

LONG-TERM CARE FACILITY INTEGRATED DISCLOSURE AND MEDI-CAL COST REPORT

1	General Information	(Submitted Data)
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Facility D.B.A. Name: WINDSOR REDDING CARE CENTER OSHPD ID: 206450841
 Address: 2490 COURT STREET, REDDING, CA 96001 Report Period End: 05/31/2020

Line No.	Description	Value
1	Legal Name of Facility	WINDSOR REDDING CARE CENTER, LLC
2	State License Number	230000103
3	Medi-Cal Provider Number	1487790937
4	D. B. A. (Doing Business As)	WINDSOR CARE CENTER
5	Facility Business Phone	(530) 246-0600
6	Facility Street Address	2490 COURT STREET
7	City	REDDING
8	ZIP Code	96001
9	Mailing Address (if different) - Street or P. O. Box	
10	City	
11	ZIP Code	
12	Administrator	TINA BREY
13	Report Contact Person	AXIOM HEALTHCARE GRP
14	Phone Number	(8) 886-6294 X66157
15	Mailing Address - Street or P. O. Box	21937 PLUMMER ST.
16	City	CHATSWORTH
17	State	CA
18	ZIP Code	91311-4002
19	Previous Name of Facility if Changed Since Previous Report	
20	Date of Change	
21	Previous State License Number	
22	Date of Change	
23	Previous Medi-Cal Provider Number	
24	Date of Change	
25	Reporting Period Began	06/01/2019
26	Reporting Period Ended	05/31/2020

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LONG-TERM CARE FACILITY INTEGRATED DISCLOSURE AND MEDI-CAL COST REPORT

2.1	Facility Description and Other General Information	(Submitted Data)
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Facility D.B.A. Name: WINDSOR REDDING CARE CENTER OSHPD ID: 206450841
 Address: 2490 COURT STREET, REDDING, CA 96001 Report Period End: 05/31/2020

Line No.	License Category (Check only one)	(1)	Third Party Payor Programs (Complete all that apply)	(2) Date Certified	(3)
1	Skilled Nursing Facility	X	Medicare	05/19/1971	X
2	Intermediate Care Facility		Medi-Cal/SNF	02/05/1971	X
3	SNF/Residential		Medi-Cal/ICF		

4	ICF/Residential		Medi-Cal/MD		
5	Congregate Living Health Facility		Medi-Cal/DD		
6			Short-Doyle		
7			VA		
8			Champus		
9			Other (Describe):		
	Type of Control (Check only one)		Legal Organization (Check only one)		
10	Church Related		Corporation		
11	Not-for-Profit		Division of a Corporation		
12	Investor Owned	X	Partnership		
13	Government:		Proprietorship		
14	State		Other (Describe): LP		X
15	County				
16	City/County				
17	City				
18	District				

	Describe any items which management believes may have a significant effect on the data in this report:
25	THERE IS NO LICENSED SOCIAL WORKER AT THIS FACILITY
26	TWIN MED, INC. QUALIFIES FOR THE PRM SECTION 1010 EXCEPTION.
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28	
29	
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LONG-TERM CARE FACILITY INTEGRATED DISCLOSURE AND MEDI-CAL COST REPORT

2.2	Services Inventory	(Submitted Data)
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Facility D.B.A. Name: WINDSOR REDDING CARE CENTER

OSHPD ID: 206450841

Address: 2490 COURT STREET, REDDING, CA 96001

Report Period End: 05/31/2020

Line No.	Health Services	(1) Code *
1	Pharmacy	3
2	Patient supplies	3
3	Laboratory	3
4	Radiology	3
5	Physical therapy	2
6	Inhalation therapy	5
7	Speech therapy	2
8	Occupational therapy	2
9	Audiology	4
10	Prosthetic devices	4
11	Social services	1

12	Physician care	4
13	Dental care	4
14	Podiatric care	4
15	Chiropractic care	5
16	Optometric care	4
17	Psychiatric care	5
18	Recreation/Activity	1
19	Alcoholism/Substance abuse treatment and recovery	5
20	Home health	5
21	Hospice	5
22	Long-term rehabilitation	2
23	Patient education	1
24	Adult day health care	5
25	Other (Describe):	
26	Other (Describe):	
27	Other (Describe):	

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*** CODE EXPLANATION: Enter appropriate code in column 1 for every item.**

1 - Service MAINTAINED in facility and staffed by facility personnel. Related expenses reported on Page 10.1, columns 1, 2 and 3.

2 - Service MAINTAINED in facility and purchased by the facility under contract arrangement with an outside provider. Related expenses reported on Page 10.1, column 3.

3 - Service NOT MAINTAINED in facility but available from an outside provider under contract management whereby facility is billed directly by the provider. Related expenses reported on Page 10.1, column 3.

4 - Service NOT MAINTAINED in facility but available from an outside provider under contract arrangement whereby patients or third party payors are billed directly by the outside provider.

5 - Service NOT MAINTAINED in facility and no formal referral agreement exists with an outside provider. Patients or responsible third party payors who independently purchase services are billed directly by the provider.

6 - Service MAINTAINED, but not used during reporting cycle.

LONG-TERM CARE FACILITY INTEGRATED DISCLOSURE AND MEDI-CAL COST REPORT

3.1 (1)	Facility Organization and Other Information	(Submitted Data)
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Facility D.B.A. Name: WINDSOR REDDING CARE CENTER

OSHPD ID: 206450841

Address: 2490 COURT STREET, REDDING, CA 96001

Report Period End: 05/31/2020

The purpose of this schedule is to identify the facility's relationships with various control and/or management organizations.		
A. Is this facility part of an organization with two or more health facilities under common ownership or control as defined in the instructions for this form?		
5	X Yes No (If "Yes", complete items B and D. If "No", proceed to item F)	
B. Is this facility a:		
10		OTHER (If Subsidiary or Division, complete item C)

C. Name and address of parent organization

15	Name:		
20	Address:		
25	City:		
30	State:		
35	ZIP Code:		

D. Name, Address, and Percent of Ownership of Health Facilities Under Common Ownership or Control

Line No.	(1) Name	(2) Address	(3) City	(4) State	(5) ZIP Code	(3) % of Ownership
40	TO BE PROVIDED	VARIOUS	VARIOUS	CA		100
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LONG-TERM CARE FACILITY INTEGRATED DISCLOSURE AND MEDICAL COST REPORT

3.1 (2)	Facility Organization and Other Information	(Submitted Data)
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Facility D.B.A. Name: WINDSOR REDDING CARE CENTER

OSHPD ID: 206450841

Address: 2490 COURT STREET, REDDING, CA 96001

Report Period End: 05/31/2020

E. Names of Owners Having a 5% or More Equity Interest	
90	SHLOMO RECHNITZ
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LONG-TERM CARE FACILITY INTEGRATED DISCLOSURE AND MEDI-CAL COST REPORT

3.2	Facility Organization and Other Information	(Submitted Data)
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Facility D.B.A. Name: WINDSOR REDDING CARE CENTER

OSHPD ID: 206450841

Address: 2490 COURT STREET, REDDING, CA 96001

Report Period End: 05/31/2020

F. Governing Board Officers and Members		
Line No.	(1) Name	(2) Occupation
130	CHRISSY HANSEN	MEMBER
131	TINA MARIE BREY	MEMBER
132	AARON EDMONDS	MEMBER
133		
134		
135		
136		
137		

138			
139			
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142			
143			
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145			

G. Does the facility use a management company?	
200	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> (If "Yes", provide the following information. If "No", proceed to item "M")

205	Name of Management Company:	
210	Address:	
215	City:	
220	State:	
225	ZIP Code:	
230	Phone Number:	

Names of Management Company Owners Having a 5% or More Equity Interest		
240		
245		
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LONG-TERM CARE FACILITY INTEGRATED DISCLOSURE AND MEDI-CAL COST REPORT

3.3	Related Persons and Organizations and Other Information (Medi-Cal Providers, Only)	(Submitted Data)
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Facility D.B.A. Name: WINDSOR REDDING CARE CENTER OSHPD ID: 206450841
Address: 2490 COURT STREET, REDDING, CA 96001 Report Period End: 05/31/2020

M) Are Financial Statements available for the reporting period?

325	X Yes No (If "Yes", please enclose a copy) (If "No", enclose a copy of your working trial balance)
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N) Is this report being filed as a result of a change in ownership?

335	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> (If "Yes", attach a copy of the sales agreement showing the allocation of the sales price to
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the assets)

O) Statement of Home Office (Parent) Costs				
Line No.	(1) Account Description	(2) Account Number	(3) Amount	(4) Explanation of Allocations
	Interim Period Home Office Cost Allocations			
340	ADMINISTRATION	6900	\$ 42,000	BOARDWALK ADMIN SERVICE FEE
341				
342				
343	SUBTOTAL INTERIM PERIOD (Sum of Lns 340 thru 342)		\$ 42,000	
	Year End Home Office Cost Allocations			
344			\$	
345				
346				
347	SUBTOTAL YEAR END (Sum of Lns 344 thru 346)		\$	
348	TOTAL HOME OFFICE COST ALLOCATIONS (Sum of Lns 343 and 347)		\$ 42,000	
	Home Office Equity Allocations			
	Asset			
349			\$	
350				
	Liability			
351			\$	
352				
353	TOTAL EQUITY ALLOCATIONS (Sum of Lns 349 thru 352)		\$	

P) Were any assets disposed of during the reporting period?

355
 Yes X No

If "Yes" attach a schedule showing: (a) description of asset, (b) date of sale, (c) date asset(s) acquired, (d) proceeds of disposition, (e) method of depreciation, (f) how gain or loss was computed, (g) where gain or loss is reflected in the report, (h) if asset(s) was transferred to a related party, give book value of asset(s) on transfer date and party to whom asset(s) was transferred.

Q) Does your facility handle patient monies either through a patient trust fund or a savings and loan association or other financial institution?

360
 X Yes No

If "Yes" and through a savings and loan, include the name and address on lines 365 through 369 below. If "Yes" and through a standard trust system, complete lines 370 through 375.

365	Name:	CITIBANK NA
366	Address:	100 CITIBANK DRIVE
367	City:	SAN ANTONIO
368	State:	TX
369	ZIP Code:	78245
Patient Trust Account Activity		
370	Balance of Trust Account at beginning of the reporting period	\$ 20,191
371	Total Deposits to the Trust Account during the reporting period, not including interest	352,489
372	Interest Added / Earned	40
373	TOTAL DEPOSITS AND INTEREST (Sum of Lns 371 and 372)	\$ 352,529
374	Total Trust Account Expenditures	312,045
375	BALANCE OF TRUST ACCOUNT AT THE END OF THE REPORTING PERIOD (Ln 370 + Ln 373 - Ln 374)	\$ 60,675
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LONG-TERM CARE FACILITY INTEGRATED DISCLOSURE AND MEDI-CAL COST REPORT

4.1	Facility Patient Days by Payer	(Submitted Data)
Facility D.B.A. Name: WINDSOR REDDING CARE CENTER		OSHPD ID: 206450841
Address: 2490 COURT STREET, REDDING, CA 96001		Report Period End: 05/31/2020

Line No.	Patient (Census) Days	(1) Medicare	(2) Medi-Cal	(3) Self-Pay	(4) Managed Care	(5) Other Payors	(6) Total (Cols 1 thru 5)
Routine Services							
5	Skilled Nursing Care	7,236	26,941	547	58	469	35,251
10	Intermediate Care						
15	Mentally Disordered Care						
20	Developmentally Disabled Care						
25	Sub-Acute Care						
30	Sub-Acute Care - Pediatric						
35	Transitional Inpatient Care						
40	Hospice Inpatient Care						
45	Other Routine Services						
70	SUBTOTAL (Sum of Lns 5 thru 45)	7,236	26,941	547	58	469	35,251

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LONG-TERM CARE FACILITY INTEGRATED DISCLOSURE AND MEDI-CAL COST REPORT		
4.2 (1)	Facility Revenue Information	(Submitted Data)

Facility D.B.A. Name: WINDSOR REDDING CARE CENTER OSHPD ID: 206450841

Line No.	Gross Revenue	Acct No.	Medicare		Medi-Cal		Self-Pay	
			(1) Inpatient .04	(2) Outpatient .44	(3) Inpatient .05	(4) Outpatient .45	(5) Inpatient .00	(6) Outpatient .40
	Routine Services							
5	Skilled Nursing Care	3100	\$ 2,364,013		\$ 8,801,669		\$ 178,706	
10	Intermediate Care	3200						
15	Mentally Disordered Care	3300						
20	Developmentally Disabled Care	3400						
25	Sub-Acute Care	3500						
30	Sub-Acute Care - Pediatric	3520						
35	Transitional Inpatient Care	3560						
40	Hospice Inpatient Care	3600						
45	Other Routine Services	3900						
70	SUBTOTAL (Sum of Lns 5 thru 45)		\$ 2,364,013		\$ 8,801,669		\$ 178,706	
	Ancillary Services							
105	Patient Supplies	4100	\$ 5,121	\$	\$ 1,484	\$	\$	\$
110	Specialized Support Surfaces	4150	14,463		8,940			
115	Physical Therapy	4200	1,887,625		10,835			
120	Respiratory Therapy	4220						
125	Occupational Therapy	4250	1,364,525		4,815			
130	Speech Pathology	4280	1,392,310		5,090			
135	Pharmacy	4300	462,577		58,861			
140	Laboratory	4400	15,819		32			
145	Home Health Services	4800						
155	Other Ancillary Services	4900	132,678		57,587			
170	SUBTOTAL (Sum of Lns 105 thru 155)		\$ 5,275,118	\$	\$ 147,644	\$	\$	\$
175	TOTAL (Lns 70 and 170)		\$ 7,639,131	\$	\$ 8,949,313	\$	\$ 178,706	\$

Line No.	Gross Revenue	Acct No.	Managed Care		Other Payors		Total	
			(7) Inpatient .01	(8) Outpatient .41	(9) Inpatient .09	(10) Outpatient .49	(11) Inpatient (Cols 1, 3, 5, 7 and 9)	(12) Outpatient (Cols 2, 4, 6, 8 and 10)
	Routine Services							
5	Skilled Nursing Care	3100	\$ 18,949		\$ 153,223		\$ 11,516,560	

10	Intermediate Care	3200						
15	Mentally Disordered Care	3300						
20	Developmentally Disabled Care	3400						
25	Sub-Acute Care	3500						
30	Sub-Acute Care - Pediatric	3520						
35	Transitional Inpatient Care	3560						
40	Hospice Inpatient Care	3600						
45	Other Routine Services	3900						
70	SUBTOTAL (Sum of Lns 5 thru 45)		\$ 18,949		\$ 153,223		\$ 11,516,560	
	Ancillary Services							
105	Patient Supplies	4100	\$	\$	\$	\$	\$ 6,605	\$
110	Specialized Support Surfaces	4150	96				23,499	
115	Physical Therapy	4200	40,905		9,360		1,948,725	
120	Respiratory Therapy	4220						
125	Occupational Therapy	4250	30,825		11,205		1,411,370	
130	Speech Pathology	4280	35,430		15,540		1,448,370	
135	Pharmacy	4300	3,466		19,494		544,398	
140	Laboratory	4400					15,851	
145	Home Health Services	4800						
155	Other Ancillary Services	4900	2,672		462		193,399	
170	SUBTOTAL (Sum of Lns 105 thru 155)		\$ 113,394	\$	\$ 56,061	\$	\$ 5,592,217	\$
175	TOTAL (Lns 70 and 170)		\$ 132,343	\$	\$ 209,284	\$	\$ 17,108,777	\$

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LONG-TERM CARE FACILITY INTEGRATED DISCLOSURE AND MEDI-CAL COST REPORT

4.2 (2) Facility Revenue Information (Submitted Data)

Facility D.B.A. Name: WINDSOR REDDING CARE CENTER

OSHPD ID: 206450841

Address: 2490 COURT STREET, REDDING, CA 96001

Report Period End: 05/31/2020

Line No.	Deductions from Revenue	Acct No.	(1) Amount
205	Charity Adjustments	5100	\$
210	Administrative Adjustments	5200	
215	Contractual Adjustments - Medicare	5310	1,868,951
220	Contractual Adjustments - Medi-Cal	5320	997,517
222	Contractual Adjustments - Managed Care	5330	81,296

225	Contractual Adjustments - Other	5340	53,287
230	Other Deductions from Revenue	5400	
240	TOTAL (Sum of Lns 205 thru 230)		\$ 3,001,051

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LONG-TERM CARE FACILITY INTEGRATED DISCLOSURE AND MEDI-CAL COST REPORT

4.3	Other Census and Revenue Information	(Submitted Data)
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Facility D.B.A. Name: WINDSOR REDDING CARE CENTER

OSHPD ID: 206450841

Address: 2490 COURT STREET, REDDING, CA 96001

Report Period End: 05/31/2020

Line No.	Other Census Information	(1) Number
5	Licensed Beds: End of Period	113
10	Licensed Beds: Average (Monthly Average)	113
20	Available Beds: End of Period	113
25	Available Beds: Average (Monthly Average)	113
40	Admissions (Excluding Transfers)	266
45	Discharges (Excluding Transfers)	257
60	Occupancy Rate (Pg 4.1 Ln 70 Col 6 / (Pg 4.3 Ln 10 X days in reporting period) X 100)	85.23%

