trends, and activate prompt responses to potential outbreaks. Facilities are encouraged to use standardized tracking methods, analyze data, and communicate findings with staff to strengthen prevention efforts and improve resident outcomes.

Evidence-based prevention practices are central to effective infection control programs. These practices include strict adherence to hand hygiene, appropriate use of personal protective equipment (PPE), and implementation of proper precautions when indicated. Environmental cleaning, disinfection, and safe handling of waste and contaminated materials are also critical

components. Additional initiatives that support infection prevention include immunization programs, blood-borne pathogen exposure management, safe food handling, and emergency preparedness planning.

Please see the following links for additional information and evidence-based best practices on this topic:

Infection Prevention and Control

Evidence-Based Best Practices: Infection Prevention and Control in Nursing Facilities

Infection Control and Response Tool for General Infection Prevention and Control Across Settings (ICAR)

Thank you for your continued commitment to infection prevention and resident safety. The actions nursing home staff take each day play a vital role in maintaining a safe and healthy environment. Please feel free to contact me if you have any questions.

Scott Johnson, Nursing Facility Specialist
Winnie-Stowell Hospital District

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

February 24, 2026

Facility Administrator: Gabe Pallanez

Forum Parkway Health & Rehabilitation is licensed for 139 beds, and its current census is 93 residents. Discussed recent trends with admissions and discharges at the facility. The census has continued to grow into the 90s from the 80s in recent weeks.

Discussed current staff vacancies and efforts to ensure proper coverage is provided at all times. The team works to promptly interview candidates for openings. Discussed the significance of efficiently moving candidates through the hiring and onboarding processes once an offer of employment is accepted.

Discussed review of survey readiness efforts and ongoing staff training and education.

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

Discussed the facility's QA process and efforts to direct the clinical systems and patient experience in the building. The administrator is pleased with the involvement by the attending physicians in supporting the needs of the residents.

There are no reports of any COVID or flu in the facility at this time.

Discussed efforts to manage grievances and ensure all issues experienced by the residents are addressed promptly. Discussed the resolution process and involvement by certain team members to ensure issues are completely resolved.

Provided quarterly joint training regarding infection prevention and control. Discussed the critical role of these programs to protect resident health and clinical outcomes. Reviewed expectations for a proactive, facility-wide infection control program supported by clear

policies, leadership oversight, and designated infection preventionist staff. Discussed required components including ongoing staff training, active infection surveillance, and timely response to potential outbreaks. Reviewed the importance of hand hygiene, use of personal protective equipment, and environmental cleaning.

Discussed ongoing efforts of the facility to routinely train staff and check their competencies. The facility strives to keep a safe and clean environment to reduce the risk of infection in the building. Discussed the role nursing facilities play and keeping residents safe, and comfortable.

Joint Training Information

Infection Prevention and Control programs in nursing facilities have significant impact on resident well-being and clinical outcomes. Nursing home residents are often at increased risk for infection due to factors such as existing comorbidities and living in a congregate setting. Effective infection prevention and control programs actively manage these risks to protect residents, staff, and visitors.

Texas Health and Human Services (HHS) has outlined evidence-based best practices for infection prevention and control to support safe, high-quality care in nursing facilities. These guidelines emphasize the importance of a proactive, organized, facility-wide infection control program that is consistently followed by all staff to reduce infection risk.

Infection prevention and control programs must maintain clear written policies and procedures, define staff roles and responsibilities, and ensure ongoing education and competency training. Leadership involvement is essential to ensure practices are consistently implemented, monitored, and reinforced throughout the facility. Each facility must have at least one infection preventionist (IP) to support program functions.

Surveillance systems must be in place to effectively identify and track infections, recognize trends, and activate prompt responses to potential outbreaks. Facilities are encouraged to use standardized tracking methods, analyze data, and communicate findings with staff to strengthen prevention efforts and improve resident outcomes.

Evidence-based prevention practices are central to effective infection control programs. These practices include strict adherence to hand hygiene, appropriate use of personal protective equipment (PPE), and implementation of proper precautions when indicated. Environmental cleaning, disinfection, and safe handling of waste and contaminated materials are also critical components. Additional initiatives that support infection prevention include immunization programs, blood-borne pathogen exposure management, safe food handling, and emergency preparedness planning.

Please see the following links for additional information and evidence-based best practices on this topic:

Infection Prevention and Control

Evidence-Based Best Practices: Infection Prevention and Control in Nursing Facilities

Infection Control and Response Tool for General Infection Prevention and Control Across Settings (ICAR)

Thank you for your continued commitment to infection prevention and resident safety. The actions nursing home staff take each day play a vital role in maintaining a safe and healthy environment. Please feel free to contact me if you have any questions.

Scott Johnson, Nursing Facility Specialist
Winnie-Stowell Hospital District

Arbrook Plaza
401 West Arbrook Blvd.
Arlington, TX 76014

February 20, 2026

Facility Administrator: Jodi Scarbro

Arbrook Plaza is licensed for 120 beds, and its current census is 92 residents including 27 skilled patients. The facility has three pending admissions at this time. There's one discharge planned today, and another discharge planned Sunday. Discussed efforts to build the census back up to 96 residents.

The facility reports there is only one opening for a CNA at this time. There were no other open positions reported.

Discussed continued follow up from the fullbook survey which took place last month. The facility has completed writing the plans of correction for the health and life safety surveys. Discussed ongoing monitoring in accordance with these POCs. The administrator also reported two self-reports.

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.

The facility held its monthly QAPI meeting on February 6. The interdisciplinary team discussed continued efforts to manage RTAs and physician signatures within 10 days on orders. The facility has also re-focused on improving the staff POC documentation rate. The results last month fell below 95%, and the facility wants to be at 95% or higher. The team has already fixed the issue and reports seeing great results already. Discussed efforts to have satisfaction surveys completed and using this information as a tool to improve the home and experiences for the residents.

The facility reported infection control efforts are going well. The team completed an in-service on Monday at its recent all staff meeting regarding infection prevention control. This was completed by the facility's ADON.

The administrator reported there were two complaints regarding food. The building does not usually have any complaints in this department, and the team investigated and addressed an opportunity to better meet residents' meal preferences and serving sizes. Both of these opportunities were addressed promptly and have been resolved.

Provided quarterly joint training regarding infection prevention and control. Discussed the critical role of these programs to protect resident health and clinical outcomes. Reviewed expectations for a proactive, facility-wide infection control program supported by clear policies, leadership oversight, and designated infection preventionist staff. Discussed required components including ongoing staff training, active infection surveillance, and timely response to potential outbreaks. Reviewed the importance of hand hygiene, use of personal protective equipment, and environmental cleaning.

The facility aims to have a leadership person on the floor often to support observations of nursing efforts and infection prevention control efforts. The facility's infection prevention nurse is one of the ADONs. This person does a great job having a strong presence on the floor to observe and find opportunities for improvement.

Joint Training Information

Infection Prevention and Control programs in nursing facilities have significant impact on resident well-being and clinical outcomes. Nursing home residents are often at increased risk for infection due to factors such as existing comorbidities and living in a congregate setting. Effective infection prevention and control programs actively manage these risks to protect residents, staff, and visitors.

Texas Health and Human Services (HHS) has outlined evidence-based best practices for infection prevention and control to support safe, high-quality care in nursing facilities. These guidelines emphasize the importance of a proactive, organized, facility-wide infection control program that is consistently followed by all staff to reduce infection risk.

Infection prevention and control programs must maintain clear written policies and procedures, define staff roles and responsibilities, and ensure ongoing education and competency training. Leadership involvement is essential to ensure practices are consistently implemented, monitored, and reinforced throughout the facility. Each facility must have at least one infection preventionist (IP) to support program functions.

Surveillance systems must be in place to effectively identify and track infections, recognize trends, and activate prompt responses to potential outbreaks. Facilities are encouraged to use standardized tracking methods, analyze data, and communicate findings with staff to strengthen prevention efforts and improve resident outcomes.

Evidence-based prevention practices are central to effective infection control programs. These practices include strict adherence to hand hygiene, appropriate use of personal protective equipment (PPE), and implementation of proper precautions when indicated. Environmental cleaning, disinfection, and safe handling of waste and contaminated materials are also critical components. Additional initiatives that support infection prevention include immunization

programs, blood-borne pathogen exposure management, safe food handling, and emergency preparedness planning.

Please see the following links for additional information and evidence-based best practices on this topic:

Infection Prevention and Control

Evidence-Based Best Practices: Infection Prevention and Control in Nursing Facilities

Infection Control and Response Tool for General Infection Prevention and Control Across Settings (ICAR)

Thank you for your continued commitment to infection prevention and resident safety. The actions nursing home staff take each day play a vital role in maintaining a safe and healthy environment. Please feel free to contact me if you have any questions.

WINNIE STOWELL HOSPITAL DISTRICT
WWW.WSHD-TX.ORG

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

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

Treasurer: Bobby Way
Dir. Kacey Vratis

Scott Johnson, Nursing Facility Specialist
Winnie-Stowell Hospital District

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

February 19, 2026

Facility Administrator: Matt Mewborn

Treviso Transitional Care Center is licensed for 140 beds, and its current census is 100 residents including 23 skilled patients. The facility's new census budget for 2026 is 97 residents including 23 skilled patients. There are three potential admissions today and no planned discharges. The admissions department has several referrals under review. Discussed expectations to transition five more skilled patients to long-term care services soon.

The facility had several openings recently, but has made several hires. There are only openings for two CNAs and one nurse at this time. The facility is adding a new CMA position on the long-term care hall so there are two CMA openings. The facility is working to bring its overtime back down which was recently up to 11%. Discussed hiring three recently graduated students and a new graduate nurse from a job fair.

