

Fill in this information to identify the case:

Debtor Borrego Community Health Foundation

United States Bankruptcy Court for the: Southern District of California
(State)

Case number 22-02384

**Official Form 410
Proof of Claim**

04/22

Read the instructions before filling out this form. This form is for making a claim for payment in a bankruptcy case. Do not use this form to make a request for payment of an administrative expense. Make such a request according to 11 U.S.C. § 503.

Filers must leave out or redact information that is entitled to privacy on this form or on any attached documents. Attach redacted copies or any documents that support the claim, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, judgments, mortgages, and security agreements. Do not send original documents; they may be destroyed after scanning. If the documents are not available, explain in an attachment.

A person who files a fraudulent claim could be fined up to \$500,000, imprisoned for up to 5 years, or both. 18 U.S.C. §§ 152, 157, and 3571.

Fill in all the information about the claim as of the date the case was filed. That date is on the notice of bankruptcy (Form 309) that you received.

Part 1: Identify the Claim

1. Who is the current creditor?	<u>California Department of Public Health</u> Name of the current creditor (the person or entity to be paid for this claim)	
	Other names the creditor used with the debtor _____	
2. Has this claim been acquired from someone else?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. From whom? _____	
3. Where should notices and payments to the creditor be sent? Federal Rule of Bankruptcy Procedure (FRBP) 2002(g)	Where should notices to the creditor be sent?	Where should payments to the creditor be sent? (if different)
	<u>California Department of Public Health</u> <u>Mary Booth</u> <u>1415 L Street, Suite 500</u> <u>Sacramento, CA 95814</u> Contact phone <u>916-440-7856</u> Contact email <u>mary.booth@cdph.ca.gov</u>	<u>CDPH LC Grants/Fiscal Unit</u> <u>Susan Magner</u> <u>P.O. Box 997434</u> <u>MS3202</u> <u>Sacramento, CA 95899</u> Contact phone <u>916-322-2118</u> Contact email <u>susan.magner@cdph.ca.gov</u>
	Uniform claim identifier for electronic payments in chapter 13 (if you use one): _____	
4. Does this claim amend one already filed?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Claim number on court claims registry (if known) _____ Filed on _____ <div style="text-align: right;">MM / DD / YYYY</div>	
5. Do you know if anyone else has filed a proof of claim for this claim?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Who made the earlier filing? _____	



Part 2: Give Information About the Claim as of the Date the Case Was Filed

6. Do you have any number you use to identify the debtor? No
 Yes. Last 4 digits of the debtor's account or any number you use to identify the debtor: 0021 ____

7. How much is the claim? \$ 8947.20. Does this amount include interest or other charges?
 No
 Yes. Attach statement itemizing interest, fees, expenses, or other charges required by Bankruptcy Rule 3001(c)(2)(A).

8. What is the basis of the claim? Examples: Goods sold, money loaned, lease, services performed, personal injury or wrongful death, or credit card.
Attach redacted copies of any documents supporting the claim required by Bankruptcy Rule 3001(c).
Limit disclosing information that is entitled to privacy, such as health care information.
Facility License renewal fees

9. Is all or part of the claim secured? No
 Yes. The claim is secured by a lien on property.
Nature or property:
 Real estate: If the claim is secured by the debtor's principle residence, file a *Mortgage Proof of Claim Attachment* (Official Form 410-A) with this *Proof of Claim*.
 Motor vehicle
 Other. Describe: _____
Basis for perfection: _____
Attach redacted copies of documents, if any, that show evidence of perfection of a security interest (for example, a mortgage, lien, certificate of title, financing statement, or other document that shows the lien has been filed or recorded.)
Value of property: \$ _____
Amount of the claim that is secured: \$ _____
Amount of the claim that is unsecured: \$ _____ (The sum of the secured and unsecured amount should match the amount in line 7.)
Amount necessary to cure any default as of the date of the petition: \$ _____
Annual Interest Rate (when case was filed) _____ %
 Fixed
 Variable

10. Is this claim based on a lease? No
 Yes. Amount necessary to cure any default as of the date of the petition. \$ _____

11. Is this claim subject to a right of setoff? No
 Yes. Identify the property: _____



12. Is all or part of the claim entitled to priority under 11 U.S.C. § 507(a)?

A claim may be partly priority and partly nonpriority. For example, in some categories, the law limits the amount entitled to priority.