Line No.	Patient (Census) Days Detail for Special Care Programs	(1) Total	(2) Medi-Cal
100	Sub-Acute Care (Ventilator-Dependent)		
115	Other Sub-Acute Care		
120	TOTAL SUB-ACUTE CARE PATIENT (CENSUS) DAYS (Sum of Lns 100 and 115) (Must agree with Pg 4.1 Col 1 Ln 110)		
130	Sub-Acute Care - Pediatric (Ventilator-Dependent)		
145	Other Sub-Acute Care - Pediatric		
150	TOTAL SUB-ACUTE CARE - PEDIATRIC PATIENT (CENSUS) DAYS (Sum of Lns 130 and 145) (Must agree with Pg 4.1 Col 1 Ln 135)		
165	Transitional Inpatient Care - Medical		
170	Transitional Inpatient Care - Rehabilitation		
175	TOTAL TRANSITIONAL INPATIENT CARE PATIENT (CENSUS) DAYS (Sum of Lns 165 and 170)		

Line No.	For Medi-Cal Providers, Only Recap of Medi-Cal Benefits Received from Fiscal Intermediary	(1) Amount
200	Total Billed Charges - Medi-Cal (Net of contractual adjustments)	\$
205	Less: Patient Liability	
210	Less: Third Party and Other Liability	
215	Less: Noncovered Charges	
240	Less: Other	
250	NET MEDI-CAL RECEIVED / RECEIVABLE FROM FISCAL INTERMEDIARY (Combine Lns 200 thru 240)	\$

LONG-TERM CARE FACILITY INTEGRATED DISCLOSURE AND MEDICAL COST REPORT

5.1 (1) Balance Sheet - General Fund (Submitted Data)

Facility D.B.A. Name: WINDSOR REDDING CARE CENTER

OSHPD ID: 206450841

Address: 2490 COURT STREET, REDDING, CA 96001

Report Period End: 05/31/2020

Line No.	Assets	Acct No.	(1) Current Reporting Period	(2) Prior Reporting Period
Current Assets				
5	Cash	1000	\$ 3,470,216	\$ 231,261
10	Marketable securities - at cost	1010		
15	Assets whose use is limited - required for current liabilities (must agree with Ln 85)			
20	Accounts and notes receivable	1020	2,091,643	2,776,390
25	Less estimated allowances for uncollectibles and contractual adjustments	1040	(467,310)	(250,165)
30	Receivables from third party payors for contract settlement	1050	9,902	9,902
35	Pledges and other receivables	1060	51,761	40,284
40	Due from restricted funds	1070		
45	Inventories - at lower of cost or market	1080	1,000	1,000
50	Receivables from related parties, current	1090	3,770,000	2,492,830
55	Prepaid expenses and other current assets	1100	212,388	259,055
60	TOTAL CURRENT ASSETS (Sum of Lns 5 thru 55)		\$ 9,139,600	\$ 5,560,557
Assets Whose Use is Limited				
65	Cash	1160	\$	\$
70	Marketable securities	1170		
75	Other assets	1180		
80	TOTAL ASSETS WHOSE USE IS LIMITED (Sum of Lns 65 thru 75)		\$	\$
85	Less assets whose use is limited and that are required for current liabilities			
90	TOTAL NONCURRENT ASSETS WHOSE USE IS LIMITED (Ln 80 - Ln 85)		\$	\$
Property, Plant, and Equipment				
95	Land	1200	\$	\$
100	Land improvements	1210		
105	Buildings and Improvements	1220		
110	Less accumulated depreciation - buildings and improvements, land improvements	1270		
115	Leasehold improvements	1230	288,759	279,559
120	Less accumulated depreciation - leasehold improvements	1280	(42,271)	(23,802)
125	Equipment	1240	410,441	257,274

130	Less accumulated depreciation - equipment	1290	(112,847)	(69,511)
135	NET PROPERTY, PLANT, AND EQUIPMENT (Sum of Lns 95 thru 130)		\$ 544,082	\$ 443,520
140	Construction-in-progress	1250	\$ 406,500	\$ 78,220
	Investments and Other Assets			
145	Investments in property, plant, and equipment	1310	\$	\$
150	Less accumulated depreciation - investments in property, plant, and equipment	1320		
155	Other investments - at cost	1330		
160	Receivables from related parties, noncurrent	1340		
165	Deposits and other assets	1350	934,855	1,835,903
170	TOTAL INVESTMENTS AND OTHER ASSETS (Sum of Lns 145 thru 165)		\$ 934,855	\$ 1,835,903
	Intangible Assets			
175	Goodwill	1360	\$	\$
180	Unamortized loan costs	1370		
185	Organizational costs	1380		
190	Other intangible assets	1390		
195	TOTAL INTANGIBLE ASSETS (Sum of Lns 175 thru 190)		\$	\$
200	TOTAL ASSETS (Sum of Lns 60, 90, 135, 140, 170 and 195) (Must agree with Pg 5.2 Ln 185)		\$ 11,025,037	\$ 7,918,200
	Other Information		(1) Current Reporting Period	(2) Prior Reporting Period
205	Current market value - current asset marketable securities (Ln 10)		\$	\$
210	Current market value - other investments (Ln 155)			
215	Cost to complete construction in progress (Ln 140)		406,500	78,220

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LONG-TERM CARE FACILITY INTEGRATED DISCLOSURE AND MEDI-CAL COST REPORT

5.1 (2)	Balance Sheet - General Fund Medi-Cal Adjustments and Reclassifications Worksheet (Medi-Cal Proprietary Facilities, Only)	(Submitted Data)
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Facility D.B.A. Name: WINDSOR REDDING CARE CENTER

OSHPD ID: 206450841

Address: 2490 COURT STREET, REDDING, CA 96001

Report Period End: 05/31/2020

Line No.	Assets	(3) Adjustments and Reclassifications (From Pg 5.4)	(4) Adjusted Balance Current Period (Combine Cols 1 & 3)	(5) Adjusted Balance Prior Period
	Current Assets			
5	Cash	\$	\$ 3,470,216	\$

10	Marketable securities - at cost			
15	Assets whose use is limited - required for current liabilities (must agree with Ln 85)			
20	Accounts and notes receivable		2,091,643	
25	Less estimated allowances for uncollectibles and contractual adjustments		(467,310)	
30	Receivables from third party payors for contract settlement		9,902	
35	Pledges and other receivables		51,761	
40	Due from restricted funds			
45	Inventories - at lower of cost or market		1,000	
50	Receivables from related parties, current		3,770,000	
55	Prepaid expenses and other current assets		212,388	
60	TOTAL CURRENT ASSETS (Sum of Lns 5 thru 55)	\$	\$ 9,139,600	\$
	Assets Whose Use is Limited			
65	Cash	\$	\$	\$
70	Marketable securities			
75	Other assets			
80	TOTAL ASSETS WHOSE USE IS LIMITED (Sum of Lns 65 thru 75)	\$	\$	\$
85	Less assets whose use is limited and that are required for current liabilities			
90	TOTAL NONCURRENT ASSETS WHOSE USE IS LIMITED (Ln 80 - Ln 85)	\$	\$	\$
	Property, Plant, and Equipment			
95	Land	\$	\$	\$
100	Land improvements			
105	Buildings and Improvements			
110	Less accumulated depreciation - buildings and improvements, land improvements			
115	Leasehold improvements		288,759	
120	Less accumulated depreciation - leasehold improvements		(42,271)	
125	Equipment		410,441	
130	Less accumulated depreciation - equipment		(112,847)	
135	NET PROPERTY, PLANT, AND EQUIPMENT (Sum of Lns 95 thru 130)	\$	\$ 544,082	\$

140	Construction-in-progress	\$	\$ 406,500	\$
	Investments and Other Assets			
145	Investments in property, plant, and equipment	\$	\$	\$
150	Less accumulated depreciation - investments in property, plant, and equipment			
155	Other investments - at cost			
160	Receivables from related parties, noncurrent			
165	Deposits and other assets		934,855	
170	TOTAL INVESTMENTS AND OTHER ASSETS (Sum of Lns 145 thru 165)	\$	\$ 934,855	\$
	Intangible Assets			
175	Goodwill	\$	\$	\$
180	Unamortized loan costs			
185	Organizational costs			
190	Other intangible assets			
195	TOTAL INTANGIBLE ASSETS (Sum of Lns 175 thru 190)	\$	\$	\$
200	TOTAL ASSETS (Sum of Lns 60, 90, 135, 140, 170 and 195) (Must agree with Pg 5.2 Ln 185)	\$	\$ 11,025,037	\$

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LONG-TERM CARE FACILITY INTEGRATED DISCLOSURE AND MEDI-CAL COST REPORT

5.2 (1) Balance Sheet - General Fund (Submitted Data)

Facility D.B.A. Name: WINDSOR REDDING CARE CENTER

OSHPD ID: 206450841

Address: 2490 COURT STREET, REDDING, CA 96001

Report Period End: 05/31/2020

Line No.	Liabilities and Equity	Acct No.	(1) Current Reporting Period	(2) Prior Reporting Period
	Current Liabilities			
5	Notes and loans payable	2000	\$	\$
10	Accounts payable	2010	4,148,516	3,512,493
15	Accrued compensation and related liabilities	2020	435,300	310,896
20	Other accrued liabilities	2030	434,834	183,082
25	Advances from third party payors	2040		
30	Payable to third party payors for contract settlement	2050	441	454
35	Due to restricted funds	2060		
40	Income taxes payable	2070		
45	Payables to related parties, current	2080	21,959	23,300
50	Current maturities of long term debt (Must agree with Ln 125)			

55	Other current liabilities	2090	774,042	
60	TOTAL CURRENT LIABILITIES (Sum of Lns 5 thru 55)		\$ 5,815,092	\$ 4,030,225
	Deferred Credits			
65	Deferred income taxes	2110	\$	\$
70	Deferred third-party income	2120		
75	Other deferred credits	2130		
80	TOTAL DEFERRED CREDITS (Sum of Lns 65 thru 75)		\$	\$
	Long-Term Debt			
85	Mortgages payable	2210	\$	\$
90	Construction loans	2220		
95	Notes under revolving credit	2230		
100	Capitalized lease obligations	2240		
105	Bonds payable	2250		
110	Payable to related parties, noncurrent	2260		
115	Other noncurrent liabilities	2270		
120	TOTAL LONG-TERM DEBT (Sum of Lns 85 thru 115) (Must include current maturities)		\$	\$
125	Less amount shown as current maturities (Must agree with Ln 50)			
130	NET LONG-TERM DEBT (Ln 120 - Ln 125)		\$	\$
135	TOTAL LIABILITIES (Sum of Lns 60, 80 and 130)		\$ 5,815,092	\$ 4,030,225
	Fund Equity (not-for-profit)			
140	General fund balance	2410 & 2430	\$	\$
145	Divisional fund balance	2460		
	Equity (investor-owned)			
150	Preferred stock	2410		
155	Common stock	2420		
160	Additional paid-in capital	2430		
165	Retained earnings / Capital account for partnership or sole proprietorship	2440 / 2410	5,209,945	3,887,975
170	Less treasury stock	2450		
175	Divisional equity	2460		
180	TOTAL EQUITY (Sum of Lns 140 thru 175) (Col 1 must agree with Pg 7 Col 1 Ln 32)		\$ 5,209,945	\$ 3,887,975
185	TOTAL LIABILITIES AND EQUITY (Sum of Lns 135 and 180) (Must agree with Pg 5.1 Ln 200)		\$ 11,025,037	\$ 7,918,200

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LONG-TERM CARE FACILITY INTEGRATED DISCLOSURE AND MEDI-CAL COST REPORT

5.2 (2)	Balance Sheet - General Fund Medi-Cal Adjustments and Reclassifications Worksheet	(Submitted Data)
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(Medi-Cal Proprietary Facilities, Only)

Facility D.B.A. Name: WINDSOR REDDING CARE CENTER

OSHPD ID: 206450841

Address: 2490 COURT STREET, REDDING, CA 96001

Report Period End: 05/31/2020

Line No.	Liabilities and Equity	(3) Adjustments and Reclassifications (From Pg 5.4)	(4) Adjusted Balance Current Period (Combine Cols 1 & 3)	(5) Adjusted Balance Prior Period
	Current Liabilities			
5	Notes and loans payable	\$	\$	\$
10	Accounts payable		4,148,516	
15	Accrued compensation and related liabilities		435,300	
20	Other accrued liabilities		434,834	
25	Advances from third party payors			
30	Payable to third party payors for contract settlement		441	
35	Due to restricted funds			
40	Income taxes payable			
45	Payables to related parties, current		21,959	
50	Current maturities of long term debt (Must agree with Ln 125)			
55	Other current liabilities		774,042	
60	TOTAL CURRENT LIABILITIES (Sum of Lns 5 thru 55)	\$	\$ 5,815,092	\$
	Deferred Credits			
65	Deferred income taxes	\$	\$	\$
70	Deferred third-party income			
75	Other deferred credits			
80	TOTAL DEFERRED CREDITS (Sum of Lns 65 thru 75)	\$	\$	\$
	Long-Term Debt			
85	Mortgages payable	\$	\$	\$
90	Construction loans			
95	Notes under revolving credit			
100	Capitalized lease obligations			
105	Bonds payable			
110	Payable to related parties, noncurrent			
115	Other noncurrent liabilities			
120	TOTAL LONG-TERM DEBT (Sum of Lns 85 thru 115) (Must include current maturities)	\$	\$	\$
125	Less amount shown as current			

	maturities (Must agree with Ln 50)			
130	NET LONG-TERM DEBT (Ln 120 - Ln 125)	\$	\$	\$
135	TOTAL LIABILITIES (Sum of Lns 60, 80 and 130)	\$	\$ 5,815,092	\$
	Fund Equity (not-for-profit)			
140	General fund balance	\$	\$	\$
145	Divisional fund balance			
	Equity (investor-owned)			
150	Preferred stock			
155	Common stock			
160	Additional paid-in capital			
165	Retained earnings / Capital account for partnership or sole proprietorship		5,209,945	
170	Less treasury stock			
175	Divisional equity			
180	TOTAL EQUITY (Sum of Lns 140 thru 175) (Col 1 must agree with Pg 7 Col 1 Ln 32)	\$	\$ 5,209,945	\$
185	TOTAL LIABILITIES AND EQUITY (Sum of Lns 135 and 180) (Must agree with Pg 5.1 Ln 200)	\$	\$ 11,025,037	\$

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LONG-TERM CARE FACILITY INTEGRATED DISCLOSURE AND MEDI-CAL COST REPORT

5.3 Supplemental Long-Term Debt Information (Submitted Data)

Facility D.B.A. Name: WINDSOR REDDING CARE CENTER

OSHPD ID: 206450841

Address: 2490 COURT STREET, REDDING, CA 96001

Report Period End: 05/31/2020

Line No.	(1) Detail for Pg 5.2 Col 1 Line No.	(2) Date Obligation Incurred (Year Only)	(3) Principal Amount at Date of Obligation	(4) Due Date (Year Only) *	(5) Interest Rate *	(6) Unpaid Principal **
1			\$			\$
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						

12						
13						
14						
15						
16						
17						
18						
19						
20						

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* If more than one due date or interest rate, list each with unpaid principal amount. Report interest rates to two decimal places.

** Sum of all lines must agree with page 5.2, column 1, line 120.

LONG-TERM CARE FACILITY INTEGRATED DISCLOSURE AND MEDI-CAL COST REPORT

5.4	Adjustments and Reclassifications to Balance Sheet for Computation of Return on Equity Capital	(Submitted Data)
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Facility D.B.A. Name: WINDSOR REDDING CARE CENTER

OSHPD ID: 206450841

Address: 2490 COURT STREET, REDDING, CA 96001

Report Period End: 05/31/2020

Line No.	(1) Description	(2) Pg 5.1/5.2 Line No.	(3) Amount Increase (Decrease)	(4) Explanation of Adjustment	(5) Name of Related Party, if applicable (*)
1			\$		
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					
20					
21					
22					
23					

24					
25					
26					
27					
28					
29					
30					
50	TOTAL (Combine Lns 1 thru 30)		\$		

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LONG-TERM CARE FACILITY INTEGRATED DISCLOSURE AND MEDI-CAL COST REPORT

6	Balance Sheet - Restricted Funds	(Submitted Data)
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Facility D.B.A. Name: WINDSOR REDDING CARE CENTER

OSHPD ID: 206450841

Address: 2490 COURT STREET, REDDING, CA 96001

Report Period End: 05/31/2020

Line No.	Assets	Acct No.	(1) Current Period	(2) Prior Period
Plant Replacement and Expansion Funds				
5	Cash (Including CD's)	1710	\$	\$
10	Investments, at Cost: Marketable securities * \$	1720		
15	Investments, at Cost: Other * \$	1720		
20	Pledges and receivables	1730		
25	Due from other funds	1740		
30	Other assets	1750		
50	TOTAL ASSETS (Sum of Lns 5 thru 30)		\$	\$
Specific Purpose Funds				
105	Cash (Including CD's)	1810	\$	\$
110	Marketable securities at cost * \$	1820		
115	Pledges and receivables	1830		
120	Due from other funds	1840		
125	Other assets	1850		
150	TOTAL ASSETS (Sum of Lns 105 thru 125)		\$	\$
Endowment Funds				
205	Cash (Including CD's)	1910	\$	\$
210	Investments, at cost: Marketable securities * \$	1920		
215	Investments, at cost: Other * \$	1920		
220	Pledges and receivables	1930		
225	Due from other funds	1940		
230	Other assets	1950		
250	TOTAL ASSETS (Sum of Lns 205 thru 230)		\$	\$

* Include Market Value at Current Year Balance Sheet Date.

