

Report ID: MV 335

## **CNA Loss Run Report** As of Aug 25, 2020



Policy Number: 6072846502;6072818683;6072818697;6013900859

Loss Basis: Gross Suppress Reserves No Suppress Loss Desc.: No Suppress ClaimaNo

PINNACLE HEALTH CARE INC UMPQUA VALLEY NURSING AND REHAE Policy Number: 6013900859 Insured Name: Insured DBA:

Policy Effective: 10/01/2014 HIGHLAND RISK SERVICES INC **BRANCH MANAGED** Producer Name: Zone:

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	HMA53437 OLS	ON,CYNTHIA	CLOSED	OR	N/A	OR	\$140,000	\$5,400	\$0	\$145,400
Insured D	BA: UMPQUA AND REF CENTER	VALLEY NUF		oss Description:	CL Res in shower/fell from shower of	chair/re-fx left	patella						
07/30/2015	07/30/2015	09/28/2014	11/19/2015	HMA50472 HIGH	HT,RHONDA	CLOSED	OR	10	OR	\$0	\$0	\$0	\$0
Insured D	BA: PINNACL INC	E HEALTH CA	ARE L	oss Description:	CL Res trans LBKA/Slip off bed/CN	A asst/Hit Le	ft Amp on W	/alker					
02/10/2015	02/10/2015	03/20/2012	03/13/2018	HMA41848 ARE	LLANO CORTES,JOSE	CLOSED	OR	1	OR	\$22,000	\$103,421	\$0	\$125,421
Insured D	BA: FRENCH AND REF	PRAIRIE NUF		oss Description:	SU-Resident Bleed-out of fistula use	ed for dialysis	<b>3.</b>						
07/31/2015	07/30/2015	06/13/2014	05/03/2016	HMA50564 FAIR	CHILD,BURNICE	CLOSED	OR	10	OR	\$150,000	\$0	\$0	\$150,000
Insured D	BA: HEARTH: REHABIL	STONE NURS		oss Description:	CL-resident suffered fracture while I	be pushed in	wheelchair.						
					Policy Total for Effec	ctive Date 1	0/01/2014:			\$312,000	\$108,821	\$0	\$420,821

Print Date: 8/26/2020 Page 1 of 10 **Continental Casualty Company** 



## **CNA Loss Run Report** As of Aug 25, 2020



Policy Number: 6072846502;6072818683;6072818697;6013900859

Suppress Reserves No Suppress Loss Desc.: No Suppress ClaimaNo

Policy Number: 6013900859

PINNACLE HEALTH CARE INC Insured Name:

Insured DBA:

HEARTHSTONE NURSING AND REHABIL

Policy Effective: 10/01/2015

Loss Basis: Gross

HIGHLAND RISK SERVICES INC Producer Name:

**BRANCH MANAGED** Zone:

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	HMA58276 WA	TSON,DALE	CLOSED	OR	N/A	OR	\$33,000	\$0	\$0	\$33,000
Insured D	BA: HEARTH: AND REF	STONE NURS		oss Description:	CL Res alleges overdose insulin 2 d	ay hosp/no a	adverse effe	ects					
08/24/2016	08/23/2016	04/15/2016	11/11/2016	HMA67054 BEF	RKS,AMANDA	CLOSED	OR	N/A	OR	\$390	\$0	\$0	\$390
Insured D	BA: SOUTH F REHABIL	IILLS NURSIN ITATION CEN		oss Description:	CL Res alleges over medicated pain	meds/led to	hospitaliza	tion					
10/04/2016	09/30/2016	08/29/2015	05/17/2018	HMA68766 KET	CHUM,MONA GAIL	CLOSED	AZ	12	OR	\$250,000	\$29,119	\$0	\$279,119
Insured D	BA: SUN WES HEALTHO REHABIL	CARE &	L	oss Description:	SU; alleges fall + head injury = death	h							
08/08/2016	08/05/2016	07/16/2015	01/15/2020	HMA66460 LIT	TLEMORE,JOSEPH	CLOSED	OR	0001	OR	\$300,000	\$172,310	\$0	\$472,310
Insured D	BA: FRENCH AND REH CENTER	PRAIRIE NUF IABILITATION		oss Description:	SU ;decreased 02+tx delay = respio	ratory distres	ss & death						
					Policy Total for Effec	tive Date 1	0/01/2015:			\$583,390	\$201,429	\$0	\$784,819



## **CNA Loss Run Report** As of Aug 25, 2020



Policy Number: 6072846502;6072818683;6072818697;6013900859

Suppress Reserves No Loss Basis: Gross

Suppress Loss Desc.: No

Suppress ClaimaNo

PINNACLE HEALTHCARE INC ROSE HAVEN NURSING CENTER Policy Number: 6013900859 Insured Name: Insured DBA:

