Exhibit “A-1”

Signed Oath of Office - Director Kay Wilcox

Form #2204 Rev 9/2017 **Submit to:** **SECRETARY OF STATE** **Government Filings Section** **P O Box 12887** **Austin, TX 78711-2887** **512-463-6334** **FAX 512-463-5569** **Filing Fee: None**	**This space reserved for office use** **OATH OF OFFICE**

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

_____
Signature of Officer

Certification of Person Authorized to Administer Oath

State of _____

County of _____

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

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

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

_____
Printed or Typed Name

Print Reset

Exhibit “A-2”

Signed Oath of Office - Director George Robert “Bobby” Way, Jr.

Form #2204 Rev 9/2017 **Submit to:** **SECRETARY OF STATE** **Government Filings Section** **P O Box 12887** **Austin, TX 78711-2887** **512-463-6334** **FAX 512-463-5569** **Filing Fee: None**	**This space reserved for office use** **OATH OF OFFICE**

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

_____
Signature of Officer

Certification of Person Authorized to Administer Oath

State of _____

County of _____

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

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

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

_____
Printed or Typed Name

Print Reset

Exhibit “B-1”

August 2026 Financial Statements

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

	Aug 31, 26
ASSETS	
Current Assets	
Checking/Savings	
100 Prosperity Bank -Checking	220,054.69
102 First Financial Bank	
102b FFB #4846 DACA	2,856,720.59
102c FFB #7190 Money Market	30,607,780.93
Total 102 First Financial Bank	33,464,501.52
105 TexStar	7,321,003.16
108 Nursing Home Banks Combined	4,612,695.30
Total Checking/Savings	45,618,254.67
Other Current Assets	
110 Sales Tax Receivable	159,481.30
114 Accounts Receivable NH	92,860,459.83
115 Riceland Hospital Rec.	224,518.92
117 NH - QIPP Prog Receivable	61,610,696.13
119 Prepaid IGT	31,465,387.08
Total Other Current Assets	186,320,543.26
Total Current Assets	231,938,797.93
Fixed Assets	3,889,887.91
Other Assets	
118.01 Prepaid NH Fees	12,806.48
Total Other Assets	12,806.48
TOTAL ASSETS	**235,841,492.32**
LIABILITIES & EQUITY	
Liabilities	
Current Liabilities	
Other Current Liabilities	
190 NH Payables Combined	4,189,858.88
201 NHP Accounts Payable	21,649,294.74
206 FFB Loan 28	31,276,800.00
206 FFB Loan 29	31,727,700.00
235 Payroll Liabilities	7,847.82
240 Accounts Payable NH Oper.	91,472,065.17
Total Other Current Liabilities	180,323,566.61
Total Current Liabilities	180,323,566.61
Total Liabilities	180,323,566.61
Equity	55,517,925.71
TOTAL LIABILITIES & EQUITY	**235,841,492.32**

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

	Jan - Aug 26	Budget	$ Over Budget	% of Budget
Ordinary Income/Expense				
Income				
400 Sales Tax Revenue	614,634.35	850,000.00	-235,365.65	72.3%
405 Investment Income	703,624.81	600,000.00	103,624.81	117.3%
407 Rental Income	28,000.00	42,000.00	-14,000.00	66.7%
409 Tobacco Settlement	19,315.73	15,000.00	4,315.73	128.8%
411 Opiod Abatement Funds	49,550.27	49,550.00	0.27	100.0%
415 Nursing Home - QIPP Program	91,885,592.35	131,858,612.00	-39,973,019.65	69.7%
Total Income	93,300,717.51	133,415,162.00	-40,114,444.49	69.9%
Gross Profit	93,300,717.51	133,415,162.00	-40,114,444.49	69.9%
Expense				
500 Admin				
501 Admin-Administative Salary	57,512.50	101,000.00	-43,487.50	56.9%
502 Admin-Administrative Assnt	17,998.31	42,950.00	-24,951.69	41.9%
503 Admin - Staff Incentive Pay	881.33	9,500.00	-8,618.67	9.3%
504 Admin-Administrative PR Tax	9,421.59	12,000.00	-2,578.41	78.5%
505 Admin-Board Bonds	0.00	250.00	-250.00	0.0%
506 Admin - Emp. Insurance	36,175.59	65,000.00	-28,824.41	55.7%
507 Admin-Retirement	14,540.85	18,000.00	-3,459.15	80.8%
515 Admin-Bank Service Charges	1,251.00	2,000.00	-749.00	62.6%
521 Professional Fees - Accntng	42,637.00	76,800.00	-34,163.00	55.5%
522 Professional Fees - Audit	1,637.50	34,000.00	-32,362.50	4.8%
523 Professional Fees - Legal	27,553.60	100,000.00	-72,446.40	27.6%
550 Admin-D&O / Liability Ins.	17,223.21	20,000.00	-2,776.79	86.1%
560 Admin-Cont Ed, Travel	1,639.89	6,500.00	-4,860.11	25.2%
562 Admin-Travel&Mileage Reimb.	853.39	2,500.00	-1,646.61	34.1%
569 Admin-Meals	5,433.01	8,000.00	-2,566.99	67.9%
570 Admin-District/County Prom	876.40	5,000.00	-4,123.60	17.5%
571 Admin-Office Supp. & Exp.	26,108.51	25,000.00	1,108.51	104.4%
572 Admin-Web Site	1,015.70	1,000.00	15.70	101.6%
573 Admin-Copier Lease/Contract	3,462.50	5,000.00	-1,537.50	69.3%
575 Admin-Cell Phone Reimburse	1,200.00	1,800.00	-600.00	66.7%
576 Admin-Telephone/Internet	3,559.11	4,000.00	-440.89	89.0%
577 - Admin Dues	1,895.00	1,895.00	0.00	100.0%
591 Admin-Notices & Fees	1,627.15	3,000.00	-1,372.85	54.2%
592 Admin Office Rent	2,380.00	4,080.00	-1,700.00	58.3%
593 Admin-Utilities	4,560.84	4,000.00	560.84	114.0%
594 Admin-Casualty & Windstorm	0.00	2,800.00	-2,800.00	0.0%
597 Admin-Flood Insurance	1,583.00	1,800.00	-217.00	87.9%
598 Admin-Building Maintenance	14,718.61	20,000.00	-5,281.39	73.6%
Total 500 Admin	297,745.59	577,875.00	-280,129.41	51.5%
600 - IC Healthcare Expenses				
601 IC Provider Expenses				
601.01a IC Pmt to Hosp-Indigent	246,444.08	500,000.00	-253,555.92	49.3%
601.01b IC Pmt to Coastal (Ind)	7,729.82	25,000.00	-17,270.18	30.9%
601.01c IC Pmt to Thompson	6,807.34	18,000.00	-11,192.66	37.8%
601.02 IC Pmt to UTMB	241,745.15	525,000.00	-283,254.85	46.0%
601.03 IC Special Programs				
601.03a Dental	14,059.00	30,000.00	-15,941.00	46.9%
601.03b IC Vision	1,660.00	2,750.00	-1,090.00	60.4%
601.04 IC-Non Hosp Cost-Other	11,152.64	35,000.00	-23,847.36	31.9%
601.05 IC - Chairty Care Prog	0.00	25,000.00	-25,000.00	0.0%
Total 601.03 IC Special Programs	26,871.64	92,750.00	-65,878.36	29.0%
Total 601 IC Provider Expenses	529,598.03	1,160,750.00	-631,151.97	45.6%
602 IC-WCH 1115 Waiver Prog	272,389.79	610,000.00	-337,610.21	44.7%
603 IC-Pharmaceutical Costs	27,542.38	80,000.00	-52,457.62	34.4%
605 IC-Office Supplies/Postage	244.48	2,000.00	-1,755.52	12.2%
610 IC-Community Health Prog.	70,653.36	111,893.00	-41,239.64	63.1%
611 IC-Indigent Care Dir Salary	47,750.00	68,830.00	-21,080.00	69.4%
612 IC-Payroll Taxes -Ind Care	0.00	5,000.00	-5,000.00	0.0%
615 IC-Software	16,184.00	25,000.00	-8,816.00	64.7%
616 IC-Travel	960.00	1,000.00	-40.00	96.0%
617 Youth Programs				
617.01 Youth Counseling	4,080.00	25,000.00	-20,920.00	16.3%
617.02 Irlen Program	0.00	1,600.00	-1,600.00	0.0%
Total 617 Youth Programs	4,080.00	26,600.00	-22,520.00	15.3%
600 - IC Healthcare Expenses - Other	12.84			
Total 600 - IC Healthcare Expenses	969,414.88	2,091,073.00	-1,121,658.12	46.4%

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

	Jan - Aug 26	Budget	$ Over Budget	% of Budget
620 WSHD - Grants				
620.01 WCH/RMC	0.00	133,000.00	-133,000.00	0.0%
620.03 WSVEMS	113,515.34	157,774.00	-44,258.66	71.9%
620.05 East Chambers ISD	185,443.36	278,165.00	-92,721.64	66.7%
620.06 FQHC(Coastal)	1,043,397.71	1,549,185.00	-505,787.29	67.4%
620.09 Admin-Cont Ed-Med Pers.	14,493.13	22,000.00	-7,506.87	65.9%
Total 620 WSHD - Grants	1,356,849.54	2,140,124.00	-783,274.46	63.4%
630 NH Program				
630 NH Program-Mgt Fees	34,244,579.09	47,607,558.00	-13,362,978.91	71.9%
631 NH Program-IGT	42,095,656.96	63,697,923.00	-21,602,266.04	66.1%
632 NH Program-Telehealth Fees	241,205.68	400,000.00	-158,794.32	60.3%
633 NH Program-Acctg Fees	7,675.50	30,000.00	-22,324.50	25.6%
634 NH Program-Legal Fees	165,760.07	300,000.00	-134,239.93	55.3%
635 NH Program-LTC Fees	3,688,000.00	5,554,000.00	-1,866,000.00	66.4%
637 NH Program-Interest Expense	2,209,813.01	4,895,660.00	-2,685,846.99	45.1%
638 NH Program-Loan/Bank Fees	415,145.46	658,768.00	-243,622.54	63.0%
639 NH Program-Appraisal	3,640.00	96,000.00	-92,360.00	3.8%
641 NH Program-NH Manager	12,380.00	20,400.00	-8,020.00	60.7%
Total 630 NH Program	83,083,855.77	123,260,309.00	-40,176,453.23	67.4%
674 Prop Acqusition/Development				
674.01 Clinic (New Const.)	214,013.46	4,000,000.00	-3,785,986.54	5.4%
674.02 Office Bldg (New Const.)	12,300.00	750,000.00	-737,700.00	1.6%
Total 674 Prop Acqusition/Development	226,313.46	4,750,000.00	-4,523,686.54	4.8%
675 HWY 124 Expenses				
675.01 Tony's BBQ Bldg Expenses	0.00	26,000.00	-26,000.00	0.0%
675.02 Clinic Expenses	5,974.11	10,000.00	-4,025.89	59.7%
675.03 - Clinic Property Ins	16,887.84	17,500.00	-612.16	96.5%
675.04 Seabreeze Prop. Expenses	26,915.40	30,000.00	-3,084.60	89.7%
Total 675 HWY 124 Expenses	49,777.35	83,500.00	-33,722.65	59.6%
Total Expense	85,983,956.59	132,902,881.00	-46,918,924.41	64.7%
Net Ordinary Income	7,316,760.92	512,281.00	6,804,479.92	1,428.3%
Other Income/Expense				
Other Income				
416 Nursing Home Operations	374,427,880.00			
Other Income	27,713.10			
Total Other Income	374,455,593.10			
Other Expense				
640 Nursing Home Oper. Expenses	374,427,880.00			
Total Other Expense	374,427,880.00			
Net Other Income	27,713.10			
Net Income	**7,344,474.02**	**512,281.00**	**6,832,193.02**	**1,433.7%**

Exhibit “B-2”

September 23, 2026 Treasurer’s Report

WSHD Treasurer's Report

Reporting Date: Wednesday, September 23, 2026

Pending Expenses	For	Amount
Bayside Dental	SP Program	$990.00
Brookshire Brothers	Indigent Care	$1,569.15
Winnie Stowell EMS	Indigent Care	$832.61
Coastal Gateway Health Center	Indigent Care	$1,332.65
Dr. June Stansky	SP Program	$120.00
Ben Odom, LPC, NP	Youth Counseling	$85.00
Thompson Outpatient Clinic, LLC	Indigent Care	$713.43
UTMB at Galveston	Indigent Care	$21,583.82
UTMB Faculty Group Practice	Indigent Care	$11,120.41
Wilcox Pharmacy	Indigent Care /Charity Care	$1,753.20
$25 Optical	SP Program	$50.00
Xpert MD	Indigent Care	$133.32
Benckenstein & Oxford	Invoice No 51825	$10,670.00
Graciela Chavez	Inv# 975954	$160.00
US Department of Education	Acct# 1778777782 - Ben Odom	$1,914.19
3Branch & More	Inv # 46276	$8,831.67
Stone Hilton, PLLC	Inv# 719	$12,742.01
Technology Solutions	Inv #2076 & Inv#2077	$2,949.93
Indigent Healthcare Solutions	Indigent Care Inv # 82667	$2,023.00
Vidal Accounting Services	Invoice 00156	$6,037.50
Hubert Oxford	Retainer	$1,000.00
Blue&Co, LLC	Inv# 10761389 (FY2025 Audit)	$3,828.75
Coastal Gateway Health Center	Grant Payment	$317,808.01
Lil' John Plumbing	Inv#8753 & Inv#8773	$890.00
3Desgin	Inv# 2213 (Clinic) & Inv# 2114 (Admin)	$91,282.55
Winnie Stowell EMS	Grant Paymet Qrt 4	$38,193.60
The Hometown Press	Inv# 4963	$750.00
The Seabreeze Beacon	Inv# 9461	$650.00
Terracon	Inv# 35734	$9,000.00
	Total Expenses	$549,014.80

Funds Summary	Totals
Prosperity Operating (Unrestricted)	$240,446.93
First Financial DACA (Unrestricted)	$5,374,154.32
First Financial DACA (Restricted)	$27,747,252.41
First Financial Money Market	$30,528,567.17
TexStar (Restricted)	$7,343,516.83
FFB CD Balance	$0.00
Total District Funds	**$71,233,937.66**
Less First Financial (Restricted)	($27,747,252.41)
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*)	($609,155.01)
Cash Position (*Less First Financial Restricted*)	**$42,377,530.24**
Pending Expenses	($549,014.80)
Ending Balance (Cash Position-*Pending Expenses*)	$41,828,515.44
*Total Funds (*Ending Balance+LOC Outstanding+QIPP Funds Outstanding+Outstanding Chow Loans*)	**$43,580,597.92**
Prior Month	
Prosperity Operating (Unrestricted)	$425,745.14
First Financial (Unrestricted)	$2,155,150.69
First Financial (Restricted)	$637,262.94
First Financial Money Market	$30,528,567.17
TexStar (Restricted)	$7,343,516.83
FFB CD Balance	$0.00
Total District Funds	**$41,090,242.77**
Less First Financial (Restricted)	($637,262.94)
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*)	($671,565.46)
Cash Position (*Less First Financial Restricted*)	**$39,281,414.37**
Pending Expenses	($195,635.76)
Ending Balance (Cash Position-*Pending Expenses*)	**$39,085,778.61**
Total Funds (*Ending Balance+LOC Outstanding+QIPP Funds Outstanding+Committed Funds*)	**$39,361,583.90**

First Finanical Bank Reconciliations

FFB Balance **$33,121,406.73**

	Restricted Funds	Total Scheduled Payment	Balance Received	Balance Due	Due to District
Yr. 9 Q3 (Public & Private)					
Yr. 9, Component 1 Q2	$15,820,848.00	$15,289,687.28	$14,141,654.38	$1,148,032.90	$1,148,032.90
Total Component 1 YR 9 Q1	**$15,820,848.00**	**$15,289,687.28**	**$14,141,654.38**	**$1,148,032.90**	**$1,148,032.90**
Yr. 9 Q3, Component 2 (Public & Private)					
Yr. 9, Component 2 Q3	$2,000,572.99	$3,361,365.48	$3,077,804.60	$283,560.88	$85,068.26
Total Component 2 due to MGRs.	**$2,000,572.99**	**$3,361,365.48**	**$3,077,804.60**	**$283,560.88**	**$85,068.26**
Yr. 9, Component 3 (Public & Private)					
Yr. 9, Component 3 Q3	$3,325,225.54	$5,549,864.42	$5,115,731.60	$434,132.82	$130,239.85
Total Component 3 due to MGRs	**$3,325,225.54**	**$5,549,864.42**	**$5,115,731.60**	**$434,132.82**	**$130,239.85**
Yr. 9, Component 4 (Public & Private)					
Yr. 9, Component 4 Q3	$3,005,690.72	$4,997,327.81	$4,624,139.57	$373,188.24	$111,956.47
Total restricted Yr 9 Q3 funds	**$3,005,690.72**	**$4,997,327.81**	**$4,624,139.57**	**$373,188.24**	**$111,956.47**
Yr. 9, Lapse Funds					
Yr. 9, Component Lapse Q3	$2,797,999.46	$4,461,313.93	$4,290,435.03	$170,878.90	$51,263.67
Total Lapse Funds YR9 Q3 due to MGRs	**$2,797,999.46**	**$4,461,313.93**	**$4,290,435.03**	**$170,878.90**	**$51,263.67**
YR6 Final Adjustment & Y7 Final IGT Refund					
YR 6 Final Adj/YR 7 Final IGT Refund - Not distributed yet	$465,663.44	$634,751.60	$634,751.60	$0.00	$0.00
Variance Payment Totals	**$465,663.44**	**$634,751.60**	**$634,751.60**	**$0.00**	**$0.00**
YR7 Adjustment 3 & YR8 Adjustment 2					
Yr. 7 Adjustment 3/ YR8 Adjustment 2	$123,082.99	$145,413.80	$145,413.80	$0.00	$0.00
Variance Payment Totals	**$123,082.99**	**$145,413.80**	**$145,413.80**	**$0.00**	**$0.00**

Non-QIPP Funds	**$208,169.27**
Restricted	**$27,539,083.14**
Unrestricted	**$5,374,154.32**
Total Funds	**$33,121,406.73**

Committed Funds

Commitment	Total Initial Commitment	YTD Paid by District	Committed Balance
1. FQHC Grant Funding - 2026	**$1,549,185.00**	**$1,047,765.57**	**$501,419.43**
2. East Chambers ISD	**$278,165.04**	**$208,623.06**	**$69,541.98**
3. WSVEMS Grant	**$152,774.40**	**$114,580.80**	**$38,193.60**
Total Commitments	**$1,980,124.44**	**$1,370,969.43**	**$609,155.01**

Hospital - DY 8/IRS Repayment			
	Amount Advanced by District	IC Repayment	Balance Owed by RMC
January 31, 2026	$0.00	$52,195.44	$419,769.97
February 28, 2026	$0.00	$22,725.87	$397,044.10
March 31, 2026	$0.00	$14,878.59	$382,165.51
April 30, 2026	$0.00	$29,192.66	$352,972.85
May 31, 2026	$0.00	$58,364.09	$294,608.76
June 30, 2026	$0.00	$18,803.47	$275,805.29
August 31, 2026	$0.00	$50,283.96	$225,521.33
	$2,116,856.95	**$1,891,335.62**	**$225,521.33**

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			($169,416.00)	*($169,416.00)*	$31,276,800.00
April 1, 2026			($169,416.00)	*($169,416.00)*	$31,276,800.00
May 1, 2026			($169,416.00)	*($169,416.00)*	$31,276,800.00
June 1, 2026			($169,416.00)	*($169,416.00)*	$31,276,800.00
July 1, 2026			($169,416.00)	*($169,416.00)*	$31,276,800.00
August 1, 2026			($169,416.00)	*($169,416.00)*	$31,276,800.00
September 1, 2026			*($182,448.00)*	*($182,448.00)*	$31,276,800.00
October 1, 2026	*$15,638,400.00*	*($15,638,400.00)*	*($182,448.00)*	*($15,820,848.00)*	$15,638,400.00
November 1, 2026	*$0.00*	*$0.00*	*($91,224.00)*	*($91,224.00)*	$15,638,400.00
December 1, 2026	*$0.00*	*$0.00*	*($91,224.00)*	*($91,224.00)*	$15,638,400.00
January 1, 2027	*$15,638,400.00*	*($15,638,400.00)*	*($91,224.00)*	*($14,727,373.56)*	$0.00
Amount Paid	**$31,276,800.00**	**($31,276,800.00)**	**($1,801,891.20)**	**($32,076,440.76)**	