Line No.	Liabilities and Fund Balances	Acct No.	(3) Current Period	(4) Prior Period
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Plant Replacement and Expansion Funds				
5	Due to other funds	2710-2730	\$	\$
45	Fund balance (Col 3 must agree with Pg 7 Col 2 Ln 32)	2770		
50	TOTAL LIABILITIES AND FUND BALANCE (Sum of Lns 5 and 45)		\$	\$
Specific Purpose Funds				
105	Due to other funds	2810-2830	\$	\$
145	Fund balance (Col 3 must agree with Pg 7 Col 3 Ln 32)	2870		
150	TOTAL LIABILITIES AND FUND BALANCE (Sum of Lns 105 and 145)		\$	\$
Endowment Funds				
205	Mortgages	2910	\$	\$
210	Other liabilities (Specify):	2920		
215	Due to other funds	2930-2950		
245	Fund balance (Col 3 must agree with Pg 7 Col 4 Ln 32)	2970		
250	TOTAL LIABILITIES AND FUND BALANCE (Sum of Lns 205 thru 245)		\$	\$

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LONG-TERM CARE FACILITY INTEGRATED DISCLOSURE AND MEDI-CAL COST REPORT

7 Statement of Changes in Equity (Submitted Data)

Facility D.B.A. Name: WINDSOR REDDING CARE CENTER

OSHPD ID: 206450841

Address: 2490 COURT STREET, REDDING, CA 96001

Report Period End: 05/31/2020

Line No.	General Fund		Externally Restricted Funds		
		(1) Total Equity	(2) Plant Replacement and Expansion	(3) Specific Purpose (A)	(4) Endowment
1	BALANCE AT BEGINNING OF YEAR, AS PREVIOUSLY REPORTED	\$ 3,887,975	\$	\$	\$
2	Prior period audit adjustments				
3	Restatements (Describe):				
4					
5					
6					
7	RESTATED BEGINNING BALANCE * (Combine Lns 1 thru 6)	\$ 3,887,975	\$	\$	\$
	Additions (Deductions)				
8	Net Income (Loss)	\$ 1,623,580			
9	Capital contributions				
10	Proceeds from sale of stock				
11	Owners' draw				
12	Restricted contributions and grants		\$	\$	\$

13	Restricted investment income				
14	Expenditures for specific purposes				
15	Dividends declared				
16	Donated property, plant, and equipment				
17	Acquisitions of pooled companies				
18	Stock options exercised				
19	Related party transfers				
20	Unrealized losses on Marketable Equity Securities				
21	Other (Describe): TRANSFER/CONTRIBUTION/DISTRIBUTION	(301,610)			
22					
23	TOTAL ADDITIONS (DEDUCTIONS) (Combine Lns 8 thru 22)	\$ 1,321,970	\$	\$	\$
	Transfers				
25	Property and equipment additions	\$	\$	\$	\$
26	Principal payments on long-term debt				
27	Other (Describe):				
28					
29					
30					
31	TOTAL TRANSFERS (Combine Lns 25 thru 30)	\$	\$	\$	\$
32	BALANCE AT END OF YEAR ** (Combine Lns 7, 23 and 31)	\$ 5,209,945	\$	\$	\$

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* Column 1, line 7 must agree with Page 5.2, column 2, line 180.
Column 2, line 7 must be equal to Page 6, column 4, line 45.
Column 3, line 7 must agree with Page 6, column 4, line 145.
Column 4, line 7 must agree with Page 6, column 4, line 245.

** Column 1, line 32 must agree with Page 5.2, column 1, line 180.
Column 2, line 32 must agree with Page 6, column 3, line 45.
Column 3, line 32 must agree with Page 6, column 3, line 145.
Column 4, line 32 must agree with Page 6, column 3, line 245.

(A) District Facilities Include Bond Interest and Redemption.

LONG-TERM CARE FACILITY INTEGRATED DISCLOSURE AND MEDICAL COST REPORT

8 (1)	Statement of Income - General Fund	(Submitted Data)
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Facility D.B.A. Name: WINDSOR REDDING CARE CENTER

OSHPD ID: 206450841

Address: 2490 COURT STREET, REDDING, CA 96001

Report Period End: 05/31/2020

Line No.	Description	Acct No.	(1) Current Period	(2) Prior Period
	Health Care Revenues			
5	Gross Routine Services Revenue	Pg 4.2 Col 11 Ln 70	\$ 11,516,560	\$ 10,305,034

7	Gross Ancillary Services Revenue	Pg 4.2 Cols 11 + 12 Ln 170	5,592,217	6,299,133
10	Less: Deductions from Revenue	Pg 4.2 Col 1 Ln 240	3,001,051	3,069,515
15	NET PATIENT SERVICE REVENUE	Ln 5 + Ln 7 - Ln 10	\$ 14,107,726	\$ 13,534,652
20	Other Operating Revenue from Health Care Operations	Pg 10.2 Ln 100	\$	\$ 464
25	NET OPERATING REVENUE FROM HEALTH CARE OPERATIONS	Ln 15 + Ln 20	\$ 14,107,726	\$ 13,535,116
	Health Care Expenses			
	Routine Services			
30	Skilled Nursing Care	6110	\$ 5,410,913	\$ 5,242,458
35	Intermediate Care	6120		
40	Mentally Disordered Care	6130		
45	Developmentally Disabled Care	6140		
50	Sub-Acute Care	6150		
51	Sub-Acute Care - Pediatric	6160		
53	Transitional Inpatient Care	6170		
55	Hospice Inpatient Care	6180		
60	Other Routine Services	6190		
65	TOTAL ROUTINE SERVICES	Lns 30 thru 60	\$ 5,410,913	\$ 5,242,458
	Ancillary Services			
70	Patient Supplies	8100	\$ 4,099	\$ 4,391
72	Specialized Support Surfaces	8150	19,504	25,917
75	Physical Therapy	8200	502,676	635,563
76	Respiratory Therapy	8220		
77	Occupational Therapy	8250	307,192	495,783
78	Speech Pathology	8280	242,038	177,015
80	Pharmacy	8300	246,373	208,695
85	Laboratory	8400	10,722	11,334
90	Home Health Services	8800		
95	Other Ancillary Services	8900	153,641	63,314
100	TOTAL ANCILLARY SERVICES	Lns 70 thru 95	\$ 1,486,245	\$ 1,622,012
	Support Services			
105	Plant Operations and Maintenance	6200	\$ 657,241	\$ 589,124
110	Housekeeping	6300	208,873	190,563
115	Laundry and Linen	6400	161,748	134,758
120	Dietary	6500	813,187	928,622
125	Social Services	6600	108,265	96,228

130	Activities	6700	190,901	204,661
135	Inservice Education - Nursing	6800	195,106	130,469
140	Administration	6900	2,330,445	2,281,285
145	TOTAL SUPPORT SERVICES	Lns 105 thru 140	\$ 4,665,766	\$ 4,555,710
Property Expenses				
155	Depreciation and Amortization	7110 thru 7160	\$ 61,805	\$ 41,823
160	Leases and Rentals	7200	892,255	856,917
165	Property Taxes	7300	24,100	24,438
170	Property Insurance	7400	13,894	11,842
175	Interest - Property, Plant, and Equipment	7500		
180	TOTAL PROPERTY EXPENSES	Lns 155 thru 175	\$ 992,054	\$ 935,020
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LONG-TERM CARE FACILITY INTEGRATED DISCLOSURE AND MEDI-CAL COST REPORT

8 (2)	Statement of Income - General Fund	(Submitted Data)
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Facility D.B.A. Name: WINDSOR REDDING CARE CENTER

OSHPD ID: 206450841

Address: 2490 COURT STREET, REDDING, CA 96001

Report Period End: 05/31/2020

Line No.	Description	Acct No.	(1) Current Period	(2) Prior Period	
Other Expenses					
185	Interest - Other	7600	\$ 1,301	\$ 4,468	
190	Provision for Bad Debts	7700	217,906	148,278	
195	TOTAL OTHER EXPENSES	Ln 185 + Ln 190	\$ 219,207	\$ 152,746	
200	TOTAL HEALTH CARE EXPENSES	Sum of Lns 65, 100, 145, 180 and 195	\$ 12,774,185	\$ 12,507,946	
205	INCOME (LOSS) FROM HEALTH CARE OPERATIONS	Ln 25 - Ln 200	\$ 1,333,541	\$ 1,027,170	
210	NONHEALTH CARE REVENUE AND EXPENSE + NET	9100	\$ 290,839	\$ 112,866	Includes Res Rev & Exp Yes No
215	INCOME (LOSS) BEFORE INCOME TAXES AND EXTRAORDINARY ITEMS	Ln 205 + Ln 210	\$ 1,624,380	\$ 1,140,036	
Provision for Income Taxes					
220	Current	9200	\$ 800	\$ 800	
225	Deferred	9200			
230	TOTAL INCOME TAXES	Ln 220 + Ln 225	\$ 800	\$ 800	

235	INCOME (LOSS) BEFORE EXTRAORDINARY ITEMS	Ln 215 - Ln 230	\$ 1,623,580	\$ 1,139,236	
	Extraordinary Items: (describe)				
240		9300	\$	\$	
245		9300			
250	TOTAL EXTRAORDINARY ITEMS	Ln 240 + Ln 245	\$	\$	
255	NET INCOME (LOSS)	Ln 235 - Ln 250	\$ 1,623,580	\$ 1,139,236	
	Charity Care Footnote				
260	Forgone charges at Established Rates		\$	\$	
265	Total Number of Charity Days				

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LONG-TERM CARE FACILITY INTEGRATED DISCLOSURE AND MEDICAL COST REPORT

9	Statement of Cash Flows - General Fund	(Submitted Data)
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Facility D.B.A. Name: WINDSOR REDDING CARE CENTER

OSHPD ID: 206450841

Address: 2490 COURT STREET, REDDING, CA 96001

Report Period End: 05/31/2020

Line No.		(1) Current Period	(2) Prior Period
	Cash Flows from Operating Activities and Nonoperating Revenue		
5	Net Income (Loss) (Must agree with Pg 8 Ln 255)	\$ 1,623,580	\$ 1,139,236
	Adjustments to reconcile net income to net cash provided by (used for) operating activities and non operating revenue		
10	Depreciation and amortization	\$ 61,805	\$ 41,823
15	Change in marketable securities		
20	Change in accounts and notes receivable, net of allowances for doubtful accounts and contractual adjustments	901,892	(1,266,540)
25	Change in receivables from third-party payors		(9,902)
30	Change in other receivables	(11,477)	(40,284)
35	Change in due from restricted funds		
40	Change in inventory, prepaid expenses and other current assets	46,667	(97,538)
45	Change in accounts payable	636,023	1,106,955
50	Change in accrued compensation and related liabilities	124,404	188,622
55	Change in other accrued liabilities	251,752	(131,814)
60	Change in advances from third-party payors		
65	Change in payables to third-party payors	(13)	(2,743)
70	Change in due to restricted funds		
75	Change in income taxes payable and other current liabilities	774,042	(8,612)
80	Change in deferred credits		
85	Change in related party receivables/payables (Related to operating activities)	(1,278,511)	(662,966)
90	Other (Describe):		

95	TOTAL ADJUSTMENTS (Sum of Lns 10 thru 90)	1,506,584	(882,999)
100	NET CASH PROVIDED BY (USED FOR) OPERATING ACTIVITIES (Sum of Lns 5 and 95)	\$ 3,130,164	\$ 256,237
	Cash Flows from Investing Activities		
105	Change in assets whose use is limited	\$	\$
110	Purchase of property, plant, and equipment and increase in construction in progress	(490,647)	(257,181)
115	Other (Describe):		
120	Other (Describe): DEPOSITS AND OTHER ASSETS	901,048	121,686
125	Other (Describe):		
130	Other (Describe):		
135	Other (Describe):		
140	NET CASH PROVIDED BY (USED FOR) INVESTING ACTIVITIES (Sum of Lns 105 thru 135)	\$ 410,401	\$ (135,495)
	Cash Flows from Financing Activities		
145	Proceeds from issuance of long-term debt	\$	\$
150	Principal payments on long-term debt		
155	Proceeds from issuance of notes and loans		
160	Principal payments on notes and loans		
165	Dividends paid		
170	Proceeds from issuance of common stock		
175	Other (Describe): TRANSFER/CONTRIBUTION/DISTRIBUTION	(301,610)	(5,048)
180	Other (Describe):		
185	Other (Describe):		
190	Other (Describe):		
195	Other (Describe):		
200	NET CASH PROVIDED BY (USED FOR) FINANCING ACTIVITIES (Sum of Lns 145 thru 195)	\$ (301,610)	\$ (5,048)
205	NET INCREASE (DECREASE) IN CASH (Lns 100 + 140 + 200)	\$ 3,238,955	\$ 115,694
210	Cash at Beginning of Period (Col 1 must agree with Col 2 Ln 215 and Pg 5.1 Col 2 Ln 5)	\$ 231,261	\$ 115,567
215	CASH AT END OF PERIOD (Ln 205 + 210) (Col 1 must agree with Pg 5.1 Col 1 Ln 5)	\$ 3,470,216	\$ 231,261

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LONG-TERM CARE FACILITY INTEGRATED DISCLOSURE AND MEDICAL COST REPORT

10.1 (1)	Expense Trial Balance Worksheet	(Submitted Data)
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Facility D.B.A. Name: WINDSOR REDDING CARE CENTER

OSHPD ID: 206450841

Address: 2490 COURT STREET, REDDING, CA 96001

Report Period End: 05/31/2020

All Facilities						
Line No.	Account Title	Acct No.	(1) Salaries and Wages *	(2) Employee Benefits	(3) Other Expenses	(4) Total Expenses (Sum of Cols 1, 2 and 3)
5	Plant Operations and	6200	\$	\$	\$	\$

	Maintenance		79,576	26,051	551,614	657,241
10	Housekeeping	6300	133,002	43,291	32,580	208,873
15	Depreciation - Buildings and Improvements	7110-7120				
20	Depreciation - Leasehold Improvements	7130			18,469	18,469
25	Depreciation - Equipment	7140			43,336	43,336
30	Depreciation and Amortization - Other	7150-7160				
35	Leases and Rentals	7200			892,255	892,255
40	Property Taxes	7300			24,100	24,100
45	Property Insurance	7400			13,894	13,894
50	Interest - Property, Plant, and Equipment	7500				
55	Interest - Other	7600			1,301	1,301
60	Laundry and Linen	6400	96,556	30,385	34,807	161,748
65	Dietary	6500	353,226	103,842	356,119	813,187
70	Provision for Bad Debts	7700			217,906	217,906
	Ancillary Services					
75	Patient Supplies	8100			4,099	4,099
77	Specialized Support Surfaces	8150			19,504	19,504
80	Physical Therapy	8200	159,529	45,975	297,172	502,676
81	Respiratory Therapy	8220				
82	Occupational Therapy	8250	111,920	36,535	158,737	307,192
83	Speech Pathology	8280	138,965	37,688	65,385	242,038
85	Pharmacy	8300			246,373	246,373
90	Laboratory	8400			10,722	10,722
95	Home Health Services	8800				
100	Other Ancillary Services	8900			153,641	153,641
	Routine Services					
105	Skilled Nursing Care	6110	3,338,409	1,101,263	971,241	5,410,913
110	Intermediate Care	6120				
115	Mentally Disordered Care	6130				
120	Developmentally Disabled Care	6140				
125	Sub-Acute Care	6150				
126	Sub-Acute Care - Pediatric	6160				
128	Transitional Inpatient Care	6170				
130	Hospice Inpatient Care	6180				
135	Other Routine Services	6190				
140	Beauty and Barber **					
145	Other Non-reimbursable ***					
150	SUBTOTAL (Sum of Lns 5 thru 135)					\$ 9,949,468
155	Social Services	6600	78,184	30,031	50	108,265

160	Activities	6700	129,599	53,001	8,301	190,901
165	Administration	6900	544,497	197,468	1,588,480	2,330,445
170	Inservice Education - Nursing	6800	74,250	27,049	93,807	195,106
175	TOTAL (See instructions)		\$ 5,237,713	\$ 1,732,579	\$ 5,803,893	\$ 12,774,185

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Line No.	Supplemental Expense Information	(2) Employee Benefits	(3) Other Expenses
180	Raw Food Costs (Included in Col 3 Ln 65)		\$ 230,020
185	Worker's Compensation Insurance (Included in Col 2 Ln 175)	\$ 333,812	
190	State Unemployment Insurance (Included in Col 2 Ln 175)	\$ 67,966	

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* Column 1, lines 5 through 175 include only Productive Salaries and Wages. Compensation for time off must be included in column 2, lines 5 through 175.

** Beauty and Barber must be included in Other Ancillary Services (line 100) through column 10 and then reclassified to line 140 in column 13.

*** All Other nonreimbursable expenses must be included in appropriate cost centers through column 10 and then reclassified to line 145 in column 13.

