FORM 7-1
REPORT ON CCRC MONTHLY CARE FEES

		RESIDENTIAL LIVING	ASSISTED LIVING	SKILLED NURSING
[1]	Monthly Care Fees at beginning of reporting period: (indicate range, if applicable)	N/A	$3,033 - $5,014	$7,440 - $8,525
[2]	Indicate percentage of increase in fees imposed during reporting period: (indicate range, if applicable)	N/A	Ø	Ø

☒ Check here if monthly care fees at this community were not increased during the reporting period. (If you checked this box, please skip down to the bottom of this form and specify the names of the provider and community.)

[3] Indicate the date the fee increase was implemented: _____
(If more than one (1) increase was implemented, indicate the dates for each increase.)

[4] Check each of the appropriate boxes:

☐ Each fee increase is based on the provider's projected costs, prior year per capita costs, and economic indicators.

☐ All affected residents were given written notice of this fee increase at least 30 days prior to its implementation. **Date of Notice:** _____ **Method of Notice:** _____

☐ At least 30 days prior to the increase in fees, the designated representative of the provider convened a meeting that all residents were invited to attend. **Date of Meeting:** _____

☐ At the meeting with residents, the provider discussed and explained the reasons for the increase, the basis for determining the amount of the increase, and the data used for calculating the increase.

☐ The provider provided residents with at least 14 days advance notice of each meeting held to discuss the fee increases. **Date of Notice:** _____

☐ The governing body of the provider, or the designated representative of the provider posted the notice of, and the agenda for, the meeting in a conspicuous place in the community at least 14 days prior to the meeting. **Date of Posting:** _____ **Location of Posting:** _____

[5] On an attached page, provide a concise explanation for the increase in monthly care fees including the amount of the increase and compliance with the applicable Health and Safety Code sections. See **PART 7 REPORT ON CCRC MONTHY CARE FEE** in the **Annual Report Instruction** booklet for further instructions.

PROVIDER: Compass Health, Inc.
COMMUNITY: Bayside Care Center + Casa de Flores

FORM 7-1
REPORT ON CCRC MONTHLY CARE FEES

	RESIDENTIAL LIVING	ASSISTED LIVING	SKILLED NURSING
[1] Monthly Care Fees at beginning of reporting period: (indicate range, if applicable)	N/A	$3,440 - $8,080	$7,440 - $8,525
[2] Indicate percentage of increase in fees imposed during reporting period: (indicate range, if applicable)	N/A	$3,530 - $8,130 3%	0%

☐ Check here if monthly care fees at this community were not increased during the reporting period. (If you checked this box, please skip down to the bottom of this form and specify the names of the provider and community.)

[3] Indicate the date the fee increase was implemented: _____
(If more than one (1) increase was implemented, indicate the dates for each increase.)

[4] Check each of the appropriate boxes:

☑ Each fee increase is based on the provider's projected costs, prior year per capita costs, and economic indicators.

☑ All affected residents were given written notice of this fee increase at least 30 days prior to its implementation. **Date of Notice:** 1/25/2019 **Method of Notice:** Mail

☑ At least 30 days prior to the increase in fees, the designated representative of the provider convened a meeting that all residents were invited to attend. **Date of Meeting:** 3/25/2019

☑ At the meeting with residents, the provider discussed and explained the reasons for the increase, the basis for determining the amount of the increase, and the data used for calculating the increase.

☑ The provider provided residents with at least 14 days advance notice of each meeting held to discuss the fee increases. **Date of Notice:** 2/15/2019

☑ The governing body of the provider, or the designated representative of the provider posted the notice of, and the agenda for, the meeting in a conspicuous place in the community at least 14 days prior to the meeting. **Date of Posting:** 2/15/2019 **Location of Posting:** Communication Board

[5] On an attached page, provide a concise explanation for the increase in monthly care fees including the amount of the increase and compliance with the applicable Health and Safety Code sections. See **PART 7 REPORT ON CCRC MONTHY CARE FEE** in the **Annual Report Instruction** booklet for further instructions.

PROVIDER: Compass Health, Inc.
COMMUNITY: Arroyo Grande Care Center + Wyndham Residence

FORM 7-1

Compass Health, Inc. dba Arroyo Grande Care Center and Wyndham Residence

Form 7-1 Attachment

Increase in Monthly Serve Fee

Rate increases on monthly fees for the following levels of care were approved by the Board based on projected operating costs of the continuing care retirement community, projected per capita costs and economic indicators.

	Rate Increase	Range of Monthly Fees
Assisted Living	3%	$3,530 to $8,130
Skilled nursing care	0%	$7,440 - $8,525

Assisted Living

The monthly care fees are evaluated by Management to meet expectations of the upcoming budget. The budget process utilizes previous year's actual costs to project future expenses such as salaries, benefits, food costs, utilities, contract services, supplies and other operating costs.

Skilled Nursing Care

The monthly care fees are evaluated by Management to meet expectations of the upcoming budget. As well to comply with State and Federal requirements for staffing ratios.