First Financial Bank-11 Month Outstanding Short Term Revenue Note-Loan 27 (July 31, 2025 - July 25, 2026)
1st Half of Year 9

Annual Interest Rate:	**7.00%**	**Payments Per Year:**	**12**	**Origination Fee:**	**$323,700.00**
Years:	**1**	**Amount:**	**$31,727,650.00**		

Amoritization Table	Component Payment	Principle	Interest	Payment	Balance
July 1, 2026				*$0.00*	$31,727,650.00
August 1, 2026			($273,651.40)	*($273,651.40)*	$31,727,650.00
September 1, 2026			*($185,077.96)*	*($185,077.96)*	$31,727,650.00
October 1, 2026			*($190,900.33)*	*($190,900.33)*	$31,727,650.00
November 1, 2026			*($185,077.96)*	*($185,077.96)*	$31,727,650.00
December 1, 2026			*($185,077.96)*	*($185,077.96)*	$31,727,650.00
January 1, 2027			*($184,050.42)*	*($184,050.42)*	$31,727,650.00
February 1, 2027			*($185,077.96)*	*($185,077.96)*	$31,727,650.00
March 1, 2027	$15,863,825.00	($15,863,825.00)	*($185,077.96)*	*($16,048,902.96)*	$15,863,825.00
April 1, 2027	$0.00	$0.00	*($92,538.98)*	($92,538.98)	$15,863,825.00
May 1, 2027	*$0.00*	*$0.00*	*($92,538.98)*	*($92,538.98)*	$15,863,825.00
June 1, 2027	*$15,863,825.00*	*($15,863,825.00)*	*($92,538.98)*	*($15,956,363.98)*	$0.00
Amount Paid	**$31,727,650.00**	**($31,727,650.00)**	**($1,851,608.88)**	**($33,579,258.88)**	

District's Investments

	Balance	Interest Paid	Reporting Period	Paid this Reporting Period	Interest Paid YTD
Money Market-First Financial Bank	$30,259,957.45	3.144%	August 2026	$79,274.60	$575,497.83
Texstar C.D. #1110	$7,366,314.95	3.656%	August 2026	$22,798.12	$176,377.01

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

Edward Murrell,
President

Date:_____

Treasurer/Investment Officer

_

*Italics are Estimated amounts

Exhibit “B-3”

Check Register and Supporting Invoices

Winnie-Stowell Hospital District

Bank Accounts Register

Type	Date	Num	Name	Memo	Clr	Amount	Balance
100 Prosperity Bank -Checking							227,352.78
Check	2026-08-25	5043	Benjamin Odom	7/2/26		(170.00)	227,182.78
Liability C...	2026-08-28		QuickBooks Payroll Service	Created by Payroll Service on 08/27/2026	X	(5,654.71)	221,528.07
Liability C...	2026-08-28		QuickBooks Payroll Service	Created by Payroll Service on 08/27/2026	X	(1,540.60)	219,987.47
Paycheck	2026-08-31	DD1513	Carlo, Victoria M	Direct Deposit	X		219,987.47
Paycheck	2026-08-31	DD1514	Davis, Tina R	Direct Deposit	X		219,987.47
Paycheck	2026-08-31	DD1516	Walters, Reagan D	Direct Deposit	X		219,987.47
Paycheck	2026-08-31	DD1515	Fox, April	Direct Deposit	X		219,987.47
Deposit	2026-08-31			Deposit, Processed	X	67.22	220,054.69
Check	2026-09-03	5044	Lil' John's Plumbing LLC	Invoice #2057 re CGHC		(14,354.00)	205,700.69
Check	2026-09-04	5047	Brookshire Brothers	Corrected check GL 8/19/26		(1,619.13)	204,081.56
Check	2026-09-10	5045	Ethan Kahla	Invoice# 081927		(4,800.00)	199,281.56
Check	2026-09-10	5046	Ethan Kahla	Invoice# 010326-R-009		(1,000.00)	198,281.56
Liability C...	2026-09-14		QuickBooks Payroll Service	Created by Payroll Service on 09/11/2026		(8,429.46)	189,852.10
Paycheck	2026-09-15	DD1518	Davis, Tina R	Direct Deposit	X		189,852.10
Paycheck	2026-09-15	DD1517	Carlo, Victoria M	Direct Deposit	X		189,852.10
Paycheck	2026-09-15	DD1519	Fox, April	Direct Deposit	X		189,852.10
Paycheck	2026-09-15	DD1520	Walters, Reagan D	Direct Deposit	X		189,852.10
Check	2026-09-23	5048	Brookshire Brothers	Batch Date 08/04/26		(1,569.15)	188,282.95
Check	2026-09-23	5049	Coastal Gateway Health Center	Batch Date 08/11/26		(1,332.65)	186,950.30
Check	2026-09-23	5050	Indigent Healthcare Solutions, ...	Invoice # 82667		(2,023.00)	184,927.30
Check	2026-09-23	5077	$25 Optical	Batch Date 08/08/26		(50.00)	184,877.30
Check	2026-09-23	5078	Winnie-Stowell Volunteer EMS	Batch Date 08/09/26		(832.61)	184,044.69
Check	2026-09-23	5079	Thompson Outpatient Clinic, LLC	Batch Date 08/11/26		(713.43)	183,331.26
Check	2026-09-23	5080	UTMB Faculty Group Practice	Batch Date 08/01/26		(11,120.41)	172,210.85
Check	2026-09-23	5055	UTMB at Galveston	Batch Date 08/01/26		(21,583.82)	150,627.03
Check	2026-09-23	5056	Wilcox Pharmacy	Batch Date 08/03/26		(1,753.20)	148,873.83
Check	2026-09-23	5057	Xpert MD	Batch Date 08/01/26		(133.32)	148,740.51
Check	2026-09-23	5081	3Branch & More	Inv# 46276		(8,831.67)	139,908.84
Check	2026-09-23	5082	Benckenstein & Oxford	Inv# 51825		(10,670.00)	129,238.84
Check	2026-09-23	5083	Blue & Co, LLC	Inv# 10761389		(3,828.75)	125,410.09
Check	2026-09-23	5061	Coastal Gateway Health Center	Funding Request		(317,808.01)	(192,397.92)
Check	2026-09-23	5062	Graciela Chavez	Inv# 975954		(160.00)	(192,557.92)
Check	2026-09-23	5063	Hubert Oxford	Retainer		(1,000.00)	(193,557.92)
Check	2026-09-23	5064	Lil' John's Plumbing LLC	Inv# 8753 & Inv # 8773		(890.00)	(194,447.92)
Check	2026-09-23	5084	Stone Hilton PLLC	Inv# 719		(12,742.01)	(207,189.93)
Check	2026-09-23	5066	Technology Solutions of Texas, ...	INV# 2076 & INV 2077		(2,949.93)	(210,139.86)
Check	2026-09-23	5067	Terracon Consultants, Inc.	Inv# 35734 Project # 1000041548		(9,000.00)	(219,139.86)
Check	2026-09-23	5068	Hometown Press	Inv# 4963		(750.00)	(219,889.86)
Check	2026-09-23	5085	The Seabreeze Beacon	Inv# 9461		(650.00)	(220,539.86)
Check	2026-09-23	5070	THR3E DESIGN LLC	Inv# 2213 & Inv# 2213		(91,282.55)	(311,822.41)
Check	2026-09-23	5071	US Department of Education	Acct #1778777792-1		(1,914.19)	(313,736.60)
Check	2026-09-23	5072	Vidal Accounting, PLLC	Inv# 00156		(6,037.50)	(319,774.10)
Check	2026-09-23	5086	Winnie-Stowell Volunteer EMS	QRT 4 Grant Payment		(38,193.60)	(357,967.70)
Check	2026-09-23	5087	Bayside Dental	08/08/26		(990.00)	(358,957.70)
Check	2026-09-23	5075	Benjamin Odom	08/02/2026		(85.00)	(359,042.70)
Check	2026-09-23	5076	Dr. June Stansky, Optometrist	08/08/2026		(120.00)	(359,162.70)
Total 100 Prosperity Bank -Checking						(586,515.48)	(359,162.70)
102 First Financial Bank							33,357,819.96
102b FFB #4846 DACA							2,829,313.63
Check	2026-08-28			Memo:Transfer from DDA Acct No. 1110214838-D Payee:Transfer fro...	X	1,750.00	2,831,063.63
Check	2026-08-31			Memo:Transfer from DDA Acct No. 1110214838-D Payee:Transfer fro...	X	25,656.96	2,856,720.59
Total 102b FFB #4846 DACA						27,406.96	2,856,720.59
102c FFB #7190 Money Market							30,528,506.33
Deposit	2026-08-31				X	79,274.60	30,607,780.93
Total 102c FFB #7190 Money Market						79,274.60	30,607,780.93
Total 102 First Financial Bank						106,681.56	33,464,501.52
TOTAL						***(479,833.92)***	***33,105,338.82***

Exhibit “C”

Administrator’s Report (September 2026)

WINNIE STOWELL HOSPITAL DISTRICT
WWW.WSHD-TX.ORG

Administrator's Report
September 2026

Bold lead-ins are speaking cues for the Administrator; remaining bullets provide supporting detail as needed.

Property Insurance and Required Repairs

- **Administration coordinated the repairs and supporting documentation required following the August insurance inspection.**
- Because of the cancellation deadline and risk of a lapse in coverage, the necessary exterior repairs were handled as an emergency purchase in consultation with District counsel.
- Repair photographs, estimates, invoices, and other supporting documentation have been submitted to the insurance agency.
- **Final reinstatement has not yet been confirmed.** ICAT requested the AES service invoice and a photograph of the current service tag. Administration is working with the tenant and agency to close the remaining documentation gap and obtain written confirmation of coverage.

New Markets Tax Credit (NMTC) / Capital Project Update

- **The Building Committee met with Forvis Mazars on September 11 to continue evaluating NMTC financing. The project is now in the information-gathering stage.**
- WSHD is coordinating District information while Coastal Gateway, THR3E Design, Harvey Cleary, accounting, and counsel provide the operating, design, cost, and legal information needed for the package.
- Forvis advised that the newly announced CDE application window does not negatively affect the District's current project eligibility or development timeline. The next NMTC meeting is anticipated for the week of October 5.

Opioid Abatement Fund Committee

- **Current-year opioid abatement funds available: $49,550.27.**
- **The committee continued development of a District-led, youth-focused prevention framework, with school-based prevention and education as the first priority.**
- Follow-up includes ECISD Narcan needs, possible law-enforcement collaboration for youth education, confirmation of eligible prevention activities, and development of a more formal program and grant/request process.
- **No expenditures were approved by the committee.** Recommendations will return to the Board for consideration.

Cascades at Jacinto - Status Clarification

- **The anticipated CHOW has not been completed.** Jacinto has therefore been removed from current cash-flow projections and the revised LTC service agreement assumptions.
- This is being treated as a change in the anticipated transaction, not as an operational issue attributable to any one party.
- **Board clarification requested:** Should Administration continue pursuing any remaining steps regarding Jacinto, or should the matter be considered closed unless a new transaction or proposal is presented?
- Clarifying the direction will keep facility lists, projections, agreements, and administrative follow-up aligned.

WINNIE STOWELL HOSPITAL DISTRICT
WWW.WSHD-TX.ORG

Office Plumbing Issue and Corrective Action

- **The District experienced recurring restroom backups.** Professional plumbing service identified disposable cleaning-wand attachments being flushed rather than discarded as the cause.
- A subsequent restroom issue raised concern that disposal instructions had not been consistently communicated or followed.
- **Administration will address the issue directly with the cleaning contractor,** document product-use and disposal expectations, and establish a simple written procedure for items that must not be flushed.
- The goal is to prevent repeat service calls and protect District plumbing while maintaining a good working relationship with the contractor.

Professional Development and Upcoming Conferences

- **TICHA Conference, Galveston, October 7-9:** Tina and I plan to attend. Topics are directly relevant to indigent health care administration, compliance, program updates, and hospital-district operations.
- **Records Management Conference, November:** I plan to register. The training will support the District's continued development of records-retention and electronic document-management practices as our programs, contracts, construction activity, and administrative records expand.

Follow-Up from August Board Meeting

- Insurance remediation remains active and is addressed above.
- **The Board previously discussed a possible tour of the rehabilitation facility in Anahuac.** I have not identified a completed tour in this month's correspondence. If the Board remains interested, I will continue coordinating the visit.
- Other legal and transaction-related follow-up from the August meeting is being handled through counsel and the applicable agenda items rather than duplicated in this report.

Exhibit “D”

District Indigent Care Director Report

WINNIE STOWELL HOSPITAL DISTRICT

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

September 23, 2026

WSHD Regular Board Meeting Indigent Care Report

1. Summary:

In August, the Indigent Care Program increased by 3 clients for a total of 89 active clients.

Budget and Billing Update

As of the current reporting period, the program has utilized ***45%*** of its overall budget.

Riceland continues to be one month behind with their claim's submissions due to their software changes.

We currently have three clients that have exhausted benefits.

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

2. Active Client Trends:

2026 Indigent Care Statistics	Jan	Feb	Mar	Apr	May	June	July	Aug	YTD Monthly Average
Indigent Care Clients	94	87	90	83	86	87	86	89	88
Youth Counseling	4	5	5	5	4	4	3	3	4
Irlen Services	0	0	0	0	0	0	0	0	0

3. Renewals & Approvals:

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

Services Usage

Youth Counseling:

- One (1) clients used their benefit in August. Therapist was on vacation.

Dental:

- Six (6) clients used their benefit in August.

Vision Services:

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

WINNIE STOWELL HOSPITAL DISTRICT

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

4. Indigent Care Vendor Payment Trends:

Service Provider	Jan	Feb	Mar	Apr	May	June	July	Aug	YTD Monthly Average
Local Clinics	$ 1,818.54	$ 1,429.97	$ 2,635.82	$ 1,500.18	$ 2,521.91	$ 1,860.96	$ 2,381.69	$ 2,046.08	$ 2,024.39
UTMB (Includes Charity Care)	$ 40,277.51	$ 51,924.88	$ 24,639.86	$ 15,339.33	$ 15,778.86	$ -	$ 69,080.91	$ 32,704.23	$ 31,218.20
Riceland Medical Center	$ 52,195.44	$ 22,725.87	$ 14,878.59	$ 29,192.66	$ 58,364.09	$ 18,803.47	$ -	$ 50,283.96	$ 30,805.51
Pharmacy Costs (Includes Charity Care)	$ 3,525.69	$ 2,781.44	$ 2,941.37	$ 4,371.48	$ 3,839.73	$ 4,258.25	$ 3,555.97	$ 3,322.35	$ 3,574.54
Indigent Special Services (Dental & Vision)	$ 5,560.00	$ 3,186.00	$ 1,643.00	$ 1,090.00	$ 500.00	$ 1,100.00	$ 1,110.00	$ 1,160.00	$ 1,918.63
Medical Supplies (C-PAP)	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Non Contract ER Services (Includes WSEMS)	$ 2,954.08	$ -	$ 315.75	$ -	$ -	$ 672.73	$ 5,299.85	$ 965.93	$ 1,276.04
Other Services									
Irlen Services	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Youth Counseling	$ 340.00	$ 595.00	$ 425.00	$ 680.00	$ 510.00	$ 255.00	$ 170.00	$ 85.00	$ 382.50
Total	*$ 106,671.26*	*$ 82,643.16*	*$ 47,479.39*	*$ 52,173.65*	*$ 81,514.59*	*$ 26,950.41*	*$ 81,598.42*	*$ 90,567.55*	$ 47,466.54

5. YTD Budget Expenditures:

Indigent Service	2026 Budget	YTD Expense	% of Budget
Pharmacy	$80,000.00	$27,354.69	34%
WCH	$500,000.00	$246,444.08	49%
UTMB	$525,000.00	$249,745.58	48%
Youth Counseling	$25,000.00	$3,060.00	12%
Irlen	$1,600.00	$0.00	0%
Dental	$30,000.00	$13,729.00	46%
Vision	$2,750.00	$1,620.00	59%
CGHC Clinic	$25,000.00	$7,463.42	30%
Thompson Clinic	$18,000.00	$8,109.32	45%
Other Non-Contract/Unspecified Services	$35,000.00	$10,830.78	31%
Charity Care	$20,000.00	$0.00	0%
Charity Care Pharmacy	$5,000.00	$1,241.59	25%
Adjustments & Credits			
TOTALS	**$1,267,350.00**	**$569,598.46**	**45%**

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

6. Riceland Medical Center 2026 Expenditure Breakdown:

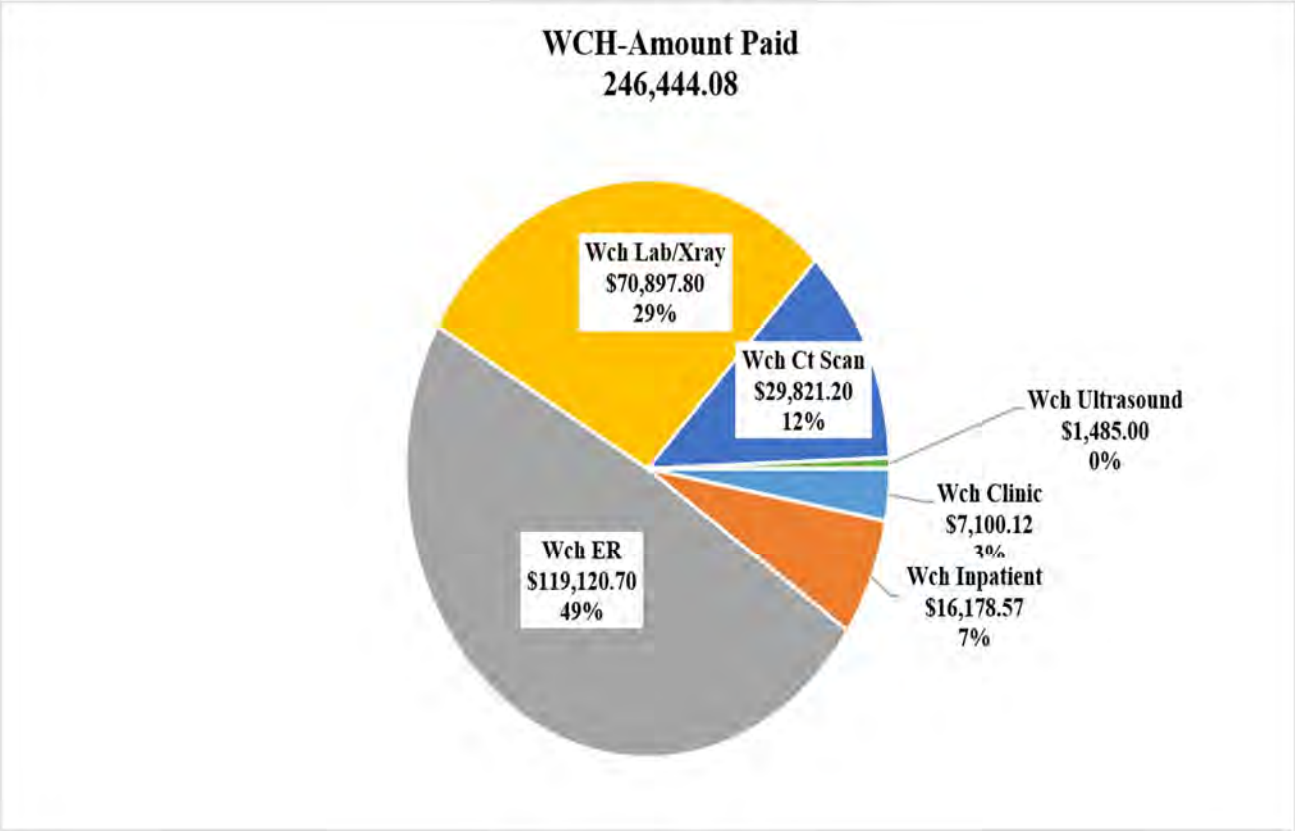


Exhibit “E”