LONG-TERM CARE FACILITY INTEGRATED DISCLOSURE AND MEDI-CAL COST REPORT

10.1 (2)	Expense Trial Balance Worksheet	(Submitted Data)
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Facility D.B.A. Name: WINDSOR REDDING CARE CENTER

OSHPD ID: 206450841

Address: 2490 COURT STREET, REDDING, CA 96001

Report Period End: 05/31/2020

Line No.	Account Title	Acct No.	Residential Care Facilities, Only				
			(5) Amts Directly Assignable Residential Care	(6) Amts Directly Assignable Health Care	(7) Balance to be Apportioned [Col 4 - (Col 5 + Col 6)]	(8) Apportionment Factor for Residential Care Portion *	(9) Amounts Apportioned to Residential Care (Col 7 x Col 8)
5	Plant Operations and Maintenance	6200	\$	\$	\$ 657,241		\$
10	Housekeeping	6300			208,873		
15	Depreciation - Buildings and Improvements	7110-7120					
20	Depreciation - Leasehold Improvements	7130			18,469		
25	Depreciation - Equipment	7140			43,336		
30	Depreciation and Amortization - Other	7150-7160					

35	Leases and Rentals	7200			892,255		
40	Property Taxes	7300			24,100		
45	Property Insurance	7400			13,894		
50	Interest - Property, Plant, and Equipment	7500					
55	Interest - Other	7600			1,301		
60	Laundry and Linen	6400			161,748		
65	Dietary	6500			813,187		
70	Provision for Bad Debts	7700			217,906		
	Ancillary Services						
75	Patient Supplies	8100		4,099			
77	Specialized Support Surfaces	8150		19,504			
80	Physical Therapy	8200		502,676			
81	Respiratory Therapy	8220					
82	Occupational Therapy	8250		307,192			
83	Speech Pathology	8280		242,038			
85	Pharmacy	8300		246,373			
90	Laboratory	8400		10,722			
95	Home Health Services	8800					
100	Other Ancillary Services	8900		153,641			
	Routine Services						
105	Skilled Nursing Care	6110		5,410,913			
110	Intermediate Care	6120					
115	Mentally Disordered Care	6130					
120	Developmentally Disabled Care	6140					
125	Sub-Acute Care	6150					
126	Sub-Acute Care - Pediatric	6160					
128	Transitional Inpatient Care	6170					
130	Hospice Inpatient Care	6180					
135	Other Routine Services	6190					
140	Beauty and Barber **						

145	Other Non-reimbursable ***						
150	SUBTOTAL (Sum of Lns 5 thru 135)		\$				\$
155	Social Services	6600			108,265		
160	Activities	6700			190,901		
165	Administration	6900			2,330,445		
170	Inservice Education - Nursing	6800			195,106		
175	TOTAL (See instructions)		\$	\$ 6,897,158	\$ 5,877,027		\$

CHFC 7041 d-2 & MC530

* Apportionment factors are specified in section 4020.4 of the Second Edition, "Accounting and Reporting Manual for California Long-Term Care Facilities". Apportionment factors must be reported to six decimal places.

Lns 5 thru 55 based on Square Feet

Ln 60 based on Lbs. of Linen

Ln 65 based on Meals Served

Ln 70 Based on Revenue

Lns 155 thru 170 based on Accumulated Costs

** Beauty and Barber must be included in Other Ancillary Services (line 100) through column 10 and then reclassified to line 140 in column 13.

*** All Other nonreimbursable expenses must be included in appropriate cost centers through column 10 and then reclassified to line 145 in column 13.

LONG-TERM CARE FACILITY INTEGRATED DISCLOSURE AND MEDI-CAL COST REPORT

10.1 (3)	Expense Trial Balance Worksheet	(Submitted Data)
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Facility D.B.A. Name: WINDSOR REDDING CARE CENTER

OSHPD ID: 206450841

Address: 2490 COURT STREET, REDDING, CA 96001

Report Period End: 05/31/2020

Line No.	Account Title	Acct No.	All Facilities			Medi-Cal Providers, Only	
			(10) Total Health Care Portion [Col 4 - (Col 5 + Col 9)]	(11) Adjs for Other Operating Revenue (From Pg 10.2)	(12) Adjusted Direct Expenses (Col 10 - Col 11)	(13) Adjs to Expenses for Medi-Cal (From Pg 10.3)	(14) Adjusted Trial Balance for Medi-Cal (Col 10 + Col 13)
5	Plant Operations and Maintenance	6200	\$ 657,241	\$	\$ 657,241	\$ (4,573)	\$ 652,668
10	Housekeeping	6300	208,873		208,873	(14)	208,859
15	Depreciation - Buildings and Improvements	7110-7120					
20	Depreciation - Leasehold Improvements	7130	18,469		18,469		18,469
25	Depreciation - Equipment	7140	43,336		43,336		43,336

30	Depreciation and Amortization - Other	7150-7160					
35	Leases and Rentals	7200	892,255		892,255	(464,485)	427,770
40	Property Taxes	7300	24,100		24,100		24,100
45	Property Insurance	7400	13,894		13,894		13,894
50	Interest - Property, Plant, and Equipment	7500					
55	Interest - Other	7600	1,301		1,301	(1,301)	
60	Laundry and Linen	6400	161,748		161,748		161,748
65	Dietary	6500	813,187		813,187	(9)	813,178
70	Provision for Bad Debts	7700	217,906		217,906	(217,906)	
	Ancillary Services						
75	Patient Supplies	8100	4,099		4,099	14,904	19,003
77	Specialized Support Surfaces	8150	19,504		19,504		19,504
80	Physical Therapy	8200	502,676		502,676	(29)	502,647
81	Respiratory Therapy	8220					
82	Occupational Therapy	8250	307,192		307,192	(3)	307,189
83	Speech Pathology	8280	242,038		242,038	(11)	242,027
85	Pharmacy	8300	246,373		246,373		246,373
90	Laboratory	8400	10,722		10,722		10,722
95	Home Health Services	8800					
100	Other Ancillary Services	8900	153,641		153,641	(2,871)	150,770
	Routine Services						
105	Skilled Nursing Care	6110	5,410,913		5,410,913	(18,043)	5,392,870
110	Intermediate Care	6120					
115	Mentally Disordered Care	6130					
120	Developmentally Disabled Care	6140					
125	Sub-Acute Care	6150					
126	Sub-Acute Care - Pediatric	6160					
128	Transitional Inpatient Care	6170					
130	Hospice Inpatient Care	6180					
135	Other Routine Services	6190					
140	Beauty and Barber **					2,871	2,871
145	Other Non-reimbursable ***						

150	SUBTOTAL (Sum of Lns 5 thru 135)						
155	Social Services	6600	108,265		108,265		108,265
160	Activities	6700	190,901		190,901	(31)	190,870
165	Administration	6900	2,330,445		2,330,445	(170,871)	2,159,574
170	Inservice Education - Nursing	6800	195,106		195,106		195,106
175	TOTAL (See instructions)		\$ 12,774,185	\$	\$ 12,774,185	\$ (862,372)	\$ 11,911,813

CHFC 7041 d-2 & MC530

** Beauty and Barber must be included in Other Ancillary Services (line 100) through column 10 and then reclassified to line 140 in column 13.

*** All Other nonreimbursable expenses must be included in appropriate cost centers through column 10 and then reclassified to line 145 in column 13.

LONG-TERM CARE FACILITY INTEGRATED DISCLOSURE AND MEDI-CAL COST REPORT

10.2	Adjustments to Trial Balance Expenses for Other Operating Revenue Offset	(Submitted Data)
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Facility D.B.A. Name: WINDSOR REDDING CARE CENTER

OSHPD ID: 206450841

Address: 2490 COURT STREET, REDDING, CA 96001

Report Period End: 05/31/2020

Line No.	Description	Acct No.	(1) Amount *	Pg 10.1 Trial Balance Line No.
5	Vending Machine Commissions	5710	\$	5
10	Laundry and Linen Revenue	5720		60
15	Social Services Fees	5730		155
20	Donated Supplies	5740		Various
25	Telephone Revenue	5750		165
30	Transfers from Restricted Funds for Operating Expenses	5760		Various
35	Nonpatient Food Sales	5770		65
40	Television / Radio Charges	5780		5
45	Parking Revenue	5790		5
50	Rebates and Refunds on Expenses	5800		Various
55	Nonpatient Room Rentals	5810		15, 20, 35
60	Nonpatient Drug Sales	5820		85
65	Nonpatient Supplies Sales	5830		75
70	Medical Records and Abstract Sales	5840		165
75	Cash Discounts on Purchases	5850		Various
80	Sale of Scrap and Waste	5860		Various
85	Other Operating Revenue (Describe):	5990		
90				
95				
100	TOTAL (Sum of Lns 5 thru 95) (Must agree with Pg 8 Ln 20)		\$	

CHFC 7041 d-2 & MC530

* Transfer amounts in column 1 to Page 10.1(3), column 11, line number indicated in column 2.

LONG-TERM CARE FACILITY INTEGRATED DISCLOSURE AND MEDI-CAL COST REPORT

10.3 (1)	Adjustments to Trial Balance Expenses	(Submitted Data)
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(Medi-Cal Providers, Only)

Facility D.B.A. Name: WINDSOR REDDING CARE CENTER

OSHPD ID: 206450841

Address: 2490 COURT STREET, REDDING, CA 96001

Report Period End: 05/31/2020

Line No.	(1) Description	(2) Pg 10.1 Line No.	(3) Basis *	(4) Adj Amt Inc/(Dec)	(5) Health Care Portion	(6) Explanation of Adjustment
5	Depreciation (Excess of Straight Line)			\$	\$	
10	Education (Nursing, etc.)					
15	Employee and Guest Meals					
20	Gift, Flower and Coffee Shops					
25	Grants, Gifts, and Donations					
30	Inpatient Utilization Review					
35	Interest Earned on Unrestricted Funds					
40	Laundry and Linen Service (Non-Patient)					
45	Nonallowable Costs Related to Certain Capital Expenditures					
50	Parking Lot					
55	Payments Received from Specialists					
60	Radio and Television Service	5	A - COST	(3,611)	(3,611)	CABLE
65	Rebates and Refunds of Expenses					
70	Recovery and Insured Loss					
75	Bad Debts	70	A - COST	(217,906)	(217,906)	BAD DEBTS
80	Rental of Space					
85	Rental of Quarters to Employees and Others					
90	Sale of Drugs to other than Patients					
95	Sale of Medical Records and Abstracts					
100	Sale of Medical and Surgical Supplies to other than Patients					
105	Sale of Scrap, Waste, etc.					
110	Telephone Service					
115	Trade, Quantity, Time and Other Discounts on Purchases					
120	Vending Machine Commissions					
125	Owner Compensation Adjustment					
130	Travel and Entertainment (Nonallowable)					
135	Revaluation Depreciation and Interest **					

140	Other (Specify): BEAUTY AND BARBER	100	A - COST	(2,871)	(2,871)	BB RECLASS
141	CONTRIBUTIONS - NON-TAX DEDUCTIBLE	165	A - COST	(1,865)	(1,865)	CONTRIBUTIONS
142	SALARY/WAGES - MKTG/PUB RELATIONS STAFF - REGULAR	165	A - COST	(94,774)	(94,774)	MARKETING
143	TELEPHONE - CELL & PAGER - MARKETING	165	A - COST	(12,477)	(12,477)	MARKETING
144	MEALS & ENTERTAINMENT	165	A - COST	(11,372)	(11,372)	MEALS
145	DUES & SUBSCRIPTIONS	165	A - COST	(1,873)	(1,873)	CAHF DUES
146	LEASE PAYMENT TO 3RD PARTY LANDLORD	35	A - COST	360,708	360,708	3RD PARTY LEASE
147	FINES & PENALTIES	165	A - COST	(644)	(644)	PENALTIES
148	DISALLOW MARKETING BENEFITS	165	A - COST	(35,192)	(35,192)	MARKETING
149	RESIDENT EXPENSES	105	A - COST	(2,927)	(2,927)	RESIDENT EXPENSES
150						
151						
152						

MC530

* Basis: A - Cost; B - Amount Received

** Depreciation and interest expense related to the revaluation of assets due to change of ownership on or after July 18, 1984.

Medi-Cal providers should complete this entire form.

LONG-TERM CARE FACILITY INTEGRATED DISCLOSURE AND MEDI-CAL COST REPORT

10.3 (2)	Adjustments to Trial Balance Expenses (Medi-Cal Providers, Only)	(Submitted Data)
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Facility D.B.A. Name: WINDSOR REDDING CARE CENTER

OSHPD ID: 206450841

Address: 2490 COURT STREET, REDDING, CA 96001

Report Period End: 05/31/2020

Line No.	(1) Description	(2) Pg 10.1 Line No.	(3) Basis *	(4) Adj Amt Inc/ (Dec)	(5) Health Care Portion	(6) Explanation of Adjustment
153						
154						
155						
156						
157						
158						
159						
160						
161						
162						

163						
164						
165						
166						
167						
168						
169						
170						
171						
172						
173						
174						
175						
176						
177						
178						
179						
180						
181						
182						
183						
184						
185						
	Non-Reimbursable Cost Centers					
190	Fund Raising					
195	Research					
200	Beauty and Barber	140	A - COST	2,871	2,871	BB RECLASS
205	Other (Specify):					
206						
207						
208						
209						
210						
211						
212						
213						
220	TOTAL (Combines Lns 5 thru 213)			\$ (21,933)	\$ (21,933)	

MC530

* Basis: A - Cost; B - Amount Received

Medi-Cal providers should complete this entire form.

LONG-TERM CARE FACILITY INTEGRATED DISCLOSURE AND MEDI-CAL COST REPORT

	Name of Related Party (Individual or Entity)*	# of Ind. Providing Goods/Svcs	Description of Goods/Services Received	Yes/No	%	Page 10.1 Line No.	Transaction Amount	Healthcare Portion of Transaction	Amount of Adjustment
30	BOARDWALK WEST FINANCIAL SERVICES		I/C ADMIN SERVICES FEE	NO		165	42,000	42,000	(42,000)
31	BOARDWALK WEST FINANCIAL SERVICES		BOARDWALK HO ALLOCATED COST	NO		165			29,338
32	ERETZ RIVER VALLEY PROPERTIES, LLC		LEASE EXPENSE	NO		35	825,193	825,193	(825,193)
33	TWINMED LLC		SUPPLIES - NURSING: PPD	YES		105	112,849	112,849	(14,904)
34	TWINMED LLC		TWIN MED SUPPLIES PPD RECLASS	YES		75			14,904
35	BACKTRACK BACKGROUND INVESTIGATIONS		EMPLOYMENT SCREENING - NURSING	YES		105	2,119	2,119	(212)
36	BACKTRACK BACKGROUND INVESTIGATIONS		EMPLOYMENT SCREENING	YES		160	308	308	(31)
37	BACKTRACK BACKGROUND INVESTIGATIONS		EMPLOYMENT SCREENING	YES		5	21	21	(2)
38	BACKTRACK BACKGROUND INVESTIGATIONS		EMPLOYMENT SCREENING	YES		65	93	93	(9)
39	BACKTRACK BACKGROUND INVESTIGATIONS		EMPLOYMENT SCREENING	YES		10	144	144	(14)
40	BACKTRACK BACKGROUND INVESTIGATIONS		EMPLOYMENT SCREENING	YES		165	119	119	(12)
41	BACKTRACK BACKGROUND INVESTIGATIONS		EMPLOYMENT SCREENING	YES		80	287	287	(29)
42	BACKTRACK BACKGROUND INVESTIGATIONS		EMPLOYMENT SCREENING	YES		82	30	30	(3)
43	BACKTRACK BACKGROUND INVESTIGATIONS		EMPLOYMENT SCREENING	YES		83	108	108	(11)
44	MEDWASTE MANAGEMENT		ELIMINATE 10% MED WASTE PROFIT	YES		5	9,600	9,600	(960)

			FACTOR						
45	TWINMED LLC		NURSING SUPPLIES	YES		105	21,848	21,848	
46	TWINMED LLC		LAUNDRY SUPPLIES	YES		60	6,349	6,349	
47	TWINMED LLC		POSTAGE & SHIPPING	YES		165	55	55	
48	JI RAMAT DBA RAMAT MEDICAL		NURSING SUPPLIES	YES		105	1,336	1,336	
49	JI RAMAT DBA RAMAT MEDICAL		MED EQUIP RENTAL	YES		77	3,304	3,304	
50	JI RAMAT DBA RAMAT MEDICAL		POSTAGE & SHIPPING	YES		165	28	28	

MC530

* Disclosure must also be complete on Pages 10.4 (1) and 10.4 (3), as applicable.