No

Yes. Check all that apply:

	Amount entitled to priority
<input type="checkbox"/> Domestic support obligations (including alimony and child support) under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B).	\$ _____
<input type="checkbox"/> Up to \$3,350* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use. 11 U.S.C. § 507(a)(7).	\$ _____
<input type="checkbox"/> Wages, salaries, or commissions (up to \$15,150*) earned within 180 days before the bankruptcy petition is filed or the debtor's business ends, whichever is earlier. 11 U.S.C. § 507(a)(4).	\$ _____
<input type="checkbox"/> Taxes or penalties owed to governmental units. 11 U.S.C. § 507(a)(8).	\$ _____
<input type="checkbox"/> Contributions to an employee benefit plan. 11 U.S.C. § 507(a)(5).	\$ _____
<input type="checkbox"/> Other. Specify subsection of 11 U.S.C. § 507(a)(____) that applies.	\$ _____

* Amounts are subject to adjustment on 4/01/25 and every 3 years after that for cases begun on or after the date of adjustment.

13. Is all or part of the claim pursuant to 11 U.S.C. § 503(b)(9)?

No

Yes. Indicate the amount of your claim arising from the value of any goods received by the debtor within 20 days before the date of commencement of the above case, in which the goods have been sold to the Debtor in the ordinary course of such Debtor's business. Attach documentation supporting such claim.

\$ _____

Part 3: Sign Below

The person completing this proof of claim must sign and date it. FRBP 9011(b).

If you file this claim electronically, FRBP 5005(a)(2) authorizes courts to establish local rules specifying what a signature is.

A person who files a fraudulent claim could be fined up to \$500,000, imprisoned for up to 5 years, or both. 18 U.S.C. §§ 152, 157, and 3571.

Check the appropriate box:

I am the creditor.

I am the creditor's attorney or authorized agent.

I am the trustee, or the debtor, or their authorized agent. Bankruptcy Rule 3004.

I am a guarantor, surety, endorser, or other codebtor. Bankruptcy Rule 3005.

I understand that an authorized signature on this *Proof of Claim* serves as an acknowledgement that when calculating the amount of the claim, the creditor gave the debtor credit for any payments received toward the debt.

I have examined the information in this *Proof of Claim* and have reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on date 12/15/2022
MM / DD / YYYY

/s/Freshtha Rasoli
Signature

Print the name of the person who is completing and signing this claim:

Name Freshtha Rasoli
First name Middle name Last name

Title Senior Legal Analyst

Company CDPH- OLS
Identify the corporate servicer as the company if the authorized agent is a servicer.

Address _____

Contact phone _____ Email _____



KCC ePOC Electronic Claim Filing Summary

For phone assistance: Domestic (866) 967-0670 | International (310) 751-2670

Debtor: 22-02384 - Borrego Community Health Foundation		
District: Southern District of California, San Diego Division		
Creditor: California Department of Public Health Mary Booth 1415 L Street, Suite 500 Sacramento, CA, 95814 Phone: 916-440-7856 Phone 2: Fax: Email: mary.booth@cdph.ca.gov	Has Supporting Documentation: Yes, supporting documentation successfully uploaded Related Document Statement: Has Related Claim: No Related Claim Filed By: Filing Party: Authorized agent	
Disbursement/Notice Parties: CDPH LC Grants/Fiscal Unit Susan Wagner P.O. Box 997434 MS3202 Sacramento, CA, 95899 Phone: 916-322-2118 Phone 2: Fax: E-mail: susan.magner@cdph.ca.gov DISBURSEMENT ADDRESS		
Other Names Used with Debtor:	Amends Claim: No Acquired Claim: No	
Basis of Claim: Facility License renewal fees	Last 4 Digits: Yes - 0021	Uniform Claim Identifier:
Total Amount of Claim: 8947.20	Includes Interest or Charges: No	
Has Priority Claim: No	Priority Under:	
Has Secured Claim: No Amount of 503(b)(9): No Based on Lease: No Subject to Right of Setoff: No	Nature of Secured Amount: Value of Property: Annual Interest Rate: Arrearage Amount: Basis for Perfection: Amount Unsecured:	
Submitted By: Freshta Rasoli on 15-Dec-2022 6:13:39 p.m. Eastern Time Title: Senior Legal Analyst Company: CDPH- OLS		

Fill in this information to identify the case:

Debtor 1 Borrego Community Health Foundation Desert Home Care

Debtor 2 _____
(Spouse, if filing)

United States Bankruptcy Court for the: Southern District of California

Case number 22-02384-LT-11

Official Form 410

Proof of Claim

04/22

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A person who files a fraudulent claim could be fined up to \$500,000, imprisoned for up to 5 years, or both. 18 U.S.C. §§ 152, 157, and 3571.

Fill in all the information about the claim as of the date the case was filed. That date is on the notice of bankruptcy (Form 309) that you received.