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

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

The facility's monthly QAPI meeting is scheduled for tomorrow. Discussed continued efforts to support timeliness of orders and improving the facility's RTA rate. The facility has seen strong improvements in these areas and is continuing to review data and feedback for improvement.

The facility is ordering tables and tray stands to be utilized in the kitchenettes. The facility will hopefully serve out of the kitchenette this month.

There are no trends or outbreaks at this time related to infection control. There were a few cases of pneumonia recently, but the facility managed those cases well.

The facility has acquired a new mannequin with various components and IV ports for training. The facility is setting up a training area in the gym and will complete competencies with the mannequin soon.

Provided quarterly joint training regarding infection prevention and control. Discussed the critical role of these programs to protect resident health and clinical outcomes. Reviewed expectations for a proactive, facility-wide infection control program supported by clear policies, leadership oversight, and designated infection preventionist staff. Discussed required components including ongoing staff training, active infection surveillance, and timely response to potential outbreaks. Reviewed the importance of hand hygiene, use of personal protective equipment, and environmental cleaning.

The facility has set-up cue cards with infection control situations to give to staff and ask them how to respond. Discussed trainings and competency checks being conducted for this system. The team works closely with new and old team members to make sure they are educated and equipped for success. Discussed significant efforts over this year to build up staff competencies.

Joint Training Information

Infection Prevention and Control programs in nursing facilities have significant impact on resident well-being and clinical outcomes. Nursing home residents are often at increased risk for infection due to factors such as existing comorbidities and living in a congregate setting. Effective infection prevention and control programs actively manage these risks to protect residents, staff, and visitors.

Texas Health and Human Services (HHS) has outlined evidence-based best practices for infection prevention and control to support safe, high-quality care in nursing facilities. These guidelines emphasize the importance of a proactive, organized, facility-wide infection control program that is consistently followed by all staff to reduce infection risk.

Infection prevention and control programs must maintain clear written policies and procedures, define staff roles and responsibilities, and ensure ongoing education and competency training. Leadership involvement is essential to ensure practices are consistently implemented, monitored, and reinforced throughout the facility. Each facility must have at least one infection preventionist (IP) to support program functions.

Surveillance systems must be in place to effectively identify and track infections, recognize trends, and activate prompt responses to potential outbreaks. Facilities are encouraged to use standardized tracking methods, analyze data, and communicate findings with staff to strengthen prevention efforts and improve resident outcomes.

Evidence-based prevention practices are central to effective infection control programs. These practices include strict adherence to hand hygiene, appropriate use of personal protective equipment (PPE), and implementation of proper precautions when indicated. Environmental cleaning, disinfection, and safe handling of waste and contaminated materials are also critical components. Additional initiatives that support infection prevention include immunization

programs, blood-borne pathogen exposure management, safe food handling, and emergency preparedness planning.

Please see the following links for additional information and evidence-based best practices on this topic:

Infection Prevention and Control

Evidence-Based Best Practices: Infection Prevention and Control in Nursing Facilities

Infection Control and Response Tool for General Infection Prevention and Control Across Settings (ICAR)

Thank you for your continued commitment to infection prevention and resident safety. The actions nursing home staff take each day play a vital role in maintaining a safe and healthy environment. Please feel free to contact me if you have any questions.

Scott Johnson, Nursing Facility Specialist
Winnie-Stowell Hospital District

Gulf Pointe Plaza
1008 Enterprise Blvd.
Rockport, TX 78382

February 25, 2026

Facility Administrator: Michael Higgins

Gulf Pointe Plaza is licensed for 120 beds, and its current census is 78 residents including 16 skilled patients. The facility has three referrals for admission and there are three planned discharges next week. Discussed additional referrals being reviewed for admission at this time.

The facility is seeking two CNAs and one LVN. Staffing has started to stabilize, and the facility continues to review applicants for remaining vacancies. The facility's director of business development is departing, and the replacement is starting on March 16. The new director has seventeen years of experience and should bring great strength to the building.

There have not been any visits this month, but there was a visit late January to investigate a complaint from July 2024. The incident had also been self-reported at that time which had previously cleared the related self-report. The complaint was cleared, but the surveyor called the facility the next day to reopen the same incident and returned to the facility the following day and cleared it again.

On the first day the surveyor returned, she observed a medication cart unlocked and wrote a tag. The nurse involved was written up the facility got a D-tag. The POC for this deficiency has been submitted and desk reviewed. The facility is expecting its annual fullbook survey in March.

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 is hitting on its QIPP Measures and is even doing well under Component 2 staffing ratios. The facility is working on its weights and expects improvements to be reflected next month. The team is still working on falls with major injury.

There are no infection control trends or outbreaks at this time. There are no residents on isolation precautions at this time.

Discussed the grievance process and continued efforts to manage all issues. There are no grievance related trends at this time.

The facility repainted the front of the lobby and has also completed the tv room. The work in the men's and women's restrooms has been completed as well. The dining room is scheduled to be addressed next.

Provided quarterly joint training regarding infection prevention and control. Discussed the critical role of these programs to protect resident health and clinical outcomes. Reviewed expectations for a proactive, facility-wide infection control program supported by clear policies, leadership oversight, and designated infection preventionist staff. Discussed required components including ongoing staff training, active infection surveillance, and timely response to potential outbreaks. Reviewed the importance of hand hygiene, use of personal protective equipment, and environmental cleaning.

Even though there are no current problems, the facility strives to maintain focus on infection control efforts to reduce the risk of infection in the building. Discussed taking opportunities to frequently train and educate staff. Discussed supporting the development of good habits and making corrections when needed.

Joint Training Information

Infection Prevention and Control programs in nursing facilities have significant impact on resident well-being and clinical outcomes. Nursing home residents are often at increased risk for infection due to factors such as existing comorbidities and living in a congregate setting. Effective infection prevention and control programs actively manage these risks to protect residents, staff, and visitors.

Texas Health and Human Services (HHS) has outlined evidence-based best practices for infection prevention and control to support safe, high-quality care in nursing facilities. These guidelines emphasize the importance of a proactive, organized, facility-wide infection control program that is consistently followed by all staff to reduce infection risk.

Infection prevention and control programs must maintain clear written policies and procedures, define staff roles and responsibilities, and ensure ongoing education and competency training. Leadership involvement is essential to ensure practices are consistently implemented, monitored, and reinforced throughout the facility. Each facility must have at least one infection preventionist (IP) to support program functions.

Surveillance systems must be in place to effectively identify and track infections, recognize trends, and activate prompt responses to potential outbreaks. Facilities are encouraged to use standardized tracking methods, analyze data, and communicate findings with staff to strengthen prevention efforts and improve resident outcomes.

Evidence-based prevention practices are central to effective infection control programs. These practices include strict adherence to hand hygiene, appropriate use of personal protective equipment (PPE), and implementation of proper precautions when indicated. Environmental cleaning, disinfection, and safe handling of waste and contaminated materials are also critical components. Additional initiatives that support infection prevention include immunization programs, blood-borne pathogen exposure management, safe food handling, and emergency preparedness planning.

Please see the following links for additional information and evidence-based best practices on this topic:

Infection Prevention and Control

Evidence-Based Best Practices: Infection Prevention and Control in Nursing Facilities

Infection Control and Response Tool for General Infection Prevention and Control Across Settings (ICAR)

Thank you for your continued commitment to infection prevention and resident safety. The actions nursing home staff take each day play a vital role in maintaining a safe and healthy environment. Please feel free to contact me if you have any questions.

WINNIE STOWELL HOSPITAL DISTRICT
WWW.WSHD-TX.ORG

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

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

Treasurer: Bobby Way
Dir. Kacey Vratis

Scott Johnson, Nursing Facility Specialist
Winnie-Stowell Hospital District

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

February 20, 2026

Facility Administrator: Bobby Simpkins

Silver Spring is licensed for 120 beds, and its current census is 87 residents including 29 skilled patients. There were several recent discharges due to some residents who expired. There have been twelve admissions this week and the facility has several more referrals under review.

The facility's staffing efforts are going well. There were several CNA openings, but the facility has been working well to hire and fill vacancies. Discussed some challenges for applicants submitting applications which has been resolved. The facility reported improved recruitment efforts switching vacancy and hiring postings from Indeed to ADP.

The facility had its annual fullbook survey which began on January 28. There were two tags under the health survey regarding food storage and following the menu. Life safety conducted their portion of the survey, and five tags were cited. One of the life safety tags was due to the sprinkler system having a pipe that broke resulting in a past non-compliance tag. The surveyors also cleared a self-report during the visit. Other findings were related to delayed egress, cracked ceiling in the heater room, temperature in attic, fusable links not inspected in four years, and operation of generator annunciators. The facility completed its POCs and have fixed all issues. All findings were low scope and severity.

The state returned last week to investigate a complaint and two self-reports. There were no findings substantiated during the visit. The complaint was regarding administrative discharges due to a resident who complained about a bill. The resident didn't understand the bill was for their applied income. Discussed opportunities to improve communication and set expectations with residents and family members.

There is one self-report being submitted due to a fall with major injury.

Silver Spring has a 2-star rating overall. The facility has a 1-star rating in Health Inspections, a 2-star rating in Staffing, and a 5-star rating in Quality Measures. The facility's overall and quality measures star ratings increased from 1-star and 4-star ratings. The facility expects its overall and health inspections star ratings to increase once the recent fullbook survey results reflect on its star ratings.

The facility's monthly QAPI meeting was held on February 11. Discussed follow up and auditing activities following recent survey activity. The team is also maintaining its focus on fall and fall prevention programs.

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

The facility painted the entire 800-hallway and is now doing some touchup to finish work in this hall.

Provided quarterly joint training regarding infection prevention and control. Discussed the critical role of these programs to protect resident health and clinical outcomes. Reviewed expectations for a proactive, facility-wide infection control program supported by clear policies, leadership oversight, and designated infection preventionist staff. Discussed required components including ongoing staff training, active infection surveillance, and timely response to potential outbreaks. Reviewed the importance of hand hygiene, use of personal protective equipment, and environmental cleaning.