Grant Report and Transportation/Community Health Materials

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

Aug-26

VEHICLE #1 EAST SIDE VAN #1	
TOTAL MILES DRIVEN	2521
TOTAL HOURS DRIVEN	146.37
TOTAL EXPENSES FOR MONTH	$870.87
FUEL COST	$758.38
REPAIRS & 2017 oil change, labor	$112.49
MISC EXPENSES	$0.00
TOTAL RIDERS	25
TOTAL WSHD RIDERS	1
TOTAL TRIPS	63
TOTAL TRIPS FOR WSHD RIDERS	1
VEHICLE #2 EAST SIDE VAN #2	
TOTAL MILES DRIVEN	2721
TOTAL HOURS DRIVEN	117.37
TOTAL EXPENSES FOR MONTH	$689.80
FUEL COST	$480.32
REPAIRS & fuel door replacement	$209.48
MISC EXPENSES	$0.00
TOTAL RIDERS	26
TOTAL WSHD RIDERS	2
TOTAL TRIPS	34
TOTAL TRIPS FOR WSHD RIDERS	2
VEHICLE #3 EAST SIDE VAN #3	
TOTAL MILES DRIVEN	3826
TOTAL HOURS DRIVEN	148.50
TOTAL EXPENSES FOR MONTH	$6,934.88
FUEL COST	$979.44
REPAIRS & van repairs	$5,955.44
MISC EXPENSES	$0.00
TOTAL RIDERS	22
TOTAL WSHD RIDERS	2
TOTAL TRIPS	57
TOTAL TRIPS FOR WSHD RIDERS	2
VEHICLE #4 RAV 4	
TOTAL MILES DRIVEN	4120
TOTAL HOURS DRIVEN	148.37
TOTAL EXPENSES FOR MONTH	$549.30
FUEL COST	$528.30
REPAIRS & PARKING FEE	$21.00
MISC EXPENSES	$0.00
TOTAL RIDERS	24
TOTAL WSHD RIDERS	1
TOTAL TRIPS	43
TOTAL TRIPS FOR WSHD RIDERS	1
VEHICLE #5	
TOTAL MILES DRIVEN	1854
TOTAL HOURS DRIVEN	136.75
TOTAL EXPENSES FOR MONTH	$299.07
FUEL COST	$299.07
REPAIRS & MAINTENANCE COST	$0.00
MISC EXPENSES	$0.00
TOTAL RIDERS	18
TOTAL WSHD RIDERS	1
TOTAL TRIPS	28
TOTAL TRIPS FOR WSHD RIDERS	1
VEHICLE #6	
TOTAL MILES DRIVEN	3480
TOTAL HOURS DRIVEN	174.63
TOTAL EXPENSES FOR MONTH	$929.41
FUEL COST	$912.41
REPAIRS & VAN TAGS	$17.00
MISC EXPENSES	$0.00
TOTAL RIDERS	27
TOTAL WSHD RIDERS	3
TOTAL TRIPS	48
TOTAL TRIPS FOR WSHD RIDERS	3
GRAND TOTALS	
MILES DRIVEN	18522
TOTAL HOURS DRIVEN	871.98
RIDERS	142
WSHD RIDERS	10
TRIPS	273
WSHD TRIPS	10
EXPENSES	$8,830.03

Winnie-Stowell Volunteer EMS

Winnie-Stowell Hospital District Report

Year to Date Details for 2026	Previous Year (CMS) End	Jan-26	Feb-26	Mar-26	Apr-26	May-26	Jun-26	Jul-26	Aug-26	Sep-26	Oct-26	Nov-26	Dec-26	YTD DATE
CALL SUMMARY														
CALLS/TRANSPORTS REQUESTED	100	8	4	15	10	12	9	4	7	0	0	0	0	67
CALLS/TRANSPORTS MADE:														
INSURED	78	7	3	9	5	8	6	3	4					44
SELF-PAY	7	0	1	2	2	3	2	0	3					13
TOTAL CALLS MADE	85	7	4	10	7	11	8	3	7	0	0	0	0	57
CALLS/TRANSPORTS DELAYED	0	0	0	0	0	0	0	0	0	0	0	0	0	0
TRANSPORTS NOT MADE	15	1	0	3	3	1	1	1	0	0	0	0	0	10
PERCENTAGE OF CALLS MADE:	85.0%	87.5%	100.0%	76.9%	70.0%	91.7%	88.9%	75.0%	100.0%					85.1%
INVOICED/BILLED														
Insurance Billed for Services this Month	$80,855.06	$9,607.95	$2,761.16	$11,082.76	$8,965.61	$9,965.53	$8,864.90	$2,254.95	$5,688.83					$59,955.25
Self-Pay Billed for Services this Month	$7,251.57	$0.00	$738.45	$2,500.41	$1,541.10	$2,471.73	$1,418.15	$0.00	$1,476.32					$12,465.14
Total	$87,706.63	$9,607.95	$2,769.51	$13,583.17	$10,495.71	$12,466.26	$10,283.05	$2,254.95	$7,165.15	$0.00	$0.00	$0.00	$0.00	$72,420.39
PAYMENTS RECEIVED														
Insurance Payments Rcvd for Services this Month	$47,308.61	$5,439.70	$2,091.16	$8,051.46	$2,065.55	$2,756.13	$5,665.31	$915.28	$0.00					$26,986.45
Self-Pay Billed Rcvd for Services this Month	$1,470.67	$0.00	$738.45	$1,479.87	$705.05	$0.00	$0.00	$0.00	$0.00					$3,203.37
Total	$53,780.28	$5,439.70	$2,829.61	$9,531.33	$2,770.60	$2,756.13	$5,665.31	$915.28	$0.00	$0.00	$0.00	$0.00	$0.00	$27,829.80
ACCOUNTS RECEIVABLE-FUNDS OWED														
Owed by Insurance for Services this Month	$52,940.29	$4,168.25	$669.00	$3,537.36	$6,900.06	$7,209.40	$3,199.59	$1,339.67	$5,688.83					$33,652.25
Owed by Self-Pay for Services this Month	$5,780.90	$0.00	$0.00	$1,020.54	$836.05	$2,471.73	$1,418.15	$0.00	$1,476.32					$11,221.64
Total	$58,721.19	$4,168.25	$669.00	$4,557.90	$7,736.11	$9,681.13	$4,617.74	$1,339.67	$7,165.15	$0.00	$0.00	$0.00	$0.00	$44,873.89
STAFFING EXPENSES														
	$151,206.93	$12,448.57	$11,687.66	$12,490.49	$12,207.45	$12,928.26	$12,522.49	$12,706.42	$12,764.42	$12,522.49	$12,939.91	$12,522.49	$12,939.91	$150,955.16

Aug-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#
8/8/2026	Riceland ER	UTMB Galveston	M			26-25122
8/14/2026	Riceland ER	TCH TMC	M			26-25724
8/15/2026	Riceland ER	Baptist Beaumont	M			26-25852
8/23/2026	Riceland ER	Baytown Methodist	M			26-26591
8/24/2026	Riceland ER	Baytown Methodist	M			26-26672
8/26/2026	Riceland ER	Baytown Methodist	M			26-26873
8/28/2026	Riceland ER	TCH TMC	M			26-27127
TOTAL CALLS & RESULTS		7	7	0	0	

Aug-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)
8/1/2026	Cody Nance	7am - 7am	$17.39	24.0	$417.42	24	0.0	0	$417.42	$0.00		$0.00	
8/2/2026	Ruthann Robertson	7am - 7am	$17.39	24.0	$417.42	24	0.0	0	$417.42	$0.00		$0.00	
8/3/2026	Brad Eads	7am - 7am	$17.39	24.0	$417.42	24	0.0	0	$417.42	$0.00		$0.00	
8/4/2026	Lori Peine	7am - 7am	$17.39	24.0	$417.42	24	0.0	0	$417.42	$0.00		$0.00	
8/5/2026	Andrew Broussard	7am - 7am	$17.39	24.0	$417.42	24	0.0	0	$417.42	$0.00		$0.00	
8/6/2026	Ruthann Robertson	7am - 7am	$17.39	24.0	$417.42	24	0.0	0	$417.42	$0.00		$0.00	
8/7/2026	Brady Kirkgard	7am - 7am	$17.39	24.0	$417.42	24	0.0	0	$417.42	$0.00		$0.00	
8/8/2026	Haley Bridges	7am - 7am	$17.39	24.0	$417.42	24	0.0	0	$417.42	$0.00		$0.00	
8/9/2026	Cody Nance	7am - 7am	$17.39	24.0	$417.42	24	0.0	0	$417.42	$0.00		$0.00	
8/10/2026	Brad Eads	7am - 7am	$17.39	24.0	$417.42	24	0.0	0	$417.42	$0.00		$0.00	
8/11/2026	Austin Isaacks	7am - 7am	$17.39	24.0	$417.42	20.25	(3.8)	0	$352.20	($65.22)		$0.00	
8/12/2026	Haley Bridges	7am - 7am	$17.39	24.0	$417.42	24	0.0	0	$417.42	$0.00		$0.00	
8/13/2026	Andrew Broussard	7am - 7am	$17.39	24.0	$417.42	24	0.0	0	$417.42	$0.00		$0.00	
8/14/2026	Kayla Callesto	7am - 7am	$17.39	24.0	$417.42	24	0.0	0	$417.42	$0.00		$0.00	
8/15/2026	Mark Matak	7am - 7am	$17.39	24.0	$417.42	24	0.0	0	$417.42	$0.00		$0.00	
8/16/2026	Ruthann Robertson	7am - 7am	$17.39	24.0	$417.42	24	0.0	0	$417.42	$0.00		$0.00	
8/17/2026	Andrew Broussard	7am - 7am	$17.39	24.0	$417.42	24	0.0	0	$417.42	$0.00		$0.00	
8/18/2026	Haley Bridges	7am - 7am	$17.39	24.0	$417.42	24	0.0	0	$417.42	$0.00		$0.00	
8/19/2026	Ruthann Robertson	7am - 7am	$17.39	24.0	$417.42	24	0.0	0	$417.42	$0.00		$0.00	
8/20/2026	Nicole Silva	7am - 7am	$17.39	24.0	$417.42	24	0.0	0	$417.42	$0.00		$0.00	
8/21/2026	Brady Kirkgard	7am - 7am	$17.39	24.0	$417.42	24	0.0	0	$417.42	$0.00		$0.00	
8/22/2026	Cody Nance	7am - 7am	$17.39	24.0	$417.42	24	0.0	0	$417.42	$0.00		$0.00	
8/23/2026	Haley Bridges	7am - 7pm	$17.39	12.0	$208.71	12	0.0	0	$208.71	$0.00		$0.00	
8/23/2026	Jeff Gibson	7pm - 7am	$17.39	12.0	$208.71	12	0.0	0	$208.71	$0.00		$0.00	
8/24/2026	Andrew Broussard	7am - 7am	$17.39	24.0	$417.42	24	0.0	0	$417.42	$0.00		$0.00	
8/25/2026	Nicole Silva	7am - 7am	$17.39	24.0	$417.42	20	(4.0)	0	$347.85	($69.57)		$0.00	
8/26/2026	Haley Bridges	7am - 7am	$17.39	24.0	$417.42	24	0.0	0	$417.42	$0.00		$0.00	
8/27/2026	Lori Peine	7am - 7am	$17.39	24.0	$417.42	24	0.0	0	$417.42	$0.00		$0.00	
8/28/2026	Boyd Abshire	7am - 7am	$17.39	24.0	$417.42	24	0.0	0	$417.42	$0.00		$0.00	
8/29/2026	Kayla Callesto	7am - 7am	$17.39	24.0	$417.42	24	0.0	0	$417.42	$0.00		$0.00	
8/30/2026	Ruthann Robertson	7am - 7am	$17.39	24.0	$417.42	24	0.0	0	$417.42	$0.00		$0.00	
8/31/2026	Lori Peine	7am - 7am	$17.39	24.0	$417.42	21.66	(2.3)	0	$376.72	($40.70)		$0.00	
TOTAL SALARY EXPENSE FOR THE MONTH:			GRANT ALLOWED SALARY ($PR HR)	MAXIMUM HOURS	MAXIMUM PAY	HOURS WORKED	Not Staffed SURPLUS or (DEFICIT)	OVER-TIME HOURS	GRANT FUNDED PAYROLL AMOUNT	Maximum v. Actual SURPLUS or (DEFICIT)	ACTUAL SALARY ($PR HR)	ACTUAL PAYROLL AMOUNT	GRANT vs ACTUAL SURPLUS or (DEFICIT)
			$17.39	744.0	$12,939.91	733.91	(10.1)	0	$12,764.42	($175.49)	#DIV/0!	$0.00	

East Chambers Independent School District
Home of the Buccaneers

Year to Date Details	2025-2026	1st Qtr Totals Sept 2025-Nov 2025	2nd Qtr Totals Dec 2025-Feb 2026	3rd Qtr Totals Mar 2026-May 2026	4th Qtr Totals June 2026-Aug 2026	YTD DATE
ACCIDENT INSURANCE						
Number of Students Insured		1564	1570	1564	1564	
Number of Claims Filed		34	19	8	9	70
CONTRACTED SERVICES (THERAPY)						
Number of Students Using:		301	323	345	186	1155
Counseling		63	88	104	0	255
Occupational Therapy		111	115	114	59	399
Speech Therapy-provided by district speech pathologist		104	95	100	106	405
Physical Therapy		23	25	27	21	96
SCREENINGS						
Number of Students Screened:		192	478	670	0	1340
Vision		97	258	308	0	663
Hearing		95	104	310	0	509
Scoliosis		0	116	52	0	168
NURSE SALARY & BENEFITS, SUPPLIES, IMMNUIZATIONS, & MISC SERVICES						
Number of Nurses:		3	3	3	3	
Number of Students:		3178	2624	2389	506	8697
Given First Aid		604	365	315	143	1427
Medication Adminsistered		1405	1294	1247	134	4080
Injuries		11	11	4	41	67

2025-2026 Budget

Category	Actual (YTD)	Budget	Budget Amend.	Difference	Balance
Insurance	$ 47,827.00	$52,000.00		$0.00	**$4,173.00**
Therapy and Related Contracted Services (Partial)	$ 1,530.00	$2,100.00		$0.00	**$570.00**
3 Nurse Salaries/Benefits (Partial)	$ 220,345.88	$204,065.00		$0.00	**($16,280.88)**
Nurse Supplies/Expenses (Partial)	$ 19,966.36	$20,000.00		$0.00	**$33.64**
Immunizations	$ 179.00	$0.00		$0.00	**($179.00)**
Total	**$289,848.24**	**$278,165.00**	**$0.00**	**$0.00**	**($11,683.24)**

WINNIE STOWELL HOSPITAL DISTRICT **Community Health Worker Program**

	2025 YTD	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	2026 YTD
CLIENTS SERVED										
ICAP	278	15	16	14	12	17	26	17		117
Non-ICAP	319	23	18	27	26	26	22	22		164
Total Clients Served	**597**	**38**	**34**	**41**	**38**	**43**	**48**	**39**	**0**	**281**
BENEFIT APPLICATION TYPE										
Indigent Care Assistance Program (ICAP)	22	3	0	2	0	0	3	0	3	11
Prescription Assistance Program (PAP)	57	1	5	3	3	1	5	2	1	21
Medicaid	98	8	5	8	9	9	5	6	7	57
Medicare	7	1	0	2	0	3	1	3	4	14
Medicare Savings Plan	30	2	2	0	2	4	2	3	9	24
Food Stamps (SNAP)	377	23	18	19	18	22	27	30	38	195
Supplemental Security Income (SSI)	56	3	5	4	6	4	6	5	7	40
Retirement, Survivor, Disability Income (RSDI)	51	1	0	0	1	0	4	0	0	6
Unemployment/Texas Workforce	10	1	0	0	0	0	0	1	1	3
Housing	18	0	0	0	1	1	1	0	1	4
Utilities	2	0	0	0	2	0	0	0	1	3
Legal Aid	2	0	0	0	0	0	0	0	0	0
OTHER	18	4	1	5	1	3	2	3	2	21
Total Applications Facilitated	**748**	**47**	**36**	**43**	**43**	**47**	**56**	**53**	**74**	**399**
EXPENSES										
Personnel	$83,153.67	$6,766.00	$6,820.00	$6,469.00	$6,820.00	$6,820.00	$6,820.00	$8,980.00	$6,820.00	$56,315.00
Operational	$26,528.93	$20.00	$13.40	$4.00	$4.00	$292.47	$495.42	$6.00	$362.80	$1,198.09
Total	**$109,682.60**	**$6,786.00**	**$6,833.40**	**$6,473.00**	**$6,824.00**	**$7,112.47**	**$7,315.42**	**$8,986.00**	**$7,182.80**	**$57,513.09**
BUDGET REMAINING	$2,210.40	$88,734.00	$81,900.60	$75,427.60	$68,603.60	$61,491.13	$54,175.71	$45,189.71	$38,006.91	$38,006.91

Exhibit “F”

Coastal Gateway Health Center Report

Report to Winnie-Stowell Hospital District
September 23, 2026

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

- Episcopal Health Foundation grant application was submitted on August 28th—thank you to Dr. Lyons for taking the lead on this one.

- HRSA issued a new Scope of Project manual on August 11, 2026. The team is in the process of reviewing the manual and/or participating in webinars.

- Taylor LeDoux, FNP-C is officially out on maternity leave as of Friday, September 11th. She is set to return around November 23rd.

- Influenza (flu) vaccines arrived late last month and have begun administering to patients and the community.

- The new MedPod has been assembled (there was a delay with the faulty piece and getting the technician back onsite)—but it is now fully functional. There was a kickoff meeting a couple of weeks ago with leadership and IT. We are still in internal discussion on the use of the MedPod and its deployment. Staff training and internal operational logistics are next steps in the process.

- Working to have our three (3) year community needs assessment completed (HRSA requirement).

- Discussions are still underway with the Houston Food Bank and Catholic Charities (Market-to-Hope) on a partnership or collaboration related to food distribution or formal referral for food.

- **Grants (in process or pending approvals)**
  - **Rural Health Transformation Funds.** Initiative #6: Infrastructure and Capital Investments. Received an email that we are slated for negotiations, but no additional word or information.
  - **MD Anderson (SAVE TX)**. Awarded. Will receive $245,000 over the next three (3) years. Year 1 = $75,000, Year 2 = $85,000, and Year 3 = $85,000.
  - **Episcopal Health Foundation**. Submitted full application on August 28th in the amount of $300,000 (for population health type work) for a two (2)-year project period.
  - **Incubator Funding**. In progress.

- **Upcoming Events/Activities**
  - See attached Outreach and Marketing report for more information and details.
  - Corporate Citizenship Program: Staff continue to sign up and volunteer
  - 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 August is attached for your review; there were **719** patient encounters.