Policy Effective: 10/01/2016 HIGHLAND RISK SERVICES INC **BRANCH MANAGED** Producer Name: Zone:

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	HMB08405 CON	NNER,LARRY	CLOSED	OR	N/A	OR	\$0	\$0	\$0	\$0
Insured D	BA: ROSE HA	VEN NURSIN	IG L	oss Description:	PC: Pt fell from Hoyer and died nex	t day.							
09/12/2017	09/12/2017	08/18/2015	10/25/2017	HMA83122 BEF	RTRAND, JUDITH	CLOSED	AZ	12	OR	\$0	\$0	\$0	\$0
Insured Di	BA: SUN WES	ST CHOICE CARE REHAB	L	oss Description:	RR: RR received from attorney								
10/21/2016	10/04/2016	01/09/2016	11/17/2017	HMA69579 GAF	RRISON,JAKE CARL	CLOSED	OR	N/A	OR	\$100,000	\$6,050	\$0	\$106,050
Insured Di	<b>BA</b> : HIGHLAN NURSING REHABIL			oss Description:	CL Staples R Hip alleged removed	late/infection/	debridemer	nt					
02/17/2017	01/12/2017	09/13/2016	06/29/2017	HMA74577 MOI	RAN,PATRICIA	CLOSED	OR	N/A	OR	\$0	\$0	\$0	\$0
Insured Di	BA: HIGHLAN NURSING CENTER	ID HOUSE B REHABILITA		oss Description:	CL Res alleges medication overdos	se of Risperda	al						
02/14/2018	09/30/2017	02/24/2016	00/00/0000	HMA89551 WE	AVER,MELVA LAVERENE	OPEN	OR	N/A	OR	\$0	\$84,098	\$150,000	\$234,098
Insured Di	BA: UMPQUA AND REH	VALLEY NUF		oss Description:	SU: 2 separate falls causing 2 fx hip	os and fx ankl	e.						
03/28/2017	02/28/2017	04/03/2015	11/15/2017	HMA76030 ROE	BERTS,GORDON	CLOSED	OR	N/A	OR	\$0	\$2,369	\$0	\$2,369
Insured Di	BA: SOUTH F REHABIL	IILLS ITATION CEN		oss Description:	CL Res alleges scared/anxious req	amb to hosp/	'Rpts CHF						
10/27/2016	10/26/2016	03/02/2016	03/27/2018	HMA69811 STE	WART,LYNN	CLOSED	AZ	N/A	OR	\$0	\$5,666	\$0	\$5,666
Insured Di	BA: SUN WES HEALTHO REHABIL	CARE &	L	oss Description:	SU-SN resident fell=fx'd ribs/hemot	horax/death.							
					Policy Total for Effec	ctive Date 1	0/01/2016:			\$100,000	\$98,184	\$150,000	\$348,184



# **CNA Loss Run Report**

As of Aug 25, 2020

 $\textbf{Policy Number:} \ \ \, \underline{6072846502;6072818683;6072818697;6013900859} \\$ 



Save Selections

Load Selections

Report Definition



Loss Basis: Gross Suppress Reserves No Suppress Loss Desc.: No

Suppress ClaimaND

**Policy Grand Total:** 

\$995,390

\$408,434 \$150,000

\$1,553,824



Date

Reported

Policy Effective: 10/01/2018

Loss

Date

#### **CNA Loss Run Report** As of Aug 25, 2020



Policy Number: 6072846502;6072818683;6072818697;6013900859

Claim Nbr

Suppress Loss Desc.: No

Accident

State

Policy Number: 6072818683 Insured Name: RIVERSIDE HOME HEALTH CARE, IN Insured DBA:

Suppress Reserves No

Producer Name: HIGHLAND RISK SERVICES INC

**Claimant Name** 

**BRANCH MANAGED** Zone:

Policy Expiration: 10/01/2019 060859 Producer Code:

Closed

Date

Loss Basis: Gross

Occur

Date

Distribution Branch: **ILLINOIS** 

Policy

Loc

Code

Indemnity Total Indemnity Total Account Paid **Expenses** Reserves Incurred State

Suppress ClaimaNo

No claims were found for this policy.