Discussed utilizing training methods intended to promote education retention and reinforce clinical understanding. Discussed the importance of competency checkoffs where additional teaching can be provided when needed.

Joint Training Information

Infection Prevention and Control programs in nursing facilities have significant impact on resident well-being and clinical outcomes. Nursing home residents are often at increased risk for infection due to factors such as existing comorbidities and living in a congregate setting. Effective infection prevention and control programs actively manage these risks to protect residents, staff, and visitors.

Texas Health and Human Services (HHS) has outlined evidence-based best practices for infection prevention and control to support safe, high-quality care in nursing facilities. These guidelines emphasize the importance of a proactive, organized, facility-wide infection control program that is consistently followed by all staff to reduce infection risk.

Infection prevention and control programs must maintain clear written policies and procedures, define staff roles and responsibilities, and ensure ongoing education and competency training. Leadership involvement is essential to ensure practices are consistently implemented, monitored, and reinforced throughout the facility. Each facility must have at least one infection preventionist (IP) to support program functions.

Surveillance systems must be in place to effectively identify and track infections, recognize trends, and activate prompt responses to potential outbreaks. Facilities are encouraged to use standardized tracking methods, analyze data, and communicate findings with staff to strengthen prevention efforts and improve resident outcomes.

Evidence-based prevention practices are central to effective infection control programs. These practices include strict adherence to hand hygiene, appropriate use of personal protective equipment (PPE), and implementation of proper precautions when indicated. Environmental cleaning, disinfection, and safe handling of waste and contaminated materials are also critical components. Additional initiatives that support infection prevention include immunization programs, blood-borne pathogen exposure management, safe food handling, and emergency preparedness planning.

Please see the following links for additional information and evidence-based best practices on this topic:

Infection Prevention and Control

Evidence-Based Best Practices: Infection Prevention and Control in Nursing Facilities

Infection Control and Response Tool for General Infection Prevention and Control Across Settings (ICAR)

Thank you for your continued commitment to infection prevention and resident safety. The actions nursing home staff take each day play a vital role in maintaining a safe and healthy environment. Please feel free to contact me if you have any questions.

Scott Johnson, Nursing Facility Specialist
Winnie-Stowell Hospital District

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

February 27, 2026

Facility Administrator: Lee Richard

Red Oak Health and Rehabilitation Center is licensed for 144 beds, and its current census is 111 residents including 11 skilled patients. The facility's budget census is 105 residents. The facility has two planned discharges this week, and three new admissions planned. The facility's weekly goal is to reach a census of 113 residents.

The facility has some staff vacancies for which it is recruiting replacements. The facility is seeking an ADON, some CNAs, and a few nightshift nurses. Discussed covering vacancies with fulltime and PRN staff.

The facility submitted a new self-report last week. The state has already visited and unsubstantiated the incident.

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

The facility completed its monthly QAPI meeting and reviewed clinical outcomes in January. The facility is maintaining its performance improvement plan addressing falls. Discussed efforts to implement interventions appropriately and determine how to best help each individual resident. The team is focusing on education and care planning processes to support fall interventions.

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

Discussed some recent grievances related to dietary services. The facility has made some changes with this department and some of the staff on the team. Discussed training new staff members and helping them learn the preferences of the residents.

Provided quarterly joint training regarding infection prevention and control. Discussed the critical role of these programs to protect resident health and clinical outcomes. Reviewed expectations for a proactive, facility-wide infection control program supported by clear policies, leadership oversight, and designated infection preventionist staff. Discussed required components including ongoing staff training, active infection surveillance, and timely response to potential outbreaks. Reviewed the importance of hand hygiene, use of personal protective equipment, and environmental cleaning.

Discussed the frequency at which the facility provides education and competency checks for infection prevention and control to staff members. Discussed the importance of taking every opportunity to reduce the risk of infection in the facility.

Joint Training Information

Infection Prevention and Control programs in nursing facilities have significant impact on resident well-being and clinical outcomes. Nursing home residents are often at increased risk for infection due to factors such as existing comorbidities and living in a congregate setting. Effective infection prevention and control programs actively manage these risks to protect residents, staff, and visitors.

Texas Health and Human Services (HHS) has outlined evidence-based best practices for infection prevention and control to support safe, high-quality care in nursing facilities. These guidelines emphasize the importance of a proactive, organized, facility-wide infection control program that is consistently followed by all staff to reduce infection risk.

Infection prevention and control programs must maintain clear written policies and procedures, define staff roles and responsibilities, and ensure ongoing education and competency training. Leadership involvement is essential to ensure practices are consistently implemented, monitored, and reinforced throughout the facility. Each facility must have at least one infection preventionist (IP) to support program functions.

Surveillance systems must be in place to effectively identify and track infections, recognize trends, and activate prompt responses to potential outbreaks. Facilities are encouraged to use standardized tracking methods, analyze data, and communicate findings with staff to strengthen prevention efforts and improve resident outcomes.

Evidence-based prevention practices are central to effective infection control programs. These practices include strict adherence to hand hygiene, appropriate use of personal protective equipment (PPE), and implementation of proper precautions when indicated. Environmental cleaning, disinfection, and safe handling of waste and contaminated materials are also critical components. Additional initiatives that support infection prevention include immunization programs, blood-borne pathogen exposure management, safe food handling, and emergency preparedness planning.

Please see the following links for additional information and evidence-based best practices on this topic:

Infection Prevention and Control

Evidence-Based Best Practices: Infection Prevention and Control in Nursing Facilities

Infection Control and Response Tool for General Infection Prevention and Control Across Settings (ICAR)

Thank you for your continued commitment to infection prevention and resident safety. The actions nursing home staff take each day play a vital role in maintaining a safe and healthy environment. Please feel free to contact me if you have any questions.

WINNIE STOWELL HOSPITAL DISTRICT
WWW.WSHD-TX.ORG

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

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

Treasurer: Bobby Way
Dir. Kacey Vratis

Scott Johnson, Nursing Facility Specialist
Winnie-Stowell Hospital District

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

February 26, 2026

Facility Administrator: Calvin Crosby

Harbor Lakes Nursing and Rehabilitation Center is licensed for 142 beds, and its current census is 93 residents including 23 skilled patients. There are two planned discharges and two pending admissions today. There will likely be a few more admissions over the weekend. The facility had some long-term care deaths and has since been rebuilding its long-term care census.

Discussed the facility's staffing efforts despite census fluctuations. The facility adjusts its staffing assignments based on the current census each day. There are openings for three CNAs and two nurses at this time. The facility's current CNA training program has eight students who are nearing graduation. The students are expected to begin testing for certification next week.

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

Harbor Lakes Nursing and Rehabilitation Center has a 5-star rating overall. The facility has a 5-star rating in Health Inspections, a 4-star rating in Staffing, and a 5-star rating in Quality Measures. The facility's health inspections star rating increased from a 4-star rating.

Discussed the facility's monthly QAPI meeting which was held last Friday. The facility reported continued focus on clinical systems and strong outcomes. The team discussed new performance improvement plans addressing some processes in the dietary department and business office.

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

The facility is in the process of purchasing a new range oven for the kitchen. One of the hoyer lifts and one of the scales have also been approved to be replaced.

Provided quarterly joint training regarding infection prevention and control. Discussed the critical role of these programs to protect resident health and clinical outcomes. Reviewed expectations for a proactive, facility-wide infection control program supported by clear policies, leadership oversight, and designated infection preventionist staff. Discussed required components including ongoing staff training, active infection surveillance, and timely response to potential outbreaks. Reviewed the importance of hand hygiene, use of personal protective equipment, and environmental cleaning.

One of the facility's ADONs leads the infection prevention and control program. Discussed high standards of care being reinforced through this program. The administrator reports the facility strives to routinely provide education on this topic to keep it front of mind with staff members.

Joint Training Information

Infection Prevention and Control programs in nursing facilities have significant impact on resident well-being and clinical outcomes. Nursing home residents are often at increased risk for infection due to factors such as existing comorbidities and living in a congregate setting. Effective infection prevention and control programs actively manage these risks to protect residents, staff, and visitors.

Texas Health and Human Services (HHS) has outlined evidence-based best practices for infection prevention and control to support safe, high-quality care in nursing facilities. These guidelines emphasize the importance of a proactive, organized, facility-wide infection control program that is consistently followed by all staff to reduce infection risk.

Infection prevention and control programs must maintain clear written policies and procedures, define staff roles and responsibilities, and ensure ongoing education and competency training. Leadership involvement is essential to ensure practices are consistently implemented, monitored, and reinforced throughout the facility. Each facility must have at least one infection preventionist (IP) to support program functions.

Surveillance systems must be in place to effectively identify and track infections, recognize trends, and activate prompt responses to potential outbreaks. Facilities are encouraged to use standardized tracking methods, analyze data, and communicate findings with staff to strengthen prevention efforts and improve resident outcomes.

Evidence-based prevention practices are central to effective infection control programs. These practices include strict adherence to hand hygiene, appropriate use of personal protective equipment (PPE), and implementation of proper precautions when indicated. Environmental cleaning, disinfection, and safe handling of waste and contaminated materials are also critical components. Additional initiatives that support infection prevention include immunization programs, blood-borne pathogen exposure management, safe food handling, and emergency preparedness planning.

Please see the following links for additional information and evidence-based best practices on this topic:

Infection Prevention and Control

Evidence-Based Best Practices: Infection Prevention and Control in Nursing Facilities

Infection Control and Response Tool for General Infection Prevention and Control Across Settings (ICAR)

Thank you for your continued commitment to infection prevention and resident safety. The actions nursing home staff take each day play a vital role in maintaining a safe and healthy environment. Please feel free to contact me if you have any questions.

