



# CNA Loss Run Report

As of Aug 25, 2020

Save Selections

Load Selections

Report Definition

Policy Number: [6072846502;6072818683;6072818697;6013900859](#)



Loss Basis: [Gross](#)

Suppress Reserves [No](#)

Suppress Loss Desc.: [No](#)

Suppress Claims [No](#)

Policy Number: 6013900859 Insured Name: PINNACLE HEALTH CARE INC Insured DBA: UMPQUA VALLEY NURSING AND REHAB  
 Policy Effective: 10/01/2014 Producer Name: HIGHLAND RISK SERVICES INC Zone: BRANCH MANAGED  
 Policy Expiration: 10/01/2015 Producer Code: 060859 Distribution Branch: ILLINOIS

Date Reported	Loss Date	Occur Date	Closed Date	Claim Nbr	Claimant Name	Claim Status	Accident State	Loc Code	Policy Account State	Indemnity Paid	Total Expenses	Indemnity Reserves	Total Incurred
10/03/2015	09/30/2015	08/07/2015	12/14/2017	<a href="#">HMA53437</a>	OLSON,CYNTHIA	CLOSED	OR	N/A	OR	\$140,000	\$5,400	\$0	\$145,400
Insured DBA: UMPQUA VALLEY NURSING AND REHABILITATION CENTER				Loss Description: CL Res in shower/fell from shower chair/re-fx left patella									
07/30/2015	07/30/2015	09/28/2014	11/19/2015	<a href="#">HMA50472</a>	HIGHT,RHONDA	CLOSED	OR	10	OR	\$0	\$0	\$0	\$0
Insured DBA: PINNACLE HEALTH CARE INC				Loss Description: CL Res trans LBKA/Slip off bed/CNA asst/Hit Left Amp on Walker									
02/10/2015	02/10/2015	03/20/2012	03/13/2018	<a href="#">HMA41848</a>	ARELLANO CORTES,JOSE	CLOSED	OR	1	OR	\$22,000	\$103,421	\$0	\$125,421
Insured DBA: FRENCH PRAIRIE NURSING AND REHABILITATION				Loss Description: SU-Resident Bleed-out of fistula used for dialysis.									
07/31/2015	07/30/2015	06/13/2014	05/03/2016	<a href="#">HMA50564</a>	FAIRCHILD,BURNICE	CLOSED	OR	10	OR	\$150,000	\$0	\$0	\$150,000
Insured DBA: HEARTHSTONE NURSING & REHABILITATION CENTER				Loss Description: CL-resident suffered fracture while be pushed in wheelchair.									
Policy Total for Effective Date 10/01/2014:										\$312,000	\$108,821	\$0	\$420,821



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Loss Basis: [Gross](#)

Suppress Reserves [No](#)

Suppress Loss Desc.: [No](#)

Suppress Claims [No](#)

Policy Number: 6013900859 Insured Name: PINNACLE HEALTH CARE INC Insured DBA: HEARTHSTONE NURSING AND REHABIL  
 Policy Effective: 10/01/2015 Producer Name: HIGHLAND RISK SERVICES INC Zone: BRANCH MANAGED  
 Policy Expiration: 10/01/2016 Producer Code: 060859 Distribution Branch: ILLINOIS

Date Reported	Loss Date	Occur Date	Closed Date	Claim Nbr	Claimant Name	Claim Status	Accident State	Loc Code	Policy Account State	Indemnity Paid	Total Expenses	Indemnity Reserves	Total Incurred
01/29/2016	01/29/2016	10/03/2015	05/11/2016	<a href="#">HMA58276</a>	WATSON,DALE	CLOSED	OR	N/A	OR	\$33,000	\$0	\$0	\$33,000
				<b>Insured DBA:</b> HEARTHSTONE NURSING AND REHABILITATION <b>Loss Description:</b> CL Res alleges overdose insulin 2 day hosp/no adverse effects									
08/24/2016	08/23/2016	04/15/2016	11/11/2016	<a href="#">HMA67054</a>	BERKS,AMANDA	CLOSED	OR	N/A	OR	\$390	\$0	\$0	\$390
				<b>Insured DBA:</b> SOUTH HILLS NURSING REHABILITATION CENTER <b>Loss Description:</b> CL Res alleges over medicated pain meds/led to hospitalization									
10/04/2016	09/30/2016	08/29/2015	05/17/2018	<a href="#">HMA68766</a>	KETCHUM,MONA GAIL	CLOSED	AZ	12	OR	\$250,000	\$29,119	\$0	\$279,119
				<b>Insured DBA:</b> SUN WEST CHOICE HEALTHCARE & REHABILITATION <b>Loss Description:</b> SU; alleges fall + head injury = death									
08/08/2016	08/05/2016	07/16/2015	01/15/2020	<a href="#">HMA66460</a>	LITTLEMORE,JOSEPH	CLOSED	OR	0001	OR	\$300,000	\$172,310	\$0	\$472,310
				<b>Insured DBA:</b> FRENCH PRAIRIE NURSING AND REHABILITATION CENTER <b>Loss Description:</b> SU ;decreased O2+tx delay = respiatory distress & death									