Claim

**Status** 



Policy Effective: 10/01/2019

#### **CNA Loss Run Report** As of Aug 25, 2020



Policy Number: 6072846502;6072818683;6072818697;6013900859

Loss Basis: Gross

Suppress Loss Desc.: No

Suppress ClaimaNo



Policy Number: 6072818683 Insured Name: RIVERSIDE HOME HEALTH CARE, IN Insured DBA:

Suppress Reserves No

Producer Name: HIGHLAND RISK SERVICES INC **BRANCH MANAGED** Zone:

Policy Expiration: 10/01/2020 060859 Producer Code: Distribution Branch: **ILLINOIS** 

Policy

Date Loss Occur Closed Claim Accident Indemnity Total Indemnity Total Loc Account Reported Date Date Date **Status** State Code Paid **Expenses** Reserves Incurred Claim Nbr **Claimant Name** State

No claims were found for this policy.



Date

Reported

Policy Effective: 10/01/2018

Loss

Date

#### **CNA Loss Run Report** As of Aug 25, 2020



Policy Number: 6072846502;6072818683;6072818697;6013900859

Loss Basis: Gross

Occur

Date

Closed

Date

Suppress Loss Desc.: No

Accident

State



Policy Number: 6072818697 Insured Name: RIVERSIDE HOME HEALTH CARE, IN Insured DBA:

Suppress Reserves No

Producer Name: HIGHLAND RISK SERVICES INC

**Claimant Name** 

**BRANCH MANAGED** Zone:

Policy Expiration: 10/01/2019 060859 Producer Code:

Claim Nbr

Distribution Branch: **ILLINOIS** 

Policy

Loc

Indemnity Total Indemnity Total Account Code Paid **Expenses** Reserves Incurred State

Suppress ClaimaNo

No claims were found for this policy.

Claim

**Status** 



Policy Effective: 10/01/2019

#### **CNA Loss Run Report** As of Aug 25, 2020



Policy Number: 6072846502;6072818683;6072818697;6013900859

Loss Basis: Gross

Suppress Loss Desc.: No

Suppress ClaimaNo



Policy Number: 6072818697 Insured Name: RIVERSIDE HOME HEALTH CARE IN Insured DBA:

Suppress Reserves No

Producer Name: HIGHLAND RISK SERVICES INC **BRANCH MANAGED** Zone:

Policy Expiration: 10/01/2020 060859 Producer Code: Distribution Branch: **ILLINOIS** 

Policy Date Loss Occur Closed Claim Accident Indemnity Total Indemnity Total Loc Account Reported Date Date Date **Status** State Code Paid **Expenses** Reserves Incurred Claim Nbr **Claimant Name** State

No claims were found for this policy.



Policy Effective: 10/01/2018

#### **CNA Loss Run Report** As of Aug 25, 2020



Policy Number: 6072846502;6072818683;6072818697;6013900859

Loss Basis: Gross

Suppress Loss Desc.: No

Suppress ClaimaNo

Riverside Home Health Care, Inc (fka A Policy Number: 6072846502 Insured Name: Insured DBA:

Suppress Reserves No

Producer Name: HIGHLAND RISK SERVICES INC **BRANCH MANAGED** Zone:

Policy Expiration: 10/01/2019 069575 Producer Code: Distribution Branch: **ILLINOIS** 

Policy Date Loss Occur Closed Claim Accident Indemnity Total Indemnity Total Loc Account Reported Date Date Date **Status** State Code Paid **Expenses** Reserves Incurred Claim Nbr **Claimant Name** State

No claims were found for this policy.



Date

Reported

Policy Effective: 10/01/2019

Loss

Date

#### CNA Loss Run Report As of Aug 25, 2020



Policy Number: 6072846502;6072818683;6072818697;6013900859

Claim Nbr

Suppress Loss Desc.:No

Accident

State

la ⊠a

\$420,821

Policy Number: 6072846502 Insured Name: Riverside Home Health Care, Inc (fka A Insured DBA:

**Claimant Name** 

Suppress Reserves No

Producer Name: HIGHLAND RISK SERVICES INC

roducer Code: 069575 Distribution Branch: ILLINOIS

Claim

**Status** 

Policy Expiration: 10/01/2020 Producer Code: 069575

Closed

Date

Loss Basis: Gross

Occur

Date

Policy

Loc

Code

Zone:

Account Indemnity Total Indemnity Total
State Paid Expenses Reserves Incurred

**BRANCH MANAGED** 

Suppress ClaimaND

No claims were found for this policy.

Policy Grand Total for 10/01/2014: \$312,000 \$108,821 \$0

Policy Grand Total for 10/01/2015: \$583,390 \$201,429 \$0

Policy Grand Total for 10/01/2016:

\$583,390 \$201,429 \$0 \$784,819 \$100,000 \$98,184 \$150,000 \$348,184