Exhibit “G”

LTC and Nursing-Facility Operations Report

			Q3 Comp 1		Q3 Comp 2		Q3 Comp 3	Q3 Comp 4	Total Q3	Total YTD
Facility ID	Operator	Facility Name	% Metrics Attained	Payout % Earned	% Metrics Attained	Payout % Earned	% Metrics Attained	% Metrics Attained	% Metrics Attained	% Metrics Attained
4028	Avir Health Group	Avir at Coronado	60.00%	100.00%	100.00%	100.00%	66.67%	100.00%	76.92%	76.92%
5307	Avir Health Group	Avir at Giddings	50.00%	100.00%	66.67%	85.00%	66.67%	100.00%	66.67%	69.44%
4996	Avir Health Group	Avir at Overton	50.00%	100.00%	100.00%	100.00%	66.67%	50.00%	66.67%	77.14%
4586	Avir Health Group	Avir at Paris	100.00%	100.00%	33.33%	60.00%	66.67%	50.00%	63.64%	72.73%
4584	Avir Health Group	Avir at Town Creek	66.67%	100.00%	100.00%	100.00%	66.67%	50.00%	72.73%	72.73%
5281	Burmont	Magnolia Place Health Care	75.00%	100.00%	100.00%	100.00%	100.00%	100.00%	91.67%	89.19%
4154	Caring	Garrison Nursing Home & Rehabilitation Center	80.00%	100.00%	100.00%	100.00%	100.00%	100.00%	92.31%	89.74%
4376	Caring	Golden Villa	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	97.44%
5261	Caring	Gracy Woods Nursing Center	60.00%	100.00%	100.00%	100.00%	100.00%	100.00%	84.62%	84.62%
110098	Caring	Highland Park Rehabilitation & Nursing Center	80.00%	100.00%	100.00%	100.00%	66.67%	100.00%	84.62%	84.62%
4484	Caring	Marshall Manor Nursing & Rehabilitation Center	80.00%	100.00%	0.00%	0.00%	100.00%	100.00%	69.23%	74.36%
4730	Caring	Marshall Manor West	80.00%	100.00%	100.00%	100.00%	100.00%	100.00%	92.31%	89.74%
5250	Caring	Oak Brook Health Care Center	60.00%	100.00%	0.00%	0.00%	100.00%	100.00%	61.54%	79.49%
4798	Caring	Rose Haven Retreat	80.00%	100.00%	66.67%	85.00%	100.00%	100.00%	84.62%	89.19%
5182	Caring	The Villa at Texarkana	80.00%	100.00%	0.00%	0.00%	100.00%	100.00%	69.23%	71.79%
5330	Madison Creek	Cascades at Galveston	25.00%	90.00%	0.00%	0.00%	33.33%	50.00%	25.00%	34.21%
5322	Madison Creek	Cascades at Port Arthur	50.00%	100.00%	0.00%	0.00%	33.33%	0.00%	25.00%	51.43%
4747	Creative Solutions	Parkview Manor Nursing & Rehabilitation	40.00%	100.00%	0.00%	0.00%	100.00%	100.00%	53.85%	60.53%
5289	Creative Solutions	Winnie L Nursing & Rehabilitation	100.00%	100.00%	0.00%	0.00%	100.00%	100.00%	75.00%	75.00%
4774	Diversicare	Afton Oaks Nursing and Rehabilitation Center	60.00%	100.00%	100.00%	100.00%	100.00%	100.00%	84.62%	84.62%
106784	Fundamental	Sterling Oaks	75.00%	100.00%	33.33%	60.00%	100.00%	50.00%	66.67%	78.95%
5240	Gemini	Hemphill Care Center	50.00%	90.00%	0.00%	0.00%	100.00%	100.00%	50.00%	60.87%
5154	Gulf Coast	Copperas Cove Nursing & Rehabilitation	75.00%	100.00%	0.00%	0.00%	100.00%	50.00%	58.33%	63.89%
5193	Gulf Coast	Corrigan LTC Nursing & Rehabilitation	33.33%	90.00%	33.33%	60.00%	33.33%	100.00%	45.45%	57.58%
4663	Gulf Coast	Creekside Village	75.00%	100.00%	66.67%	85.00%	100.00%	50.00%	75.00%	64.86%
5369	Gulf Coast	Oak Village Healthcare	50.00%	100.00%	33.33%	60.00%	100.00%	50.00%	58.33%	52.78%
5169	Gulf Coast	Wells LTC Nursing & Rehabilitation	25.00%	90.00%	100.00%	100.00%	100.00%	50.00%	66.67%	81.82%
4340	Gulf Coast	Woodlake Nursing Center	25.00%	90.00%	66.67%	85.00%	100.00%	50.00%	58.33%	61.11%
5350	Gulf Coast	Woodland Park Nursing & Rehab	60.00%	100.00%	0.00%	0.00%	100.00%	50.00%	53.85%	51.35%
106988	HMG	Accel at College Station	75.00%	100.00%	33.33%	60.00%	100.00%	50.00%	66.67%	58.33%
101157	HMG	Arbrook Plaza	75.00%	100.00%	33.33%	60.00%	100.00%	100.00%	75.00%	88.89%
102375	HMG	Cimarron Place Health & Rehabilitation	100.00%	100.00%	33.33%	60.00%	100.00%	100.00%	83.33%	88.89%
103223	HMG	Crowley Nursing and Rehabilitation	75.00%	100.00%	0.00%	0.00%	100.00%	100.00%	66.67%	73.68%
104541	HMG	Deerbrook Skilled Nursing and Rehab Center	80.00%	100.00%	33.33%	60.00%	100.00%	100.00%	76.92%	66.67%
106566	HMG	Forum Parkway Health & Rehabilitation	75.00%	100.00%	100.00%	100.00%	100.00%	100.00%	91.67%	88.89%
4286	HMG	Friendship Haven Healthcare and Rehabilitation Cent	80.00%	100.00%	0.00%	0.00%	100.00%	100.00%	69.23%	76.92%
102993	HMG	Green Oaks Nursing and Rehabilitation	100.00%	100.00%	66.67%	85.00%	100.00%	100.00%	91.67%	72.22%
100806	HMG	Gulf Pointe Plaza	75.00%	100.00%	100.00%	100.00%	100.00%	100.00%	91.67%	87.88%
103435	HMG	Harbor Lakes Nursing and Rehabilitation Center	80.00%	100.00%	0.00%	0.00%	100.00%	100.00%	69.23%	71.79%
103743	HMG	Hewitt Nursing and Rehabilitation	75.00%	100.00%	0.00%	0.00%	100.00%	100.00%	66.67%	69.44%
5372	HMG	Holland Lake Rehabilitation and Wellness Center	75.00%	100.00%	0.00%	0.00%	100.00%	100.00%	66.67%	80.56%
4053	HMG	Lone Star Rehabilitation & Wellness Center	75.00%	100.00%	0.00%	0.00%	100.00%	100.00%	66.67%	77.78%
5255	HMG	Mission Nursing and Rehabilitation Center	80.00%	100.00%	66.67%	85.00%	100.00%	100.00%	84.62%	84.21%
100790	HMG	Park Manor of Conroe	100.00%	100.00%	33.33%	60.00%	100.00%	100.00%	84.62%	87.18%
4456	HMG	Park Manor of Cyfair	75.00%	100.00%	33.33%	60.00%	100.00%	100.00%	75.00%	80.56%

101489	HMG	Park Manor of Cypress Station	80.00%	100.00%	66.67%	85.00%	100.00%	100.00%	84.62%	82.05%
101633	HMG	Park Manor of Humble	60.00%	100.00%	100.00%	100.00%	100.00%	100.00%	84.62%	87.18%
102417	HMG	Park Manor of Quail Valley	100.00%	100.00%	33.33%	60.00%	100.00%	100.00%	83.33%	80.56%
5400	HMG	Park Manor of South Belt	75.00%	100.00%	66.67%	85.00%	100.00%	50.00%	75.00%	83.33%
104661	HMG	Park Manor of the Woodlands	50.00%	100.00%	33.33%	60.00%	100.00%	100.00%	66.67%	80.56%
103191	HMG	Park Manor of Tomball	80.00%	100.00%	100.00%	100.00%	100.00%	100.00%	92.31%	76.92%
102294	HMG	Park Manor of Westchase	100.00%	100.00%	0.00%	0.00%	100.00%	100.00%	76.92%	79.49%
104537	HMG	Pecan Bayou Nursing and Rehabilitation	50.00%	100.00%	100.00%	100.00%	100.00%	100.00%	83.33%	86.11%
4158	HMG	Red Oak Health and Rehabilitation Center	80.00%	100.00%	0.00%	0.00%	100.00%	100.00%	69.23%	76.92%
106050	HMG	Silver Spring	75.00%	100.00%	0.00%	0.00%	100.00%	100.00%	66.67%	63.89%
103011	HMG	Stallings Court Nursing and Rehabilitation	75.00%	100.00%	66.67%	85.00%	100.00%	100.00%	83.33%	91.67%
5387	HMG	Stonegate Nursing and Rehabilitation	75.00%	100.00%	0.00%	0.00%	100.00%	100.00%	66.67%	75.00%
105966	HMG	Treviso Transitional Care	100.00%	100.00%	0.00%	0.00%	100.00%	100.00%	76.92%	82.05%
5225	HMG	Willowbrook Nursing Center	40.00%	100.00%	66.67%	85.00%	100.00%	100.00%	69.23%	76.92%
4306	HSM	Beaumont Health Care Center	75.00%	100.00%	100.00%	100.00%	66.67%	50.00%	75.00%	63.89%
4379	HSM	Cleveland Health Care Center	100.00%	100.00%	66.67%	85.00%	100.00%	100.00%	92.31%	89.74%
4500	HSM	Conroe Health Care Center	40.00%	100.00%	33.33%	60.00%	66.67%	100.00%	53.85%	78.38%
4439	HSM	Huntsville Healthcare Center	25.00%	90.00%	66.67%	85.00%	33.33%	100.00%	50.00%	47.22%
5135	HSM	Lawrence Street Healthcare Center	60.00%	100.00%	33.33%	60.00%	100.00%	100.00%	69.23%	66.67%
5067	HSM	Liberty Health Care Center	50.00%	100.00%	33.33%	60.00%	66.67%	100.00%	58.33%	61.11%
4511	HSM	Richmond Health Care Center	60.00%	100.00%	66.67%	85.00%	100.00%	100.00%	76.92%	79.49%
5145	HSM	Sugar Land Healthcare Center	100.00%	100.00%	33.33%	60.00%	100.00%	100.00%	83.33%	63.16%
4355	HSM	West Janisch Health Care Center	75.00%	100.00%	66.67%	85.00%	66.67%	100.00%	75.00%	69.44%
5166	Nexion	Flatonia Nursing Center	40.00%	100.00%	100.00%	100.00%	100.00%	100.00%	76.92%	79.49%
5096	Oak Grove Nursing	Oak Grove Nursing Home	100.00%	100.00%	#DIV/0!	0.00%	33.33%	50.00%	66.67%	78.79%
110342	Pillar Stone	Mont Belvieu	100.00%	100.00%	0.00%	0.00%	66.67%	100.00%	66.67%	72.97%
5297	Regency	Hallettsville Nursing and Rehabilitation Center	80.00%	100.00%	33.33%	60.00%	100.00%	100.00%	76.92%	76.92%
5234	Regency	Monument Hill Nursing and Rehabilitation Center	50.00%	100.00%	#DIV/0!	0.00%	100.00%	100.00%	77.78%	75.76%
5256	Regency	Spindletop Hill Nursing and Rehabilitation Center	60.00%	100.00%	0.00%	0.00%	66.67%	100.00%	53.85%	52.63%
5203	Regency	The Woodlands Nursing and Rehabilitation Center	80.00%	100.00%	66.67%	85.00%	100.00%	100.00%	84.62%	84.62%
4807	SLP	Seabreeze Nursing and Rehabilitation	40.00%	100.00%	33.33%	60.00%	100.00%	100.00%	61.54%	68.42%
5379	Trident	Bayou Pines	75.00%	100.00%	0.00%	0.00%	100.00%	100.00%	66.67%	61.11%

	Q3 Comp 1 Metrics Met		Q3 Comp 2 Metrics Met		Q3 Comp 3	Q3 Comp 4	Q3 Total	YTD Total
N	% Attained	Avg Payout Earned	% Attained	Avg Payout Earned	% Attained	% Attained	% Attained	% Attained
	70.3%	99.2%	45.3%	54.0%	90.4%	89.0%	72.3%	74.8%

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. Kay Wilcox

Scott Johnson, Nursing Facility Specialist
Winnie-Stowell Hospital District

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

August 28, 2026

Facility Administrator: Chris Johnson

At the facility QAPI meeting on 8/28/26, the Administrator and other attendees discussed the facility's outcomes from July 2026.

Winnie L LTC is licensed for 105 beds, and its current census is 40 residents. For the month of July, the facility averaged a census of 41 residents.

The facility has a new DON and ADON who started employment within the last four weeks. The facility reported 57 total employees during the month of July. Discussed recently hiring a new staff member to be the activity manager. Discussed supporting the activity manager's training as they work to become certified. The facility has combined the manager position of the maintenance director with the housekeeping and laundry supervisor. The team is working to find a new staff member to fill this position.

On July 23, the state entered the facility to conduct its annual fullbook survey over the span of three days. The facility reported receiving twelve health survey deficiencies and ten life safety survey deficiencies. There were no new self-reports submitted in July. There are PIPs in place across each department addressing recent survey findings and opportunities for QIPP improvements. Discussed PIPs in nursing, activities, and dietary, laundry departments.

Discussed repairs needed throughout the facility to make more resident rooms available to admit new residents. Discussed a goal to target and repair one additional resident room each week to be repaired and prepared for resident admissions.

The MDS nurse is working on improving QIPP target achievement. Discussed plans to increase communication of opportunities for improvement and training staff where there are needs for skill or documentation improvements.

The facility's new DON is putting significant focus into improving staff hiring, accountability, and consistency. The nursing department will also be working on improvements with med passes and POC documentation.

Winnie L LTC has a 2-star overall rating. The facility has a 2-star rating in Health Inspections, a 1-star rating in Staffing, and a 5-star rating in Quality Measures. The facility's overall and quality measures star rating increased from 1-star and 4-star ratings.

The facility reported 27 total falls during the reporting period. There were four residents who experienced repeat falls and accounted for 21 of the total falls. Discussed review of interventions and drilling down to identify the root cause of these falls, particularly with those experiencing repeat falls.

There were seven infections reported in July which included three UTIs, three skin infections, and one other infection. There were two residents with pressure ulcers, and no residents with significant weight loss in the reporting period.

The facility did not meet its Component 1 targets for falls with major injury, antipsychotic medication utilization, or locomotion independently worsened. Discussed interventions to make improvements to these targets. Discussed working to continue implementing GDRs and evaluating interventions. Discussed the impact proper documentation has on these systems as well.

During the reporting period, the facility did not meet Component 3 targets for antianxiety medications or new/worsened bowel/bladder incontinence. The facility reports its target was exceeded by three residents who triggered for antianxiety medications. Discussed working on GDRs to achieve this target. The team identified opportunities to improve documentation and ensure this data is correct for incontinent care. Due to recent focus and training, documentation has been seeing some improvements in recent weeks.

Under Component 4, the facility missed its target for pressure ulcers but is trending in the right direction.

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

Discussed having great outcomes with meal satisfaction, weight management, and UTI outcomes. Discussed the impact hydration has on residents' well-being. The team will continue to ensure staff are supporting these initiatives.

Joint Training Information

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

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

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

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

Healthy Hydration

Healthy Hydration Evidence-Based Best Practices

Signs, Symptoms, and Risk Factors for Dehydration in LTC

Best Practice Techniques: Promoting Good Hydration

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

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. Kay Wilcox

Scott Johnson, Nursing Facility Specialist
Winnie-Stowell Hospital District

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

August 26, 2026

Facility Administrator: Matt Mewborn

Treviso Transitional Care Center is licensed for 140 beds, and its current census is 107 residents including 31 skilled patients. The census has been steady over the last month. The facility has eight skilled referrals under review for admission. There are two residents in the hospital who are expected to return once approved for hospital discharge.

The facility is seeking an admissions coordinator at this time. The building has received 55 applications for this opening. The administrator has been working through applications and interviews with hopes to make an offer to a candidate next week. The facility is also seeking a housekeeping/laundry supervisor under its contracted service provider, Sonderbloom. Discussed managing personnel changes as the facility continues to evolve in its scope, footprint, and culture.

There are also openings at this time for three CNAs and one nurse. Discussed working with a nursing student who is testing for their license soon. This student will fill the nursing opening if they pass their test soon.

The facility was visited by the state yesterday to investigate a P1 complaint. The complaint was from a family member of a resident. Discussed working with the ombudsman and the resident to ensure the resident is safe and their needs are met. All reasons for the investigation were unsubstantiated. The facility expects to have its annual fullbook survey next week. The administrator reported there was a second visit and investigation by the state, and all reasons for the investigation were unsubstantiated.

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

The facility held its monthly QAPI meeting last Friday and discussed ongoing performance improvement plans and clinical outcomes reported in July. Discussed maintaining PIPs

addressing falls and RTAs. The attending physicians have been good partners with the building in managing the needs of the residents.

Matt was recently invited to speak and participate as a panelist at an ACHE meeting. He was nominated as a speaker by nearly ten members in the community. The topic Matt spoke on included team building and developing relationships. The event went well and has led to a large increase in traffic and business development with the facility.

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

The facility has been encouraging resident hydration to support their health and well-being. Discussed review of equipment affecting this system to ensure the building has what is needed to best care for the residents.

Joint Training Information

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

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

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

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

Healthy Hydration

Healthy Hydration Evidence-Based Best Practices

Signs, Symptoms, and Risk Factors for Dehydration in LTC

Best Practice Techniques: Promoting Good Hydration

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

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. Kay Wilcox

Scott Johnson, Nursing Facility Specialist
Winnie-Stowell Hospital District

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

August 26, 2026

Facility Administrator: Jana Sanders

Stephenville Rehabilitation and Wellness Center is licensed for 122 beds, and its current census is 101 residents including 17 skilled patients. The census has had significant growth in recent weeks, which has grown from the low 90s. The administrator reported there has been an increase in the volume of long-term care referrals recently. Discussed management of available beds and considerations for reserving some beds for skilled services.

The facility has a few openings at this time, but is managing coverage needs. The facility has started another cohort in its CNA training program this month. There are five new students enrolled in the class.

The facility reported a state surveyor visited to conduct a complaint survey last week. All reasons for the 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 3-star rating in Quality Measures. The facility's quality measures star rating decreased from a 4-star rating.

The facility held its monthly QAPI meeting and reviewed outcomes reported in July.
The team is focusing on fall prevention outcomes and improving its quality measures. Discussed working to bring the quality measures star rating back to a 4-star rating. The team is reviewing variations in outcomes and findings between long-term care residents and short-term residents. Discussed working with therapy services and the nursing department to ensure all activities and services provided are documented accurately and captured correctly in assessments.

The administrator reported infection control efforts and grievances have been successful this month with no trends at this time.

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. Kay Wilcox

Scott Johnson, Nursing Facility Specialist
Winnie-Stowell Hospital District

Gracy Woods Nursing Center
12021 Metric Blvd
Austin, TX 78758

August 27, 2026

Facility Administrator: Heather Devine

Gracy Woods Nursing Center is licensed for 122 beds, and its current census is 96 residents including 3 skilled patients. There is one resident in the hospital who will return to the facility once appropriate for hospital discharge. There is one new planned admission for September 1. There are several referrals under review at this time, and the administrator discussed the possibility of some being ready for admission this weekend.

There are currently openings for positions of three CNAs and one nurse. The facility's housekeeping service provider is also seeking a new housekeeping and laundry supervisor.

The facility reported it was visited by the state on Monday to investigate a self-report and a complaint. All reasons for the investigations were unsubstantiated.

Gracy Woods Nursing Center does not yet have star rating data available due to having recently graduated from the Special Focus Facility designation. The facility is now listed on the list of the graduated special focus facilities. The administrator expects star rating data to be available at the end of the quarter.

The facility's recent QAPI meeting was on August 11, and the next meeting will be on September 9. The facility is monitoring medication administration to ensure all orders are properly entered when residents admit to the facility from the hospital. Discussed working as an interdisciplinary team to anticipate opportunities to achieve reachable star ratings.

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

Discussed some recent grievances due to residents' missing clothes. The administrator has been addressing these issues with its contracted housekeeping and laundry services provider to discuss needed improvements. The manager in the building was recently promoted, and the contractor is seeking a strong replacement for the manager role.

The shower rooms have some final adjustments before the renovations are complete. The team has also ordered new privacy curtains and a new custom freezer door. Discussed plans to update the cabinetry in its medication room.

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

Discussed encouraging hydration to support the residents, especially with recent high outdoor temperatures. The facility has two hospitality aides who pass water and snacks to the residents three times per day, even on the weekends.

Joint Training Information

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

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

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

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

Healthy Hydration

Healthy Hydration Evidence-Based Best Practices

Signs, Symptoms, and Risk Factors for Dehydration in LTC

Best Practice Techniques: Promoting Good Hydration

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

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. Kay Wilcox

Scott Johnson, Nursing Facility Specialist
Winnie-Stowell Hospital District

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

August 26, 2026

Facility Administrator: Rachel Amiri

Green Oaks Nursing & Rehabilitation is licensed for 142 beds, and its current census is 110 residents including 43 skilled patients. The facility has continued to have strong admissions and steady referral volume this month. There is one discharge and three admissions planned today.

The facility is seeking a social worker and a social services assistant. The administrator has a background in social work and is helping manage these processes while the facility seeks a replacement. There are also openings for a weekend treatment nurse and a double weekend RN.

The state visited the facility earlier this month, and the surveyor reviewed the facility's bed hold policy during their investigation. The facility is still waiting for the 2567 and expects to receive a low-level tag due to the bed hold policy. The facility recently submitted a self-report due to an allegation of abuse by a resident. Discussed the investigations completed by the administrator to ensure all residents are safe.

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's overall and health inspections star ratings decreased from 4-star and 3-star ratings.

The facility held its monthly QAPI meeting and reports it is still on track with high QIPP achievement. There were no new performance improvement plans reported at this time. The team reported on efforts to support monitoring the completion and signing of physician orders.

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

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. Kay Wilcox

Scott Johnson, Nursing Facility Specialist
Winnie-Stowell Hospital District

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

August 25, 2026

Facility Administrator: Ernest De La Garza

Cimarron Place Health & Rehabilitation Center is licensed for 120 beds, and its current census is 80 residents including 31 skilled patients. The census has rebounded up to volumes reported earlier this year in April and May. The facility has exceeded its census budget by two so far this month. Discussed an upcoming luncheon scheduled with PAM Rehabilitation Hospital of Corpus Christi and working to support further collaboration with this group.

The facility parted ways with its social worker last Friday. Discussed hiring a new social worker who has worked with the administrator previously at another faculty. The new social worker will start on September 8. All direct-care positions are filled, and there are no other staff openings at this time. The facility reported a successful reduction in turnover rate compared to the prior year.