Policy Total for Effective Date 10/01/2015:

\$583,390

\$201,429

\$0

\$784,819



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 Loss Basis: [Gross](#)

 Suppress Reserves [No](#)

 Suppress Loss Desc.: [No](#)

 Suppress Claims [No](#)

Policy Number: 6013900859	Insured Name: PINNACLE HEALTHCARE INC	Insured DBA: ROSE HAVEN NURSING CENTER
Policy Effective: 10/01/2016	Producer Name: HIGHLAND RISK SERVICES INC	Zone: BRANCH MANAGED
Policy Expiration: 10/01/2017	Producer Code: 060859	Distribution Branch: ILLINOIS

Date Reported	Loss Date	Occur Date	Closed Date	Claim Nbr	Claimant Name	Claim Status	Accident State	Loc Code	Policy Account State	Indemnity Paid	Total Expenses	Indemnity Reserves	Total Incurred
06/14/2019	02/08/2017	02/05/2017	04/17/2020	<a href="#">HMB08405</a>	CONNER,LARRY	CLOSED	OR	N/A	OR	\$0	\$0	\$0	\$0
				<b>Insured DBA:</b> ROSE HAVEN NURSING CENTER		<b>Loss Description:</b> PC: Pt fell from Hoyer and died next day.							
09/12/2017	09/12/2017	08/18/2015	10/25/2017	<a href="#">HMA83122</a>	BERTRAND,JUDITH	CLOSED	AZ	12	OR	\$0	\$0	\$0	\$0
				<b>Insured DBA:</b> SUN WEST CHOICE HEALTHCARE REHAB		<b>Loss Description:</b> RR: RR received from attorney							
10/21/2016	10/04/2016	01/09/2016	11/17/2017	<a href="#">HMA69579</a>	GARRISON,JAKE CARL	CLOSED	OR	N/A	OR	\$100,000	\$6,050	\$0	\$106,050
				<b>Insured DBA:</b> HIGHLAND HOUSE NURSING AND REHABILITATION CENTER		<b>Loss Description:</b> CL Staples R Hip alleged removed late/infection/debridement							
02/17/2017	01/12/2017	09/13/2016	06/29/2017	<a href="#">HMA74577</a>	MORAN,PATRICIA	CLOSED	OR	N/A	OR	\$0	\$0	\$0	\$0
				<b>Insured DBA:</b> HIGHLAND HOUSE NURSING REHABILITATION CENTER		<b>Loss Description:</b> CL Res alleges medication overdose of Risperdal							
02/14/2018	09/30/2017	02/24/2016	00/00/0000	<a href="#">HMA89551</a>	WEAVER,MELVA LAVERENE	OPEN	OR	N/A	OR	\$0	\$84,098	\$150,000	\$234,098
				<b>Insured DBA:</b> UMPQUA VALLEY NURSING AND REHABILITATION, LLC		<b>Loss Description:</b> SU: 2 separate falls causing 2 fx hips and fx ankle.							
03/28/2017	02/28/2017	04/03/2015	11/15/2017	<a href="#">HMA76030</a>	ROBERTS,GORDON	CLOSED	OR	N/A	OR	\$0	\$2,369	\$0	\$2,369
				<b>Insured DBA:</b> SOUTH HILLS REHABILITATION CENTER		<b>Loss Description:</b> CL Res alleges scared/anxious req amb to hosp/Rpts CHF							
10/27/2016	10/26/2016	03/02/2016	03/27/2018	<a href="#">HMA69811</a>	STEWART,LYNN	CLOSED	AZ	N/A	OR	\$0	\$5,666	\$0	\$5,666
				<b>Insured DBA:</b> SUN WEST CHOICE HEALTHCARE & REHABILITATION		<b>Loss Description:</b> SU-SN resident fell=fx'd ribs/hemothorax/death.							

<b>Policy Total for Effective Date 10/01/2016:</b>	<b>\$100,000</b>	<b>\$98,184</b>	<b>\$150,000</b>	<b>\$348,184</b>
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Loss Basis: [Gross](#)

Suppress Reserves [No](#)

Suppress Loss Desc.: [No](#)

Suppress Claims [No](#)

<b>Policy Grand Total:</b>	<b>\$995,390</b>	<b>\$408,434</b>	<b>\$150,000</b>	<b>\$1,553,824</b>
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Policy Number: [6072846502;6072818683;6072818697;6013900859](#)



Loss Basis: [Gross](#)

Suppress Reserves [No](#)

Suppress Loss Desc.: [No](#)

Suppress Claims [No](#)

Policy Number: 6072818683      Insured Name: RIVERSIDE HOME HEALTH CARE, IN      Insured DBA:  
Policy Effective: 10/01/2018      Producer Name: HIGHLAND RISK SERVICES INC      Zone: BRANCH MANAGED  
Policy Expiration: 10/01/2019      Producer Code: 060859      Distribution Branch: ILLINOIS

Date Reported	Loss Date	Occur Date	Closed Date	Claim Nbr	Claimant Name	Claim Status	Accident State	Loc Code	Policy Account State	Indemnity Paid	Total Expenses	Indemnity Reserves	Total Incurred
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No claims were found for this policy.