LONG-TERM CARE FACILITY INTEGRATED DISCLOSURE AND MEDICAL COST REPORT

10.4 (2)	Related Party Information	(Submitted Data)
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Facility D.B.A. Name: WINDSOR REDDING CARE CENTER

OSHPD ID: 206450841

Address: 2490 COURT STREET, REDDING, CA 96001

Report Period End: 05/31/2020

ADJUSTMENTS TO TRIAL BALANCE EXPENSES AND RELATED PARTY TRANSACTIONS

	(1) Name of Related Party (Individual or Entity)*	(2) # of Ind. Providing Goods/Services	(3) Description of Goods/Services Received	Provides Goods/Services to Non-Related Parties		(6) Page 10.1 Line No.	(7) Transaction Amount	(8) Healthcare Portion of Transaction	(9) Amount Adjusted	Med
				(4) Yes/No	(5) %					
51	RFC INSURANCE CO. LTD CAPTIVE INSURANCE		INSURANCE - WORKERS COMPENSATION	YES		105	221,318	221,318		
52	RFC INSURANCE CO. LTD CAPTIVE INSURANCE		INSURANCE - WORKERS COMPENSATION	YES		80	10,425	10,425		
53	RFC INSURANCE CO. LTD CAPTIVE INSURANCE		INSURANCE - WORKERS COMPENSATION	YES		82	7,672	7,672		
54	RFC INSURANCE CO. LTD		INSURANCE - WORKERS COMPENSATION	YES		83	8,984	8,984		

	CAPTIVE INSURANCE								
55	RFC INSURANCE CO. LTD CAPTIVE INSURANCE		INSURANCE - WORKERS COMPENSATION	YES	155	5,723	5,723		
56	RFC INSURANCE CO. LTD CAPTIVE INSURANCE		INSURANCE - WORKERS COMPENSATION	YES	160	9,824	9,824		
57	RFC INSURANCE CO. LTD CAPTIVE INSURANCE		INSURANCE - WORKERS COMPENSATION-MED REC	YES	165	6,614	6,614		
58	RFC INSURANCE CO. LTD CAPTIVE INSURANCE		INSURANCE - WORKERS COMPENSATION	YES	170	5,486	5,486		
59	RFC INSURANCE CO. LTD CAPTIVE INSURANCE		INSURANCE - WORKERS COMPENSATION	YES	5	5,415	5,415		
60	RFC INSURANCE CO. LTD CAPTIVE INSURANCE		INSURANCE - WORKERS COMPENSATION	YES	65	22,910	22,910		
61	RFC INSURANCE CO. LTD CAPTIVE INSURANCE		INSURANCE - WORKERS COMPENSATION	YES	10	9,154	9,154		
62	RFC INSURANCE CO. LTD CAPTIVE INSURANCE		INSURANCE - WORKERS COMPENSATION	YES	60	6,204	6,204		
63									
64	RFC INSURANCE CO. LTD CAPTIVE INSURANCE		INSURANCE - WORKERS COMPENSATION	YES	165	14,082	14,082		
65	BITUACH SNF LLC		INSURANCE - GLPL	NO	165	129,986	129,986		

66	SNF HTF 1 INC.		INSURANCE - GLPL	NO		165	56,044	56,044	
67	SR CAPITAL		INTEREST INCOME	NO		55	1,301	1,301	(1,301)
68									
69									
70									
71									
72									
73									
74									
75									
76									
77									
78									
79									
80									
81									
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88									
89									
90									
91									
92									
93									
94									
95									
96									
97									
98									
99									
100	Total Adjustments								

MC530

* Disclosure must also be complete on Pages 10.4 (1) and 10.4 (3), as applicable.

LONG-TERM CARE FACILITY INTEGRATED DISCLOSURE AND MEDI-CAL COST REPORT

10.4 (3)	Related Party Information	(Submitted Data)
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Facility D.B.A. Name: WINDSOR REDDING CARE CENTER

OSHPD ID: 206450841

Address: 2490 COURT STREET, REDDING, CA 96001

Report Period End: 05/31/2020

SALARY INFORMATION FOR OWNERS/OPERATORS, RELATED PARTIES*,

ADMINISTRATORS, ASSISTANT ADMINISTRATORS AND BOARD MEMBERS

Line No.	(1) Name of Individual	(2) Salary Paid	(3) Benefits Paid	(4) Other Payments	(5) Description of Goods/Services Provided	(6) Total Hours Worked (Weekly)	(7) 10.1 Line No.	(8) 10.1 Column No.
SECTION I - Owners/Operators/Relatives								
110								
111								
112								
113								
114								
SECTION II - Related Party Owners/Operators Employed at the Facility								
120								
121								
122								
123								
124								
125								
126								
127								
128								
129								
130								
131								
SECTION III - Administrators**								
140	TINA BREY	139,425	51,772			40	165	
141								
142								
143								
SECTION IV - Assistant Administrators**								
145								
146								
147								
148								
SECTION V - Board Members								
150	CHRISSEY HANSEN							
151	TINA MARIE BREY							
152	AARON EDMONDS							
153								
154								

MC530

* No allowance for salaries will be considered unless full information is provided. Use additional sheets if

required.

** If more than one Administrator is reported, include dates of employment for each.

LONG-TERM CARE FACILITY INTEGRATED DISCLOSURE AND MEDI-CAL COST REPORT

10.5	Expense Trial Balance Worksheet (Medi-Cal Providers, Only)	(Submitted Data)
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Facility D.B.A. Name: WINDSOR REDDING CARE CENTER

OSHPD ID: 206450841

Address: 2490 COURT STREET, REDDING, CA 96001

Report Period End: 05/31/2020

Based on Adjusted Trial Balance for Medi-Cal							
Line No.	Account Title	Acct No.	(1) Salaries and Wages	(2) Employee Benefits	(3) Staffing Agency Cost	(4) Other Non- Labor Expenses	(5) Total Expenses (Sum of Cols 1 thru 4)
5	Plant Operations and Maintenance	6200	\$ 79,576	\$ 26,051	\$ 179,763	\$ 367,278	\$ 652,668
10	Housekeeping	6300	133,002	43,291		32,566	208,859
15	Depreciation - Buildings and Improvements	7110-7120					
20	Depreciation - Leasehold Improvements	7130				18,469	18,469
25	Depreciation - Equipment	7140				43,336	43,336
30	Depreciation and Amortization - Other	7150-7160					
35	Leases and Rentals	7200				427,770	427,770
40	Property Taxes	7300				24,100	24,100
45	Property Insurance	7400				13,894	13,894
50	Interest - Property, Plant, and Equipment	7500					
55	Interest - Other	7600					
60	Laundry and Linen	6400	96,556	30,385		34,807	161,748
65	Dietary	6500	353,226	103,842		356,110	813,178
70	Provision for Bad Debts	7700					
75	Patient Supplies	8100				19,003	19,003
77	Specialized Support Surfaces	8150				19,504	19,504
80	Physical Therapy	8200	159,529	45,975	296,540	603	502,647
81	Respiratory Therapy	8220					
82	Occupational Therapy	8250	111,920	36,535	158,527	207	307,189
83	Speech Pathology	8280	138,965	37,688	65,132	242	242,027
85	Pharmacy	8300				246,373	246,373
90	Laboratory	8400				10,722	10,722
95	Home Health Services	8800					
100	Other Ancillary	8900				150,770	150,770

	Services						
101	Sub-Acute Ancillary Services *	8100-8900					
102	Sub-Acute - Pediatric Ancillary Services *	8100-8900					
105	Skilled Nursing Care	6110	3,338,409	1,101,263	711,934	241,264	5,392,870
110	Intermediate Care	6120					
115	Mentally Disordered Care	6130					
120	Developmentally Disabled Care	6140					
125	Sub-Acute Care	6150					
126	Sub-Acute Care - Pediatric	6160					
128	Transitional Inpatient Care	6170					
130	Hospice Inpatient Care	6180					
135	Other Routine Services	6190					
139	Residential Care **	9100					
140	Beauty and Barber					2,871	2,871
145	Other Non-reimbursable						
155	Social Services	6600	78,184	30,031		50	108,265
160	Activities	6700	129,599	53,001		8,270	190,870
165	Administration (Exc reclassified amounts below)	6900	365,999	135,904		672,647	1,174,550
166	Medical Records - Salaries and Wages ***	6900	83,724	26,372		10,374	120,470
167	DPH Licensing Fees ****	6900				80,513	80,513
168	Liability Insurance ***	6900				231,074	231,074
169	Quality Assurance Fees ****	6900				552,967	552,967
170	Inservice Education - Nursing	6800	74,250	27,049		93,807	195,106
174	Caregiver Training ***	6900					
175	TOTAL (Sum of Lns 5 thru 174) *****		\$ 5,142,939	\$ 1,697,387	\$ 1,411,896	\$ 3,659,591	\$ 11,911,813

MC530

* Amounts reclassified from ancillary service type accounts (lines 75 through 100)

** Complete with Direct Residential Care Costs

*** Amounts reclassified from Administration (line 165)

***** Totals in column 5 must match page 10.1, column 14, for each respective cost center (except reclasses)

LONG-TERM CARE FACILITY INTEGRATED DISCLOSURE AND MEDICAL COST REPORT

10.6 (1)	Capital Additions, Improvements, and Replacements (1)	(Submitted Data)
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(Medi-Cal Providers, Only)

Facility D.B.A. Name: WINDSOR REDDING CARE CENTER

OSHPD ID: 206450841

Address: 2490 COURT STREET, REDDING, CA 96001

Report Period End: 05/31/2020

Line No.		(1)	(2) Capital Threshold
5	Total Licensed Beds Prior to Modification(s)	113	
10	Total Licensed Beds End of Period	113	\$ 56,500
15	Total Unlicensed Beds End of Period (e.g. residential care)		

Section I. Capital Additions and Improvements (Excluding Replacements)

Part A. SNF Bed Additions During the Report Period

Line No.		(1) Project 1	(2) Project 2	(3) Project 3
25	Number of New Licensed Beds			
30	Date Placed Into Service			
35	Total Costs	\$	\$	\$

**Part B. Other Additions or Improvements Completed During the Report Period
(note: Additions or improvements must be grouped by related project; unrelated line items will be disallowed)**

Line No.	Project 1	(1)
50	Project 1 Description (e.g. "HVAC System Installation", itemizing detail below)	PATIENT ROOMS UPGRADE
55	Date Placed in Service (e.g. when was project completed and available for resident use?)	09/09/2019

Line No.	(1) Detailed Description	(2) Leased or Rented?	(3) Related Party Transaction (Yes/No)?	(4) Invoice Date	(5) Useful Life (Months) (2)	(6) Total Cost	(7) Depreciation Expense	(8) Amount Financed
56	A/C - NEW PUMP SKID W/ PUMP &		NO	07/05/2018	120	\$ 20,510	\$ 1,453	\$
57	A/C 4 NEW 31"X9"X4" 3-ROW HYDR		NO	07/26/2018	180	6,120	289	
58	SQUARE END TABLES & OVERBED TA		NO	08/23/2019	180	7,697	363	
59	32" LTC LED HDTV W/WALL MOUNT		NO	08/20/2019	60	30,315	4,295	
60	BEDSIDE CABINET, 1 DOOR, 1 DRA		NO	09/09/2019	120	22,999	1,629	

61								
62								
63								
64								
65								
66								
67								
68								
69								
70								
71								
72								
73								
74								
75								
76	TOTAL PROJECT 1 COSTS					\$ 87,641		

MC530

(1) For the purposes of this voluntary supplemental schedule, the following definitions apply:

- Capital Addition - land, buildings, building equipment and major moveable equipment that have an estimated useful life at the time of the acquisition of at least two years, a historical cost of at least \$5,000 per item, and is not considered a replacement of a previously acquired asset.
- Capital Improvement - betterment of land, buildings, building equipment, major moveable equipment or leasehold property that either extends the useful life of at least two years beyond the original useful life of such asset or significantly increases the productivity over the original productivity of such asset, a cost of at least \$5,000 per item and is not considered a replacement of a previously acquired asset.
- Capital Replacement - land, building, building equipment, major moveable equipment and leasehold improvements that would be classified as a capital addition or improvement under the above definitions, except that such asset is considered a replacement of a previously acquired asset. A replacement is an asset that fills the place, position or purpose once filled by an asset that has been lost, destroyed, discarded, or is no longer usable or adequate.

(2) Refer to CMS Publication 15-1, Sections 104-117 for additional information on useful life standards.

LONG-TERM CARE FACILITY INTEGRATED DISCLOSURE AND MEDI-CAL COST REPORT

10.6 (2)	Capital Additions, Improvements, and Replacements (1) (Medi-Cal Providers, Only)	(Submitted Data)
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Facility D.B.A. Name: WINDSOR REDDING CARE CENTER

OSHPD ID: 206450841

Address: 2490 COURT STREET, REDDING, CA 96001

Report Period End: 05/31/2020

Line No.	Project 2	(1)
90	Project 2 Description (e.g. "HVAC System Installation", itemizing detail below)	
95	Date Placed in Service (e.g. when was project completed and available for resident use?)	

Line	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
------	-----	-----	-----	-----	-----	-----	-----	-----

No.	Detailed Description	Leased or Rented?	Related Party Transaction (Yes/No)?	Invoice Date	Useful Life (Months) (2)	Total Cost	Depreciation Expense	Amount Financed
96						\$	\$	\$
97								
98								
99								
100								
101								
102								
103								
104								
105								
106								
107								
108	TOTAL PROJECT 2 COSTS					\$		

Line No.	Project 3	(1)
120	Project 3 Description (e.g. "HVAC System Installation", itemizing detail below)	
125	Date Placed in Service (e.g. when was project completed and available for resident use?)	

Line No.	(1) Detailed Description	(2) Leased or Rented?	(3) Related Party Transaction (Yes/No)?	(4) Invoice Date	(5) Useful Life (Months) (2)	(6) Total Cost	(7) Depreciation Expense	(8) Amount Financed
126						\$	\$	\$
127								
128								
129								
130								
131								
132								
133								
134								
135								
136								
137								
138	TOTAL PROJECT 3 COSTS					\$		

MC530
(1) For the purposes of this voluntary supplemental schedule, the following definitions apply:

- Capital Addition - land, buildings, building equipment and major moveable equipment that have an estimated useful life at the time of the acquisition of at least two years, a historical cost of at least \$5,000 per item, and is not considered a replacement of a previously acquired asset.
- Capital Improvement - betterment of land, buildings, building equipment, major moveable equipment or leasehold property that either extends the useful life of at least two years beyond the original useful life of such asset or significantly increases the productivity over the original productivity of such asset, a cost of at least \$5,000 per item and is not considered a replacement of a previously acquired asset.
- Capital Replacement - land, building, building equipment, major moveable equipment and leasehold improvements that would be classified as a capital addition or improvement under the above definitions, except that such asset is considered a replacement of a previously acquired asset. A replacement is an asset that fills the place, position or purpose once filled by an asset that has been lost, destroyed, discarded, or is no longer usable or adequate.

(2) Refer to CMS Publication 15-1, Sections 104-117 for additional information on useful life standards.

LONG-TERM CARE FACILITY INTEGRATED DISCLOSURE AND MEDICAL COST REPORT

10.6 (3)	Capital Additions, Improvements, and Replacements (1) (Medi-Cal Providers, Only)	(Submitted Data)
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Facility D.B.A. Name: WINDSOR REDDING CARE CENTER

OSHPD ID: 206450841

Address: 2490 COURT STREET, REDDING, CA 96001

Report Period End: 05/31/2020

Line No.	Project 4	(1)
150	Project 4 Description (e.g. "HVAC System Installation", itemizing detail below)	
155	Date Placed in Service (e.g. when was project completed and available for resident use?)	

Line No.	(1) Detailed Description	(2) Leased or Rented?	(3) Related Party Transaction (Yes/No)?	(4) Invoice Date	(5) Useful Life (Months) (2)	(6) Total Cost	(7) Depreciation Expense	(8) Amount Financed
156						\$	\$	\$
157								
158								
159								
160								
161								
162								
163								
164								
165								
166								
167								
168	TOTAL PROJECT 4 COSTS					\$		

Line No.	Project 5	(1)
180	Project 5 Description (e.g. "HVAC System Installation", itemizing detail below)	
185	Date Placed in Service (e.g. when was project completed and available for resident use?)	

Line No.	(1) Detailed Description	(2) Leased or Rented?	(3) Related Party Transaction (Yes/No)?	(4) Invoice Date	(5) Useful Life (Months) (2)	(6) Total Cost	(7) Depreciation Expense	(8) Amount Financed
186						\$	\$	\$
187								
188								
189								
190								
191								
192								
193								
194								
195								
196								
197								
198	TOTAL PROJECT 5 COSTS					\$		

MC530

(1) For the purposes of this voluntary supplemental schedule, the following definitions apply:

- Capital Addition - land, buildings, building equipment and major moveable equipment that have an estimated useful life at the time of the acquisition of at least two years, a historical cost of at least \$5,000 per item, and is not considered a replacement of a previously acquired asset.
- Capital Improvement - betterment of land, buildings, building equipment, major moveable equipment or leasehold property that either extends the useful life of at least two years beyond the original useful life of such asset or significantly increases the productivity over the original productivity of such asset, a cost of at least \$5,000 per item and is not considered a replacement of a previously acquired asset.
- Capital Replacement - land, building, building equipment, major moveable equipment and leasehold improvements that would be classified as a capital addition or improvement under the above definitions, except that such asset is considered a replacement of a previously acquired asset. A replacement is an asset that fills the place, position or purpose once filled by an asset that has been lost, destroyed, discarded, or is no longer usable or adequate.

(2) Refer to CMS Publication 15-1, Sections 104-117 for additional information on useful life standards.

LONG-TERM CARE FACILITY INTEGRATED DISCLOSURE AND MEDICAL COST REPORT

10.6 (4)	Capital Additions, Improvements, and Replacements (1) (Medi-Cal Providers, Only)	(Submitted Data)
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Facility D.B.A. Name: WINDSOR REDDING CARE CENTER
Address: 2490 COURT STREET, REDDING, CA 96001

OSHPD ID: 206450841
Report Period End: 05/31/2020

Section II. Capital Replacements Completed During the Report Period								
Part A. Acquisition Costs and Depreciation for Replacement Asset								
Line No.	(1) Detailed Description	(2) Related Party Transaction (Yes/No)?	(3) Date Placed in Service	(4) Useful Life (Months) (2)	(5) Total Cost	(6) Depreciation Expense	(7) Basis	(8) Adjusted Basis
200					\$	\$		
201								
202								
203								
204								
205								
206								
207								
208								
209								
210	TOTAL SECTION II, PART A ONLY				\$	\$		

Part B. Acquisition Costs and Depreciation of Retired Asset					
Line No.	(1) Detailed Description	(2) Section II Part A Line No. Ref.	(3) Useful Life (Months) (2)	(4) Total Cost	(5) Depreciation Expense
230				\$	\$
231					
232					
233					
234					
235					
236					
237					
238					
239					
240	TOTAL SECTION II, PART B ONLY			\$	\$

Line No.	(6) Date Acquired	(7) Date of Disposal	(8) Basis	(9) Adjusted Basis (3)	(10) Manner of Disposition (4)
230					
231					
232					
233					

234					
235					
236					
237					
238					
239					
240					

MC530

(1) For the purposes of this voluntary supplemental schedule, the following definitions apply:

- Capital Addition - land, buildings, building equipment and major moveable equipment that have an estimated useful life at the time of the acquisition of at least two years, a historical cost of at least \$5,000 per item, and is not considered a replacement of a previously acquired asset.
- Capital Improvement - betterment of land, buildings, building equipment, major moveable equipment or leasehold property that either extends the useful life of at least two years beyond the original useful life of such asset or significantly increases the productivity over the original productivity of such asset, a cost of at least \$5,000 per item and is not considered a replacement of a previously acquired asset.
- Capital Replacement - land, building, building equipment, major moveable equipment and leasehold improvements that would be classified as a capital addition or improvement under the above definitions, except that such asset is considered a replacement of a previously acquired asset. A replacement is an asset that fills the place, position or purpose once filled by an asset that has been lost, destroyed, discarded, or is no longer usable or adequate.