The state entered the facility on August 17 to conduct the building's annual fullbook survey. The surveyors were there for three days before closing investigations and exiting. There were four low level tags reported under the health survey which are expected to be of low scope and severity. The findings were related to resident rights and dignity related to catheter utilization, comprehensive care plans, infection control and PPE utilization with EBP precautions, and physical environment due to a call light going out. The life safety survey was also conducted last week, and there were three deficiencies cited. The findings involved smoke barriers and duct work, sprinkler care, and HVAC condensation. The facility has already begun working on its corrections and will complete and submit the POCs once the 2567 is received. The visit went very well overall, and the facility received great feedback from the surveyors.

Cimarron Place Health & Rehabilitation Center has a 3-star rating overall. The facility has a 4-star rating in Health Inspections, a 1-star rating in Staffing, and a 3-star rating in Quality Measures. The facility reported its overall, staffing, and quality measures star ratings decreased from 5-star, 2-star, and 5-star ratings respectively.

The facility will have its monthly QAPI meeting on Thursday. Discussed maintaining the performance improvement plan addressing falls. The facility applied for the CMP program for fall prevention. The team discusses fall prevention efforts and outcomes during various daily and weekly meetings. The facility reported on the town hall meeting with the local hospital last week and discussed efforts to continue collaborating.

The facility reported completing PPE donning and doffing in-services due to the finding during fullbook survey due to a staff member not properly following enhanced barrier precautions.

The facility's commercial has been finished and published to support marketing efforts in the community. Discussed updates working with the Art Museum of South Texas to display residents' artwork in the facility.

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. Kay Wilcox

Scott Johnson, Nursing Facility Specialist
Winnie-Stowell Hospital District

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

August 25, 2026

Facility Administrator: Josie Pebsworth

Pecan Bayou Nursing and Rehabilitation is licensed for 90 beds, and its current census is 53 residents including 12 skilled patients. There are seven referrals under review for admission at this time. Six of the referrals are for skilled services, and one is for long-term care services. There are two upcoming discharges planned this month.

There are currently no staffing openings at this time. Discussed fluctuating staff assignments to ensure proper ratios are maintained according to the current census level. Discussed a slight increase in staffing to support increased rounding while the call light system has been out of order.

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

Pecan Bayou Nursing and Rehabilitation has a 5-star rating overall. The facility has a 4-star rating in Health Inspections, a 3-star rating in Staffing, and a 5-star rating in Quality Measures. The facility's overall and quality measures star ratings both increased to 5-star ratings, but the facility's staffing star rating decreased to a 3-star rating. Discussed updating marketing messages in the community to recognize the facility's 5-star improvements.

The facility's monthly QAPI meeting was held last Thursday, August 20. The team is continuing to work on fall prevention efforts. Discussed planning a fall clinic about fall prevention and collaborating with Hendrick Hospital and some other local hospice and home health partners. Discussed recent successful efforts to prevent falls by placing a neon sign in one of the resident's room to encourage the resident to request assistance. This resident has not had any new falls since implementation of this intervention. The facility also reported on plans to review its fire response plan with staff during the next fire drill.

Infection control is going well with no trends reported.

Contractors entered the facility yesterday to begin replacing the facility's call light system. The work has continued today, and is expected to be completed by Thursday.

The facility received eight new low-beds for some resident rooms. It also received twenty nightstands and twenty dressers for resident rooms.

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

Discussed the importance of making fluids and water available to the residents. The facility has water available near the facility's entrance to be accessible to residents who go outdoors. Discussed the importance of reinforcing hydration to anyone who spends time outside in the heat.

Joint Training Information

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

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

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

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

Healthy Hydration

Healthy Hydration Evidence-Based Best Practices

Signs, Symptoms, and Risk Factors for Dehydration in LTC

Best Practice Techniques: Promoting Good Hydration

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

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. Kay Wilcox

Scott Johnson, Nursing Facility Specialist
Winnie-Stowell Hospital District

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

August 25, 2026

Facility Administrator: Joe Matlock

Red Oak Health and Rehabilitation Center is licensed for 144 beds, and its current census is 95 residents. There are three admissions planned at this time. Discussed recent notice of non-coverage for two skilled patients who will be discharging from skilled services this week. One of these two skilled patients is considering staying in the facility by transitioning to long-term care services.

The facility is seeking two nightshift staff members and a new administrator. Joe Matlock is the interim administrator while the facility finds a permanent replacement. The facility's new DON started earlier this month and transitioned to Red Oak from a sister facility.

The facility had a visit by a state surveyor last Friday to investigate some outstanding intakes. All reasons for the investigations were unsubstantiated.

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

The facility held its monthly QAPI meeting and reported outcomes observed in July. The team is maintaining efforts to improve fall outcomes. Discussed collaborating as an interdisciplinary team, including the medical director. The facility's new Administrator and DON will continue evaluating the facility's systems with the interdisciplinary team to determine where further improvements and structure are needed. The team is maintaining routine QA enforcement through its daily clinical meetings.

Discussed plans for providing vaccinations to staff and residents this fall. The team will ensure that all people are supported to be able to make informed decisions about vaccinations.

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. Kay Wilcox

Scott Johnson, Nursing Facility Specialist
Winnie-Stowell Hospital District

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

August 21, 2026

Facility Administrator: Eric Johanan

Forum Parkway Health & Rehabilitation is licensed for 139 beds, and its current census is 95 residents including 21 skilled patients. The facility's census slowed down earlier this month, but it has started to climb again over the last week. The average census in July was 106 residents overall with over 30 skilled patients. The local referring hospital's census dropped but has started to rebound.

The facility is managing coverage needs well. The facility recently filled a weekend supervisor position, and there are no openings reported at this time.

There has not been any visits by the state this month, and there are no new self-reports at this time.

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

The facility reported on its recent QAPI meeting which reviewed outcomes reported in July. The facility did not trigger for falls in July and saw good success with outcomes during the period. The facility has been running more RNs, which has supported the facility's star ratings. Discussed some other adjustments and expectations with staffing assignments and ratios.

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

Discussed plans to attend a community health fair in October to market the facility. Reviewed other opportunities to remain involved in community events.

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. Kay Wilcox

Scott Johnson, Nursing Facility Specialist
Winnie-Stowell Hospital District

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

August 21, 2026

Facility Administrator: Bobby Simpkins

Silver Spring is licensed for 120 beds, and its current census is 81 residents including 16 skilled patients. The facility has one planned discharge today. There is one resident in the hospital who is planning to return to the facility soon. There are two referrals pending insurance authorization to be admitted to Silver Spring.

The facility is currently recruiting to fill three CNAs positions. Discussed recently filling two of these CNA openings with staff who are expected to start on Monday. The team has also hired a PRN CMA and a transportation aide.

The facility was visited by the state on July 26 to investigate a complaint related to resident rights. The state returned on August 11 and exited on August 12 to investigate another complaint regarding an issue during resident transportation. All reasons for the investigations during these visits were unsubstantiated.

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

The facility was recently nominated as the best place to work in Abilene. Discussed efforts to continue creating a positive work environment while pursuing opportunities for daily improvement. The facility held its monthly QAPI meeting last Wednesday on August 12. The facility's ADC in July was 79 residents, so there were some percentages that increased due to the facility's slightly declined census. Discussed Review of QIPP metrics and clinical outcomes during daily standup and other weekly meetings. The facility reported it recently completed its annual skills fair for staff members.

There were no reported trends under infection control. The team is preparing to administer flu vaccines to staff and residents. Discussed providing vaccination education and awareness to support residents and staff to make informed decisions.

Discussed celebrating Senior Citizen Day today and having an activity with Frito pies for residents after lunch.

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

The facility recognizes the importance of hydration and reviewed the impact hydration has on resident well-being. Discussed personalizing plans of care to ensure each individual's preferences are documented and met to increase the likelihood of success of interventions and plans of care.

Joint Training Information

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

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

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

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

Healthy Hydration

Healthy Hydration Evidence-Based Best Practices

Signs, Symptoms, and Risk Factors for Dehydration in LTC

Best Practice Techniques: Promoting Good Hydration

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

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. Kay Wilcox

Scott Johnson, Nursing Facility Specialist
Winnie-Stowell Hospital District

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

August 21, 2026

Facility Administrator: Cody Bedford

Crowley Nursing and Rehabilitation is licensed for 120 beds, and its current census is 99 residents including 24 skilled patients. The facility reports there are four planned discharges this weekend, but the facility also has four pending admissions.

The facility hired an MDS nurse and reported there are no other open positions at this time. Discussed supporting the new MDS nurse to ensure she is properly trained and assimilated into the facility's processes.

The state visited the facility to conduct its annual fullbook survey this week. There were five recommended deficiencies under the health survey, and seven under life safety. The health survey findings were related to comprehensive care plans, quality of care, treatments for pressures ulcers, dietary PPE utilization, and making the environment free of accidents or hazards. Each of these findings required minor adjustments and re-education in order to resolve the issues. Discussed changes implemented and preparations to complete the POCs once the 2567 is received.

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 this month and is continuing to focus on fall prevention and management. The team will continue to monitor corrections from the fullbook survey and include these changes in its QA processes.

The administrator reported there are no trends at this time in grievances or infection control.

Provided quarterly joint training regarding healthy hydration. Healthy hydration is an essential part of maintaining residents' health, safety, and quality of life. Many nursing facility residents are at increased risk for dehydration. The interdisciplinary team plays a key role in

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

The facility works to ensure residents stay properly hydrated to support their well-being and bodily functions. Discussed taking opportunities to frequently offer beverages and encourage fluid intake.

Joint Training Information

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

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

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

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

Healthy Hydration

Healthy Hydration Evidence-Based Best Practices

Signs, Symptoms, and Risk Factors for Dehydration in LTC

Best Practice Techniques: Promoting Good Hydration

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

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. Kay Wilcox

Scott Johnson, Nursing Facility Specialist
Winnie-Stowell Hospital District

Gulf Pointe Plaza
1008 Enterprise Blvd.
Rockport, TX 78382

August 20, 2026

Facility Administrator: Michael Higgins

Gulf Pointe Plaza is licensed for 120 beds, and its current census is 70 residents including 12 skilled patients. There have been some recent admissions, and the facility is working roughly five referrals at this time. Some of the referrals have high acuity needs and are being stabilized before being appropriate to be admitted at Gulf Pointe Plaza.

There are openings for one nightshift nurse and one nightshift CNA. The facility recently hired a director of business development who is expected to start on Monday. All other department heads are in place.

The state visited the facility last Friday to investigate a complaint. The state cited an environmental deficiency due to mold that was in one of the rooms. The facility has already addressed and resolved the issue. There are no new self-reports at this time.

Gulf Pointe Plaza has a 4-star overall rating. The facility has a 4-star rating in Health Inspections, a 1-star rating in Staffing, and a 5-star rating in Quality Measures.

The facility held its monthly QAPI meeting yesterday and discussed clinical outcomes and QIPP measures achieved in July. Discussed revamping the ambassador rounds program and including room review in these to check for any other environmental issues. The interdisciplinary team also reviewed falls which had increased earlier this summer. The team reported strong improvements in this measure over the last month. Discussed successes with the activities department supporting fall prevention efforts as well. The administrator reported there were also some issues with managing weights which was caused by a bad scale on one of the hoyer lifts. The team ordered a new lift that is in place and is functioning properly.

Infection control is being maintained with no trends or outbreaks reported. Discussed continuing to focus on prevention standards in the facility. The facility's infection rate was below 3% last month.

There have not been any trends in grievances over the last month.

The VA representative toured the facility last month and had a great visit and report. The VA contract has been signed and executed, so Gulf Pointe Plaza is now going through credentialing processes to be able to admit veterans.

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. Kay Wilcox

Scott Johnson, Nursing Facility Specialist
Winnie-Stowell Hospital District

Arbrook Plaza
401 West Arbrook Blvd.
Arlington, TX 76014

August 20, 2026

Facility Administrator: Jodi Scarbro

Arbrook Plaza is licensed for 120 beds, and its current census is 98 residents including 33 skilled patients. The referrals have been ramping up again in August relative to July. The facility's average census has been 96 residents so far this month.

The facility's treatment nurse will be moving into an ADON opening. The facility is beginning to recruit to backfill the treatment nurse position. There are also openings for two double weekend nurses and five CNAs. Discussed managing all coverage needs with fulltime and PRN staff until these vacancies are filled.

The facility has had two visits by the state this month. The first visit was unsubstantiated, but there was a deficiency under infection control during the second visit. The state observed a staff member providing incontinent care, and the staff did not properly follow PPE and hand hygiene protocol. Discussed education and training provided to CNAs including a video and a return demonstration.

Arbrook Plaza has a 3-star rating overall. The facility has a 3-star rating in Health Inspections, a 2-star rating in Staffing, and a 4-star rating in Quality Measures.

The facility's QAPI meeting went well, and the facility reported strong QIPP Measure achievement in July. There are a few PIPs being maintained, and the facility is also monitoring corrections outlined in recent POCs.

Infection control is being managed with no reported trends. Discussed immediately implementing the POC on the day of the recent infection control deficiency and including the education and return demonstrations for all CNA staff, both fulltime and PRN.

Grievances have been managed well, and the team is continuing to ensure all issues are documented and addressed properly. The team strives to work with the residents who

frequently submit grievances in order to set expectations and meet their needs. This week, the facility managers started making a weekly phone call to the responsible party of their assigned ambassador round rooms. These calls are intended to improve communication between the facility and family members. During these calls, the facility can provide some routine updates and give the families opportunities to ask questions or voice concerns.

The team is continuing to update the flooring in resident rooms as it completes a few rooms each month. Discussed having a successful event with the back-to-school bash hosted earlier this month.

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. Kay Wilcox

Scott Johnson, Nursing Facility Specialist
Winnie-Stowell Hospital District

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

August 14, 2026

Facility Administrator: Martha Paddie

The following report is from the site visit to Copperas Cove LTC on August 14, 2026. A tour of the facility was provided after a meeting was held with the administrator for an update on the facility.

Copperas Cove LTC is licensed for 124 beds, and its current census is 88 residents. There is one admission planned today, and there are no planned discharges reported. Discussed working through some room moves to ensure residents are in rooms that are most suited to meet their needs.

The facility is currently recruiting to fill openings for three nurses and one wound care nurse. Discussed staff recruitment and retention best practices and strategies.

There have not been any recent visits to the facility by state surveyors. The facility has submitted two recent self-reports. These incidents were first related to an allegation of verbal abuse which was unconfirmed by a witness. The second self-report was a resident-to-resident incident. The aggressor was a resident who has since transferred to a facility in Houston. Discussed ongoing survey preparedness efforts as the facility is preparing for its annual fullbook survey.

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

The facility is planning to hold its monthly QAPI meeting next week. Discussed maintaining focus areas and adherence to monitoring and interventions. The team is still watching falls and interventions to support residents on the secure unit.

The facility's new medical director is on board and has been a great collaborator on the interdisciplinary team. The facility has also started using a service called MedElite, which offers cardiology services in the facility.

There are no issues related to infection prevention and control at this time. There are no outbreaks, and the facility is striving to keep infection control and prevention front of mind amongst staff members.

Copperas Cove Nursing LTC Partners offers a homelike environment that is welcoming to residents and visitors. Despite the building's age, the facility has been well maintained and cared for. The staff have done a great job keeping the floors, hallways, and resident rooms clean. Discussed routinely servicing the floors and minor maintenance needs to ensure proper upkeep of the building. There were no odors in the facility. All equipment was stored in its proper place, and there were no clutter or debris throughout the building.

The central nurse station has visibility in the resident halls. The east and southeast hallways are primarily reserved for patients on skilled services. The ends of these two halls are adjoined by a hall on the east side of the building where the therapy gym is located. The therapy gym has been cleaned up and organized, having removed all old and unused equipment. The gym is very spacious and offers plenty of room for supporting a variety of therapy activities.

There are some courtyards between the hallways, and the facility is reviewing opportunities to better leverage the space in a way that benefits the residents. Discussed utilizing the open grounds on the east side of the facility as well for occasional activities and events.

The secure unit is located on the west side of the facility. The secure unit was very peaceful as the residents were in the dining room enjoying lunch meal service. The secure unit hallway and resident rooms were very clean, tidy, and well lit. The secure unit only has three beds available at this time. There is one pending admission for the unit, which will leave two remaining beds open. Discussed efforts by the facility to ensure that there are strong activities and engagement throughout the building, including the secure unit.

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. Kay Wilcox

Scott Johnson, Nursing Facility Specialist
Winnie-Stowell Hospital District

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

August 20, 2026

Facility Administrator: Kelcey Parks

Stonegate Nursing and Rehabilitation is licensed for 134 beds, and its current census is 124 residents including 51 skilled patients. There are no longer any openings for long-term care patients due to the census nearly being at capacity. There have been significant admissions and discharges due to the high skilled volume. The facility generally has several daily admissions with some days reaching six admissions.

The facility has one nurse opening and six CNAs at this time. The team hired a new ADON today who will start employment soon. The new MDS coordinator and admissions nurses have joined and are doing great in their roles. Discussed the support the admission nurse offers to the charge nurses and new residents coming into the facility.

The state visited the facility yesterday to investigate three complaints and all reasons for the investigation were unsubstantiated. There are no new self-reports at this time.

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

The facility will hold its monthly QAPI meeting next week to review clinical outcomes and quality measures reported in July. The facility held an off-cycle QAPI meeting on Monday to revamp ambassador rounds.

There were no infection control trends or outbreaks reported at this time. Discussed maintaining infection prevention and control protocol in order to keep residents and staff safe.

Grievances are being managed and there are no significant trends. Discussed making continuous efforts to improve customer service initiatives and training.

Discussed plans to order new hoyer lifts and other equipment to support the building's high census. The facility has been using some rental equipment and is working to make purchases and get rid of rentals.

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. Kay Wilcox

Scott Johnson, Nursing Facility Specialist
Winnie-Stowell Hospital District

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

August 20, 2026

Facility Administrator: Donna Tillman

Holland Lake Rehabilitation and Wellness Center is licensed for 120 beds, and its current census is 100 residents including 35 skilled patients. The census reached 107 residents earlier this month. The referrals have been very steady, and there continue to be short term patients who request to stay for long-term care services.

The facility is recruiting to hire a new talent and learning director. There are some corporate resources in place to help support the building while the position is open. The facility is also seeking a medical records manager, but the team is currently interviewing candidates. There are some CNA openings on the 2-10PM shift and weekend doubles shift. A weekend supervisor and CNA just retired after 30 years at the building. Discussed recognizing these team members and celebrating their retirement. The facility is adding hours as needed alongside the census growth.

The facility reported a visit by the state earlier this month to investigate a complaint. There were no findings during the visit. The surveyor returned the following day to investigate a P1 complaint, which was also unsubstantiated.

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

The administrator reported on its recent QAPI meeting and QIPP Measures reported in July. The team reported continuing to focus on fall prevention interventions. Discussed review of recent falls and efforts to identify residents who are a fall risk.

The team is also focusing on infection control prevention due to an increase in infections amongst new residents admitted to the facility from the hospital. There are no current trends or outbreaks related to infection control. The facility is beginning to plan its annual vaccine

clinic for the residents and community members. Discussed coordinating efforts with other community resources in preparation for the event.

The back-to-school bash was very successful, and residents, staff, and family members had a great time. There were activities, food, and back-to-school supplies given to kids attending the event.

The interior design program at the local school is taking applications for a project in the community. The administrator submitted a proposal for Holland Lake to be selected as the site with requests to revamp some of the rooms in the facility.

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. Kay Wilcox

Scott Johnson, Nursing Facility Specialist
Winnie-Stowell Hospital District

Hewitt Nursing and Rehabilitation
8836 Mars Drive
Hewitt, TX 76643

August 13, 2026

Facility Administrator: Chris Gallardo

The following report is from the site visit to Hewitt Nursing and Rehabilitation on August 13, 2026. A tour of the building was provided after a meeting was held with the administrator for an update on the facility.

Hewitt Nursing and Rehabilitation is licensed for 140 beds, and its current census is 80 residents. The facility census has been increasing and recently reached the mid-80s. Discussed plans for a few admissions during the remainder of this week. Discussed the facility's significant improvements in census and overall operations over the last year and a half since Chris has been managing the facility.

The building is currently seeking a few more nurses and CNAs at this time. Discussed working with some nursing programs to allow students to come to the facility for clinical rotations. This is also a marketing and recruiting tool for the building to be known as a great employer for new students as they finish their programs. The administrator recently hired a new social worker who will start employment on September 1.

The facility reported that all of its recent POCs from its fullbook survey have been reviewed and accepted. There are no new self-reports at this time.

