



UNITED STATES BANKRUPTCY COURT
WESTERN DISTRICT OF LOUISIANA
LAFAYETTE DIVISION

In re:

No. 16-50740

Progressive Acute Care, LLC, et. Al.

Chapter 11

Substantively Consolidated

CLAIMANT OBJECTION TO PAC LIQUIDATION TRUST'S FIRST OMNIBUS OBJECTION TO CLAIMS

Candace Frioux, Claimant per Exhibit 2 No Liability, objects to the rationale for objection that she was not the responsibility of the Debtors.

Progressive Acute Care directly paid claimant's salary once they took over responsibilities from HCA in 2013 and continued to pay her salary into 2016. Attached exhibits are proof of responsibility of earnings which were paid directly by PAC to Mrs. Frioux. Please review Exhibit 1, 2013 W-2 for Candace Frioux, Exhibit 2, 2014 W-2 for Candace Frioux, Exhibit 3, 2015 W-2 for Candace Frioux and Exhibit 4, 2016 W-2 for Candace Frioux provided by Progressive Acute Care Dauterive. Also included is Exhibit 5, Candace Frioux's final earnings statement dated 01/08/ 16 from Progressive Acute Care Dauterive, LLC.

Claimant filed her claim #121 for accrued vacation time in the above claim online as required directly after receiving the original notice in November 2016. This vacation time was earned as an employee of PAC and/or a carryover from HCA which PAC became financially responsible for with the purchase from HCA. Employees were reassured of financial responsibilities of their income by PAC which included accrued vacation time.

Claimant request the payment of her accrued vacation time in the amount of \$7123.08 be allowed and payment be remitted to claimant, Candace Frioux.

This objection is filed respectfully with the hopes of a valid outcome for payment.

Respectfully,

Candace Frioux, RN

Fill in this information to identify the case:

Debtor 1 Progressive Acute Care, LLC

Debtor 2

(Spouse, if filing)

United States Bankruptcy Court Western District of Louisiana

Case number: 16-50740

FILED

U.S. Bankruptcy Court
Western District of Louisiana

12/1/2016

Edward A. Takara, Clerk

Official Form 410 Proof of Claim

04/16

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 of 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>Candace Frioux</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?	Where should notices to the creditor be sent? <u>Candace Frioux</u> Name <u>3403 Weeks Island Rd.</u> <u>New Iberia, LA 70560</u> Contact phone <u>3375195289</u> Contact email <u>candacefrioux@gmail.com</u> Uniform claim identifier for electronic payments in chapter 13 (if you use one): _____	Where should payments to the creditor be sent? (if different) _____ Name _____ Contact phone _____ Contact email _____
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? _____	

Official Form 410

Proof of Claim

page 1

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?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Last 4 digits of the debtor's account or any number you use to identify the debtor: _____
7. How much is the claim?	<div style="display: flex; justify-content: space-between;"><div>\$ <u>7123.08</u></div><div>Does this amount include interest or other charges? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Attach statement itemizing interest, fees, expenses, or other charges required by Bankruptcy Rule 3001(c)(2)(A). _____</div></div>
8. What is the basis of the claim?	<p>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 healthcare information.</p> <p style="text-align: center;"><u>vacation accrued</u></p>
9. Is all or part of the claim secured?	<div><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. The claim is secured by a lien on property. Nature of property: <input type="checkbox"/> Real estate. If the claim is secured by the debtor's principal residence, file a <i>Mortgage Proof of Claim Attachment</i> (Official Form 410-A) with this <i>Proof of Claim</i>. <input type="checkbox"/> Motor vehicle <input type="checkbox"/> Other. Describe: _____</div> <div>Basis for perfection: _____</div> <div>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.)</div> <div>Value of property: \$ _____</div> <div>Amount of the claim that is secured: \$ _____</div> <div>Amount of the claim that is unsecured: \$ _____ (The sum of the secured and unsecured amounts should match the amount in line 7.)</div> <div>Amount necessary to cure any default as of the date of the petition: \$ _____</div> <div>Annual Interest Rate (when case was filed) _____ % <input type="checkbox"/> Fixed <input type="checkbox"/> Variable</div>
10. Is this claim based on a lease?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Amount necessary to cure any default as of the date of the petition. \$ _____
11. Is this claim subject to a right of setoff?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Identify the property: _____

12. Is all or part of the claim entitled to priority under 11 U.S.C. § 507(a)?	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes. <i>Check all that apply.</i>	Amount entitled to priority
A claim may be partly priority and partly nonpriority. For example, in some categories, the law limits the 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 \$2,850* 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 checked="" type="checkbox"/> Wages, salaries, or commissions (up to \$12,850*) 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).	\$ 7123.08
	<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 4/01/19 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).