(2) Refer to CMS Publication 15-1, Sections 104-117 for additional information on useful life standards.

(3) Refer to CMS Publication 15-1, Section 132 for additional information.

(4) Refer to CMS Publication 15-1, Section 104 for additional information on the manner of disposition.

LONG-TERM CARE FACILITY INTEGRATED DISCLOSURE AND MEDI-CAL COST REPORT

10.7 (1)	Alternate Allocation Statistics (Optional) (Medi-Cal Providers, Only)	(Submitted Data)
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Facility D.B.A. Name: WINDSOR REDDING CARE CENTER

OSHPD ID: 206450841

Address: 2490 COURT STREET, REDDING, CA 96001

Report Period End: 05/31/2020

Line No.	Account Title	(1) Capital	(2) Plant Operations	(3) Housekeeping	(4) Laundry and Linen	(5) Dietary
5	Plant Operations and Maintenance	484				
10	Housekeeping	194	194			
60	Laundry and Linen	688	688	688		
65	Dietary	2,423	2,423	2,423		
75	Patient Supplies					
77	Specialized Support Surfaces					
80	Physical Therapy	554	554	554		
81	Respiratory Therapy					
82	Occupational Therapy	126	126	126		
83	Speech Pathology					
85	Pharmacy	289	289	289		
90	Laboratory					

95	Home Health Services					
100	Other Ancillary Services					
101	Sub-Acute Ancillary Services					
102	Sub-Acute - Pediatric Ancillary Services					
105	Skilled Nursing Care	11,029	11,029	11,029	349,530	104,859
110	Intermediate Care					
115	Mentally Disordered Care					
120	Developmentally Disabled Care					
125	Sub-Acute Care					
126	Sub-Acute Care - Pediatric					
128	Transitional Inpatient Care					
130	Hospice Inpatient Care					
135	Other Routine Services					
139	Residential Care					
140	Beauty and Barber	219	219	219		
145	Other Non-reimbursable					
155	Social Services	418	418	418		
160	Activities					
165	Administration	1,571	1,571	1,571		
166	Medical Records - Salaries and Wages					
170	Inservice Education - Nursing	376	376	376		
174	Caregiver Training					
175	TOTAL (Combine Lns 5 thru 174)	18,371	17,887	17,693	349,530	104,859

MC530

LONG-TERM CARE FACILITY INTEGRATED DISCLOSURE AND MEDI-CAL COST REPORT

10.7 (2)	Alternate Allocation Statistics (Optional) (Medi-Cal Providers, Only)	(Submitted Data)
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Facility D.B.A. Name: WINDSOR REDDING CARE CENTER

OSHPD ID: 206450841

Address: 2490 COURT STREET, REDDING, CA 96001

Report Period End: 05/31/2020

Line No.	Account Title	(6) Social Services	(7) Activitie s	(8) Inservice Education	(9) Administratio n	(10) Medical Records
5	Plant Operations and Maintenance					
10	Housekeeping					
60	Laundry and Linen					
65	Dietary					
75	Patient Supplies					
77	Specialized Support Surfaces					
80	Physical Therapy					
81	Respiratory Therapy					
82	Occupational Therapy					

83	Speech Pathology					
85	Pharmacy					
90	Laboratory					
95	Home Health Services					
100	Other Ancillary Services					
101	Sub-Acute Ancillary Services					
102	Sub-Acute - Pediatric Ancillary Services					
105	Skilled Nursing Care					
110	Intermediate Care					
115	Mentally Disordered Care					
120	Developmentally Disabled Care					
125	Sub-Acute Care					
126	Sub-Acute Care - Pediatric					
128	Transitional Inpatient Care					
130	Hospice Inpatient Care					
135	Other Routine Services					
139	Residential Care					
140	Beauty and Barber					
145	Other Non-reimbursable					
155	Social Services					
160	Activities					
165	Administration					
166	Medical Records - Salaries and Wages					
170	Inservice Education - Nursing					
174	Caregiver Training					
175	TOTAL (Combine Lns 5 thru 174)					

MC530

LONG-TERM CARE FACILITY INTEGRATED DISCLOSURE AND MEDI-CAL COST REPORT

11 (1)	Allocation of Indirect Costs to Direct Cost Centers - Health Care Only All facilities must complete Columns 2, 4, and 6. Medi-Cal providers must complete the entire page.	(Submitted Data)
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Facility D.B.A. Name: WINDSOR REDDING CARE CENTER

OSHPD ID: 206450841

Address: 2490 COURT STREET, REDDING, CA 96001

Report Period End: 05/31/2020

Line No.	Description	(1) Expenses from Pg 10.1 Col 14	Plant Operations and Maintenance thru Interest - Other		Laundry and Linen		Dietary	
			(2) Basis * Sq Ft	(3) Amount	(4) Basis * Clean Dry Lbs	(5) Amount	(6) Basis * Nbr of Patient Meals	(7) Amount
5	General Service Costs	\$		\$		\$		\$

		5,017,837		1,389,096		161,748		813,178
	Ancillary Service Cost Centers							
10	Patient Supplies	19,003						
12	Specialized Support Surfaces	19,504						
15	Physical Therapy	502,647	554	62,991				
16	Respiratory Therapy							
17	Occupational Therapy	307,189	126	14,326				
18	Speech Pathology	242,027						
20	Pharmacy	246,373	289	32,860				
25	Laboratory	10,722						
30	Home Health Services							
35	Other Ancillary Services	150,770						
	Routine Service Cost Centers							
40	Skilled Nursing Care	5,392,870	11,029	1,254,018	349,530	161,748	104,859	813,178
45	Intermediate Care							
50	Mentally Disordered Care							
55	Developmentally Disabled Care							
60	Sub-Acute Care							
61	Sub-Acute Care - Pediatric							
63	Transitional Inpatient Care							
65	Hospice Inpatient Care							
70	Other Routine Services							
	Nonreimbursable Costs							
75	Beauty and Barber	2,871	219	24,901				
80	Other Nonreimbursable							
85	TOTAL UNITS (Sum of Lns 10 thru 80)		12,217		349,530		104,859	
90	Unit Cost Multiplier **		113.701891		0.462759		7.754966	
95	TOTAL COSTS (See instructions)	\$ 6,893,976		\$ 1,389,096		\$ 161,748		\$ 813,178

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* Actual amount or count required, percentages are not acceptable. Allocation statistics must be provided for Ancillary Services Cost Centers in columns 2 and 4.

** Unit Cost Multiplier must be calculated to six decimal places.

LONG-TERM CARE FACILITY INTEGRATED DISCLOSURE AND MEDI-CAL COST REPORT

11 (2)	Allocation of Indirect Costs to Direct Cost Centers - Health Care Only (Medi-Cal Providers, Only)	(Submitted Data)
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Line No.	Description	Social Services, Activities, and Inservice Education - Nursing		Administration		Total Expenses All Patient Services
		(8) Basis * Direct Expenses	(9) Amount	(10) Basis * Accum Costs (Cols 1, 3, 5, 7 and 9)	(11) Amount	(12) Sum of Cols 10 and 11
5	General Service Costs		\$ 494,241		\$ 2,159,574	
	Ancillary Service Cost Centers					
10	Patient Supplies			\$ 19,003	4,208	\$ 23,211
12	Specialized Support Surfaces			19,504	4,319	23,823
15	Physical Therapy			565,638	125,257	690,895
16	Respiratory Therapy					
17	Occupational Therapy			321,515	71,198	392,713
18	Speech Pathology			242,027	53,595	295,622
20	Pharmacy			279,233	61,834	341,067
25	Laboratory			10,722	2,374	13,096
30	Home Health Services	\$				
35	Other Ancillary Services			150,770	33,387	184,157
	Routine Service Cost Centers					
40	Skilled Nursing Care	5,392,870	494,241	8,116,055	1,797,252	9,913,307
45	Intermediate Care					
50	Mentally Disordered Care					
55	Developmentally Disabled Care					
60	Sub-Acute Care					
61	Sub-Acute Care - Pediatric					
63	Transitional Inpatient Care					
65	Hospice Inpatient Care					
70	Other Routine Services					
	Nonreimbursable Costs					
75	Beauty and Barber			27,772	6,150	33,922
80	Other Nonreimbursable					
85	TOTAL UNITS (Sum of Lns 10 thru 80)	\$ 5,392,870	\$	\$ 9,752,239		

90	Unit Cost Multiplier **	0.091647		0.221444		
95	TOTAL COSTS (See instructions)		\$ 494,241		\$ 2,159,574	\$ 11,911,813

Line No.	Computation of Avg Cost per Day	(1) Skilled Nursing	(2) Intermediate Care	(3) Mentally Disordered	(4) Developmentally Disabled	(5) Sub-Acute Care
100	Cost of Routine Services (Col 12 above Lns 40 thru 70)	\$ 9,913,307	\$	\$	\$	\$
105	Total Patient (Census) Days of Services (Pg 4.1 Col 6)	35,251				
110	AVERAGE COST PER DAY (Ln 100 / Ln 105)	\$ 281.22	\$	\$	\$	\$

Line No.	Computation of Avg Cost per Day	(6) Sub-Acute Care - Pediatric	(7) Transitional Inpatient Care	(8) Hospice Inpatient Care	(9) Other Routine Services
100	Cost of Routine Services (Col 12 above Lns 40 thru 70)	\$	\$	\$	\$
105	Total Patient (Census) Days of Services (Pg 4.1 Col 6)				
110	AVERAGE COST PER DAY (Ln 100 / Ln 105)	\$	\$	\$	\$

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* Actual amount or count required, percentages are not acceptable. Allocation statistics must be provided for Ancillary Services Cost Centers in columns 2 and 4.

** Unit Cost Multiplier must be calculated to six decimal places.

LONG-TERM CARE FACILITY INTEGRATED DISCLOSURE AND MEDI-CAL COST REPORT

11.1 (1)	Cost Allocation (OSHPD)	(Submitted Data)
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Facility D.B.A. Name: WINDSOR REDDING CARE CENTER

OSHPD ID: 206450841

Address: 2490 COURT STREET, REDDING, CA 96001

Report Period End: 05/31/2020

Line No.	Description	(1) Expenses from Pg 10.1 Col 12	Plant Operations and Maintenance thru Interest - Other		Laundry and Linen		Dietary	
			(2) Basis * Sq Ft	(3) Amount	(4) Basis * Clean Dry Lbs	(5) Amount	(6) Basis * Nbr of Patient Meals	(7) Amount
5	General Service Costs	\$		\$		\$		\$
	Ancillary Service Cost Centers							
10	Patient Supplies							
12	Specialized Support							

5	General Service Costs		\$		\$		\$	
	Ancillary Service Cost Centers							
10	Patient Supplies	\$				\$		\$
12	Specialized Support Surfaces							
15	Physical Therapy							
16	Respiratory Therapy							
17	Occupational Therapy							
18	Speech Pathology							
20	Pharmacy							
25	Laboratory							
30	Home Health Services			\$				
35	Other Ancillary Services							
	Routine Service Cost Centers							
40	Skilled Nursing Care							
45	Intermediate Care							
50	Mentally Disordered Care							
55	Developmentally Disabled Care							
60	Sub-Acute Care							
61	Sub-Acute Care - Pediatric							
63	Transitional Inpatient Care							
65	Hospice Inpatient Care							
70	Other Routine Services							
85	TOTAL UNITS (Sum of Lns 10 thru 70)	\$		\$		\$		
90	Unit Cost Multiplier **							
95	TOTAL COSTS (See instructions)		\$		\$		\$	

* Basis for columns 2, 4 and 6 from Page 11.1. Basis for column 8 from Pages 4.1 and 4.2. Basis for column 10 from Page 8.

** Unit Cost Multiplier is calculated by dividing expenses to be allocated (line 5) by appropriate statistical basis (line 85).

Line No.	Computation of Avg Cost per Day	(1) Skilled Nursing	(2) Intermediate Care	(3) Mentally Disordered	(4) Developmentally Disabled	(5) Sub-Acute Care
100	Cost of Routine Services (Col 14 above Lns 40 thru 70)	\$	\$	\$	\$	\$
105	Total Patient (Census) Days of Services (Pg 4.1 Col 6)					
110	AVERAGE COST PER DAY (Ln 100 / Ln 105)	\$	\$	\$	\$	\$

Line No.	Computation of Avg Cost per Day	(6) Sub-Acute Care - Pediatric	(7) Transitional Inpatient Care	(8) Hospice Inpatient Care	(9) Other Routine Services
100	Cost of Routine Services (Col 14 above Lns 40 thru 70)	\$	\$	\$	\$
105	Total Patient (Census) Days of Services (Pg 4.1 Col 6)				
110	AVERAGE COST PER DAY (Ln 100 / Ln 105)	\$	\$	\$	\$

CHFC 7041 f-1 & MC530

LONG-TERM CARE FACILITY INTEGRATED DISCLOSURE AND MEDI-CAL COST REPORT

12.1 (1) Labor Report (Submitted Data)

Facility D.B.A. Name: WINDSOR REDDING CARE CENTER

OSHPD ID: 206450841

Address: 2490 COURT STREET, REDDING, CA 96001

Report Period End: 05/31/2020

Line No.	Salaries and Wages	(1) Productive Hours *	(2) Productive Salaries and Wages **	(3) Hourly Average (Col 2 / Col 1)
	Nursing Services (Exclude Sub-Acute Care, Sub-Acute Care - Pediatric, and Transitional Inpatient Care)			
5	Supervisors and Management	2,072	\$ 176,438	\$ 85.15
10	Geriatric Nurse Practitioners			
25	Registered Nurses	7,350	359,516	48.91
30	Licensed Vocational Nurses	36,934	1,214,801	32.89
35	Nurse Assistants (Aides and Orderlies)	71,987	1,392,141	19.34
40	Technicians and Specialists			
45	Psychiatric Technicians			
60	Other Salaries and Wages	5,861	195,513	33.36
65	SUBTOTAL (Sum of Lns 5 thru 60)	124,204	\$ 3,338,409	\$ 26.88
	Sub-Acute Care Nursing Services - Only			
70	Supervisors and Management		\$	\$
75	Geriatric Nurse Practitioners			

90	Registered Nurses			
95	Licensed Vocational Nurses			
100	Nurse Assistants (Aides and Orderlies)			
105	Technicians and Specialists			
110	Psychiatric Technicians			
125	Other Salaries and Wages			
130	SUBTOTAL (Sum of Lns 70 thru 125)		\$	\$
	Sub-Acute Care - Pediatric Nursing Services - Only			
140	Supervisors and Management		\$	\$
145	Geriatric Nurse Practitioners			
150	Registered Nurses			
155	Licensed Vocational Nurses			
160	Nurse Assistants (Aides and Orderlies)			
165	Technicians and Specialists			
170	Psychiatric Technicians			
175	Other Salaries and Wages			
180	SUBTOTAL (Sum of Lns 140 thru 175)		\$	\$
	Transitional Inpatient Care - Only			
190	Supervisors and Management		\$	\$
191	Geriatric Nurse Practitioners			
192	Registered Nurses			
193	Licensed Vocational Nurses			
194	Nurse Assistants (Aides and Orderlies)			
195	Technicians and Specialists			
196	Psychiatric Technicians			
198	Other Salaries and Wages			
199	SUBTOTAL (Sum of Lns 190 thru 198)		\$	\$

CHFC 7041 h-6 & MC530

* Productive hours are actual hours worked and exclude 1) vacation, 2) sick leave, 3) on call, 4) holiday, 5) other paid time off. Report to the nearest whole hour.

** For all facilities:

Column 2, line 65 must agree with the sum of Page 10.1, column 1, lines 105, 110, 115, 120, 130 and 135.
Line 130 must agree with Page 10.1 column 1, line 125. Line 180 must agree with Page 10.1 column 1, line 126. Line 199 must agree with Page 10.1, column 1, line 128.

Line 230 must agree with Page 10.1 column 1, lines 75 through 100.

Report to the nearest whole dollar.

For nonresidential care facilities:

Lines 250 through 290 must agree with appropriate lines on Page 10.1 column 1.

For residential care facilities:

Report only productive hours, salaries, and wages related to health care on lines 250 through 290 of this page. If Page 10.1, columns 5 through 9 are used to determine expenses related to health care, use the same method to determine productive hours, salaries, and wages to health care for this page.