Hewitt Nursing and Rehabilitation has a 3-star rating overall. The facility has a 2-star rating in Health Inspections, a 2-star rating in Staffing, and a 5-star rating in Quality Measures. The facility's overall and quality measures star ratings increased from 2-star and 4-star ratings respectively.

The facility held this monthly QAPI meeting yesterday and discussed outcomes reported during the month of July. The administrator reported falls increased slightly compared to the prior month. Discussed in-servicing provided to staff members regarding fall prevention. The

facility managers also review current fall interventions utilized in resident rooms as they complete their ambassador rounds.

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

The facility presented a very clean and welcoming environment. All the hallways and flooring throughout the building were spotless. There were pleasant smells and scents upon entry to the facility and down each of the halls. Discussed the prioritization of maintaining a clean environment to improve resident satisfaction and quality of life in the building.

The central nurse station has good visibility and coverage down each of the four hallways. Discussed making adjustments to staffing assignments and shifts according to the needs of the census as it fluctuates. The facility's long term care halls are on the north and southeastern halls of the facility. The other two halls are primarily for skilled patient admissions. These two are the south and northwest halls from the nurse station.

The therapy gym is located at the end of the southern hall and offers an open environment to facilitate a variety of therapy services and activities. Discussed considerations to acquire new equipment for the gym as needed to target specialized therapy activities and plans of care. The team strives to highlight the successful outcomes in its nursing and therapy departments as it markets the building's services to referring partners in the community.

The facility's living room continues to have great utilization by the residents whether they are resting or socializing in the space. The dining room is adjacent to the living room and was still serving many residents who were finishing lunch service. The living room, dining room, and kitchen were all very clean. The commitment to maintaining a clean environment gives the facility a feeling of being a new building.

The facility has a beverage bar in the front entryway for visitors and residents that are re-entering the facility from the front porch. Many residents like to rest on the front porch from time to time. Discussed offering water at the beverage station to ensure the residents have access to water to ensure they are properly hydrated.

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. Kay Wilcox

Scott Johnson, Nursing Facility Specialist
Winnie-Stowell Hospital District

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

August 14, 2026

Facility Administrator: Calvin Crosby

At the facility QAPI meeting on 8/14/26, the administrator and other attendees discussed the facility's outcomes from July 2026.

Harbor Lakes Nursing and Rehabilitation Center is licensed for 142 beds, and its current census is 91 residents including 21 skilled patients. Discussed recent trends with the census and referrals of high acuity patients. The interdisciplinary team shared updates on its referral review processes to support preparations to safely admit new residents.

Staffing efforts are going well overall with no major shortages or issues at this time. Discussed continuing to work with CNA and nursing students at the facility. There is a possibility that the facility will also have an AIT later this year.

Harbor Lakes Nursing and Rehabilitation Center has a 5-star rating overall. 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's staffing star rating decreased from a 3-star rating.

The interdisciplinary team discussed its current focus addressing readmission rates. During the month of July, the facility's rate was 17.6%, which was above its benchmark of 15%. This increased from the prior month of roughly 11% RTA. The facility discussed the higher acuity of recent admissions, which has contributed to some of the recent RTAs. Discussed efforts to review referrals thoroughly and determine if there are any patients who are at a high risk of readmitting after transitioning to the facility. For those referrals who are higher acuity, the facility is making sure there is better and more frequent monitoring in place after admission to ensure any issues are addressed as quickly as possible. The team is also going to improve its communication with the hospital when reviewing referrals to address any needs that should be resolved prior to admission. Discussed review of recent admissions and monitoring outcomes to identify if there are any trending reasons for readmissions.

The facility reviewed outcomes in its wounds, falls, and weights systems. These systems are going well with no significant increases or adverse outcomes. There were no trends identified or reported related to these metrics.

Discussed efforts to ensure resident care plans are up to date. The team is working to ensure that any behaviors of noncompliance are documented and care planned accordingly. Discussed review of residents who are exhibiting behaviors or who have needs beyond what the facility can manage. Discussed making referrals to other facilities when residents' needs exceed what is offered at Harbor Lakes.

The facility is making plans to purchase and put plastic covers over plates of food during meal service to help prevent the risk of contamination. Discussed benefits as well with visual cues to identify when plates have not yet been opened or eaten.

Reviewed recent trends with transportation of residents to various appointments. Discussed the significant volume of appointments and working to ensure expectations are clear and managed appropriately. The team will ensure the transportation needs of the residents related to their stay are met.

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

The facility strives to frequently encourage resident hydration. Discussed the positive impact hydration has on wounds, weights, and infection prevention. The team reviewed current offerings and discussed opportunities to increase hydration services in the facility.

Joint Training Information

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

Healthy hydration requires an ongoing, interdisciplinary approach that includes routine assessment, individualized care planning, staff education, and consistent access to hydrating beverages and foods throughout the day. Facilities are encouraged to establish person-centered hydration programs, identify residents at increased risk for dehydration, monitor for early signs and symptoms, and implement strategies that promote fluid intake during meals,

medication passes, activities, and between meals. Offering residents their preferred beverages, providing foods with high fluid content, and ensuring fluids are readily accessible can significantly improve hydration efforts and outcomes.

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

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

Healthy Hydration

Healthy Hydration Evidence-Based Best Practices

Signs, Symptoms, and Risk Factors for Dehydration in LTC

Best Practice Techniques: Promoting Good Hydration

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

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. Kay Wilcox

Scott Johnson, Nursing Facility Specialist
Winnie-Stowell Hospital District

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

August 19, 2026

Facility Administrator: Kristi Kelley

Parkview Manor Nursing & Rehabilitation is licensed for 94 beds, and its current census is 34 residents. The facility has two residents in the hospital who are expected to return soon. There is one new admission of a resident who will transfer to Parkview Manor from another facility. There are no planned discharges at this time.

The facility is seeking an administrator, DON, maintenance director, BOM/HR manager, one charge nurse, a cook, and a dietary aide. Discussed candidates for the management positions and working to find the right people to join the team. Discussed having strong support from some corporate resources while some of the manager positions are vacant.

There have not been any recent visits by state surveyors, but the facility is in its annual fullbook survey window. Discussed a recent visit by the Fire Marshall and some minor updates the facility is completing for the return check-off with the Fire Marshall later this week.

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

The facility held its monthly QAPI meeting on Monday and reviewed clinical outcomes and quality measures during the month of July. Discussed review of falls with major injury and new/worsened bowel/bladder incontinence. The team is also looking into increasing its nursing staff ratio in order to pursue Component 2 targets.

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

Provided quarterly joint training regarding healthy hydration. Healthy hydration is an essential part of maintaining residents' health, safety, and quality of life. Many nursing facility residents are at increased risk for dehydration. The interdisciplinary team plays a key role in ensuring there are routine assessments, early recognition of risk factors, and prompt

interventions to support hydration needs. Effective hydration programs include individualized care planning, staff education, frequent opportunities to offer beverages, and ongoing monitoring of residents' hydration status. Consistent documentation, communication, and reassessment help ensure hydration needs are met when residents' conditions change. By implementing evidence-based hydration practices, facilities can reduce preventable complications and promote better clinical outcomes for their residents.

The facility reported it was having some problems related to hydration last month, and the interdisciplinary team refocused efforts for improvement. The team has seen strong improvements this month with routine completion of hydration passes. The activity director is also involved in offering additional beverages during activities.

Joint Training Information

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

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

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

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

Healthy Hydration

Healthy Hydration Evidence-Based Best Practices

Signs, Symptoms, and Risk Factors for Dehydration in LTC

Best Practice Techniques: Promoting Good Hydration

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

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. Kay Wilcox

Scott Johnson, Nursing Facility Specialist
Winnie-Stowell Hospital District

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

August 18, 2026

Facility Administrator: Lorraine Haynes

The Villa at Texarkana is licensed for 120 beds, and its current census is 92 residents. The facility has four residents in the hospital who are expected to be admitted to the building soon. Discussed efforts to manage RTA rates and prevent any avoidable readmissions.

The facility is managing staffing needs and is recruiting some direct care staff. The facility promoted its medical records manager to the new business office manager. They have also back filled the medical records position. Discussed providing training and education to staff members in order to support their assimilation into new roles.

The facility reported there is only one outstanding self-report pending investigation at this time. There were no reports of any visits by state surveyors over the last month.

The Villa at Texarkana has a 3-star rating overall. The facility has a 4-star rating in Health Inspections, a 1-star rating in Staffing, and a 4-star rating in Quality Measures. The facility's quality measures star rating increased from a 3-star rating.

The facility is planning to hold its monthly QAPI meeting next week. Discussed recent progress with ongoing monitoring of POCs submitted in June. The facility also has a PIP addressing hospital readmission rates. Discussed an ongoing MDS audit and feedback received so far.

The administrator reported there are no outbreaks or infection control related trends at this time. There were no major issues related to grievances either.

Discussed continued efforts to support resident hydration and opportunities to encourage fluids to residents. The facility has a designated hydration aide who is a primary manager of these duties.

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. Kay Wilcox

Scott Johnson, Nursing Facility Specialist
Winnie-Stowell Hospital District

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

August 19, 2026

Facility Administrator: Wanda Ledford

Garland Nursing and Rehabilitation is licensed for 122 beds, and its current census is 76 residents. The facility is exxpecting a few residents to return from the hospital in the next few days. There are five residents in the hospital and two new referrals under review for admission at this time.

The facility's new DON started employment last week and is doing a great job so far. The team is currently recruiting to fill vacancies of one nurse, two CNAs, one housekeeper, and one PT. Discussed some successful recent hires in the dietary department.

The facility was visited by the state on August 4 to investigate some self-reports and complaints. The facility ended up receiving a D-tag under infection control, and an E-tag under pharmacy services. The facility is working on completing the POCs to be submitted to the state.

Garland Nursing and Rehabilitation has a 1-star rating overall. The facility has a 1-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 increased from a 1-star rating.

The facility will hold its monthly QAPI meeting next week in order to give the DON some more time to become familiar with the facility's systems and processes. Discussed maintaining ongoing monitoring and auditing activities related to state activity in recent months.

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

The facility has continued painting the hallways which are nearing completion. As resident rooms are empty, the maintenance team is painting the empty rooms.

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. Kay Wilcox

Scott Johnson, Nursing Facility Specialist
Winnie-Stowell Hospital District

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

August 19, 2026

Facility Administrator: Daniel Rodriguez

Mission Nursing and Rehabilitation Center is licensed for 170 beds, and its current census is 106 residents including 19 skilled patients. The census is starting to pick back up, and there are a few residents in the hospital who are expected to return to the facility soon. There are three planned discharges, but one of these residents is appealing their notice of non-coverage. The facility has reached its total census budget and is near the skilled census budget of 20 skilled patients.

Staffing is going well with only five reported openings at this time. The facility has maintained a strong PRN pool to support coverage for vacancies. The team is continuing to interview candidates who apply and focuses on bringing on people who will be strong additions to the team.

There have not been any visits by state surveyors this month. The facility has not had any reportable incidents this month either. Discussed review of all incidents and reviewing reporting requirements to ensure the facility is in compliance with reporting.

Mission Nursing and Rehabilitation Center has a 4-star rating overall. The facility has a 4-star rating in Health Inspections, a 2-star rating in Staffing, and a -star rating in Quality Measures. Discussed opportunities to bring the quality measures and overall ratings back up to 5-star ratings.

Discussed the facility's recent QAPI meeting and clinical outcomes reported. The facility is continuing to focus on fall prevention and is seeing some improvements this month. Discussed recently assigning the facility's managers to residents who are frequent fallers. The manager rounds on these individuals a few times each day which supports supervision and implementation of fall prevention interventions. The staff members are also responding well to seeing the managers round on the units more frequently.

The team is also working on antipsychotic medication utilization and RTAs. Discussed recent efforts to review GDRs and find alterative interventions for residents. The team also reported there has only been one readmission to the hospital this month, which was for a scheduled procedure. The facility has been working with TMF to implement improvements for RTA management.

Infection control is going well with no reported outbreaks. There has been a slight increase in UTIs and the facility has done education, training, and observations for hand hygiene and peri care. Discussed seeing improvements in recent weeks after implementing these trainings and observations.

Grievances are being managed well with no reported trends. The short-term patients have been very complimentary of their experiences in the facility.

The facility is completing renovations in one of its offices. The room has been painted, and the floor will be completed next. Once this office space is finished, the facility will address one more office, and then the break room.

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

The facility reports maintaining efforts to encourage fluid intake and support resident hydration. Discussed the impact hydration has on infection prevention and resident well-being.

Joint Training Information

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

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

providing foods with high fluid content, and ensuring fluids are readily accessible can significantly improve hydration efforts and outcomes.

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

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

Healthy Hydration

Healthy Hydration Evidence-Based Best Practices

Signs, Symptoms, and Risk Factors for Dehydration in LTC

Best Practice Techniques: Promoting Good Hydration

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

Exhibit “H-1”

Riceland Surgical-Suite Grant - Counsel Memorandum (September 22, 2026)

HALL RENDER
KILLIAN HEATH & LYMAN

To:	Hubert Oxford IV	**Date:**	September 22, 2026
From:	R. Keith Dugger Will Wurster	**Subject:**	Proposed granting of funds to Riceland Medical Center

Hall, Render, Killian, Heath & Lyman, P.C. ("Firm") represents Winnie Community Hospital, LLC d/b/a Riceland Medical Center ("Riceland"). The purpose of this memorandum is to present Riceland's position regarding the question presented below ("Question").

This memorandum does not constitute legal advice, does not establish an attorney-client relationship between the Firm and the reader, and may not be relied upon as a legal opinion.

I. Question Presented

Whether the provision of funds from Winnie-Stowell Hospital District ("WSHD") to Riceland, conditioned on the funds being used in connection with a surgical suite renovation for the benefit of indigent individuals and others requiring care within the WSHD ("Proposed Arrangement"), constitutes a "public work contract" subject to Chapters 2253 or 2269 of the Texas Government Code, otherwise triggers public-construction procurement requirements, or impermissibly grants public funds under Article III, Section 52 of the Texas Constitution.

II. Riceland's Position

Riceland's position is that the answer to the Question is "no," the Proposed Arrangement does not constitute a public work contract subject to state procurement requirements such as competitive bidding and architectural/engineering frameworks. Riceland believes WSHD's existing Grant/Sponsorship Policies and Procedures[1] provide a legally sufficient framework for oversight of WSHD's granting of funds in accordance with the Texas State Constitution.

The Proposed Arrangement is most appropriately characterized as a grant-and-services agreement rather than a governmental procurement of construction. Although the grant funds would be restricted to renovation of a surgical suite, WSHD would not own the facility, contract for the construction services, or exercise the degree of control typically associated with a governmental public works project. Texas authorities indicate that a public work requires more than the mere expenditure of public funds and generally contemplates a governmental construction project undertaken by or on behalf of the governmental entity.

[1] https://wshd-tx.org/wp-content/uploads/2022/01/WSHD-Grant-Sponsorship-Policy-and-Procedures-Agreement-and-Application.pdf

III. Background

WSHD is a public hospital district formed under TX Health & Safety Code Chapter 286. Public hospital districts (i) assume responsibility for operating hospital facilities and for furnishing medical and hospital care for the district's needy inhabitants. The public hospital district's board is given the authority to "manage, control, and administer…the funds and resources of the district"[2] and "prescribe the method of making purchases and expenditures by and for the district."[3] WSHD has published policies and procedures governing its awarding of grants and sponsorships.

More generally, WSHD's enabling statute grants the board broad authority to manage, control, and administer district funds and resources and to determine the manner in which district expenditures are made.[4] Because the Proposed Arrangement would further WSHD's healthcare-related mission, it falls within WSHD's general statutory authority to expend district funds. Accordingly, neither Chapter 286 nor WSHD's general grant authority presents an independent impediment to the Proposed Arrangement. The remaining issue is whether the Proposed Arrangement implicates statutes governing public works contracts.

IV. Texas Constitution

Section 52 of the Texas Constitution generally prohibits "any...subdivision of the State...to grant public money...to any...association or corporation whatsoever" except in certain situations (those certain situations are identified in WSHD's grant rules and do not apply to the facts at hand). Texas courts and Attorney General opinions have generally concluded that public funds may be transferred to private entities only when (1) the expenditure serves a public purpose, (2) the governmental entity receives adequate consideration or a sufficient public benefit in return, and (3) sufficient controls exist to ensure the public purpose is accomplished.[5] The Texas Supreme Court has interpreted section 52 to prohibit "gratuitous" payments without a sufficient benefit in return.[6]

Here, the Proposed Arrangement serves the public purpose of increasing access to medical care (particularly enhanced surgical services) for the WSHD's indigent population. WSHD would receive sufficient return benefit because the grant funds would be conditioned on Riceland's obligation to make the surgical suite available and provide expanded surgical services to district residents, including indigent patients who otherwise may lack access to such services. Moreover, WSHD may retain sufficient control by conditioning the grant on Riceland's continuing obligation to make the surgical suite available and operational for the intended purposes and incorporating other safeguards to ensure that the agreed public benefits are actually delivered. . Accordingly, assuming the agreement incorporates appropriate safeguards, the Proposed Arrangement would satisfy Article III, Section 52 of the Texas Constitution.

V. State Procurement Rules

[2] TX Health & Safety Code § 286.074
[3] TX Health & Safety Code § 286.076
[4] Tex. Health & Safety Code §§ 286.074 and 286.076
[5] TX AG Letter Opinion No. 96-035
[6] Texas Mun. League Intergovernmental Risk Pool v. Texas Workers' Comp. Comm'n, 74 S.W.3d 377 (Tex. 2002)

Texas maintains grant management standards[7] which apply to certain grants between state agencies and local governments, under TX Government Code Chapter 783. These standards of control apply when state agencies provide funds to local governments; however, they do not apply to WSHD, because "local government" specifically excludes special-purpose districts.[8]

VI. Public Works

District boards may also "enter into construction contracts for the district" and "enter into a public work contract," which are subject to the additional requirements of TX Government Code Chapters 2253 and 2269.[9] "Construction contract" is not defined under 2253, but both Chapters 2253 and 2269 define "public work contract" as "a contract for constructing, altering, or repairing a public building or carrying out or completing any public work." Although Chapter 2253 does not define "construction contract," its requirements are tied to public work contracts. As such, a district construction contract would appear to be subject to Chapter 2253 to the extent it qualifies as a public work contract under Chapter 2253.

"Public work" is not defined in Chapter 2253 or 2269, and the definition of "public work contract" is identical in both chapters: "a contract for constructing, altering, or repairing a public building or carrying out or completing any public work."[10] The definition is circular, using "public work" as an undefined term to define "public work contract." As a result, the analysis presents two related questions: first, whether the underlying project constitutes a "public work"; and if so, second, whether the particular contractual arrangement is sufficiently connected to that public work to constitute a "public work contract" subject to Chapters 2253 and 2269

Texas courts have repeatedly recognized that a public work is not simply any project involving public funds. In *LA Ash, Inc. v. Texas A&M University*, the court explained that "not every contract entered into, and every work undertaken" by a governmental entity constitutes a public work and that the term is generally limited to projects "akin to building contracts."[11] In attempting to define the term, the court in *LA Ash* cited, among other authorities, Black's Law Dictionary's definition of a public work as "[s]tructures (such as roads or dams) built by the government for public use and paid for by public funds." This suggests that Texas courts will associate a public work with a structure or physical improvement that is constructed by or for a governmental entity, intended for public use, and funded with public money.

Although the Proposed Arrangement will involve public funds and is intended to advance a public purpose, the Proposed Arrangement is not being undertaken by or on behalf of WSHD. Riceland is merely receiving financial assistance to construct and own its own private facility, and the Proposed Arrangement bears little resemblance to the traditional public works projects described

[7] https://comptroller.texas.gov/purchasing/grant-management/
[8] TX Government Code § 783.003
[9] TX Health & Safety Code § 286.078
[10] TX Gov't Code § 2253.001(4) and TX Gov't Code § 2269.001(6)
[11] LA Ash, Inc. v. Texas A & M Univ., No. 10-07-00388-CV, 2008 WL 4742135 (Tex. App. Oct. 29, 2008); See also City of El Paso v. Waterblasting Techs., Inc., 491 S.W.3d 890, 902 (Tex. App. 2016) (reaffirming the same principle)

in *LA Ash* and *Waterblasting*, which involve governmental improvements undertaken by or on behalf of a governmental entity.