Part 1: Identify the Claim

1. Who is the current creditor?	<u>California Department of Public Health</u> Name of the current creditor (the person or entity to be paid for this claim)	
	Other names the creditor used with the debtor _____	
2. Has this claim been acquired from someone else?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. From whom? _____	
3. Where should notices and payments to the creditor be sent? Federal Rule of Bankruptcy Procedure (FRBP) 2002(g)	Where should notices to the creditor be sent?	Where should payments to the creditor be sent? (if different)
	<u>CA Dept. of Public Health-Legal Office</u> Name <u>1415 L Street, Suite 500</u> Number Street <u>Sacramento CA 95814</u> City State ZIP Code Contact phone <u>(916) 440-7856</u> Contact email <u>Mary.booth@cdph.ca.gov</u>	<u>CDPH-L&C Grants/Fiscal Unit, Susan Magner</u> Name <u>MS3202, P.O. Box 997434</u> Number Street <u>Sacramento CA 95899</u> City State ZIP Code Contact phone <u>(916) 322-2118</u> Contact email <u>Susan.magner@cdph.ca.gov</u>
Uniform claim identifier for electronic payments in chapter 13 (if you use one): -----		
4. Does this claim amend one already filed?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Claim number on court claims registry (if known) _____ Filed on _____ MM / DD / YYYY	
5. Do you know if anyone else has filed a proof of claim for this claim?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Who made the earlier filing? _____	

Part 2: Give Information About the Claim as of the Date the Case Was Filed

6. Do you have any number you use to identify the debtor? No
 Yes. Last 4 digits of the debtor's account or any number you use to identify the debtor: 0 0 2 1

7. How much is the claim? \$ 8,947.20. Does this amount include interest or other charges?
 No
 Yes. Attach statement itemizing interest, fees, expenses, or other charges required by Bankruptcy Rule 3001(c)(2)(A).

8. What is the basis of the claim? Examples: Goods sold, money loaned, lease, services performed, personal injury or wrongful death, or credit card.
Attach redacted copies of any documents supporting the claim required by Bankruptcy Rule 3001(c).
Limit disclosing information that is entitled to privacy, such as health care information.
Facility License renewal fees

9. Is all or part of the claim secured? No
 Yes. The claim is secured by a lien on property.
Nature of property:
 Real estate. If the claim is secured by the debtor's principal residence, file a *Mortgage Proof of Claim Attachment* (Official Form 410-A) with this *Proof of Claim*.
 Motor vehicle
 Other. Describe: _____
Basis for perfection: _____
Attach redacted copies of documents, if any, that show evidence of perfection of a security interest (for example, a mortgage, lien, certificate of title, financing statement, or other document that shows the lien has been filed or recorded.)
Value of property: \$ _____
Amount of the claim that is secured: \$ _____
Amount of the claim that is unsecured: \$ _____ (The sum of the secured and unsecured amounts should match the amount in line 7.)
Amount necessary to cure any default as of the date of the petition: \$ _____
Annual Interest Rate (when case was filed) 0.00 %
 Fixed
 Variable

10. Is this claim based on a lease? No
 Yes. Amount necessary to cure any default as of the date of the petition. \$ _____

11. Is this claim subject to a right of setoff? No
 Yes. Identify the property: _____

12. Is all or part of the claim entitled to priority under 11 U.S.C. § 507(a)?

No

Yes. Check one:

Domestic support obligations (including alimony and child support) under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B).

Amount entitled to priority

\$ _____

Up to \$3,350* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use. 11 U.S.C. § 507(a)(7).

\$ _____

Wages, salaries, or commissions (up to \$15,150*) earned within 180 days before the bankruptcy petition is filed or the debtor's business ends, whichever is earlier. 11 U.S.C. § 507(a)(4).

\$ _____

Taxes or penalties owed to governmental units. 11 U.S.C. § 507(a)(8).

\$ _____

Contributions to an employee benefit plan. 11 U.S.C. § 507(a)(5).

\$ _____

Other. Specify subsection of 11 U.S.C. § 507(a)() that applies.

\$ _____

* Amounts are subject to adjustment on 4/01/25 and every 3 years after that for cases begun on or after the date of adjustment.

Part 3: Sign Below

The person completing this proof of claim must sign and date it. FRBP 9011(b).

Check the appropriate box:

I am the creditor.

I am the creditor's attorney or authorized agent.

I am the trustee, or the debtor, or their authorized agent. Bankruptcy Rule 3004.

I am a guarantor, surety, endorser, or other codebtor. Bankruptcy Rule 3005.

If you file this claim electronically, FRBP 5005(a)(2) authorizes courts to establish local rules specifying what a signature is.

I understand that an authorized signature on this *Proof of Claim* serves as an acknowledgment that when calculating the amount of the claim, the creditor gave the debtor credit for any payments received toward the debt.