LONG-TERM CARE FACILITY INTEGRATED DISCLOSURE AND MEDI-CAL COST REPORT

12.1 (2)	Labor Report	(Submitted Data)
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Line No.	Salaries and Wages	(1) Productive Hours *	(2) Productive Salaries and Wages **	(3) Hourly Average (Col 2 / Col 1)
Ancillary Services				
200	Supervisors and Management		\$	\$
205	Registered Nurses			
210	Licensed Vocational Nurses			
215	Nurse Assistants (Aides and Orderlies)			
220	Technicians and Specialists			
225	Other Salaries and Wages	8,905	410,414	46.09
230	SUBTOTAL (Sum of Lns 200 thru 225)	8,905	\$ 410,414	\$ 46.09
Support Services				
250	Plant Operations and Maintenance	3,258	\$ 79,576	\$ 24.42
255	Housekeeping	9,055	133,002	14.69
260	Laundry and Linen	6,629	96,556	14.57
265	Dietary	18,755	353,226	18.83
270	Social Services	3,668	78,184	21.32
275	Activities	7,904	129,599	16.40
280	Inservice Education - Nursing	2,232	74,250	33.27
285	Administration	16,647	544,497	32.71
290	SUBTOTAL (Sum of Lns 250 thru 285)	68,148	\$ 1,488,890	\$ 21.85
300	TOTAL (Sum of Lns 65, 130, 180, 199, 230 and 290)	201,257	\$ 5,237,713	\$ 26.02

CHFC 7041 h-6 & MC530

* Productive hours are actual hours worked and exclude 1) vacation, 2) sick leave, 3) on call, 4) holiday, 5) other paid time off. Report to the nearest whole hour.

** For all facilities:

Column 2, line 65 must agree with the sum of Page 10.1, column 1, lines 105, 110, 115, 120, 130 and 135.
Line 130 must agree with Page 10.1 column 1, line 125. Line 180 must agree with Page 10.1 column 1, line 126. Line 199 must agree with Page 10.1, column 1, line 128.

Line 230 must agree with Page 10.1 column 1, lines 75 through 100.

Report to the nearest whole dollar.

For nonresidential care facilities:

Lines 250 through 290 must agree with appropriate lines on Page 10.1 column 1.

For residential care facilities:

Report only productive hours, salaries, and wages related to health care on lines 250 through 290 of this page. If Page 10.1, columns 5 through 9 are used to determine expenses related to health care, use the same method to determine productive hours, salaries, and wages to health care for this page.

LONG-TERM CARE FACILITY INTEGRATED DISCLOSURE AND MEDI-CAL COST REPORT

12.2 (1)	Labor Report	(Submitted Data)
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Facility D.B.A. Name: WINDSOR REDDING CARE CENTER

OSHPD ID: 206450841

Address: 2490 COURT STREET, REDDING, CA 96001

Report Period End: 05/31/2020

Line No.	Supplemental Labor Information	(1) Productive Hours *	(2) Productive Salaries and Wages **	(3) Hourly Average (Col 2 / Col 1)
310	Social Workers (Report here and include on Ln 270)		\$	\$
315	Activity Program Leaders (Report here and include on Ln 275)	1,888	\$ 45,987	\$ 24.36

Line No.	Temporary Staffing Agency Services	(1) Hours	(2) Amount Paid	(3) Hourly Average (Col 2 / Col 1)
	Nursing Services (Exclude Sub-Acute Care, Sub-Acute Care - Pediatric, and Transitional Inpatient Care)			
405	Geriatric Nurse Practitioners		\$	\$
410	Registered Nurses			
415	Licensed Vocational Nurses	56	2,822	50.39
420	Nurse Assistants (Aides and Orderlies)	10,700	397,712	37.17
425	Psychiatric Technicians			
430	Other Agency Personnel			
435	TOTAL (Sum of Lns 405 thru 430)	10,756	\$ 400,534	\$ 37.24
	Sub-Acute Care Nursing Services - Only			
440	Geriatric Nurse Practitioners		\$	\$
445	Registered Nurses			
450	Licensed Vocational Nurses			
455	Nurse Assistants (Aides and Orderlies)			
460	Psychiatric Technicians			
465	Other Agency Personnel			
470	TOTAL (Sum of Lns 440 thru 465)		\$	\$
	Sub-Acute Care - Pediatric Nursing Services - Only			
475	Geriatric Nurse Practitioners		\$	\$
480	Registered Nurses			
485	Licensed Vocational Nurses			
490	Nurse Assistants (Aides and Orderlies)			
495	Psychiatric Technicians			
500	Other Agency Personnel			
505	TOTAL (Sum of Lns 475 thru 500)		\$	\$
	Transitional Inpatient Care Nursing Services - Only			
510	Geriatric Nurse Practitioners		\$	\$
515	Registered Nurses			
520	Licensed Vocational Nurses			

525	Nurse Assistants (Aides and Orderlies)			
530	Psychiatric Technicians			
535	Other Agency Personnel			
540	TOTAL (Sum of Lns 510 thru 535)		\$	\$

Line No.	Supplemental Labor Info - Temporary Staffing	(1) Hours	(2) Amount Paid	(3) Hourly Average (Col 2 / Col 1)
555	Social Workers (Do not include on Lns 430, 465, 500 or 535)		\$	\$
560	Activity Program Leaders (Do not include in Lns 430, 465, 500 or 535)		\$	\$

CHFC 7041 h-6 & MC530

* Productive hours are actual hours worked and exclude 1) vacation, 2) sick leave, 3) on call, 4) holiday, 5) other paid time off. Report to the nearest whole hour.

** For all facilities:

Column 2, line 65 must agree with the sum of Page 10.1, column 1, lines 105, 110, 115, 120, 130 and 135. Line 130 must agree with Page 10.1 column 1, line 125. Line 180 must agree with Page 10.1 column 1, line 126. Line 199 must agree with Page 10.1, column 1, line 128.

Line 230 must agree with Page 10.1 column 1, lines 75 through 100.

Report to the nearest whole dollar.

For nonresidential care facilities:

Lines 250 through 290 must agree with appropriate lines on Page 10.1 column 1.

For residential care facilities:

Report only productive hours, salaries, and wages related to health care on lines 250 through 290 of this page. If Page 10.1, columns 5 through 9 are used to determine expenses related to health care, use the same method to determine productive hours, salaries, and wages to health care for this page.

LONG-TERM CARE FACILITY INTEGRATED DISCLOSURE AND MEDI-CAL COST REPORT

12.2 (2)	Labor Report	(Submitted Data)
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Facility D.B.A. Name: WINDSOR REDDING CARE CENTER

OSHPD ID: 206450841

Address: 2490 COURT STREET, REDDING, CA 96001

Report Period End: 05/31/2020

Line No.	Labor Turnover	(1) All Employees	(2) Direct Nursing Employees *	(3) Nurse Assistants
605	Number of employees at beginning of period	123	83	48
610	Number of employees at end of period	121	71	41
615	Average number of employees	126	80	49
620	Total number of people employed during the period **	180	117	73
625	TURNOVER PERCENTAGE [(Ln 620 / Ln 615) X 100] - 100	42.86	46.25	48.98
630	Number of employees with continuous service for entire reporting period	83	50	28

CHFC 7041 h-6 & MC530

* Include all employees (RN's, LVN's, Nurse Assistants, technicians, specialists and others) providing direct nursing care.

Do not include supervisors who provide no direct nursing care.
 Do include supervisors whose duties include some provision of nursing care.

** Total number of people cannot be less than the number of employees at the beginning of the period, less the number of employees with continuous service for the entire period, plus the number of employees at the end of the period(line 605 - line 630 + line 610).

This calculation is the MINIMUM possible number of people employed during the period.

It does not include employees who were hired after the period began and left or were discharged before the period ended.

Therefore, in most cases, line 620 should be greater than this calculation.

LONG-TERM CARE FACILITY INTEGRATED DISCLOSURE AND MEDICAL COST REPORT

12.3 (1)	Payroll-Based Journal Public Use File	(Submitted Data)
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Facility D.B.A. Name: WINDSOR REDDING CARE CENTER

OSHPD ID: 206450841

Address: 2490 COURT STREET, REDDING, CA 96001

Report Period End: 05/31/2020

Line No.	Quarter
1	03/31/2020

Line No.	(1) WorkDate	(2) MDScensus	(3) Total Registered Nurse Director of Nursing Hours	(4) Employee Registered Nurse Director of Nursing Hours	(5) Contracted Registered Nurse Director of Nursing Hours	(6) Total Registered Nurse Administration Hours	(7) Employee Registered Nurse Administration Hours
2	01/01/2020	89					
3	01/02/2020	91	8.00	8.00		9.50	9.50
4	01/03/2020	90	8.00	8.00		12.25	12.25
5	01/04/2020	92					
6	01/05/2020	91					
7	01/06/2020	91				13.00	13.00
8	01/07/2020	91	8.00	8.00		15.00	15.00
9	01/08/2020	91	8.00	8.00		5.75	5.75
10	01/09/2020	93	8.00	8.00		14.75	14.75
11	01/10/2020	95	8.00	8.00		14.25	14.25
12	01/11/2020	95					
13	01/12/2020	96					
14	01/13/2020	96	8.00	8.00		15.25	15.25
15	01/14/2020	96	8.00	8.00		13.00	13.00
16	01/15/2020	94	8.00	8.00		14.25	14.25
17	01/16/2020	95	8.00	8.00		14.50	14.50
18	01/17/2020	95	8.00	8.00		11.75	11.75
19	01/18/2020	94					
20	01/19/2020	94					
21	01/20/2020	94	8.00	8.00		13.00	13.00
22	01/21/2020	97	8.00	8.00		11.00	11.00
23	01/22/2020	98	8.00	8.00		11.75	11.75

24	01/23/2020	96	8.00	8.00		13.25	13.25
25	01/24/2020	98	8.00	8.00		12.52	12.52
26	01/25/2020	99					
27	01/26/2020	98					
28	01/27/2020	99	8.00	8.00		14.00	14.00
29	01/28/2020	100	8.00	8.00		15.25	15.25
30	01/29/2020	101	8.00	8.00		14.25	14.25
31	01/30/2020	102	8.00	8.00		15.50	15.50
32	01/31/2020	104				15.50	15.50
33	02/01/2020	103					
34	02/02/2020	101					
35	02/03/2020	100				15.00	15.00
36	02/04/2020	100	8.00	8.00		15.25	15.25
37	02/05/2020	101	8.00	8.00			
38	02/06/2020	101	8.00	8.00		16.00	16.00
39	02/07/2020	101	8.00	8.00		15.50	15.50
40	02/08/2020	100	8.00	8.00			
41	02/09/2020	100					
42	02/10/2020	101	8.00	8.00		15.75	15.75
43	02/11/2020	101	8.00	8.00		15.25	15.25
44	02/12/2020	101	8.00	8.00		15.50	15.50
45	02/13/2020	99	8.00	8.00		15.75	15.75

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LONG-TERM CARE FACILITY INTEGRATED DISCLOSURE AND MEDI-CAL COST REPORT

12.3 (2)	Payroll-Based Journal Public Use File	(Submitted Data)
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Facility D.B.A. Name: WINDSOR REDDING CARE CENTER

OSHPD ID: 206450841

Address: 2490 COURT STREET, REDDING, CA 96001

Report Period End: 05/31/2020

Line No.	(1) WorkDate	(8) Contracted Registered Nurse Administration Hours	(9) Total Registered Nurse Hours	(10) Employee Registered Nurse Hours	(11) Contracted Registered Nurse Hours	(12) Total Licensed Practical Nurse Administration Hours	(13) Employee Licensed Practical Nurse Administration Hours
2	01/01/2020		2.00	2.00		8.00	8.00
3	01/02/2020		12.50	12.50		8.75	8.75
4	01/03/2020		32.25	32.25		5.75	5.75
5	01/04/2020		25.00	25.00		4.00	4.00
6	01/05/2020		18.25	18.25			
7	01/06/2020		20.50	20.50		11.33	11.33
8	01/07/2020		25.50	25.50		8.75	8.75
9	01/08/2020		32.27	32.27		8.50	8.50
10	01/09/2020		20.25	20.25		9.00	9.00
11	01/10/2020		20.25	20.25		8.75	8.75
12	01/11/2020		7.00	7.00		3.00	3.00

13	01/12/2020		11.78	11.78		2.00	2.00
14	01/13/2020		21.00	21.00		8.25	8.25
15	01/14/2020		25.75	25.75		10.85	10.85
16	01/15/2020		32.78	32.78		11.08	11.08
17	01/16/2020		20.25	20.25		9.25	9.25
18	01/17/2020		20.75	20.75		8.50	8.50
19	01/18/2020		18.52	18.52		1.00	1.00
20	01/19/2020		12.00	12.00			
21	01/20/2020		21.53	21.53		8.75	8.75
22	01/21/2020		13.75	13.75		9.00	9.00
23	01/22/2020		20.75	20.75		8.50	8.50
24	01/23/2020		20.75	20.75		8.75	8.75
25	01/24/2020		33.75	33.75		8.00	8.00
26	01/25/2020		19.75	19.75			
27	01/26/2020		13.25	13.25			
28	01/27/2020		8.00	8.00			
29	01/28/2020		13.50	13.50		8.25	8.25
30	01/29/2020		21.00	21.00		8.50	8.50
31	01/30/2020		33.23	33.23		7.50	7.50
32	01/31/2020		29.00	29.00		3.75	3.75
33	02/01/2020		12.53	12.53			
34	02/02/2020						
35	02/03/2020		8.00	8.00		8.25	8.25
36	02/04/2020		8.00	8.00		8.00	8.00
37	02/05/2020		25.85	25.85		8.00	8.00
38	02/06/2020		32.50	32.50		8.90	8.90
39	02/07/2020		32.23	32.23		8.00	8.00
40	02/08/2020		6.75	6.75			
41	02/09/2020						
42	02/10/2020		8.00	8.00		8.00	8.00
43	02/11/2020		26.75	26.75		8.50	8.50
44	02/12/2020		33.18	33.18		8.25	8.25
45	02/13/2020		32.90	32.90		9.00	9.00

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LONG-TERM CARE FACILITY INTEGRATED DISCLOSURE AND MEDI-CAL COST REPORT

12.3 (3) Payroll-Based Journal Public Use File (Submitted Data)

Facility D.B.A. Name: WINDSOR REDDING CARE CENTER

OSHPD ID: 206450841

Address: 2490 COURT STREET, REDDING, CA 96001

Report Period End: 05/31/2020

Line No.	(1) WorkDate	(14) Contracted Licensed Practical Nurse Administration Hours	(15) Total Licensed Practical Nurse Hours	(16) Employee Licensed Practical Nurse Hours	(17) Contracted Licensed Practical Nurse Hours	(18) Total Certified Nurse Aide Hours	(19) Employee Certified Nurse Aide Hours
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2	01/01/2020		94.00	94.00		198.88	198.88
3	01/02/2020		91.55	91.55		222.26	220.26
4	01/03/2020		83.69	83.69		199.84	191.84
5	01/04/2020		90.99	90.99		214.05	206.05
6	01/05/2020		96.58	96.58		221.94	215.94
7	01/06/2020		100.66	100.66		213.56	199.43
8	01/07/2020		103.90	103.90		211.76	203.71
9	01/08/2020		88.44	88.44		228.32	207.32
10	01/09/2020		103.14	103.14		224.55	224.55
11	01/10/2020		86.41	86.41		229.71	221.71
12	01/11/2020		120.68	120.68		194.16	182.16
13	01/12/2020		102.45	102.45		224.17	193.92
14	01/13/2020		107.05	107.05		205.64	198.47
15	01/14/2020		103.35	103.35		224.76	216.76
16	01/15/2020		83.58	83.58		230.20	230.20
17	01/16/2020		90.14	90.14		233.08	217.08
18	01/17/2020		102.07	102.07		215.71	207.71
19	01/18/2020		101.38	101.38		212.99	199.49
20	01/19/2020		102.68	102.68		212.92	190.42
21	01/20/2020		93.11	93.11		224.83	216.83
22	01/21/2020		113.55	113.55		232.53	226.53
23	01/22/2020		100.02	100.02		228.74	212.51
24	01/23/2020		91.72	91.72		244.81	228.91
25	01/24/2020		97.35	97.35		215.53	215.53
26	01/25/2020		111.66	103.66	8.00	208.85	184.70
27	01/26/2020		118.86	110.86	8.00	188.76	172.63
28	01/27/2020		106.44	106.44		235.41	235.41
29	01/28/2020		116.08	116.08		242.71	218.35
30	01/29/2020		104.55	104.55		225.23	209.25
31	01/30/2020		137.29	137.29		197.09	189.09
32	01/31/2020		112.71	112.71		217.64	197.57
33	02/01/2020		104.02	104.02		197.11	197.11
34	02/02/2020		123.77	123.77		219.58	219.58
35	02/03/2020		136.88	136.88		228.52	228.52
36	02/04/2020		115.97	115.97		221.86	205.39
37	02/05/2020		112.43	112.43		244.70	226.05
38	02/06/2020		91.09	91.09		206.42	189.49
39	02/07/2020		96.73	96.73		236.79	227.61
40	02/08/2020		110.25	110.25		182.92	168.35
41	02/09/2020		120.89	120.89		223.84	194.10
42	02/10/2020		122.29	122.29		191.31	191.31
43	02/11/2020		103.91	103.91		223.27	205.35
44	02/12/2020		95.80	95.80		229.25	197.16
45	02/13/2020		97.38	97.38		241.22	227.02