WINNIE STOWELL HOSPITAL DISTRICT
WWW.WSHD-TX.ORG

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

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

Treasurer: Bobby Way
Dir. Kacey Vratis

Scott Johnson, Nursing Facility Specialist
Winnie-Stowell Hospital District

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

February 25, 2026

Facility Administrator: Ernest De La Garza

Cimarron Place Health & Rehabilitation Center is licensed for 120 beds, and its current census is 73 residents including 18 skilled patients. The facility reached its greatest census volume in a month since March 2025. The facility reported average daily census levels of 71/23 in December, and 80/26 in January. The facility also secured its contract with the VA. Discussed working with the marketing team to execute this contract and begin servicing the large veteran population in the area. The administrator reported there are already 5 veterans who have expressed desire to transfer to the facility, hopefully next week. There are also plans for a luncheon with the regional hospital to build relationships and referral volume.

The facility reports there are openings for one CMA on the evening shift, and one nurse weekend supervisor.

The state visited the facility to investigate a complaint. There were no issues or findings reported during the visit.

Cimarron Place Health & Rehabilitation Center has a 4-star rating overall. The facility has a 4-star rating in Health Inspections, a 2-star rating in Staffing, and a 4-star rating in Quality Measures. The facility's overall and staffing star ratings increased from 3-star and 1-star ratings respectively.

The facility held its monthly QAPI meeting and discussed clinical systems and quality measures. The facility has maintained its performance improvement plan addressing falls. The team reported an increase in falls in January, but it is working on reducing the occurrence of these incidents. The facility has already seen improvements through recent efforts.

Discussed residents with wounds and the facility's efforts to support the healing process. The wounds in the building are largely community acquired and were pre-existing when residents admitted to the facility. The facility discusses wounds and progress made in morning meetings.

Infection control efforts are going well and there are no trends or outbreaks at this time. Discussed ensuring proper testing is utilized when needed.

Grievances are being managed and there are no reported trends. Discussed the importance of the ambassador rounds which gives facility leaders opportunities to identify and immediately address any issues.

The work on the 300 hall is coming along well and is nearing completion. Discussed plans to continue decorating the facility and eventually adding a flagpole to the grounds. Discussed continuing to build the activity offerings as well with more opportunities to involve community members.

Provided quarterly joint training regarding infection prevention and control. Discussed the critical role of these programs to protect resident health and clinical outcomes. Reviewed expectations for a proactive, facility-wide infection control program supported by clear policies, leadership oversight, and designated infection preventionist staff. Discussed required components including ongoing staff training, active infection surveillance, and timely response to potential outbreaks. Reviewed the importance of hand hygiene, use of personal protective equipment, and environmental cleaning.

The administrator shared his perspective on providing engaging in-services and education to staff. Discussed the importance of retention, but also reinforcing the education provided. Discussed further plans of the facility to review infection prevention and control efforts with staff members.

Joint Training Information

Infection Prevention and Control programs in nursing facilities have significant impact on resident well-being and clinical outcomes. Nursing home residents are often at increased risk for infection due to factors such as existing comorbidities and living in a congregate setting. Effective infection prevention and control programs actively manage these risks to protect residents, staff, and visitors.

Texas Health and Human Services (HHS) has outlined evidence-based best practices for infection prevention and control to support safe, high-quality care in nursing facilities. These guidelines emphasize the importance of a proactive, organized, facility-wide infection control program that is consistently followed by all staff to reduce infection risk.

Infection prevention and control programs must maintain clear written policies and procedures, define staff roles and responsibilities, and ensure ongoing education and competency training. Leadership involvement is essential to ensure practices are consistently implemented, monitored, and reinforced throughout the facility. Each facility must have at least one infection preventionist (IP) to support program functions.

Surveillance systems must be in place to effectively identify and track infections, recognize trends, and activate prompt responses to potential outbreaks. Facilities are encouraged to use

standardized tracking methods, analyze data, and communicate findings with staff to strengthen prevention efforts and improve resident outcomes.

Evidence-based prevention practices are central to effective infection control programs. These practices include strict adherence to hand hygiene, appropriate use of personal protective equipment (PPE), and implementation of proper precautions when indicated. Environmental cleaning, disinfection, and safe handling of waste and contaminated materials are also critical components. Additional initiatives that support infection prevention include immunization programs, blood-borne pathogen exposure management, safe food handling, and emergency preparedness planning.

Please see the following links for additional information and evidence-based best practices on this topic:

Infection Prevention and Control

Evidence-Based Best Practices: Infection Prevention and Control in Nursing Facilities

Infection Control and Response Tool for General Infection Prevention and Control Across Settings (ICAR)

Thank you for your continued commitment to infection prevention and resident safety. The actions nursing home staff take each day play a vital role in maintaining a safe and healthy environment. Please feel free to contact me if you have any questions.

WINNIE STOWELL HOSPITAL DISTRICT
WWW.WSHD-TX.ORG

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

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

Treasurer: Bobby Way
Dir. Kacey Vratis

Scott Johnson, Nursing Facility Specialist
Winnie-Stowell Hospital District

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

February 18, 2026

Facility Administrator: Scott Barrick

Stonegate Nursing and Rehabilitation is licensed for 134 beds, and its current census is 97 residents. There are two discharges and four admissions planned today. The census has been relatively steady in recent weeks reaching the upper 90s. The red hand on the facility's Medicare.gov page will fall off after the results of the recent fullbook survey is reflected on the page. The administrator expects these changes to support continued census growth and marketing efforts.

Staffing is going well and the facility worked hard to improve its staffing star rating. Discussed managing overtime and vacancies coming off the recent holidays.

The facility had its annual fullbook survey last week. The state investigated two complaints as well during their fullbook visit. The complaints were both unsubstantiated, but the facility received four tags under its health survey and seven tags under life safety. The health survey tags were related to pharmacy services, weight loss, and infection control. These findings are expected to be three D-tags and potentially one F-tag. The life safety findings will be straightforward to be addressed. Some of these were regarding doors and fire walls.

Stonegate Nursing and Rehabilitation has a 3-star rating overall. The facility has a 2-star rating in Health Inspections, a 3-star rating in Staffing, and a 5-star rating in Quality Measures. The facility's staffing star rating increased from a 2-star rating. Discussed expectations of the health inspections star rating to increase soon once the recent fullbook survey outcomes are reflected in the score. The administrator expects to see positive influences on the overall star rating as well.

The facility had its monthly QAPI meeting yesterday. The facility reports strong involvement by its medical director and other physician partners. The facility reviewed the recent fullbook survey and plans to ensure all issues are completely addressed and resolved. Discussed

interventions in place and ongoing monitoring. The facility also reviewed the acuity of recent admissions and trends observed in the referring hospitals.

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

The facility will continue to monitor its systems and review needs and opportunities for further improvement. The administrator discussed the availability of correct and up to date information for team members.

Provided quarterly joint training regarding infection prevention and control. Discussed the critical role of these programs to protect resident health and clinical outcomes. Reviewed expectations for a proactive, facility-wide infection control program supported by clear policies, leadership oversight, and designated infection preventionist staff. Discussed required components including ongoing staff training, active infection surveillance, and timely response to potential outbreaks. Reviewed the importance of hand hygiene, use of personal protective equipment, and environmental cleaning.

The administrator detailed the deficiency related to infection control which was related to a CNA not properly following hand hygiene protocol. The staff member is a newer CNA and was nervous being observed by the state. Discussed the importance of competency checks and helping establish correct habits with team members while building their confidence.

Joint Training Information

Infection Prevention and Control programs in nursing facilities have significant impact on resident well-being and clinical outcomes. Nursing home residents are often at increased risk for infection due to factors such as existing comorbidities and living in a congregate setting. Effective infection prevention and control programs actively manage these risks to protect residents, staff, and visitors.

Texas Health and Human Services (HHS) has outlined evidence-based best practices for infection prevention and control to support safe, high-quality care in nursing facilities. These guidelines emphasize the importance of a proactive, organized, facility-wide infection control program that is consistently followed by all staff to reduce infection risk.

Infection prevention and control programs must maintain clear written policies and procedures, define staff roles and responsibilities, and ensure ongoing education and competency training. Leadership involvement is essential to ensure practices are consistently implemented, monitored, and reinforced throughout the facility. Each facility must have at least one infection preventionist (IP) to support program functions.

Surveillance systems must be in place to effectively identify and track infections, recognize trends, and activate prompt responses to potential outbreaks. Facilities are encouraged to use standardized tracking methods, analyze data, and communicate findings with staff to strengthen prevention efforts and improve resident outcomes.

Evidence-based prevention practices are central to effective infection control programs. These practices include strict adherence to hand hygiene, appropriate use of personal protective

equipment (PPE), and implementation of proper precautions when indicated. Environmental cleaning, disinfection, and safe handling of waste and contaminated materials are also critical components. Additional initiatives that support infection prevention include immunization programs, blood-borne pathogen exposure management, safe food handling, and emergency preparedness planning.

Please see the following links for additional information and evidence-based best practices on this topic:

Infection Prevention and Control

Evidence-Based Best Practices: Infection Prevention and Control in Nursing Facilities

Infection Control and Response Tool for General Infection Prevention and Control Across Settings (ICAR)

Thank you for your continued commitment to infection prevention and resident safety. The actions nursing home staff take each day play a vital role in maintaining a safe and healthy environment. Please feel free to contact me if you have any questions.

WINNIE STOWELL HOSPITAL DISTRICT
WWW.WSHD-TX.ORG

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

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

Treasurer: Bobby Way
Dir. Kacey Vratis

Scott Johnson, Nursing Facility Specialist
Winnie-Stowell Hospital District

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

February 24, 2026

Facility Administrator: Jana Sanders

Stephenville Rehabilitation and Wellness Center is licensed for 122 beds, and its current census is 92 residents including 18 skilled patients. The facility is at its budget census target and is working to continue growing the census. There are two planned discharges and one pending admission at this time. The administrator reported there are also two referrals under review.