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 acknowledgment 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 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 12/1/2016
MM / DD / YYYY

/s/ Candace Frioux

Signature

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

Name	<u>Candace Frioux</u>		
	First name	Middle name	Last name
Title	<u>Registered Nurse</u>		
Company	_____		
Address	Identify the corporate servicer as the company if the authorized agent is a servicer <u>3403 Weeks Island Rd.</u> _____ Number Street <u>New Iberia, LA 70560</u> _____ City State ZIP Code		
Contact phone	<u>3375195289</u>	Email	<u>candacefrioux@gmail.com</u>

Copy B, To Be Filed With Employee's FEDERAL Tax Return.		2013	OMB No. 1545-0008
a. Employee soc. Sec. No. 438-06-8169	1 Wages, tips, other comp. 46249.40	2 Federal income tax withheld 4446.30	
b. Employer ID no. (EIN) 36-4756243	3 Social security wages 48357.87	4 Social security tax withheld 2998.19	
	5 Medicare wages and tips 48357.87	6 Medicare tax withheld 701.18	
c. Employer's name, address, and ZIP code PROGRESSIVE ACUTE CARE DAUTERIVE 2210 7TH ST MANDEVILLE LA 70471-0000			
d. Control number 0000000234			
e. Employee's name, address and ZIP code CANDACE FRIoux 3403 WEEKS ISLAND RD NEW IBERIA LA 70560			
7 Social security tips	8 Allocated tips		
10 Dependent care benefits	11 Nonqualified plans	12a Code See instr. for box 12 C	19.55
13 Statutory employee	14 Other PRE-TAX 4372.95	12b Code D	2108.47
Retirement plan X		12c Code DD	11201.55
Third-party sick pay		12d Code	
LA 1673555001	46249.40	1701.57	
15 State Employer State ID#	16 State wages, tips, etc.	17 State income tax	
18 Local wages, tips, etc.	19 Local income tax	20 Locality name	

Form W-2 Wage and Tax Statement

This information is being furnished to the Internal Revenue Service

Dept. of the Treasury - IRS

Copy 2, To Be Filed With Employee's State, City, or Local Income Tax Return.		2013	OMB No. 1545-0008
a. Employee soc. Sec. No. 438-06-8169	1 Wages, tips, other comp. 46249.40	2 Federal income tax withheld 4446.30	
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13 Statutory employee	14 Other PRE-TAX 4372.95	12b Code D	2108.47
Retirement plan X		12c Code DD	11201.55
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Copy B, To Be Filed With Employee's FEDERAL Tax Return.		2014	OMB No. 1545-0008
a. Employee soc. Sec. No. 438-06-8169	1 Wages, tips, other comp. 71811.15	2 Federal income tax withheld 6848.91	
b. Employer ID no. (EIN) 36-4756243	3 Social security wages 75217.30	4 Social security tax withheld 4663.47	
	5 Medicare wages and tips 75217.30	6 Medicare tax withheld 1090.65	
c. Employer's name, address, and ZIP code PROGRESSIVE ACUTE CARE DAUTERIVE 2210 7TH ST MANDEVILLE LA 70471-0000			
d. Control number 0000000229			
e. Employee's name, address and ZIP code CANDACE FRIoux 3403 WEEKS ISLAND RD NEW IBERIA LA 70560			
7 Social security tips	8 Allocated tips		
10 Dependent care benefits	11 Nonqualified plans	12a Code See instr. for box 12 C 25.42	
13 Statutory employee	14 Other PRE-TAX 9962.08	12b Code D 3406.15	
Retirement plan X		12c Code DD 14568.06	
Third-party sick pay		12d Code	
LA 1673555001	71811.15	2655.67	
15 State Employer State ID#	16 State wages, tips, etc.	17 State income tax	
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LA 1673555001	71811.15	2655.67	
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Form W-2 Wage and Tax Statement