Absent a direct contractual relationship between WSHD and the construction contractor, any argument that the project is being undertaken on behalf of WSHD would require a showing of agency. *Aransas County v. Western Steel Company* demonstrates the type of circumstances in which such a relationship may arise.[12] There, the court found an implied agency relationship based on the contractual arrangements between the parties and the government entity's extensive involvement in the project, including directing repairs, establishing priorities, participating in inspections, and maintaining substantial oversight of the work. By contrast, the Proposed Arrangement contemplates a grantor-grantee relationship. WSHD would not appoint Riceland as its agent, authorize Riceland to construct facilities on WSHD's behalf, or retain comparable control over construction activities. Rather, Riceland would undertake its own project and contract directly with its own contractors.

Texas courts narrowly construe construction contracts in the Chapters 2253 and 2269 context. The restrictions associated with Chapters 2253 and 2269 do not apply to the Proposed Arrangement which is a financial assistance agreement, not a construction contract. The Proposed Arrangement obligates WSHD to provide funding to Riceland in order to increase the availability and quality of healthcare services within WSHD, and construction work is incidental to those healthcare services. The Proposed Arrangement itself is not a contract for actual construction. This characterization is reinforced by *Dallas Metal Fabricators, Inc. v. Lancaster Independent School District*,[13] in which the Texas Court of Appeals held that a school district's insurance contract was not a "public work contract" because it was not a contract for actual construction – it was a contract that might result in construction if a contingency occurred. Even when that contingency occurred, the court emphasized that a "public work contract..."contemplates a contract for actual work to be done."

Conclusion

For the reasons stated above, it is Riceland's position that the funding contemplated for the Riceland surgical suite would not constitute a public works contract or trigger application of any state government procurement rules.

[12] Aransas County v. Western Steel Co., 732 S.W.3d 608, 618 (Tex. App. 2026)
[13] Dallas Metal Fabricators, Inc. v. Lancaster Indep. Sch. Dist., 13 S.W.3d 123, 125 (Tex. App. 2000)

Exhibit “H-2”

Proposed Riceland Surgical-Suite Grant Agreement (Working Redline; Not Executed)

GENERAL GRANT TERMS, CONDITIONS AND UNDERSTANDINGS

This Agreement by and between Winnie-Stowell Hospital District ("District"), a political subdivision of the State of Texas and _____. District and _____ ("Recipient) sets forth the terms, conditions, and understandings of the grant ("Grant") in the amount of $670,000.00 awarded to Recipient solely for the build-out, design, and construction of the surgical suite at Riceland Medical Center, as described in Recipient's Grant application, presentation to the District, Project Development Cost Estimate dated May 13, 2026, and related plans and supporting documents submitted to the District, subject to awarded to subject to the following conditions:

1. Representations and Certifications

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

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

2. Expenditure of Funds

This Grant (together with any income earned upon investment of grant funds) is made for the purpose outlined in the Grant award letter, Grant application, and supporting documents and may not be expended for any other purpose without the District's prior written approval. As consideration for the Grant, Recipient shall cause the surgical suite funded in part by the Grant to be placed into operation and made available for the provision of surgical services to residents of the District, including indigent residents, consistent with applicable law, medical necessity, and Recipient's ordinary policies and procedures. Recipient shall maintain and operate the surgical suite for such purpose following completion of the project.

With respect to the surgical suite project, "Eligible Project Costs" means actual, reasonable, and documented third-party costs incurred and paid by Recipient solely for the design, construction, and build-out of the surgical suite described in the Grant application, presentation, Project Development Cost Estimate dated May 13, 2026, and related plans and supporting documents submitted to the District, including architectural and engineering fees, construction costs, and materials permanently incorporated into the construction of the surgical suite. Eligible Project Costs shall not include general hospital overhead, existing payroll or employee compensation, internal administrative or management charges, financing costs, legal or accounting fees, taxes, penalties, late charges, physician compensation, distributions or payments to owners or affiliates, unrelated repairs or improvements, other ordinary operating expenses, or any furniture, medical equipment, trade fixtures, movable equipment, or other equipment of any kind. No such excluded cost shall become an Eligible Project Cost because it is included in a lump-sum contract, contractor or subcontractor invoice, payment application, purchase order, or change order. Recipient shall separately identify and exclude any such cost from each request for reimbursement. An expenditure shall not constitute an Eligible Project Cost to the extent it has been paid or reimbursed from the HHSC grant or any other grant, insurance proceeds, rebate, refund, credit, discount, or other third-party funding source.

Grant funds shall be disbursed on a reimbursement basis only for Eligible Project Costs. Recipient shall pay such costs before seeking reimbursement from the District.

Each request for reimbursement shall include:

a. a copy of the applicable invoice or payment application;

b. for construction-related costs, a written review and recommendation for payment from the project architect confirming that the architect has reviewed the invoice or payment application and recommends that it be paid;

c. proof that Recipient has paid the applicable invoice or payment application;

d. copies of any change order, purchase order, or other supporting document applicable to the cost;

e. an updated project cost summary showing the total project budget, amounts paid to date, amounts paid from non-District sources, amounts previously reimbursed by the District, and the remaining cost to complete the project; and

f. such additional documentation as the District may reasonably request to verify the Eligible Project Cost.

Subject to the terms of this Agreement, the District shall reimburse approved Eligible Project Costs within thirty (30) days after the District's receipt of a complete reimbursement request containing the items required above.

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

Recipient agrees it shall not expend any grant funds for:

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

3. Separate and Secured Account

It is the District's policy, if applicable, to fund grants on an as needed basis, or an agreed to schedule after receipt of the necessary reports and supporting documents. Moreover, recipients of any grant payments that are made in advance of the actual expenditure of such funds must hold the District's grant funds in a separate account that is secured by the FDIC or as required by the Texas Public Funds Investment Act. The foregoing separate-account requirement shall not apply to reimbursements made by the District for Eligible Project Costs that have already been paid by Recipient.

The District's Grant shall be the last funds applied to the project. Prior to the first reimbursement by the District, Recipient shall provide evidence reasonably satisfactory to the District that all HHSC grant funds, Recipient's committed contribution, and all other non-District funding have been applied to the project and that the remaining cost to complete the project does not exceed the then-undisbursed balance of the Grant. Recipient shall be solely responsible for any cost overrun or other shortfall necessary to complete the project, and the District shall have no obligation to provide funding in excess of the Grant.

4. Records and Reports

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

orders, proof of payment, project accounting records, and other documents relating to costs for which reimbursement is or has been requested. The District and its representatives may also reasonably inspect the project. Any such review or inspection is solely for purposes of verifying compliance with this Agreement and shall not constitute supervision or control of the project by the District.

Prior to the District's final reimbursement, Recipient shall submit a Final Report that includes:

a. a final accounting and reconciliation of the total project cost, all non-District funding applied to the project, and all Grant funds reimbursed by the District;

b. written certification from the project architect that the project has been completed in accordance with the plans and scope submitted to the District; and

c. final lien waivers or releases and other evidence reasonably satisfactory to the District confirming that all contractors, subcontractors, vendors, and suppliers whose costs are included in the project have been paid and that no liens or unpaid claims remain against the project arising from such costs.

The District shall have no obligation to make the final reimbursement until it has received the complete Final Report.
To the extent allowed by the laws of the United States of American and State of Texas, information in the reports shall be accessible to the public. Recipient is also required to keep copies of the reports and records with respect to this Grant, for at least [_____] years following the year in which all grant funds are fully expended.

5. Required Notification

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

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

6. Access for Evaluation

You agree to permit the District and its representatives, at its request, to have access during regular business hours to your files, records, accounts, personnel and clients or other beneficiaries for the purpose of making financial audits, verifications or program evaluations as the District deems necessary or appropriate concerning this grant award. Such access shall include access to project contracts, invoices, payment applications, purchase orders, change orders, proof of payment, project accounting records, and other documents relating to costs for which reimbursement is or has been requested. The District and its representatives may also reasonably inspect the project and any equipment for which Grant reimbursement is sought. Any

such review or inspection is solely for purposes of verifying compliance with this Agreement and shall not constitute supervision or control of the project by the District.

7. Publicity

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

8. Contingent upon Availability of Grant Funds

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

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

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

a. Recipient fails to comply with the District's GRANT/SPONSORSHIP POLICY AND PROCEDURES, or Terms and Conditions of this grant;

b. The purpose and objectives of the Grant are not being achieved or sustainable;

c. The Recipient is not in compliance with any state or federal law;

d. The Recipient's material misrepresentation or false covenant, representation, certification, or warranty made by Recipient herein, in the Grant application, or in any other document furnished by Recipient pursuant to this Agreement that was misleading at the time that it was made;

e. Recipient requests or receives reimbursement for a cost that is not an Eligible Project Cost, fails to timely submit a required monthly Progress Report or draw request, fails to apply non-District funding as required by Section 3, or otherwise fails to comply with the reimbursement, reporting, or documentation requirements of this Agreement.

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

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

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

11. Interim Remedies

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

a. The District may refrain from distributing any amount of the Grant funds not previously disbursed; provided, however, the District may make such a disbursement after the occurrence of an Event of Default without thereby waiving its rights and remedies hereunder; and may offset of any future Grant payment by any amount previously reimbursed for a cost that the District determines was not payable under this agreement; and

b. The District may enforce any additional remedies it has in law or equity.

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

12. Obligations/Liabilities Affected by Event of Default

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

13. Termination of Agreement

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

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

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

14. Repayment of Grant Proceeds upon Event of Default

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

15. INDEMNIFICATION

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

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

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

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

16. Notices

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

District: Mr. Edward Murrell
President

Winnie-Stowell Hospital District
P.O. Box 1997
Winnie, Texas 77665

Recipient: _____
_____
_____
_____

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

17. No Assignment or Delegation

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

18. Compliance with Applicable Federal and State Law

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

19. Alternative Dispute Resolution

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

20. Applicable Law and Venue

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

21. Attorneys' Fees

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

22. Related-Party Transactions and Other Consideration

Recipient shall disclose in writing to the District, before incurring any cost for which Grant reimbursement may be sought, any direct or indirect ownership, management, employment, family, compensation, or other financial relationship between Recipient, any of its owners, officers, directors, managers, or persons involved in selecting project contractors or vendors, and any contractor, subcontractor, consultant, vendor, or supplier proposed to be paid from project funds. Any such cost shall not be an Eligible Project Cost unless the relationship has been timely disclosed to the District.

Recipient shall also disclose any rebate, refund, discount, credit, allowance, incentive, complimentary goods or services, or other consideration received or to be received in connection with any cost for which Grant reimbursement is sought. Any such amount or value shall reduce the Eligible Project Cost for which the District may provide reimbursement.

23. No Waiver

No failure or delay by the District in exercising any right, remedy, or power under this Agreement shall operate as a waiver of such right, remedy, or power. Any waiver by the District of any provision or breach of this Agreement shall apply only to the specific instance for which the waiver is given and shall not constitute a waiver of the same or any other provision or any subsequent breach. Any waiver must be in writing and signed by the District.

24. Entire Agreement; Order of Precedence; Amendments

This Agreement, together with the Grant award letter, the District's GRANT/SPONSORSHIP POLICY AND PROCEDURES, Recipient's Grant application and presentation to the District, the Project Development Cost Estimate dated May 13, 2026, and the related plans and supporting documents expressly incorporated herein, constitutes the agreement of the parties concerning the Grant. In the event of any conflict or inconsistency among such documents, this Agreement shall control, followed by the Grant award letter, the District's GRANT/SPONSORSHIP POLICY AND PROCEDURES, and then the remaining incorporated documents. No amendment, modification, or supplement to this Agreement shall be effective unless made in writing and approved by the District in accordance with applicable law and executed by authorized representatives of the parties.

25. Survival

Expiration or termination of this Agreement shall not affect any right or obligation that accrued before the effective date of expiration or termination. Any provisions that by their terms or nature are intended to apply after expiration or termination, including obligations concerning records and reports, audit and access rights, repayment of Grant proceeds, indemnification, applicable law and venue, attorneys' fees, related-party disclosures, and waiver, shall survive expiration or termination of this Agreement.

[*SIGNATURE PAGE TO FOLLOW*]

IN WITNESS WHEREOF, the parties hereto have duly executed this GENERAL TERMS, CONDITIONS, AND UNDERTSTANDINGS, the ____ day of _____, 202_,

_____	_____
Mr. Edward Murrell	Name
President	Title
Winnie Stowell Hospital District	Entity

Exhibit "B"

WINNIE STOWELL HOSPITAL DISTRICT
GRANT/SPONSORSHIP COVER SHEET

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

Date: _____

Organization/Individual Requesting Grant Funds:_____
Organization/Individual Address: _____
_____
Contact Person:_____
Title:_____
Phone Number: _____ Fax Number:_____
E-Mail Address:_____

Name of Project, Program or Event:_____
Date of Program or Event:_____

Is your organization (check one):

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

Dollar Amount or In-kind Services Requested:_____
_____

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

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

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

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

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

Signature_____
Name _____
Title _____

Exhibit "C"
SAMPLE BUDGET

	Project Expenses*	WSHD Funding †	Other Funding/ In Kind ‡	Comment/Explanation
A.	**Department/Agency Personnel:**			
	Leader % of time			
	Staff % of time			
B.	**Benefits:**			
	FICA			
C.	**Consultant/Contract Personnel:**			
	Evaluator if applicable			
D.	**Travel:**			
	Local mileage (specify rate)			
E.	**Materials/Equipment:**			
	Educational materials			
	Promotional materials			
F.	**Office/Other Supplies:**			
	Copy paper			
	Mailing or printing			
G.	**Miscellaneous:**			
	Atypical expenses please specify			
	Rent of space			
H.	**Indirect Cost:**			
	% of administrative cost			
	Total Cost:			

***** *Items Listed under each category are examples only*

Exhibit “I”

3Branch & More, LLC - Community Health Worker Program Service Agreement

SERVICE AGREEMENT FOR COMMUNITY HEALTH WORKER PROGRAM

This ("*Agreement*") is made effective the 1st day of October, 2024 between Winnie Stowell Hospital District, a political entity of the State of Texas whose address is P.O. Box 1976, Winnie, Texas 77706 (hereinafter referred to as "*District*") and 3Branch & More, LLC d/b/a as The Lighthouse for Community Resources whose address is P.O. Box 2222, Woodville, TX 75979 (hereinafter referred to as "*Contractor*"). Collectively, the parties are referred to as "*Parties*".

RECITALS

WHEREAS, the District is a hospital district located in Chambers County, Texas and governed by of Article IX, Section 9 of the Texas Constitution and Chapter 286 of the Texas Health & Safety Code, and is subject to the terms and conditions of the Texas Indigent Health Care and Treatment Act (Texas Health & Safety Code Ch. 61); and

WHEREAS, in accordance with its mission and statutory requirements, WSHD is obligated to assume full responsibility for providing basic medical and hospital care for its Indigent inhabitants without charge as set forth in Chapter 61 of the Texas Health and Safety Code. See Tex. Const. Art. IX, § 9 (2014) (emphasis added); Tex. Health & Safety Code §§ 286.073, 286.082, and 61.052(a).Tex. Att'y. Gen. Op. No.JM-858 (1988); and Tex. Att'y. Gen. Op. No. JC-0220 (2000); and

WHEREAS, to further its mission of providing healthcare and medical coverage to the District's needy residents, the District is engaging the Contractor to assistance the District with the development and implementation of a Community Health Worker program ("*Program*") as set forth in Chapter 48 of the Texas Health and Safety Code and 25 Texas Administrative Code, Chapter 146 to serve as a liaison between residents of the District and health and social services organizations in order to assist the residents in meeting their basic needs, such as access to food, income, healthcare, and translation services, as well as other life-improvement sources of assistance such as Texas Workforce registration, Social Security benefits, housing, transportation, and legal aid; and

WHEREAS, during the September 18, 2024 Regular Meeting, the District's Board unanimously agreed to authorize the President to execute an engagement Agreement with the Contractor to develop and implement a Community Health Worker Program on the District's behalf.

NOW THEREFORE, in consideration of the premises and the mutual covenants herein contained, the Parties hereto agree as follows:

ARTICLE I. AGREEMENT OF THE PARTIES

1.01 The Contractor agrees to provide dedicated Community Health Worker services as set forth in **Exhibit "A"** by acting as a liaison between health care, social services, and the community by among other things, assisting the District's residents gain access to needed services.

1.02 Contractor and subcontractors shall be certified by the Texas Health and Human Services Commission as Community Health Workers on or before the Effective Date of this agreement, or within six (6) months of the Effective Date of this Agreement (i.e., April 1, 2025).

1.03 Contractor shall maintain regular office hours in the office space allocated by the District for the Community Health Worker Program on Monday through Friday from 9 am to 5 pm. Moreover, the Parties agree that Contractor shall perform outreach activities to promote the Program within the District as part of the services provided regardless of whether the outreach event is after office hours.

1.04 Additionally, Contractor agrees that during office hours, Contractor, or a subcontractor, shall be available to provide bilingual services.

1.05 Contractor and Subcontractors shall provide services in a profcssional, timely and competent manner, and agrees to comply with all applicable procedures, policies, and requirements of District.

1.06 Contractor agrees to complete all required charting in the clients' records in a prompt and timely manner and in accordance with any applicable policies and/or procedures as required by any licensing agency and the District.

1.07 The District agrees to provide: (1) office space for the Contractor and/or Subcontractors; –(2) internet services; (3) software to perform Contractor's duties; and (4) necessary hardware such as a computer, printer, and scanner.

ARTICLE II. TERM

2.01 This Agreement is for a period of one (1) year, commencing on October 1, 2024, and thereafter shall automatically renew for successive one (1) year periods until terminated by either party.

2.02 This Agreement may be terminated for any reason by either party at any time by giving thirty (30) days advance written notice to the other party.

2.03 In the event that either Party breaches the terms of this Agreement, exceeds the authority in this Agreement; or violates the District's Bylaws or the laws of the State of Texas, this Agreement may be terminated immediately by the District's Administrator.

ARTICLE III. CONSIDERATION

3.01 In exchange for the services rendered in **Exhibit "A"**, payments to the Contractor shall be made as follows: (1) the initial payment was made on September 25, 2024 in the amount of $22,500.00 as an advance for services to compensate employees and for startup cost through November 30, 2024, after which time the Contractor and District shall reconcile the initial payment and costs incurred and adjust the December 2024 payment accordingly; (2) starting on December 1, 2024, the Contractor shall submit monthly invoices equal to $1/12^{th}$ of the budget set forth in **Exhibit "B"** plus any additional anticipated expenses; and (3) on a monthly basis, the Parties shall reconcile the payments made during the prior month to the Contractor's actual

expenses incurred and adjust the following month's payment accordingly.

3.02 Prior to the monthly meeting following the end of each month, the Contractor shall provide the District:

(a) An updated income statement that sets forth: an annual budget; year to date income and expenses received and incurred; and the amounts over or under budget for each line item.

(b) Simultaneously, the Contractor agrees to provide the prior month's bank statements for the account used for transactions provided for in this Agreement.

3.03 If Contractor incurs expenses in the performance of the services outside of the budget set forth in **Exhibit "B"**, Contractor shall present a reimbursement request as part of the Contractor's monthly invoice along with a receipt for such Expenses. All such non-budgeted expenses incurred by Contractor shall be approved by the District's Administrator prior to being incurred.

3.04 Contractor's monthly invoice for the previous month's services is to be submitted to the District Administrator at least seven (7) days prior to the District's regularly scheduled monthly meeting and payment may be made through check or wire transfer of funds as provided by the District's routine payment policies.

ARTICLE IV. RECORDS AND REPORTS

4.01 The Contractor agrees to submit monthly reports simultaneously with the Contractor's monthly invoice as discussed in Section 3.02. The monthly report is set forth in **Exhibit "C"**.

4.02 To the extent allowed by the laws of the United States of American and State of Texas, information in the reports shall be accessible to the public. Contractor is also required to keep copies of the reports and records with respect to this Agreement in a manner consistent with the District's Document Retention Policy.

ARTICLE V. CONTRACTOR SERVICES

The Contractor's relationship with the Company is that of an independent contractor, and nothing in this Agreement is intended to, or should be construed to, create a partnership, agency, joint venture, or employment relationship. The Contractor, nor any of its subcontractors shall not be entitled to any of the benefits that the District may make available to its employees, including, but not limited to, group health or life insurance or retirement benefits. The Contractor is not authorized to make any representation, contract, or commitment on behalf of the District unless specifically requested or authorized in writing to do so by an executive officer of the District. The Contractor is solely responsible for, and will file, on a timely basis, all tax returns and payments required to be filed with, or made to, any federal, state, or local tax authority with respect to the performance of services and receipt of fees under this Agreement. The District will not withhold for the payment of any social security, federal, state, or any other employee

payroll taxes payable with respect to the consideration paid to the Contractor. The District will, as applicable, regularly report amounts paid to the Contractor by filing the appropriate 1099 form with the Internal Revenue Service as required by law.