## CNA Loss Run Report

As of Aug 25, 2020

[Save Selections](#)[Load Selections](#)[Report Definition](#)

Policy Number: [6072846502;6072818683;6072818697;6013900859](#)



Loss Basis: [Gross](#)

Suppress Reserves [No](#)

Suppress Loss Desc.: [No](#)

Suppress Claims [No](#)

Policy Number: 6072818683      Insured Name: RIVERSIDE HOME HEALTH CARE, IN      Insured DBA:  
Policy Effective: 10/01/2019      Producer Name: HIGHLAND RISK SERVICES INC      Zone: BRANCH MANAGED  
Policy Expiration: 10/01/2020      Producer Code: 060859      Distribution Branch: ILLINOIS

Date Reported	Loss Date	Occur Date	Closed Date	Claim Nbr	Claimant Name	Claim Status	Accident State	Loc Code	Policy Account State	Indemnity Paid	Total Expenses	Indemnity Reserves	Total Incurred
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No claims were found for this policy.



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Policy Number: [6072846502;6072818683;6072818697;6013900859](#)



Loss Basis: [Gross](#)

Suppress Reserves [No](#)

Suppress Loss Desc.: [No](#)

Suppress Claims [No](#)

Policy Number: 6072818697      Insured Name: RIVERSIDE HOME HEALTH CARE, IN      Insured DBA:  
Policy Effective: 10/01/2018      Producer Name: HIGHLAND RISK SERVICES INC      Zone: BRANCH MANAGED  
Policy Expiration: 10/01/2019      Producer Code: 060859      Distribution Branch: ILLINOIS

Date Reported	Loss Date	Occur Date	Closed Date	Claim Nbr	Claimant Name	Claim Status	Accident State	Loc Code	Policy Account State	Indemnity Paid	Total Expenses	Indemnity Reserves	Total Incurred
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No claims were found for this policy.



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As of Aug 25, 2020

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Report Definition

Policy Number: [6072846502;6072818683;6072818697;6013900859](#)



Loss Basis: [Gross](#)

Suppress Reserves [No](#)

Suppress Loss Desc.: [No](#)

Suppress Claims [No](#)

Policy Number: 6072818697      Insured Name: RIVERSIDE HOME HEALTH CARE IN      Insured DBA:  
Policy Effective: 10/01/2019      Producer Name: HIGHLAND RISK SERVICES INC      Zone: BRANCH MANAGED  
Policy Expiration: 10/01/2020      Producer Code: 060859      Distribution Branch: ILLINOIS

Date Reported	Loss Date	Occur Date	Closed Date	Claim Nbr	Claimant Name	Claim Status	Accident State	Loc Code	Policy Account State	Indemnity Paid	Total Expenses	Indemnity Reserves	Total Incurred
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No claims were found for this policy.





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Policy Number: [6072846502;6072818683;6072818697;6013900859](#)



Loss Basis: [Gross](#)

Suppress Reserves [No](#)

Suppress Loss Desc.: [No](#)

Suppress Claims [No](#)

Policy Number: 6072846502      Insured Name: Riverside Home Health Care, Inc (fka A      Insured DBA:  
Policy Effective: 10/01/2018      Producer Name: HIGHLAND RISK SERVICES INC      Zone: BRANCH MANAGED  
Policy Expiration: 10/01/2019      Producer Code: 069575      Distribution Branch: ILLINOIS

Date Reported	Loss Date	Occur Date	Closed Date	Claim Nbr	Claimant Name	Claim Status	Accident State	Loc Code	Policy Account State	Indemnity Paid	Total Expenses	Indemnity Reserves	Total Incurred
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No claims were found for this policy.



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Policy Number: 6072846502      Insured Name: Riverside Home Health Care, Inc (fka A      Insured DBA:  
Policy Effective: 10/01/2019      Producer Name: HIGHLAND RISK SERVICES INC      Zone: BRANCH MANAGED  
Policy Expiration: 10/01/2020      Producer Code: 069575      Distribution Branch: ILLINOIS

Date Reported	Loss Date	Occur Date	Closed Date	Claim Nbr	Claimant Name	Claim Status	Accident State	Loc Code	Policy Account State	Indemnity Paid	Total Expenses	Indemnity Reserves	Total Incurred
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No claims were found for this policy.

Policy Grand Total for 10/01/2014:	\$312,000	\$108,821	\$0	\$420,821
Policy Grand Total for 10/01/2015:	\$583,390	\$201,429	\$0	\$784,819
Policy Grand Total for 10/01/2016:	\$100,000	\$98,184	\$150,000	\$348,184