Dept. of the Treasury - IRS

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a. Employee soc. Sec. No. 438-06-8169	1 Wages, tips, other comp. 69386.73	2 Federal income tax withheld 6391.74	
b. Employer ID no. (EIN) 36-4756243	3 Social security wages 72627.67	4 Social security tax withheld 4502.93	
	5 Medicare wages and tips 72627.67	6 Medicare tax withheld 1053.10	
c. Employer's name, address, and ZIP code PROGRESSIVE ACUTE CARE DAUTERIVE 2210 7TH ST MANDEVILLE LA 70471-0000			
d. Control number 0000000219			
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7 Social security tips	8 Allocated tips		
10 Dependent care benefits	11 Nonqualified plans	12a Code See instr. for box 12 C 25.22	
13 Statutory employee	14 Other PRE-TAX 9566.57	12b Code D 3240.94	
Retirement plan X		12c Code DD 9212.19	
Third-party sick pay		12d Code	
LA 1673555001	69386.73	2533.26	
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b. Employer ID no. (EIN) 36-4756243	3 Social security wages 1500.00	4 Social security tax withheld 93.00	
	5 Medicare wages and tips 1500.00	6 Medicare tax withheld 21.75	
c. Employer's name, address, and ZIP code PROGRESSIVE ACUTE CARE DAUTERIVE 2210 7TH ST MANDEVILLE LA 70471-0000			
d. Control number 0000000078			
e. Employee's name, address and ZIP code CANDACE FRIUX 3403 WEEKS ISLAND RD NEW IBERIA LA 70560			
7 Social security tips	8 Allocated tips		
10 Dependent care benefits	11 Nonqualified plans	12a Code See instr. for box 12	
13 Statutory employee	14 Other	12b Code	
Retirement plan		12c Code	
Third-party sick pay		12d Code	
LA 1673555001	1500.00	44.17	
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d. Control number 0000000078			
e. Employee's name, address and ZIP code CANDACE FRIUX 3403 WEEKS ISLAND RD NEW IBERIA LA 70560			
7 Social security tips	8 Allocated tips		
10 Dependent care benefits	11 Nonqualified plans	12a Code See instr. for box 12	
13 Statutory employee	14 Other	12b Code	
Retirement plan		12c Code	
Third-party sick pay		12d Code	
LA 1673555001	1500.00	44.17	
15 State Employer State ID#	16 State wages, tips, etc.	17 State income tax	
18 Local wages, tips, etc.	19 Local income tax	20 Locality name	

Form W-2 Wage and Tax Statement

Dept. of the Treasury - IRS

Copy C, For EMPLOYEE'S RECORDS.		2016	OMB No. 1545-0008
a. Employee soc. Sec. No. 438-06-8169	1 Wages, tips, other comp. 1500.00	2 Federal income tax withheld 70.38	
b. Employer ID no. (EIN) 36-4756243	3 Social security wages 1500.00	4 Social security tax withheld 93.00	
	5 Medicare wages and tips 1500.00	6 Medicare tax withheld 21.75	
c. Employer's name, address, and ZIP code PROGRESSIVE ACUTE CARE DAUTERIVE 2210 7TH ST MANDEVILLE LA 70471-0000			
d. Control number 0000000078			
e. Employee's name, address and ZIP code CANDACE FRIUX 3403 WEEKS ISLAND RD NEW IBERIA LA 70560			
7 Social security tips	8 Allocated tips		
10 Dependent care benefits	11 Nonqualified plans	12a Code See instr. for box 12	
13 Statutory employee	14 Other	12b Code	
Retirement plan		12c Code	
Third-party sick pay		12d Code	
LA 1673555001	1500.00	44.17	
15 State Employer State ID#	16 State wages, tips, etc.	17 State income tax	
18 Local wages, tips, etc.	19 Local income tax	20 Locality name	

Form W-2 Wage and Tax Statement

Dept. of the Treasury - IRS

This information is being furnished to the IRS. If you are required to file a tax return, a negligence penalty or other sanction may be imposed on you if this income is taxable and you fail to report it.