There are three CNA openings right now. The facility's CNA class is in process of testing, and a few students have reportedly passed their certification test.

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

Stephenville Rehabilitation and Wellness Center has a 4-star rating overall. The facility has a 4-star rating in Health Inspections, a 3-star rating in Staffing, and a 4-star rating in Quality Measures. The facility's quality measures star rating increased from a 3-star rating.

The facility held its monthly QAPI meeting and reviewed quality measures and outcomes in January. Discussed focus on dietary services to improve the timeliness of meal service. The administrator stated there are ten residents who require assistance eating and each of them require hoyer lifts for transfers. Discussed efforts by the interdisciplinary team to meet the needs of all residents.

There are no trends or outbreaks reported under infection control.

The facility's dietary manager is in place and has been improving outcomes in that department. Grievances have decreased, but the administrator shared the facility's efforts to consistently address all issues in a timely manner.

The facility is starting to use a new software called NexcareAI which will support the referral and admissions processes. The service will identify key information from referral documents including admitting diagnoses, high-cost medications, and sexual registry checks.

Provided quarterly joint training regarding infection prevention and control. Discussed the critical role of these programs to protect resident health and clinical outcomes. Reviewed expectations for a proactive, facility-wide infection control program supported by clear policies, leadership oversight, and designated infection preventionist staff. Discussed required components including ongoing staff training, active infection surveillance, and timely response to potential outbreaks. Reviewed the importance of hand hygiene, use of personal protective equipment, and environmental cleaning.

The facility completes routine education and competency checks with staff members to maintain compliance. Discussed efforts to provide new information or delivery methods to help with engagement and retention of in-services.

Joint Training Information

Infection Prevention and Control programs in nursing facilities have significant impact on resident well-being and clinical outcomes. Nursing home residents are often at increased risk for infection due to factors such as existing comorbidities and living in a congregate setting. Effective infection prevention and control programs actively manage these risks to protect residents, staff, and visitors.

Texas Health and Human Services (HHS) has outlined evidence-based best practices for infection prevention and control to support safe, high-quality care in nursing facilities. These guidelines emphasize the importance of a proactive, organized, facility-wide infection control program that is consistently followed by all staff to reduce infection risk.

Infection prevention and control programs must maintain clear written policies and procedures, define staff roles and responsibilities, and ensure ongoing education and competency training. Leadership involvement is essential to ensure practices are consistently implemented, monitored, and reinforced throughout the facility. Each facility must have at least one infection preventionist (IP) to support program functions.

Surveillance systems must be in place to effectively identify and track infections, recognize trends, and activate prompt responses to potential outbreaks. Facilities are encouraged to use standardized tracking methods, analyze data, and communicate findings with staff to strengthen prevention efforts and improve resident outcomes.

Evidence-based prevention practices are central to effective infection control programs. These practices include strict adherence to hand hygiene, appropriate use of personal protective equipment (PPE), and implementation of proper precautions when indicated. Environmental cleaning, disinfection, and safe handling of waste and contaminated materials are also critical components. Additional initiatives that support infection prevention include immunization programs, blood-borne pathogen exposure management, safe food handling, and emergency preparedness planning.

Please see the following links for additional information and evidence-based best practices on this topic:

Infection Prevention and Control

Evidence-Based Best Practices: Infection Prevention and Control in Nursing Facilities

Infection Control and Response Tool for General Infection Prevention and Control Across Settings (ICAR)

Thank you for your continued commitment to infection prevention and resident safety. The actions nursing home staff take each day play a vital role in maintaining a safe and healthy environment. Please feel free to contact me if you have any questions.

Scott Johnson, Nursing Facility Specialist
Winnie-Stowell Hospital District

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

February 24, 2026

Facility Administrator: Josie Pebsworth

Pecan Bayou Nursing and Rehabilitation is licensed for 90 beds, and its current census is 65 residents including 16 skilled patients. The facility has four pending admissions and there are three planned discharges. Discussed ongoing communication with the local hospital to improve the admitting process and experience by residents. Discussed communicating some issues to the hospital when the facility has not had clear or organized discharge information and orders.

The facility is seeking one CNA at this time. There is a new activity director who is scheduled to start employment next Monday. The new director has worked at the facility in the past and will be a welcome return.

There was a state surveyor who visited the facility to investigate two complaints. All reasons for investigation were unsubstantiated. There are no new self-reports at this time.

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

The facility held its monthly QAPI meeting on February 19 and discussed outcomes reported in January. The facility is watching falls, antipsychotic medication utilization, behavior symptoms affecting others in long-stay residents, and medication reconciliation processes. There was a medication reconciliation error which was due to orders and report given to the facility by the hospital.

The facility recently had four residents who were positive with the flu. These residents are recovering well and will come off isolation precautions soon. There are two staff who tested positive and the administrator shared the facility's actions to ensure the staff are safe before returning to work.

The facility has installed a new water heater to replace an old unit. Discussed great progress with operations and outcomes in 2025 as the facility was ranked third best in the company last year. Discussed goals and targets for further improvement going into 2026. The administrator acknowledged the importance of having a strong team to achieve successful outcomes.

Provided quarterly joint training regarding infection prevention and control. Discussed the critical role of these programs to protect resident health and clinical outcomes. Reviewed expectations for a proactive, facility-wide infection control program supported by clear policies, leadership oversight, and designated infection preventionist staff. Discussed required components including ongoing staff training, active infection surveillance, and timely response to potential outbreaks. Reviewed the importance of hand hygiene, use of personal protective equipment, and environmental cleaning.

The facility discussed its efforts to routinely provide education and complete competency checkoffs with staff members. Discussed utilizing proper precaution standards to keep residents and staff safe when there are infections.

Joint Training Information

Infection Prevention and Control programs in nursing facilities have significant impact on resident well-being and clinical outcomes. Nursing home residents are often at increased risk for infection due to factors such as existing comorbidities and living in a congregate setting. Effective infection prevention and control programs actively manage these risks to protect residents, staff, and visitors.

Texas Health and Human Services (HHS) has outlined evidence-based best practices for infection prevention and control to support safe, high-quality care in nursing facilities. These guidelines emphasize the importance of a proactive, organized, facility-wide infection control program that is consistently followed by all staff to reduce infection risk.

Infection prevention and control programs must maintain clear written policies and procedures, define staff roles and responsibilities, and ensure ongoing education and competency training. Leadership involvement is essential to ensure practices are consistently implemented, monitored, and reinforced throughout the facility. Each facility must have at least one infection preventionist (IP) to support program functions.

Surveillance systems must be in place to effectively identify and track infections, recognize trends, and activate prompt responses to potential outbreaks. Facilities are encouraged to use standardized tracking methods, analyze data, and communicate findings with staff to strengthen prevention efforts and improve resident outcomes.

Evidence-based prevention practices are central to effective infection control programs. These practices include strict adherence to hand hygiene, appropriate use of personal protective equipment (PPE), and implementation of proper precautions when indicated. Environmental cleaning, disinfection, and safe handling of waste and contaminated materials are also critical components. Additional initiatives that support infection prevention include immunization programs, blood-borne pathogen exposure management, safe food handling, and emergency preparedness planning.

Please see the following links for additional information and evidence-based best practices on this topic:

Infection Prevention and Control

Evidence-Based Best Practices: Infection Prevention and Control in Nursing Facilities

Infection Control and Response Tool for General Infection Prevention and Control Across Settings (ICAR)

Thank you for your continued commitment to infection prevention and resident safety. The actions nursing home staff take each day play a vital role in maintaining a safe and healthy environment. Please feel free to contact me if you have any questions.

WINNIE STOWELL HOSPITAL DISTRICT
WWW.WSHD-TX.ORG

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

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

Treasurer: Bobby Way
Dir. Kacey Vratis

Scott Johnson, Nursing Facility Specialist
Winnie-Stowell Hospital District

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

February 17, 2026

Facility Administrator: Daniel Rodriguez

Mission Nursing and Rehabilitation Center is licensed for 170 beds, and its current census is 98 residents including 14 skilled patients. The facility has reported its new director of business development has done very well and had previously established relationships with the case managers at referring hospitals. The facility has a census of eleven residents on its secure unit and is admitting one more resident on this unit soon. Discussed continued efforts to build up the census on the secure unit since it opened last year.

The facility has openings for four CNAs with two open on the dayshift and two open on the nightshift. Discussed filling all vacancies with PRN staff at this time. The administrator and DON attended a company-wide leadership meeting last week. The administrator was a runner up for the designation as the '2025 Administrator of the Year'. Discussed the administrator's efforts to build up the team and focus on fixing problems in the facility while celebrating the successes achieved by the team.

There have not been any recent visits to the facility by state surveyors. The facility confirmed the POC it submitted last month has been accepted. The facility is continuing to monitor operations involving medication carts as stated in the recent POC. There are no new self-reports at this time.

Mission Nursing and Rehabilitation Center has a 5-star rating overall. The facility has a 4-star rating in Health Inspections, a 2-star rating in Staffing, and a 5-star rating in Quality Measures. The facility's staffing star rating decreased from a 3-star rating.

The interdisciplinary team will hold its monthly QAPI meeting soon. Discussed continued focus on improving RTAs and discussing root causes of any readmission. The team has also maintained focus on psychotropic medication and foley catheter utilization.

The facility reported there were a few cases of scabies which have since resolved. Discussed in-servicing staff to care for these infections and properly administer treatments.

There have been some grievances from new residents related to meal preferences. Discussed resolutions for these issues and working to ensure preferences are known and documented accurately. The facility has also purchased a warming cart to support maintaining proper temperatures during meal delivery to the 700-hall.