ARTICLE VI. PUBLICITY

Contractor shall make no public announcements or engage in any marketing or promotion concerning this Agreement or the work performed hereunder without the advance written consent of the District, which consents, shall not be unreasonably withheld. Moreover, Contractor understands and agrees that all communication regarding the Program shall be in the District's name using the District's letterhead.

ARTICLE VII. OWNERSHIP OF PROPERTY AND INFORMATION

7.01 All information, whether data or documents, and reports that contain or make references to the Program; any of the District's residents participating in the program; or that arise out of this Agreement is owned by the District and shall be stored electronically, in compliance with the District's Document Retention Policy, on the District's server or computer that will provided to Contractor. Contractor is expressly prohibited from sharing or publishing the District's information and reports without the prior written consent of the District. In the event of a dispute, regarding the sharing or publishing of information and reports, the District's decision on this matter shall be final and not subject to change.

7.02 Upon the termination of Agreement, or upon the District's earlier request, Contractor shall (i) ensure the prompt receipt of all information as set forth in Section 7.01 that are in the Contractor's care custody and control, including all information and property in the possession of the Contractor, or any Sub-contractor; (ii) deliver to the District all the District's property (including, but not limited to, any real property such as keys, customer files, computers, printers, scanners, contracts, proposals, work in process, manuals, forms, computer-stored work in process and other computer data, research materials, other items of business information concerning any client served by the Contractor on behalf of the District, (iii) bring all such records, files and other materials up to date before returning them; and (iv) fully cooperate with the District in winding up Contractor's work and transferring that work to individuals designated by the District.

ARTICLE VIII. INDEMNIFICATION.

8.01 CONTRACTOR SHALL INDEMNIFY, DEFEND, AND HOLD HARMLESS THE DISTRICT AGAINST ANY AND ALL LOSSES, COSTS, DAMAGES, EXPENSES, AND LIABILITIES OF WHATEVER NATURE (INCLUDING BUT NOT LIMITED TO REASONABLE ATTORNEY FEES, LITIGATION AND COURT COSTS, AMOUNTS PAID IN SETTLEMENT AND AMOUNTS PAID IN DISCHARGE OF JUDGMENTS) DIRECTLY OR INDIRECTLY RESULTING FROM OR ARISING OUT OF THE CONTRACTOR'S NEGLIGENCE OR FAULT IN FAILING TO PERFORM PROVISIONS OF THE AGREEMENT.

8.02 TO THE EXTENT ALLOWED BY THE LAWS OF THE STATE OF TEXAS,

THE DISTRICT SHALL INDEMNIFY, DEFEND, AND HOLD HARMLESS THE CONTRACTOR AGAINST ANY AND ALL LOSSES, COSTS, DAMAGES, EXPENSES, AND LIABILITIES OF WHATEVER NATURE (INCLUDING BUT NOT LIMITED TO REASONABLE ATTORNEY FEES, LITIGATION AND COURT COSTS, AMOUNTS PAID IN SETTLEMENT AND AMOUNTS PAID IN DISCHARGE OF JUDGMENTS) DIRECTLY OR INDIRECTLY RESULTING FROM OR ARISING OUT OF THE DEPARTMENTS NEGLIGENCE OR FAULT IN FAILING TO PERFORM PROVISIONS OF THE AGREEMENT BY DEPARTMENT.

8.03 EXCEPT WITH RESPECT TO THE PARTIES' INDEMNIFICATION OBLIGATIONS, NEITHER PARTY SHALL BE LIABLE TO THE OTHER FOR ANY SPECIAL, INDIRECT, INCIDENTAL, PUNITIVE, OR CONSEQUENTIAL DAMAGES ARISING FROM OR RELATED TO THIS AGREEMENT, INCLUDING BODILY INJURY, DEATH, LOSS OF REVENUE, OR PROFITS OR OTHER BENEFITS, AND CLAIMS BY ANY THIRD PARTY, EVEN IF THE PARTIES HAVE BEEN ADVISED OF THE POSSIBILITY OF SUCH DAMAGES. THE FOREGOING LIMITATION APPLIES TO ALL CAUSES OF ACTION IN THE AGGREGATE, INCLUDING WITHOUT LIMITATION TO BREACH OF CONTRACT, BREACH OF WARRANTY, NEGLIGENCE, STRICT LIABILITY, AND OTHER TORTS.

ARTICLE IX. INSURANCE

During the Term, Contractor shall, at its sole cost and expense, procure and maintain policies of insurance insuring against comprehensive general liability for damages directly or indirectly related to the performance of any service provided in this Agreement, and the use of any property and facilities provided by the District in connection with this Agreement, in such amounts not less than $1,000,000.00 per occurrence and a $2,000,000.00 aggregate. Furthermore, Contractor shall purchase worker's compensation insurance in the amounts prescribed by the laws of the State of Texas. To the extent that the Parties determine that it is economically feasible, the Contractor will name the District as an Additional Insured, to the Contractor's comprehensive general liability insurance policies and from time to time, Contractor shall furnish District with certificates evidencing such insurance; and Contractor shall promptly advise District of any change in the insurance maintained by Contractor.

ARTICLE X. CONFIDENTIAL INFORMATION

10.01 Each Party (on its behalf and on behalf of its subcontractors, employees or representatives, or agents of any kind) agrees to hold and treat all confidential information of the other Party, including, but not limited to, trade secrets, sales figures, employee and customer information and any other information that the receiving Party reasonably should know is confidential ("*Confidential Information*") as confidential and protect the Confidential Information with the same degree of care as each Party uses to protect its own Confidential Information of like nature.

10.02 Confidential Information does not include any information that (i) at the time of the disclosure or thereafter is lawfully obtained from publicly available sources generally known by the public (other than as a result of a disclosure by the receiving Party or its representatives);

Woodville, Texas 75979
Phone: (409)466-2000
Email: patricia-wshd@outlook.com

13.02 This Agreement may be amended only by written agreement duly executed by an authorized representative of each party (email is acceptable).

13.03 Both Parties represent that they are fully authorized and empowered to enter into this Agreement, and that the performance of the obligations under this Agreement will not violate or infringe upon the rights of any third-party or violate any agreement between the Parties and any other person, firm or organization or any law or governmental regulation.

13.04 If any provision or provisions of this Agreement shall be held unenforceable for any reason, then such provision shall be modified to reflect the parties' intention. All remaining provisions of this Agreement shall remain in full force and effect for the duration of this Agreement.

13.05 A failure or delay in exercising any right, power or privilege in respect of this Agreement will not be presumed to operate as a waiver, and a single or partial exercise of any right, power or privilege will not be presumed to preclude any subsequent or further exercise, of that right, power or privilege or the exercise of any other right, power or privilege.

13.06 This Agreement may be executed in any number of counterparts, each of which shall be deemed an original. Facsimile or e-mail copies hereof shall be deemed to be originals.

13.07 The validity, construction and effect of this Agreement, and all extensions and modifications thereof, shall be construed in accordance with the laws of the State of Texas without regard to its choice of law rules, and Chambers County, Texas shall be the exclusive venue for any suit, litigation or alternate dispute resolution brought pursuant to this Agreement.

13.08 Prior to the commencement of a lawsuit by either party to this agreement, the Parties agree to mediate any dispute that may arise resulting from this Agreement or services provided. In the event that the Parties to this Agreement are not able to resolve their differences at mediation, the Parties agree to waive their right to a jury trial and have the dispute decided on by a District Court judge in Chambers, County, Texas.

{Signature Page Follows}

The Parties are signing this Agreement on the date stated in the introductory clause.

WINNIE STOWELL HOPITAL DISTRICT	**CONTRACTOR**
By: _____	By: Patricia Ojeda
Name: Edward Murell	Name: Patricia Ojeda
Title: Board of Directors, President	Title: Manager of 3Branch & More LLC

Exhibit “J”

Kahla Home & Earth Solutions - Accepted $4,800.00 Emergency Repair Estimate
(Tony’s BBQ Building)

You accepted an estimate from Kahla Home & Earth Solutions

Estimate accepted September 1, 2026

We look forward to working with you.

Customer

Victoria Carlo

Winnie-Stowell Hospital District

Victoria@wshd-tx.com

1115 SH-124

Winnie, TX 77665

Estimate #082626

August 31, 2026

Attachments

smart siding.jpg

log styled lap siding.jpg

Hide full details

Tony's BBQ building

Service date: September 9, 2026

Removal of deteriorating wall and repair $3,200.00

The repaired wall for approximately 12ft section (no electrical involved) will consist of the following ge construction:

** Removal of rotten and deteriorated log siding.*

Text us

** Retention of existing sound logs where structurally appropriate.*
** Installation of new framing members secured to the existing sound log structure.*
** Framing will be installed to create a stable and reasonably uniform wall plane.*
** Installation of plywood sheathing over the new framing.*
** Installation of appropriate weather-resistant barrier/moisture protection over the sheathing.*
** Proper flashing and sealing at applicable wall transitions, openings, and penetrations.*
** Installation of new exterior siding over the prepared wall assembly.*
** Caulking/sealing and trim work as necessary to provide a finished,*

Log-style siding closely matching the buildings existing actual log construction will be used. Example of log style is attached to estimate.

Tree removal *Trees will be cut down.*	$420.00
Door repair *Door is not repairable and will be replaced with door and frame replacement .*	$600.00
Gutter repair *Gutters will be inspected and all debris will be removed. Gutter will be reattached where loose or falling from building.*	$200.00
Trim repair *Trim will be reattached*	$100.00
Back screen door *Removal and replacement of screen door*	$280.00
Subtotal	$4,800.00
Total	**$4,800.00**

Kahla Home & Earth Solutions

© 2026 Block, Inc.
All rights reserved.

Square Privacy Policy | Security | Cookie preferences

Square

Exhibit “K”

Executed Resolution - Acquisition of FPACP Nursing Facilities (Seven-Facility Schedule)

RESOLUTION OF THE WINNIE STOWELL HOSPITAL DISTRICT AUTHORIZING AND APPROVING LOAN-RELATED DOCUMENTS AND TRANSACTIONS INVOLVING MERCHANTS BANK OF INDIANA, CREEKSIDE VILLAGE HEALTHCARE LTC PARTNERS AND OAK VILLAGE HEALTHCARE LTC PARTNERS, AND ANY RELATED BRIDGE LOAN OR SUBSEQUENT HUD LOAN

WHEREAS, the Winnie Stowell Hospital District ("District") is a hospital district organized and existing under the laws of the State of Texas;

WHEREAS, Creekside Village Healthcare LTC Partners and Oak Village Healthcare LTC Partners are involved in certain loan-related transactions with Merchants Bank of Indiana, including a bridge loan and any subsequent HUD loan related thereto;

WHEREAS, in connection with the bridge loan with Merchants Bank of Indiana and any subsequent HUD loan related thereto, the District has been requested to review, approve, execute, deliver, and/or acknowledge certain loan documents, operator documents, security documents, consent documents, certifications, certificates, assignments, agreements, acknowledgments, amendments, supplements, extensions, renewals, restatements, modifications, and other documents related to the foregoing transaction, including any documents required by Merchants Bank of Indiana, HUD, any HUD-approved lender, or any other party involved in the bridge loan or any subsequent HUD loan related thereto (collectively, the "Loan Documents");

WHEREAS, at a duly called and properly noticed Regular Meeting held on September 23, 2026, the Board of Directors of the District considered the request to approve and authorize the bridge loan with Merchants Bank of Indiana for Creekside Village Healthcare LTC Partners and Oak Village Healthcare LTC Partners and any subsequent HUD loan related thereto;

WHEREAS, the Board of Directors determined that the approval and authorization of the Loan Documents and the transactions contemplated thereby are in the best interests of the District; and

WHEREAS, after due deliberation, the Board of Directors desires to approve and authorize the execution and delivery of the Loan Documents and all actions reasonably necessary or appropriate in connection with the bridge loan, any subsequent HUD loan related thereto, and the transactions contemplated thereby.

NOW, THEREFORE, BE IT RESOLVED, that the form, terms, provisions, and transactions contemplated by the Loan Documents, substantially in the form reviewed by the Authorized Officer signing such Loan Documents on behalf of the District, with such changes therein and additions thereto, whether substantial or otherwise, as may be approved or deemed necessary, appropriate, or advisable by the Authorized Officer executing the same on behalf of the District, shall be, and hereby are, approved and adopted in all respects;

FURTHER RESOLVED, that the Authorized Officer shall be, and hereby is, authorized to execute and deliver, in the name and on behalf of the District, each of the Loan Documents in such form and upon such terms and conditions, and with any changes and additions, as the Authorized Officer may deem necessary, appropriate, or advisable, the execution thereof by the Authorized

Officer to be conclusive evidence of the approval by such Authorized Officer and the District of such changes and additions;

FURTHER RESOLVED, that the Authorized Officer shall be, and hereby is, authorized and empowered, in the name and on behalf of the District, to execute and deliver to Merchants Bank of Indiana, HUD, any HUD-approved lender, or any other applicable party any and all amendments, supplements, extensions, renewals, restatements, modifications, consents, acknowledgments, certifications, certificates, assignments, agreements, and other documents related to any or all of the Loan Documents, the bridge loan, and any subsequent HUD loan related thereto, all as may be approved by such Authorized Officer, the authorization and approval of the District to be conclusively evidenced by the execution thereof by the Authorized Officer;

FURTHER RESOLVED, that the Authorized Officer shall be, and hereby is, authorized and empowered to do and perform, or cause to be done and performed, all acts, deeds, and things, in the name and on behalf of the District, as such Authorized Officer may deem necessary, appropriate, or advisable to carry out the intent and purposes of the foregoing resolutions;

FURTHER RESOLVED, that, for purposes of this Resolution, the term "Authorized Officer" shall mean Mr. Edward Murrell, as President of the Winnie Stowell Hospital District Board of Directors, or if President Murrell is unavailable, Mr. Anthony Stramecki, as Vice President of the Winnie Stowell Hospital District Board of Directors;

FURTHER RESOLVED, that all actions of any kind heretofore taken by any officer, commissioner, representative, agent, or attorney of the District in connection with the transactions and matters contemplated by the foregoing resolutions are hereby adopted, confirmed, ratified, and approved in all respects as the acts and deeds of the District; and

FURTHER RESOLVED, that this Resolution may be executed and delivered by facsimile, PDF, DocuSign, or other electronic transmission and in any number of counterparts, each of which shall be deemed an original, and such counterparts, when taken together, shall constitute one and the same instrument and shall be legally effective for all purposes.

[REMAINDER OF PAGE INTENTIONALLY LEFT BLANK; SIGNATURE PAGE FOLLOWS]

PASSED AND APPROVED this 23rd day of September, 2026.

WINNIE STOWELL HOSPITAL DISTRICT

By: _____
Edward Murrell, President

ATTEST:

By: _____
Jeff Rollo, Secretary

Exhibit “L”

Executed Resolution - Merchants Bank of Indiana / Creekside and Oak Village Loan Documents

RESOLUTION BY THE WINNIE STOWELL HOSPITAL DISTRICT TO ACQUIRE NURSING FACILITIES

Winnie Stowell Hospital District ("**District**"), being the Operator of the skilled nursing facilities and the affiliates of HMG Healthcare, LLC ("**HMG**") (collectively, the "**Managers**"), pursuant to the laws of the State of Texas do hereby take the following actions to acquire additional facilities to be managed by Managers:

WHEREAS, the District intends to acquire up to seven (7) nursing facilities through operations transfer agreements ("**OTAs**") from affiliates of Focused Post Acute Care Partners, LLC more particularly described on **Schedule A** (the "**FPACP Facilities**"); and

WHEREAS, during the September 23, 2026 Regular Meeting, the District's Board convened in a duly noticed meeting pursuant to the Chapter 551 of the Texas Government Code and considered the acquisition of the FPACP Facilities on or about November 1, 2026.; and

WHEREAS, in connection with the transactions contemplated by the acquisition of the FPACP Facilities, District will be required to execute certain documents; and

WHEREAS, after due deliberation, these requests were considered in the best interests of the District and are hereby approved.

NOW THEREFORE, BE IT RESOLVED, that the form, terms and provisions of, and transactions contemplated by the FPACP Facilities transaction documents (the "Documents") and any and all other instruments, agreements and documents required to be delivered under or pursuant to the OTAs including but not limited to change of ownership documents, subleases, management agreements, business associate agreements and other ancillary documents for the newly acquired FPACP Facilities to which the District is a party including, substantially in the form reviewed by the Authorized Officer (as defined below) signing such Documents on behalf of the District, with such changes therein and additions thereto (substantial or otherwise) as may be approved or deemed necessary, appropriate or advisable by the Authorized Officer executing the same on behalf of the District, in such form and upon such terms and conditions as such Authorized Officer may deem necessary, appropriate or advisable, shall be, and they hereby are, approved and adopted in all respects; and

FURTHER RESOLVED, that the Authorized Officer shall be, authorized to execute and deliver in the name and on behalf of the District, each of the Documents in such form and upon such terms and conditions, and with any changes and additions, as the Authorized Officer may deem necessary, appropriate or advisable, the execution thereof the Authorized Officer to be conclusive evidence of the approval by him of such changes and additions; and

FURTHER RESOLVED, that the Authorized Officer shall be authorized and empowered in the name and on behalf of the District, to: (i) execute and deliver transaction documents associated with the OTAs including but not limited to change of ownership documents, subleases, management agreements, business associate agreements and other ancillary documents for the newly acquired FPACP Facilities; (ii) authorize staff to negotiate with the District's lender the terms of a CHOW loan agreement for the FPACP Facilities to be acquired and to present for

approval at the District's next Regular Meeting; (iii) authorize the approval of the appropriate bank resolutions for the seven (7) FPACP Facilities; (iv) authorize offering CHOW advances for the nursing facilities; (v) authorize Intergovernmental Transfers for the first half of QIPP Year 10; and (vi) deliver to HMG's lender any and all loan agreements, amendments, supplements, extensions, renewals, restatements and modifications to any or all of the loan documents from time to time, all as may be approved by such Authorized Officer, the authorization and approval of the District to be conclusively evidenced by the execution of the Authorized Officer thereto, and to do and perform, or cause to be done and performed, all acts, deeds, and things, in the name and on behalf of the District, or otherwise as any such Authorized Officer may deem necessary or appropriate for the foregoing purposes, if and as applicable; and

FURTHER RESOLVED, for purposes of this Consent, the term "Authorized Officer" shall mean Mr. Edward Murrell, as President of the Winnie Stowell Hospital District's Board of Directors, or if President Murrell is inaccessible, Mr. Anthony Stramecki, Vice President of the Winnie Stowell Hospital District's Board of Directors ("Authorized Person"); and

FURTHER RESOLVED, that all actions of any kind heretofore taken by any officer of the District in connection with the transactions and matters contemplated by the foregoing resolutions are hereby adopted, confirmed, ratified and approved in all respects as the acts and deeds of the District; and

FURTHER RESOLVED, that this Consent may be sent or delivered by facsimile or other electronic transmission and in any number of counterparts, each of which shall be an original, and such counterparts, when taken together, shall constitute one and the same instrument, and shall be legally effective for all purposes.

PASSED AND APPROVED this 23rd day of September, 2026.

WINNIE STOWELL HOSPITAL DISTRICT

Edward Murrell, President

ATTEST:

Secretary, Jeff Rollo

SCHEDULE A

Outgoing Manager	**New Manger**	
FPACP Affiliate	**HMG Affiliate**	**Facility Address**
FPACP Allenbrook LLC d/b/a Focused Care at Allenbrook	HMG Park Manor of Allenbrook, LLC	4109 Allenbrook Drive Baytown, Harris County, Texas 77521
FPACP Beechnut LLC d/b/a Focused Care at Beechnut	HMG Park Manor of Beechnut, LLC	12777 Beechnut Street Houston, Harris County, Texas 77072
FPACP Cedar Bayou LLC d/b/a Focused Care at Cedar Bayou	HMG Park Manor of Cedar Bayou, LLC	2000 W. Baker Road Baytown, Harris County, Texas 77521
FPACP Humble LLC d/b/a Focused Care at Humble	HMG Park Manor of Isaaks, LLC	93 Isaacks Road Humble, Harris County, Texas 77338
FPACP Webster LLC d/b/a Focused Care at Webster	HMG Park Manor of Webster, LLC	17231 Mill Forest Road Webster, Harris County, Texas77598
FPACP Houston LLC d/b/a Focused Care at Westwood	HMG Park Manor of Houston, LLC	8702 S. Course Drive Houston, Harris County, Texas 77099
FPACP Upshur LLC d/b/a Focused Care of Gilmer	HMG Park Manor of Gilmer, LLC	623 Highway 155 North Gilmer, Upshur County, Texas 75644