LONG-TERM CARE FACILITY INTEGRATED DISCLOSURE AND MEDICAL COST REPORT

12.3 (4) Payroll-Based Journal Public Use File (Submitted Data)

Facility D.B.A. Name: WINDSOR REDDING CARE CENTER

OSHPD ID: 206450841

Address: 2490 COURT STREET, REDDING, CA 96001

Report Period End: 05/31/2020

Line No.	(1) WorkDate	(20) Contracted Certified Nurse Aide Hours	(21) Total Nurse Aide in Training Hours	(22) Employee Nurse Aide in Training Hours	(23) Contracted Nurse Aide in Training Hours	(24) Total Med Aide / Technician Hours	(25) Employee Med Aide / Technician Hours	(26) Contracted Med Aide / Technician Hours
2	01/01/2020							
3	01/02/2020	2.00						
4	01/03/2020	8.00						
5	01/04/2020	8.00						
6	01/05/2020	6.00						
7	01/06/2020	14.13						
8	01/07/2020	8.05						
9	01/08/2020	21.00						
10	01/09/2020							
11	01/10/2020	8.00						
12	01/11/2020	12.00						
13	01/12/2020	30.25						
14	01/13/2020	7.17						
15	01/14/2020	8.00						
16	01/15/2020							
17	01/16/2020	16.00						
18	01/17/2020	8.00						
19	01/18/2020	13.50						
20	01/19/2020	22.50						
21	01/20/2020	8.00						
22	01/21/2020	6.00						
23	01/22/2020	16.23						
24	01/23/2020	15.90						
25	01/24/2020							
26	01/25/2020	24.15						
27	01/26/2020	16.13						
28	01/27/2020							
29	01/28/2020	24.36						
30	01/29/2020	15.98						
31	01/30/2020	8.00						
32	01/31/2020	20.07						
33	02/01/2020							
34	02/02/2020							

35	02/03/2020							
36	02/04/2020	16.47						
37	02/05/2020	18.65						
38	02/06/2020	16.93						
39	02/07/2020	9.18						
40	02/08/2020	14.57						
41	02/09/2020	29.74						
42	02/10/2020							
43	02/11/2020	17.92						
44	02/12/2020	32.09						
45	02/13/2020	14.20						

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LONG-TERM CARE FACILITY INTEGRATED DISCLOSURE AND MEDICAL COST REPORT

12.3 (5) Payroll-Based Journal Public Use File (Submitted Data)

Facility D.B.A. Name: WINDSOR REDDING CARE CENTER

OSHPD ID: 206450841

Address: 2490 COURT STREET, REDDING, CA 96001

Report Period End: 05/31/2020

Line No.	(1) WorkDate	(2) MDScensus	(3) Total Registered Nurse Director of Nursing Hours	(4) Employee Registered Nurse Director of Nursing Hours	(5) Contracted Registered Nurse Director of Nursing Hours	(6) Total Registered Nurse Administration Hours	(7) Employee Registered Nurse Administration Hours
46	02/14/2020	100	8.00	8.00		14.50	14.50
47	02/15/2020	99				1.50	1.50
48	02/16/2020	99					
49	02/17/2020	98	8.00	8.00		6.00	6.00
50	02/18/2020	99	8.00	8.00		9.50	9.50
51	02/19/2020	99	8.00	8.00		8.50	8.50
52	02/20/2020	98	8.00	8.00		13.25	13.25
53	02/21/2020	99	8.00	8.00		15.25	15.25
54	02/22/2020	98				1.50	1.50
55	02/23/2020	97				2.75	2.75
56	02/24/2020	97	8.00	8.00		15.75	15.75
57	02/25/2020	99	8.00	8.00		15.00	15.00
58	02/26/2020	100	8.00	8.00		13.75	13.75
59	02/27/2020	102	8.00	8.00		11.00	11.00
60	02/28/2020	101	8.00	8.00		7.75	7.75
61	02/29/2020	101				1.25	1.25
62	03/01/2020	102				1.00	1.00
63	03/02/2020	103	8.00	8.00		15.00	15.00
64	03/03/2020	101	8.00	8.00		14.38	14.38
65	03/04/2020	101	8.00	8.00		13.83	13.83
66	03/05/2020	100	8.00	8.00		15.00	15.00

67	03/06/2020	101	8.00	8.00		12.00	12.00
68	03/07/2020	103				1.50	1.50
69	03/08/2020	103					
70	03/09/2020	100				16.05	16.05
71	03/10/2020	101	8.00	8.00		20.57	20.57
72	03/11/2020	101	8.00	8.00		10.18	10.18
73	03/12/2020	98	8.00	8.00		9.00	9.00
74	03/13/2020	98	8.00	8.00		14.00	14.00
75	03/14/2020	98					
76	03/15/2020	97					
77	03/16/2020	96	8.00	8.00		14.25	14.25
78	03/17/2020	95	8.00	8.00		13.75	13.75
79	03/18/2020	93	8.00	8.00		13.75	13.75
80	03/19/2020	92	8.00	8.00		10.00	10.00
81	03/20/2020	91	8.00	8.00		8.75	8.75
82	03/21/2020	90					
83	03/22/2020	91					
84	03/23/2020	93	8.00	8.00		11.75	11.75
85	03/24/2020	93	8.00	8.00		9.25	9.25
86	03/25/2020	94	8.00	8.00		12.75	12.75
87	03/26/2020	94	8.00	8.00		10.67	10.67
88	03/27/2020	94	8.00	8.00		13.00	13.00
89	03/28/2020	95					
90	03/29/2020	96					
91	03/30/2020	95	8.00	8.00		11.75	11.75
92	03/31/2020	93	8.00	8.00		7.00	7.00
93							
94		8,852	488.00	488.00		829.70	829.70

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LONG-TERM CARE FACILITY INTEGRATED DISCLOSURE AND MEDI-CAL COST REPORT

12.3 (6)	Payroll-Based Journal Public Use File	(Submitted Data)
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Facility D.B.A. Name: WINDSOR REDDING CARE CENTER

OSHPD ID: 206450841

Address: 2490 COURT STREET, REDDING, CA 96001

Report Period End: 05/31/2020

Line No.	(1) WorkDate	(8) Contracted Registered Nurse Administration Hours	(9) Total Registered Nurse Hours	(10) Employee Registered Nurse Hours	(11) Contracted Registered Nurse Hours	(12) Total Licensed Practical Nurse Administration Hours	(13) Employee Licensed Practical Nurse Administration Hours
46	02/14/2020		12.50	12.50			
47	02/15/2020		6.75	6.75			
48	02/16/2020						
49	02/17/2020		8.00	8.00			
50	02/18/2020		12.50	12.50		8.75	8.75

51	02/19/2020		32.25	32.25		4.48	4.48
52	02/20/2020		20.75	20.75		8.75	8.75
53	02/21/2020		20.25	20.25			
54	02/22/2020		20.47	20.47			
55	02/23/2020		12.50	12.50			
56	02/24/2020		21.50	21.50		8.50	8.50
57	02/25/2020		26.75	26.75		8.50	8.50
58	02/26/2020		20.75	20.75		8.50	8.50
59	02/27/2020		18.50	18.50		8.33	8.33
60	02/28/2020		20.50	20.50		9.00	9.00
61	02/29/2020		19.62	19.62			
62	03/01/2020		12.50	12.50			
63	03/02/2020		13.25	13.25			
64	03/03/2020		14.00	14.00		8.50	8.50
65	03/04/2020		19.25	19.25		7.82	7.82
66	03/05/2020		20.00	20.00		2.25	2.25
67	03/06/2020		30.75	30.75			
68	03/07/2020		20.75	20.75			
69	03/08/2020		12.50	12.50			
70	03/09/2020		20.50	20.50		8.27	8.27
71	03/10/2020		9.50	9.50		8.25	8.25
72	03/11/2020		10.00	10.00		11.25	11.25
73	03/12/2020		21.75	21.75		9.25	9.25
74	03/13/2020		33.50	33.50		8.27	8.27
75	03/14/2020		21.00	21.00			
76	03/15/2020		9.50	9.50			
77	03/16/2020		8.00	8.00		8.00	8.00
78	03/17/2020		14.00	14.00		8.48	8.48
79	03/18/2020		28.98	28.98			
80	03/19/2020		29.32	29.32		8.00	8.00
81	03/20/2020		27.38	27.38		8.60	8.60
82	03/21/2020		7.00	7.00			
83	03/22/2020						
84	03/23/2020		16.03	16.03		8.00	8.00
85	03/24/2020		33.53	33.53		8.00	8.00
86	03/25/2020		35.08	35.08		8.00	8.00
87	03/26/2020		28.32	28.32			
88	03/27/2020		33.32	33.32			
89	03/28/2020		19.37	19.37			
90	03/29/2020		11.45	11.45			
91	03/30/2020		18.25	18.25		8.75	8.75
92	03/31/2020		22.25	22.25		8.78	8.78
93							
94			1,728.17	1,728.17		475.94	475.94

LONG-TERM CARE FACILITY INTEGRATED DISCLOSURE AND MEDICAL COST REPORT

12.3 (7)

Payroll-Based Journal Public Use File

(Submitted Data)

Facility D.B.A. Name: WINDSOR REDDING CARE CENTER

OSHPD ID: 206450841

Address: 2490 COURT STREET, REDDING, CA 96001

Report Period End: 05/31/2020

Line No.	(1) WorkDate	(14) Contracted Licensed Practical Nurse Administration Hours	(15) Total Licensed Practical Nurse Hours	(16) Employee Licensed Practical Nurse Hours	(17) Contracted Licensed Practical Nurse Hours	(18) Total Certified Nurse Aide Hours	(19) Employee Certified Nurse Aide Hours
46	02/14/2020		101.20	101.20		215.56	207.56
47	02/15/2020		101.44	101.44		183.12	171.62
48	02/16/2020		119.90	119.90		195.17	186.65
49	02/17/2020		115.18	115.18		212.68	212.68
50	02/18/2020		98.25	98.25		223.14	198.94
51	02/19/2020		99.31	99.31		234.04	226.04
52	02/20/2020		103.96	103.96		243.05	218.88
53	02/21/2020		106.86	106.86		216.80	185.42
54	02/22/2020		114.70	114.70		179.72	157.56
55	02/23/2020		103.97	103.97		179.09	163.07
56	02/24/2020		98.66	98.66		212.74	208.04
57	02/25/2020		99.34	99.34		201.04	185.02
58	02/26/2020		109.48	109.48		237.92	215.16
59	02/27/2020		120.57	120.57		229.41	195.26
60	02/28/2020		112.09	112.09		216.50	200.60
61	02/29/2020		95.72	95.72		167.09	142.15
62	03/01/2020		106.73	97.73	9.00	211.47	159.76
63	03/02/2020		107.32	107.32		217.07	200.43
64	03/03/2020		110.12	110.12		276.32	188.19
65	03/04/2020		103.79	103.79		265.40	205.32
66	03/05/2020		113.62	113.62		246.33	190.31
67	03/06/2020		88.72	88.72		217.97	156.09
68	03/07/2020		99.64	99.64		219.19	141.00
69	03/08/2020		104.26	104.26		236.98	149.15
70	03/09/2020		107.02	107.02		228.13	182.97
71	03/10/2020		106.64	106.64		240.91	175.95
72	03/11/2020		116.37	116.37		254.09	180.72
73	03/12/2020		114.34	114.34		251.41	173.73
74	03/13/2020		95.91	95.91		194.06	141.50
75	03/14/2020		91.90	91.90		210.30	158.30
76	03/15/2020		89.95	89.95		200.85	137.22
77	03/16/2020		92.71	92.71		189.22	149.72
78	03/17/2020		106.73	106.73		212.40	167.49

79	03/18/2020		85.17	85.17		235.14	192.01
80	03/19/2020		95.17	95.17		218.97	153.23
81	03/20/2020		96.29	96.29		235.55	179.65
82	03/21/2020		100.49	100.49		222.04	147.96
83	03/22/2020		105.95	105.95		206.69	152.76
84	03/23/2020		116.31	116.31		211.27	147.64
85	03/24/2020		91.57	91.57		267.82	181.95
86	03/25/2020		87.24	87.24		246.04	193.54
87	03/26/2020		88.50	88.50		202.79	167.69
88	03/27/2020		85.51	85.51		226.32	136.19
89	03/28/2020		96.72	96.72		196.72	145.47
90	03/29/2020		98.47	98.47		201.96	165.04
91	03/30/2020		101.98	101.98		221.93	184.45
92	03/31/2020		106.39	106.39		232.70	171.26
93							
94			9,399.65	9,374.65	25.00	19,972.53	17,361.59

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LONG-TERM CARE FACILITY INTEGRATED DISCLOSURE AND MEDICAL COST REPORT

12.3 (8) Payroll-Based Journal Public Use File (Submitted Data)

Facility D.B.A. Name: WINDSOR REDDING CARE CENTER

OSHPD ID: 206450841

Address: 2490 COURT STREET, REDDING, CA 96001

Report Period End: 05/31/2020

Line No.	(1) WorkDate	(20) Contracted Certified Nurse Aide Hours	(21) Total Nurse Aide in Training Hours	(22) Employee Nurse Aide in Training Hours	(23) Contracted Nurse Aide in Training Hours	(24) Total Med Aide / Technician Hours	(25) Employee Med Aide / Technician Hours	(26) Contracted Med Aide / Technician Hours
46	02/14/2020	8.00						
47	02/15/2020	11.50						
48	02/16/2020	8.52						
49	02/17/2020							
50	02/18/2020	24.20						
51	02/19/2020	8.00						
52	02/20/2020	24.17						
53	02/21/2020	31.38						
54	02/22/2020	22.16						
55	02/23/2020	16.02						
56	02/24/2020	4.70						
57	02/25/2020	16.02						
58	02/26/2020	22.76						
59	02/27/2020	34.15						
60	02/28/2020	15.90						
61	02/29/2020	24.94						
62	03/01/2020	51.71						

63	03/02/2020	16.64						
64	03/03/2020	88.13						
65	03/04/2020	60.08						
66	03/05/2020	56.02						
67	03/06/2020	61.88						
68	03/07/2020	78.19						
69	03/08/2020	87.83						
70	03/09/2020	45.16						
71	03/10/2020	64.96						
72	03/11/2020	73.37						
73	03/12/2020	77.68						
74	03/13/2020	52.56						
75	03/14/2020	52.00						
76	03/15/2020	63.63						
77	03/16/2020	39.50						
78	03/17/2020	44.91						
79	03/18/2020	43.13						
80	03/19/2020	65.74						
81	03/20/2020	55.90						
82	03/21/2020	74.08						
83	03/22/2020	53.93						
84	03/23/2020	63.63						
85	03/24/2020	85.87						
86	03/25/2020	52.50						
87	03/26/2020	35.10						
88	03/27/2020	90.13						
89	03/28/2020	51.25						
90	03/29/2020	36.92						
91	03/30/2020	37.48						
92	03/31/2020	61.44						
93								
94		2,610.94						

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LONG-TERM CARE FACILITY INTEGRATED DISCLOSURE AND MEDI-CAL COST REPORT

13	Computation of Ancillary Services Cost per Patient Day (Special Care Program Contract Providers, Only)	(Submitted Data)
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Facility D.B.A. Name: WINDSOR REDDING CARE CENTER

OSHPD ID: 206450841

Address: 2490 COURT STREET, REDDING, CA 96001

Report Period End: 05/31/2020

Line No.	Ancillary Services	Total Facility			Sub-Acute Care		
		(1) Allowable Cost (Pg 11 Col 12)	(2) Gross Revenue (Pg 4.2 Cols)	(3) Ratio of Cost to Gross Revenue	(4) Gross Ancillary Revenue for Sub-Acute Care	(5) Allowable Cost for Sub-Acute Care (Col 3 X Col 6)	(6) Allowable Cost per Sub-Acute Care Day (Col 5 / Col 6)

			11+12)	(Col 1 / Col 2)		4)	Ln 105)
10	Patient Supplies	\$	\$		\$	\$	\$
12	Specialized Support Surfaces						
15	Physical Therapy						
16	Respiratory Therapy						
17	Occupational Therapy						
18	Speech Pathology						
20	Pharmacy						
25	Laboratory						
30	Home Health Services						
35	Other Ancillary Services						
95	TOTAL	\$	\$		\$	\$	\$
105	Program Patient Days (Pg 4.1 Col 6 Lns 25, 30 and 35)						

Line No.	Ancillary Services	Sub-Acute Care - Pediatric			Transitional Inpatient Care		
		(7) Gross Ancillary Revenue for Sub-Acute Care - Ped.	(8) Allowable Cost for Sub-Acute Care - Ped. (Col 3 X Col 7)	(9) Allowable Cost per Sub-Acute Care - Ped. Day (Col 8 / Col 9 Ln 105)	(10) Gross Ancillary Revenue for Transitional Inpatient Care	(11) Allowable Cost for Transitional Inpatient Care (Col 3 X Col 10)	(12) Allowable Cost per Transitional Inpat. Care Day (Col 11 / Col 12 Ln 105)
10	Patient Supplies	\$	\$	\$	\$	\$	\$
12	Specialized Support Surfaces						
15	Physical Therapy						
16	Respiratory Therapy						
17	Occupational Therapy						
18	Speech						

	Pathology						
20	Pharmacy						
25	Laboratory						
30	Home Health Services						
35	Other Ancillary Services						
95	TOTAL	\$	\$	\$	\$	\$	\$
105	Program Patient Days (Pg 4.1 Col 6 Lns 25, 30 and 35)						
MC530							