The facility purchased artwork which is currently being installed throughout the building. Discussed plans to meet with a landscaper to make plans to renovate the curbside appeal of the building. The facility is planning a re-grand opening on March 11.

Provided quarterly joint training regarding infection prevention and control. Discussed the critical role of these programs to protect resident health and clinical outcomes. Reviewed expectations for a proactive, facility-wide infection control program supported by clear policies, leadership oversight, and designated infection preventionist staff. Discussed required components including ongoing staff training, active infection surveillance, and timely response to potential outbreaks. Reviewed the importance of hand hygiene, use of personal protective equipment, and environmental cleaning.

Discussed the importance of frequent training and education for all staff members. The facility strives to keep a learning perspective while focusing on the fundamentals of care. Discussed education and skills checkoffs regarding PPE utilization and hand hygiene.

Joint Training Information

Infection Prevention and Control programs in nursing facilities have significant impact on resident well-being and clinical outcomes. Nursing home residents are often at increased risk for infection due to factors such as existing comorbidities and living in a congregate setting. Effective infection prevention and control programs actively manage these risks to protect residents, staff, and visitors.

Texas Health and Human Services (HHS) has outlined evidence-based best practices for infection prevention and control to support safe, high-quality care in nursing facilities. These guidelines emphasize the importance of a proactive, organized, facility-wide infection control program that is consistently followed by all staff to reduce infection risk.

Infection prevention and control programs must maintain clear written policies and procedures, define staff roles and responsibilities, and ensure ongoing education and competency training. Leadership involvement is essential to ensure practices are consistently implemented, monitored, and reinforced throughout the facility. Each facility must have at least one infection preventionist (IP) to support program functions.

Surveillance systems must be in place to effectively identify and track infections, recognize trends, and activate prompt responses to potential outbreaks. Facilities are encouraged to use standardized tracking methods, analyze data, and communicate findings with staff to strengthen prevention efforts and improve resident outcomes.

Evidence-based prevention practices are central to effective infection control programs. These practices include strict adherence to hand hygiene, appropriate use of personal protective equipment (PPE), and implementation of proper precautions when indicated. Environmental cleaning, disinfection, and safe handling of waste and contaminated materials are also critical components. Additional initiatives that support infection prevention include immunization programs, blood-borne pathogen exposure management, safe food handling, and emergency preparedness planning.

Please see the following links for additional information and evidence-based best practices on this topic:

Infection Prevention and Control

Evidence-Based Best Practices: Infection Prevention and Control in Nursing Facilities

Infection Control and Response Tool for General Infection Prevention and Control Across Settings (ICAR)

Thank you for your continued commitment to infection prevention and resident safety. The actions nursing home staff take each day play a vital role in maintaining a safe and healthy environment. Please feel free to contact me if you have any questions.

WINNIE STOWELL HOSPITAL DISTRICT
WWW.WSHD-TX.ORG

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

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

Treasurer: Bobby Way
Dir. Kacey Vratis

Scott Johnson, Nursing Facility Specialist
Winnie-Stowell Hospital District

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

February 17, 2026

Facility Administrator: Donna Tillman

Holland Lake Rehabilitation and Wellness Center is licensed for 120 beds, and its current census is 94 residents. Three of the facility's residents are in the hospital and are expected to readmit to the facility soon. There are seven referrals under review at this time. The facility reported in 2025, its average census was 90 residents which exceeded its budget census of 83 residents.

The facility has started utilizing a service called ExacareAI today. The ExacareAI team will be training the applicable staff at Holland Lake Rehabilitation and Wellness Center today regarding how to utilize the service. The service will pull pertinent information out of referrals for the facility to review. It will help streamline the referral review process prior to admitting new residents. This service will also provide the admitting diagnosis for the MDS nurse to use on assessments.

There are four new staff attending orientation this week. Discussed openings and efforts to promptly post any vacant positions. The administrator reported on some new positions recently added due to census growth. The administrator was designated as the '2025 Administrator of the Year' with HMG. Discussed the consistent efforts of the administrator to build up the team at Holland Lake.

There have not been any recent visits by state surveyors. The POC that was submitted last month addressing the fullbook survey has been accepted. There are no new self-reports at this time.

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

The facility held its monthly QAPI meeting this morning. Discussed the facility's recent POC from fullbook survey and ongoing monitoring completed by all departments. Discussed some changes with rounding by the infection nurse and reviewed changes made in the nutrition room. The team is still working on falls and discussed adjustments made to fall prevention interventions. The facility will be working with the local hospital district to complete CPR recertification this week for those needing recertification.

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

Grievances are going well overall with no reported trends. Discussed Resident Council meetings and addressing feedback from those meetings.

The facility recently replaced and fixed some heating components in the building. Discussed working on replacing some cabinets and sinks in the building. The plumbing related needs from fullbook survey have been fixed. The generator is working and is being tested weekly as required. The five sprinkler heads in the laundry department which were notated in the recent life safety survey have been replaced.

Provided quarterly joint training regarding infection prevention and control. Discussed the critical role of these programs to protect resident health and clinical outcomes. Reviewed expectations for a proactive, facility-wide infection control program supported by clear policies, leadership oversight, and designated infection preventionist staff. Discussed required components including ongoing staff training, active infection surveillance, and timely response to potential outbreaks. Reviewed the importance of hand hygiene, use of personal protective equipment, and environmental cleaning.

Anytime there are issues or opportunities for improvement under infection control, the facility in-services staff on the topic. Discussed having monthly trainings where infection prevention and control systems are included in the education.

Joint Training Information

Infection Prevention and Control programs in nursing facilities have significant impact on resident well-being and clinical outcomes. Nursing home residents are often at increased risk for infection due to factors such as existing comorbidities and living in a congregate setting. Effective infection prevention and control programs actively manage these risks to protect residents, staff, and visitors.

Texas Health and Human Services (HHS) has outlined evidence-based best practices for infection prevention and control to support safe, high-quality care in nursing facilities. These guidelines emphasize the importance of a proactive, organized, facility-wide infection control program that is consistently followed by all staff to reduce infection risk.

Infection prevention and control programs must maintain clear written policies and procedures, define staff roles and responsibilities, and ensure ongoing education and competency training. Leadership involvement is essential to ensure practices are consistently implemented, monitored, and reinforced throughout the facility. Each facility must have at least one infection preventionist (IP) to support program functions.

Surveillance systems must be in place to effectively identify and track infections, recognize trends, and activate prompt responses to potential outbreaks. Facilities are encouraged to use standardized tracking methods, analyze data, and communicate findings with staff to strengthen prevention efforts and improve resident outcomes.

Evidence-based prevention practices are central to effective infection control programs. These practices include strict adherence to hand hygiene, appropriate use of personal protective equipment (PPE), and implementation of proper precautions when indicated. Environmental cleaning, disinfection, and safe handling of waste and contaminated materials are also critical components. Additional initiatives that support infection prevention include immunization programs, blood-borne pathogen exposure management, safe food handling, and emergency preparedness planning.

Please see the following links for additional information and evidence-based best practices on this topic:

Infection Prevention and Control

Evidence-Based Best Practices: Infection Prevention and Control in Nursing Facilities

Infection Control and Response Tool for General Infection Prevention and Control Across Settings (ICAR)

Thank you for your continued commitment to infection prevention and resident safety. The actions nursing home staff take each day play a vital role in maintaining a safe and healthy environment. Please feel free to contact me if you have any questions.

WINNIE STOWELL HOSPITAL DISTRICT
WWW.WSHD-TX.ORG

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

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

Treasurer: Bobby Way
Dir. Kacey Vratis

Scott Johnson, Nursing Facility Specialist
Winnie-Stowell Hospital District

Hewitt Nursing and Rehabilitation
8836 Mars Drive
Hewitt, TX 76643

February 20, 2026

Facility Administrator: Chris Gallardo

Hewitt Nursing and Rehabilitation is licensed for 140 beds, and its current census is 73 residents. Discussed some recent discharges due to long-term care residents expiring and some skilled patients completing their plans of care. The facility is working on several referrals for admission. There are also some short-term care patients who are candidates to transition to long-term care services.

There are no reported staff vacancies at this time. The facility successfully hired an MDS nurse who is starting employment on Monday. Discussed plans to support the new MDS nurse through their onboarding.

There have not been any visits by state surveyors this month, and there are no new self-reports. The administrator confirmed there were some visits by surveyors last month, which were unsubstantiated.

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 recently held its monthly QAPI meeting and discussed clinical outcomes and quality measures observed in January. The facility saw an increase of falls in January. The interdisciplinary team discussed the occurrence of these falls, including the timing, location, and which residents were involved. Discussed working with some skilled patients who are non-compliant and are having trouble following plans of care. Discussed providing education and encouraging patients and residents to recognize their limitations as they go through the recovery and rehab process. The facility encourages residents to ask staff for help when performing tasks where assistance is needed. The administrator reported the facility has seen improvements in the number of falls so far in February.

There are no trends or outbreaks in the facility at this time related to infection control. There was a COVID outbreak last month, but it was resolved successfully.

Discussed recent grievances in the facility, some of which have been involving call light responses and dietary services. Discussed interventions put in place and efforts by the facility to manage these issues. The dietary department has seen improvements this month and the facility has been working hard to improve call light response. Discussed review of the nursing team members to look for opportunities to adjust shifts or assignments to best leverage each team members' abilities.

Discussed ongoing survey preparedness efforts by the facility. The interdisciplinary team is conducting routine room rounds. The team members have also been assigned various systems and processes to routinely audit in order to ensure operations are proceeding correctly.

