

TYLER COUNTY COMMISSIONERS COURT
EMERGENCY MEETING
January 6, 2011 ---- 3:30 p.m.

THE STATE OF TEXAS ON THIS THE 6th day of January, 2011 the
Commissioners' Court in and for Tyler County, Texas convened in an Emergency Meeting at
the Commissioners' Courtroom in Woodville, Texas, the following members of the Court
present, to wit:

MARTIN NASH	COMMISSIONER, PCT. #1
RUSTY HUGHES	COMMISSIONER, PCT. #2, presiding
MIKE MARSHALL	COMMISSIONER, PCT. #3
JACK WALSTON	COMMISSIONER, PCT. #4
DONECE GREGORY	COUNTY CLERK, EX OFFICIO

The following were absent: Judge Blanchette and Commissioner Walston thereby constituting
a quorum. In addition to the above were:

JACKIE SKINNER	COUNTY AUDITOR
DAVID HENNIGAN	SHERIFF

Sheriff Hennigan updated the court on the condition of an inmate. He has been transferred
from St. Elizabeth Hospital to Tyler County Hospital. He can now be transferred back to the
county jail, but will need 24 hour nursing care. The contract has been review by Lou Cloy,
Assistant Criminal District Attorney.

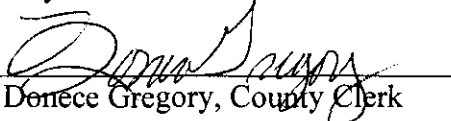
A motion was made by **Commissioner Nash** to authorize Sheriff Hennigan to enter into a
contract with Helping Hands Nursing Agency for nursing services at \$15 per hour. The motion
was seconded by **Commissioner Marshall**. All voted yes and none no. SEE ATTACHED
CONTRACT.

A motion was made by Commissioner Nash and seconded by Commissioner Marshall that the
meeting adjourn. All voted yes.

THERE BEING NO FURTHER BUSINESS, THE MEETING ADJOURNED: 3:45 p.m.

I, Donece Gregory, County Clerk and ex officio member of the Tyler County Commissioners
Court, do hereby certify to the fact that the above is a true and correct record of the Tyler
County Commissioners Court session held on January 6, 2011.

Witness my hand and seal of office on this the 6th day of January, 2011.

Attest: 
Donece Gregory, County Clerk
Tyler County, Texas

Helping Hands Nursing Agency
Maureen Bidwell, R.N. Owner
2503 W. Houston Street
Jasper, Texas 75951
(409)384-3210 (409) 384-3514
(409)384-7744 after 5:00
FAX: 409-384-3452

CLIENT CONTRACT AGREEMENT

The following statements define the terms and conditions of services provided by Helping Hands, "Agency" and Tyler County Sheriff's Office referred to as "client".

Helping Hands agrees to provide a CNA, on an ongoing on-call basis.

The following rates are agreed upon by Helping Hands and Tyler County Sheriff's Office.

RATES PER HOUR:

Certified Nurses Aide \$15.00 per hour

The following holidays include New Year's Day, Easter Sunday, Memorial Day, (4th of July) Independence Day, Labor Day, Thanksgiving Day, Christmas Day, and any worked hours over 40/per week, entitled. Helping Hands will bill at time and one half the hourly rate set forth above per entire shift. If partial shift falls within holiday, the whole shift will be billed at a time and a half rate.

PAYMENT

Agreed on by "client" and "agency".

All Helping Hands nurses are in-serviced in current OSHA and Universal Precautions.

Helping Hands will comply with JCAH standards.

Helping Hands does carry workman's compensation. All employees are considered Contract Labr. (self employed).

Helping Hands provides H.P.S.O. (Healthcare Providers Service Organization) Professional Liability Insurance.

Agreed to and executed this
DATE _____

Helping Hands Representative



Client Facility Representative



HEALTHCARE PROVIDERS SERVICE ORGANIZATION PURCHASING GROUP CERTIFICATE OF INSURANCE OCCURRENCE POLICY FORM

Table with policy details including Policy No. 018098, Effective Date 03/01/10, Insured Name Helping Hands Nursing Agency, PC, and Broker American Casualty Company of Reading, Pennsylvania.

A. PROFESSIONAL LIABILITY

Table for Professional Liability coverage showing Professional Liability (PL) at \$100,000 each claim / \$300,000 aggregate, and other liability types included above.

B. COVERAGE EXTENSIONS:

Table for Coverage Extensions including License Protection (\$10,000 per proceeding), Defendant Expense Benefit (\$10,000), Assault (\$0 per incident), and First Aid (\$2,500).

C. WORKPLACE LIABILITY

Coverage part C, Workplace Liability does not apply if Coverage part D, General Liability is made part of this policy.

Table for Workplace Liability showing Workplace Liability included in A, PL limit shown above, and Fire & Water Legal Liability included in A, PL limit shown above subject to \$150,000 sub-limit.

D. GENERAL LIABILITY

Coverage part D, General Liability does not apply if Coverage part C, Workplace Liability is made part of this policy.

Table for General Liability showing General Liability (GL), Hired Auto & Non Owned Auto, Fire & Water Legal Liability, and Personal Liability, all listed as none.

Total: \$ 3,757.00

QUESTIONS? CALL: 1-888-258-3534

List of policy numbers: G-121500-D, G-121503-C, G-121501-C, G-53752-C42, G-145184-A, G-147292-A, G-123846-C42, GSL3886, GSL3908

Master Policy # 186711433

Keep this document in a safe place. It and proof of payment are evidence of your insurance coverage.

Signature of Thomas F. Motamed, Chairman of the Board

Signature of John M. Zaker, Secretary

G-141241-A (07/2001)

Coverage Change Date:

Endorsement Change Date:



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
12/8/2010

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER First Insurance Services 300 S Wheeler St Jasper TX 75951	CONTACT NAME: Rachel Ebert PHONE (AC, No, Ext): (409) 384-5761 FAX (AC, No): (409) 384-8008 E-MAIL ADDRESS: r.ebert@1stinsurance.net PRODUCER CUSTOMER ID #: 00005805
INSURED MAUREEN BIDWELL dba HELPING HANDS NURSING AGENCY 2502 WEST HOUSTON STREET JASPER TX 75951	INSURER(S) AFFORDING COVERAGE INSURER A: Texas Hospital Insurance Exchg INSURER B: INSURER C: INSURER D: INSURER E:

COVERAGES **CERTIFICATE NUMBER:** CL1012800671 **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR. (1, 2)	TYPE OF SURANCE	ADJUSTER (INSR. LWD)	POLICY NUMBER	POLICY EFF. (MM/DD/YYYY)	POLICY EXP. (MM/DD/YYYY)	LIMITS
	GENERAL LIABILITY <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO. ACCT <input type="checkbox"/> LOC					EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (SA resistance) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$ \$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS					COMBINED SINGLE LIMIT (In accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$ \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DEDUCTIBLE \$ RETENTION \$					EACH OCCURRENCE \$ AGGREGATE \$ \$ \$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		W0004002-02	12/07/2010	12/07/2011	<input checked="" type="checkbox"/> WC STATUS TOBY LIMITS <input type="checkbox"/> OTHER EL EACH ACCIDENT \$ 1,000,000 EL DISEASE - EA EMPLOYEE \$ 1,000,000 EL DISEASE - POLICY LIMIT \$ 1,000,000

DESCRIPTION OF OPERATION: / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

CERTIFICATE HOLDER EAST TEXAS MEDICAL CENTER-TYLER 1009 S. BECKHAM AVENUE TYLER, TX 75701	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE Willie Teary/RACH
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