Copy 2, To Be Filed With Employee's State, City, or Local Income Tax Return.		2016	OMB No. 1545-0008
a. Employee soc. Sec. No. 438-06-8169	1 Wages, tips, other comp. 1500.00	2 Federal income tax withheld 70.38	
b. Employer ID no. (EIN) 36-4756243	3 Social security wages 1500.00	4 Social security tax withheld 93.00	
	5 Medicare wages and tips 1500.00	6 Medicare tax withheld 21.75	
c. Employer's name, address, and ZIP code PROGRESSIVE ACUTE CARE DAUTERIVE 2210 7TH ST MANDEVILLE LA 70471-0000			
d. Control number 0000000078			
e. Employee's name, address and ZIP code CANDACE FRIUX 3403 WEEKS ISLAND RD NEW IBERIA LA 70560			
7 Social security tips	8 Allocated tips		
10 Dependent care benefits	11 Nonqualified plans	12a Code See instr. for box 12	
13 Statutory employee	14 Other	12b Code	
Retirement plan		12c Code	
Third-party sick pay		12d Code	
LA 1673555001	1500.00	44.17	
15 State Employer State ID#	16 State wages, tips, etc.	17 State income tax	
18 Local wages, tips, etc.	19 Local income tax	20 Locality name	

Form W-2 Wage and Tax Statement

Dept. of the Treasury - IRS

(DLK) PROGRESSIVE ACUTE CARE DAUTERIVE

Department: 005 / 001 / 601 - NURSING SUPERVISOR

Federal: M / 3 / \$0.00

SSN: xxx-xx-8169

Pay Period: 12/20/2015 to 01/02/2016

Paycheck Date: 01/08/2016

Paycheck Number: 0085351198

State: M / 1 / 0 / \$0.00

Earnings	Pay Rate	Hours	Units	Current Amount	YTD Amount
Hol Night Diff 4.00	\$61.21	0.75		\$45.91	\$45.91
Holiday Worked	\$57.21	5.75		\$328.96	\$328.96
Personal Time	\$38.14	6.80		\$259.35	\$259.35
Regular	\$38.14	5.50		\$209.77	\$209.77
Vacation	\$38.14	17.20		\$656.01	\$656.01
Gross Earnings		36.00	0.00	\$1,500.00	\$1,500.00

Taxes	Current Amount	YTD Amount
Federal Tax	\$70.38	\$70.38
LA State	\$44.17	\$44.17
Medicare	\$21.75	\$21.75
Social Security	\$93.00	\$93.00
Net Earnings	\$1,270.70	\$1,270.70

Direct Deposit Distribution

Dep Chkg xxx520	Current Amount	YTD Amount
	\$1,270.70	\$1,270.70

Accrual Plans

	Current Amount	Accrued Amount	Taken Amount	Available Amount
EIB_G	0.0000	627.0000	0.0000	627.0000
MEDICAL	0.0000	240.0000	0.0000	240.0000
PERSONAL	0.3692	86.6931	86.3000	0.3931
PTO GRANDFATHER	0.0000	64.0000	64.0000	0.0000
VACATION	0.9231	246.7115	59.9500	186.7615

PROGRESSIVE ACUTE CARE DAUTERIVE LLC

(C/O NETCHEX PAYROLL)
600 N. LEWIS AVE
NEW IBERIA, LA 70563

Department: 005 / 001 / 601

0085351198

Date: 01/08/2016

The Business Bank of St. Louis
ST. LOUIS, MO

NON NEGOTIABLE

PAY **ONE THOUSAND TWO HUNDRED SEVENTY AND 70 / 100 ***** Dollars** **\$1,270.70**

To the order of:

CANDACE FRIoux
3403 WEEKS ISLAND RD
NEW IBERIA, LA 70560

Not a Check

Direct Deposit Advice

***** NON - NEGOTIABLE *****