Provided quarterly joint training regarding infection prevention and control. Discussed the critical role of these programs to protect resident health and clinical outcomes. Reviewed expectations for a proactive, facility-wide infection control program supported by clear policies, leadership oversight, and designated infection preventionist staff. Discussed required components including ongoing staff training, active infection surveillance, and timely response to potential outbreaks. Reviewed the importance of hand hygiene, use of personal protective equipment, and environmental cleaning.

The facility has an infection control nurse who does a great job with providing regular education. Discussed the importance of consistency in all aspects of care, but especially with infection prevention and control efforts. The team strives to avoid infections to support the residents' well-being and reduce potential hospital readmissions.

Joint Training Information

Infection Prevention and Control programs in nursing facilities have significant impact on resident well-being and clinical outcomes. Nursing home residents are often at increased risk for infection due to factors such as existing comorbidities and living in a congregate setting. Effective infection prevention and control programs actively manage these risks to protect residents, staff, and visitors.

Texas Health and Human Services (HHS) has outlined evidence-based best practices for infection prevention and control to support safe, high-quality care in nursing facilities. These guidelines emphasize the importance of a proactive, organized, facility-wide infection control program that is consistently followed by all staff to reduce infection risk.

Infection prevention and control programs must maintain clear written policies and procedures, define staff roles and responsibilities, and ensure ongoing education and competency training. Leadership involvement is essential to ensure practices are consistently implemented, monitored, and reinforced throughout the facility. Each facility must have at least one infection preventionist (IP) to support program functions.

Surveillance systems must be in place to effectively identify and track infections, recognize trends, and activate prompt responses to potential outbreaks. Facilities are encouraged to use

standardized tracking methods, analyze data, and communicate findings with staff to strengthen prevention efforts and improve resident outcomes.

Evidence-based prevention practices are central to effective infection control programs. These practices include strict adherence to hand hygiene, appropriate use of personal protective equipment (PPE), and implementation of proper precautions when indicated. Environmental cleaning, disinfection, and safe handling of waste and contaminated materials are also critical components. Additional initiatives that support infection prevention include immunization programs, blood-borne pathogen exposure management, safe food handling, and emergency preparedness planning.

Please see the following links for additional information and evidence-based best practices on this topic:

Infection Prevention and Control

Evidence-Based Best Practices: Infection Prevention and Control in Nursing Facilities

Infection Control and Response Tool for General Infection Prevention and Control Across Settings (ICAR)

Thank you for your continued commitment to infection prevention and resident safety. The actions nursing home staff take each day play a vital role in maintaining a safe and healthy environment. Please feel free to contact me if you have any questions.

Scott Johnson, Nursing Facility Specialist
Winnie-Stowell Hospital District

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

February 23, 2026

Facility Administrator: Eric Johnan

Green Oaks Nursing & Rehabilitation is licensed for 142 beds, and its current census is 93 residents including 23 skilled patients. The census has had a slight decline due to several planned discharges as patients finished their skilled stay. The facility's referral volume has been steady, but there have been some challenges with getting insurance authorization timely. Discussed working internal processes to support the building's referral conversion rate.

There have been some no-call no-shows over the weekend, so there are four CNAs now. The new ADON is holding staff more accountable. The administrator reported his last day of employment at the facility will be on Thursday and the new administrator will start employment on Wednesday. The administrator will be transferring to a sister facility.

There have not been any recent visits by state surveyors, and there are no new self-reports. The facility is in its annual fullbook survey window, and it is maintaining survey readiness efforts.

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 held its monthly QAPI meeting and reviewed current focus areas and quality measures. The facility saw an increase in weight loss due to some inconsistencies in processes. The facility has addressed the system to ensure accurate data is collected and reported. Discussed the importance of accountability and consistency in this process. One of the facility's new ADONs has done well supporting and managing this system. Discussed continued efforts to implement new interventions to support fall prevention efforts.

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

Discussed recent grievances and efforts by the facility to promptly address all issues. The facility reviewed its methods of resolving issues and communicating clearly with residents.

The facility repaired the sprinkler pipe that froze last month. The damaged sheetrock near the pipe has also been replaced. There were some small maintenance updates with faucets in the kitchen.

Provided quarterly joint training regarding infection prevention and control. Discussed the critical role of these programs to protect resident health and clinical outcomes. Reviewed expectations for a proactive, facility-wide infection control program supported by clear policies, leadership oversight, and designated infection preventionist staff. Discussed required components including ongoing staff training, active infection surveillance, and timely response to potential outbreaks. Reviewed the importance of hand hygiene, use of personal protective equipment, and environmental cleaning.

Discussed the importance of competency checks and holding staff accountable to facility standards. The facility recognizes the importance of continuing to educate team members while reinforcing correct habits.

Joint Training Information

Infection Prevention and Control programs in nursing facilities have significant impact on resident well-being and clinical outcomes. Nursing home residents are often at increased risk for infection due to factors such as existing comorbidities and living in a congregate setting. Effective infection prevention and control programs actively manage these risks to protect residents, staff, and visitors.

Texas Health and Human Services (HHS) has outlined evidence-based best practices for infection prevention and control to support safe, high-quality care in nursing facilities. These guidelines emphasize the importance of a proactive, organized, facility-wide infection control program that is consistently followed by all staff to reduce infection risk.

Infection prevention and control programs must maintain clear written policies and procedures, define staff roles and responsibilities, and ensure ongoing education and competency training. Leadership involvement is essential to ensure practices are consistently implemented, monitored, and reinforced throughout the facility. Each facility must have at least one infection preventionist (IP) to support program functions.

Surveillance systems must be in place to effectively identify and track infections, recognize trends, and activate prompt responses to potential outbreaks. Facilities are encouraged to use standardized tracking methods, analyze data, and communicate findings with staff to strengthen prevention efforts and improve resident outcomes.

Evidence-based prevention practices are central to effective infection control programs. These practices include strict adherence to hand hygiene, appropriate use of personal protective equipment (PPE), and implementation of proper precautions when indicated. Environmental cleaning, disinfection, and safe handling of waste and contaminated materials are also critical components. Additional initiatives that support infection prevention include immunization

programs, blood-borne pathogen exposure management, safe food handling, and emergency preparedness planning.

Please see the following links for additional information and evidence-based best practices on this topic:

Infection Prevention and Control

Evidence-Based Best Practices: Infection Prevention and Control in Nursing Facilities

Infection Control and Response Tool for General Infection Prevention and Control Across Settings (ICAR)

Thank you for your continued commitment to infection prevention and resident safety. The actions nursing home staff take each day play a vital role in maintaining a safe and healthy environment. Please feel free to contact me if you have any questions.

WINNIE STOWELL HOSPITAL DISTRICT
WWW.WSHD-TX.ORG

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

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

Treasurer: Bobby Way
Dir. Kacey Vratis

Scott Johnson, Nursing Facility Specialist
Winnie-Stowell Hospital District

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

February 20, 2026

Facility Administrator: Cody Bedford

Crowley Nursing and Rehabilitation is licensed for 120 beds, and its current census is 101 residents including 23 skilled patients. There are two discharges planned today. The family of the resident who discharged this morning has already reached out to see what opportunities there are for the resident to return to the facility for additional therapy. There is one pending admission at this time.

There have been a handful of CNA openings, but the facility held orientation yesterday and will have another orientation soon. The administrator is hopeful all openings will be filled by next week. Discussed some recent challenges hiring new staff members who did not show up for work and have consequently been let go. Discussed the importance of holding staff accountable to the facility's policies and standards.

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

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

The facility held its monthly QAPI meeting and reported on clinical systems and quality measures. The facility's interdisciplinary team is collaborative and involved in directing the care of the building. The facility continues to focus on falls and has seen improvement so far in February. Discussed ensuring staff members are paying attention to the needs of the residents and are alerted to the personalized care plans and interventions for each resident.

There were some recent cases of the flu in the building, but those have cleared up with no lingering issues reported.

There are no grievance trends reported at this time. Discussed efforts to address all issues promptly and ensure appropriate resolutions are achieved.

Provided quarterly joint training regarding infection prevention and control. Discussed the critical role of these programs to protect resident health and clinical outcomes. Reviewed expectations for a proactive, facility-wide infection control program supported by clear policies, leadership oversight, and designated infection preventionist staff. Discussed required components including ongoing staff training, active infection surveillance, and timely response to potential outbreaks. Reviewed the importance of hand hygiene, use of personal protective equipment, and environmental cleaning.

Discussed the importance of providing routine education and having some variety in the delivery method of education to keep team members engaged. The administrator takes time to follow up with staff to reinforce understanding and provide thought provoking infection control scenarios to consider. The facility also works to evaluate its team members competencies as well to support infection control efforts.

Joint Training Information

Infection Prevention and Control programs in nursing facilities have significant impact on resident well-being and clinical outcomes. Nursing home residents are often at increased risk for infection due to factors such as existing comorbidities and living in a congregate setting. Effective infection prevention and control programs actively manage these risks to protect residents, staff, and visitors.

Texas Health and Human Services (HHS) has outlined evidence-based best practices for infection prevention and control to support safe, high-quality care in nursing facilities. These guidelines emphasize the importance of a proactive, organized, facility-wide infection control program that is consistently followed by all staff to reduce infection risk.

Infection prevention and control programs must maintain clear written policies and procedures, define staff roles and responsibilities, and ensure ongoing education and competency training. Leadership involvement is essential to ensure practices are consistently implemented, monitored, and reinforced throughout the facility. Each facility must have at least one infection preventionist (IP) to support program functions.

Surveillance systems must be in place to effectively identify and track infections, recognize trends, and activate prompt responses to potential outbreaks. Facilities are encouraged to use standardized tracking methods, analyze data, and communicate findings with staff to strengthen prevention efforts and improve resident outcomes.