A person who files a fraudulent claim could be fined up to \$500,000, imprisoned for up to 5 years, or both. 18 U.S.C. §§ 152, 157, and 3571.

I have examined the information in this *Proof of Claim* and have a reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on date 12/15/2022
MM / DD / YYYY


Signature

Print the name of the person who is completing and signing this claim:

Name Kara Read-Spangler
First name Middle name Last name

Title Assistant Chief Counsel

Company California Department of Public Health
Identify the corporate servicer as the company if the authorized agent is a servicer.

Address 1415 L Street, Suite 500
Number Street

Sacramento CA 95814
City State ZIP Code

Contact phone (916) 558-1710 Email kara.read-spangler@cdph.ca.gov



TOMÁS J. ARAGÓN, M.D., Dr.P.H.
Director and State Public Health Officer

State of California—Health and Human Services Agency
California Department of Public Health



GAVIN NEWSOM
Governor

License Renewal Notice
FACILITY LICENSE RENEWAL FEE INVOICE

Licensee:

DESERT HOME CARE
4343 YAQUI PASS ROAD, SUITE B
BORREGO SPRINGS, CA 92004

Facility:

DESERT HOME CARE (HHA)
4343 YAQUI PASS ROAD, SUITE B
BORREGO SPRINGS, CA 92004

LICENSE NUMBER: 080000793
EXPIRATION DATE: 11/04/2020
INVOICE #: 0000211041
INVOICE DATE: 04/10/2022
PERIOD OF: 11/05/2021 to 11/04/2022

LATE PAYMENT PENALTY

POSTMARKED:	PAY:
After 12/19/2021 through 01/18/2022	\$3,113.00
After 01/18/2022 through 02/17/2022	\$3,396.00
After 02/17/2022 through 03/19/2022	\$4,528.00

CURRENT FISCAL YEAR FEES: \$4,528.00
PRIOR FISCAL YEAR(S) FEES: \$4,419.20
TOTAL FEES DUE: \$8,947.20*
DUE BY: 11/04/2021

After 4/18/2022 the Department will Intercept Medi-Cal funds if available and/or take legal action against facilities operating without a current license.
*See Health and Safety Code Section 1266.5

* See page two for breakdown of total fees due.

NOTE: All outstanding fees/penalties must be paid and renewal application received by the department before a current license can be issued. To ensure new license is received prior to expiration please send payment 30 days prior to expiration date. Make payment payable to the "Department of Public Health". DO NOT SEND CASH.

If you have any questions about fees, please email RCollection@cdph.ca.gov or call at (800) 236-9747. If you have any questions about the renewal application please email CABlicensing@cdph.ca.gov or call at (916) 552-8632.

*****DETACH HERE AND RETURN WITH PAYMENT*****

Facility: DESERT HOME CARE (HHA)

License Number: 080000793

Period of: 11/05/2020 to 11/04/2022

Invoice Number: 0000211041

Expiration Date: 11/04/2020

Total Due: \$8,947.20

SEND PAYMENT WITH INVOICE SLIP TO ONE OF THE FOLLOWING:

Normal Mailing Address:	Overnight Mailing Address:
California Department of Public Health Center for Health Care Quality Licensing and Certification Program Revenue Collection Unit P.O. Box 997434, MS 3202 Sacramento, CA 95899-7434	California Department of Public Health Center for Health Care Quality Licensing and Certification Program Revenue Collection Unit 1616 Capitol Ave Ste 74.420, MS 3202 Sacramento, CA 95814-7402

Current Fiscal Year Fees Based On:

\$2,830.00 1 location(s) at a Fixed Fee of \$2830.00 for each location
\$283.00 10% Late Payment Penalty
\$283.00 10% Late Payment Penalty - Additional 10% for a total of 20% Late Payment Penalty
\$1,132.00 40% Late Payment Penalty - Additional 40% for a total of 60% Late Payment Penalty

Outstanding Fees

Licensee:

DESERT HOME CARE
4343 YAQUI PASS ROAD, SUITE B
BORREGO SPRINGS, CA 92004

Facility:

DESERT HOME CARE (HHA)
4343 YAQUI PASS ROAD, SUITE B
BORREGO SPRINGS, CA 92004

License Renewal Year 2020

Total fees based on:

\$2,762.00 1 location(s) at a Fixed Fee of \$2762.00 for each location
\$276.20 10% Late Payment Penalty
\$276.20 10% Late Payment Penalty - Additional 10% for a total of 20% Late Payment Penalty
\$1,104.80 40% Late Payment Penalty - Additional 40% for a total of 60% Late Payment Penalty

Past Due Fees for License Year 2020: **\$4,419.20**

Past Due Fees: \$4,419.20
Current Fees: \$4,528.00

TOTAL FEES DUE: \$8,947.20