Evidence-based prevention practices are central to effective infection control programs. These practices include strict adherence to hand hygiene, appropriate use of personal protective equipment (PPE), and implementation of proper precautions when indicated. Environmental cleaning, disinfection, and safe handling of waste and contaminated materials are also critical components. Additional initiatives that support infection prevention include immunization programs, blood-borne pathogen exposure management, safe food handling, and emergency preparedness planning.

Please see the following links for additional information and evidence-based best practices on this topic:

Infection Prevention and Control

Evidence-Based Best Practices: Infection Prevention and Control in Nursing Facilities

Infection Control and Response Tool for General Infection Prevention and Control Across Settings (ICAR)

Thank you for your continued commitment to infection prevention and resident safety. The actions nursing home staff take each day play a vital role in maintaining a safe and healthy environment. Please feel free to contact me if you have any questions.

Exhibit “H”

CIF #: WQC3218

COLLATERAL SECURITY AGREEMENT

This COLLATERAL SECURITY AGREEMENT (this "Agreement") is made and entered into effective February 17, 2026 (the "Effective Date"), by and between Winnie-Stowell Hospital District, hereinafter called "**Depositor**", and First Financial Bank, a Texas state banking association, hereinafter called "**Bank**".

Background:

Depositor, through action of its governing body has designated **Bank** as a depository for funds of **Depositor**. During the continuation of this Agreement, **Depositor** will through appropriate actions of its governing body designate the officer, or officers, who singularly or jointly will be authorized to represent and act on behalf of **Depositor** in any and all matters of every kind arising under this Agreement. The Deposit Agreement between **Depositor** and **Bank** (the "Depository Agreement") is incorporated herein for all purposes, however to the extent that any provision therein conflicts with any provision herein, to the extent of such conflict, this Agreement will control. All funds on deposit with Bank to the credit of **Depositor** are required to be secured as contemplated under the Depository Agreement and applicable law.

To perfect the security arrangement contemplated hereunder, **Bank** will pledge certain Eligible Securities to a custodial bank identified to **Depositor** by **Bank**, hereinafter called "**Custodian**," to be held by **Custodian** for the benefit of **Depositor**. As used in this Agreement, "Eligible Securities" are as defined in Chapter 2257 of the Texas Government Code, hereinafter referred to as the "Public Funds Collateral Act," and by virtue of Depositor's approval and execution of this Agreement.

NOW, THEREFORE, in consideration of the foregoing, and for other valuable consideration, the receipt and sufficiency of which are hereby acknowledged, it is agreed as follows:

1.

Bank has heretofore or will immediately hereafter identify to **Custodian** Eligible Securities owned by **Bank** of sufficient amount and market value (hereinafter called the "Collateral") to adequately secure payment of the funds of **Depositor** deposited with **Bank**.

2.

As a result of this Agreement, **Bank** hereby grants to **Depositor** a security interest in the Collateral to secure the deposits held by **Bank** for **Depositor** as required by the Public Funds Collateral Act.

3.

The Collateral, including any substitute Collateral, shall be held by **Custodian** so long as the contemplated depository relationship between **Depositor** and **Bank** shall continue.

4.

The aggregate market value of the Collateral securing **Depositor's** funds on deposit with **Bank** will be maintained in an amount at least equal to one hundred ten percent (110%), hereinafter referred to as the "Applicable Percentage," of the "Uninsured Deposit Amount," being the total amount of **Depositor's** funds on deposit, plus accrued interest thereon, to the extent and otherwise secured by a letter of credit issued by a Federal Home Loan Bank, and reduced to the extent that such deposits are insured by an agency or instrumentality of the United States Government. **Bank** shall be responsible for monitoring and maintaining the required value of the Collateral at all times.

5.

Should **Bank** become insolvent, or fail to maintain adequate Collateral as required by this Agreement, or in any manner breach this Agreement or the Depository Agreement, **Depositor** shall give written notice of such insolvency, failure or breach to **Bank**, and **Bank** shall have ten (10) business days to cure such insolvency, failure or breach. In the event **Bank** shall fail to cure such insolvency, failure or breach within ten (10) business days, **Bank** authorizes **Depositor** (supported by proper evidence of any of the above listed circumstances), to enforce its security interest and lien in the Collateral and to make demand on **Custodian** to surrender control of the Collateral to the **Depositor**. In such event, **Depositor** may sell, or direct **Custodian** to sell, all or any part of the Collateral, and out of the proceeds thereof pay **Depositor** all losses sustained by it, together with its reasonable expenses incurred as a direct result of such insolvency, failure, or breach, accounting to **Bank** for the remainder, if any, of such proceeds or of the Collateral remaining unsold.

6.

Any sale of the Collateral, or any part thereof, made by (or under the direction of) **Depositor** hereunder may be either at public or private sale upon ten (10) business days prior written notice to **Bank**. **Depositor** and **Bank** shall each have the right to bid at such sale.

7.

Bank may substitute the Collateral at any time so long as the market value of the Eligible Securities being substituted is at least equal to the market value of the Eligible Securities being replaced. Such right of substitution shall remain in full force and may be exercised by **Bank** as often as it may desire, provided, however, that the aggregate market value of the Collateral pledged hereunder shall be at least equal to the aggregate market value of the Collateral required hereunder. If at any time, the aggregate market value of the Collateral identified to **Custodian** to secure **Depositor's** funds on deposit with **Bank** is less than the Applicable Percentage of the Uninsured Deposit Amount, **Bank** shall promptly identify to **Custodian** such additional Collateral as may be necessary to cause the aggregate market value of the Collateral to equal the Applicable Percentage of the Uninsured Deposit Amount. If at any time, the aggregate market value of the Collateral identified to **Custodian** to secure **Depositor's** funds on deposit with **Bank** is more than the Applicable Percentage of the Uninsured Deposit Amount, **Bank** may withdraw the excess amount of the Collateral without the consent of the **Depositor**, and **Custodian** may release this amount of the Collateral (and no more) to **Bank**, taking a receipt therefor, and **Custodian** shall have no further liability for the amount of the Collateral so delivered to **Bank**. Provided **Depositor's** funds on deposit with **Bank** are otherwise

adequately secured hereunder, **Bank** shall be entitled to interest and earnings on the Collateral, and **Custodian** may deliver such income and earnings as directed by **Bank** without approval of **Depositor**.

8.

Bank shall deliver a copy of the "trust receipt" (as defined under the Public Funds Collateral Act) initially generated by **Custodian** to **Depositor**. Thereafter, **Bank** shall deliver monthly collateral statements to **Depositor** describing the Collateral then held by **Custodian**. With respect to additional, substitute or a reduction in the Collateral, **Bank** shall deliver a copy of the trust receipt describing such additional, substitute or released Collateral to **Depositor** within ten (10) business days of such addition, substitution, or release. All monthly statements and trust receipts which are furnished by **Bank** from time to time shall be deemed to be a part of this Agreement without further action on the part of any party.

9.

Except in cases of Custodian's gross negligence or willful misconduct, and excluding the enforcement of Depositor's rights and remedies as a secured party with respect to the Collateral, Bank hereby agrees to indemnify Custodian and hold it harmless from any and all claims, liabilities, losses, actions, suits or proceedings at law or in equity (collectively, "Claims"), or any other expenses, fees or charges of any character or nature which Custodian may incur or with which it may be threatened by reason of Custodian's actions under this Agreement, including but not limited to, any Claims caused or alleged to be caused by the sole or concurrent negligence of Custodian, its employees or agents; and, in connection therewith, to indemnify Custodian against any and all expenses, including without limitation, reasonable attorneys' fees and expenses incurred by Custodian. To the extent covered by such indemnity, **Custodian** may itself defend any suit brought against it and shall be equally entitled to receive reimbursement from **Bank** for its reasonable attorneys' fees, expenses, and all reasonable fees and costs incident to any appeals which may result. **Exclusive of the enforcement against Custodian of Depositor's rights and remedies as a secured party with respect to the Collateral, Bank and Depositor agree that Custodian shall have no liability to either of them for any loss or damage that either or both may claim to have suffered or incurred, either directly or indirectly, by reason of this Agreement or any transaction or service contemplated by this Agreement, regardless of whether such loss or damage is caused or alleged to be caused by the sole or concurrent negligence of Custodian, its employees or agents, unless occasioned solely by the gross negligence or willful misconduct of Custodian.** In no event shall **Custodian** be liable for losses or delays resulting from computer malfunction, interruption of communication facilities, labor difficulties or other causes beyond **Custodian's** reasonable control or for indirect, special or consequential damages.

10.

This Agreement shall terminate and be of no force and effect upon receipt by the **Custodian** of written notice from the **Depositor** that the **Depositor** no longer claims an interest in the Collateral. This Agreement may be terminated by **Custodian**, with or without cause, upon its delivery of thirty (30) calendar days prior written notice thereof to **Bank** and **Depositor**, and upon the expiration of such thirty (30) days period, all of **Custodian's** obligations hereunder shall cease. Upon the effective date of such termination, **Custodian** will simultaneously transmit to the **Bank** all Collateral. Notwithstanding any of the provisions hereof, **Depositor** shall have, and does hereby retain the right to utilize, other depositories and the right to terminate this Agreement whenever the interest of **Depositor** may demand.

When the relationship of **Depositor** and **Bank** shall have ceased to exist, and when **Bank** shall have properly paid out all deposits of **Depositor, Bank** shall give **Custodian** written notice to that effect and **Custodian** shall release the Collateral to **Bank** at its direction.

This Agreement may be executed in counterparts and by use of signatures delivered by electronic means.

Executed by the undersigned duly authorized officers of the parties hereto to be effective as of the Effective Date.

DEPOSITOR

By: Edward Murrell Date: 4/17/26

Printed Name: Edward Murrell

Title: President

ATTEST:

By: Victoria Curtis

BANK

By: Michael Hunt Date: 4/17/26

Printed Name: Michael Hunt

Title: Vice President

ATTEST:

By: Cara Kane