

Face Sheet

Page: 1 of 2

Printed: 06/14/24, 10:48 AM

Kenneth E. Aker

DOB: 06/19/1929 **Age:** 94 **Gender:** Male
Religion: **Marital Status:** Married **Race:** White/Caucasian
Primary Language: English **Previous Occupation:** **Veteran:**
Admission Date: 06/30/18 **Unit:** 300 **Start of Care:** 12/14/21
Date of Current Readmission: 06/30/18 **Home Phone:** (715) 399-3370
Other Phone: **Email:** **Previous Address:**
Admitted From: Not From Own Home:



CODE STATUS / ADVANCE DIRECTIVES

Code Status: DNR

CONTACTS

LAURA DILLON (Emergency), 656 Ashland Ave, Apt 10, St Paul, MN 55104, Daughter, Cell: (612) 251-5596, E-mail: dlaura1954@gmail.com

DAVID AKER (Emergency), 12977 E Bails Pl, Aurora, CO 80012, Son, Cell: (303) 328-8307, E-mail: akers4fun@aol.com

MEDICAL INFORMATION

Allergy	Type	Reaction	Severity
Amoxicillin	Drug Allergy	GI Bleed	moderate
Flomax	Drug allergy	Dizziness	mild
Sulfa Drugs	Drug allergy	Rash	moderate
Cephalosporins	Drug Allergy	Rash	moderate

Allergies: Amoxicillin, Flomax, Sulfa Drugs, Cephalosporins

Diagnosis: Varicose veins of lower extremities, Osteoarthritis, Actinic keratosis, Male Erectile Dysfunction, Hip Replacement: LEFT, Venous stasis, Raynaud's syndrome, Palpitations, Benign Prostatic Hyperplasia (BPH), Essential Hypertension, History of DVT, Periprosthetic Fracture of Proximal femur, Hyponatremia, Memory Changes, Numbness: Right Hand - tingling

Diet: Regular (IDDSI #7) / No added salt, Thin Liquids (IDDSI #0)

Orders: Resident manages own medications

Durable Medical Equip: 4ww outside community or long distances, cane in community

MEDICAL CONTACTS

Internal Medicine: Erik Sather MD, Proctor, MN, Work: (218) 576-0200, Fax: (218) 576-0996

Nurse Practitioner: SARA MCCUMBER NP, 400 E Third Street, Duluth, MN 55805, Work: (218) 786-3925, Fax: (218) 722-4302

Pharmacy: Self Manages Medications

Hospital Pref: Essentia Superior

Transportation: Self

Ambulance: Mayo Ambulance

Funeral Home:

BILLING

Pre-Admission Number:

Pay Type: Private

Medicare #: 5VC6-YW4-FQ52

Medicaid #:

Health Plan #1: BCBS Blue Advantage of Arkansas, policy #: OLMM61270487, group #: Division: 0508020362 RX Bin: 003858 RXPCN: A4 RXGRP: AH9A

CONTINUED ON NEXT PAGE

Face Sheet

Page: 2 of 2

Printed: 06/14/24, 10:48 AM

Kenneth E. Aker

NOTES/ALERTS

Notes/Alerts:

Face Sheet

Page: 1 of 2

Printed: 06/14/24, 10:48 AM

Marianne D. Aker

DOB: 07/01/1933 **Age:** 90 **Gender:** Female
Religion: **Marital Status:** Married **Race:**
Primary Language: **Previous Occupation:** Bookkeeper
Veteran: No **Admission Date:** 06/30/18 **Unit:** 127
Start of Care: 12/14/21 **Date of Current Readmission:** 06/30/18
Home Phone: **Other Phone:** **Email:**
Previous Address: **Admitted From:** Not From Own Home:



CODE STATUS / ADVANCE DIRECTIVES

Code Status: DNR**Advance Directives:** HCPOA Activated

CONTACTS

DHCPOA: LAURA DILLON (Emergency) 656 Ashland Ave, Apt 10, St Paul, MN 55104, Daughter, Cell: (612) 251-5596, E-mail: dlaura1954@gmail.com

DHCPOA: DAVID AKER 12977 E Bails Pl, Aurora, CO 80012, Son, Cell: (303) 752-4406

DP, DHCPOA: KEN AKER Husband, Home: (715) 399-3370, :

MEDICAL INFORMATION

Allergy	Type	Reaction	Severity
No Known Drug Allergy			

Allergies: No Known Drug Allergy

Diagnosis: Dementia-Alzheimers, Essential Hypertension, Benign Paroxysmal Positional Vertigo, Lumbar DDD, Obesity, Fractured Hip - RIGHT Hx, Hyperlipidemia, Unspecified, Osteoarthritis, Sensorineural hearing loss, bilateral, Spinal stenosis, lumbar region with neurogenic claudication, Bursitis of hip: Right, RTKA, LTKA, TAH with BSO, Appendectomy, Cholecystectomy

Diet: Regular (IDDSI #7) / No added salt, Thin Liquids (IDDSI #0), Resident self-regulates dietary choices and preferences

Orders:**Durable Medical Equip:** 4WW

MEDICAL CONTACTS

Eldercare - Primary Provider: Rounding Provider, 420 E 1st Street, Duluth, MN 55805, Work: (218) 786-1216, Fax: (218) 786-8138

Nurse Practitioner: SARA MCCUMBER NP, 400 E Third Street, Duluth, MN 55805, Work: (218) 786-3925, Fax: (218) 722-4302

Pharmacy: Falk's LTC Pharmacy, Phone: (218) 740-2650, Fax: (218) 740-3443

Hospital Pref: Essentia Superior

Transportation: Family member

Ambulance: Mayo Ambulance

Funeral Home:

BILLING

Pre-Admission Number:**Pay Type:** Private**Medicare #:** 9FM1-MG6-MQ21**Medicaid #:**

Health Plan #1: BCBS Blue Advantage of Arkansas, policy #: OLMM61270487, group #: RxBin 003858 RxPCN:A4 Division 0508020362

CONTINUED ON NEXT PAGE

Face Sheet

Page: 2 of 2

Printed: 06/14/24, 10:48 AM

Marianne D. Aker

NOTES/ALERTS

Notes/Alerts:

Face Sheet

Page: 1 of 2

Printed: 06/14/24, 10:48 AM

David L. Anderson

DOB: 02/29/1944 **Age:** 80 **Gender:** Male
Religion: Lutheran **Marital Status:** Single **Race:** White/Caucasian
Primary Language: English **Previous Occupation:** Mechanic
Veteran: Yes **Admission Date:** 04/29/13 **Unit:** 132A
Start of Care: **Date of Current Readmission:** 04/29/13
Home Phone: (715) 399-3335 **Other Phone:** **Email:**
Previous Address: 4007 N 21st, Superior, WI 54880
Admitted From: Not From Own Home:



CODE STATUS / ADVANCE DIRECTIVES

Code Status: Full Code**Advance Directives:** 1/11/18 TB

CONTACTS

DFPOA, POA: MR. DAVID ANDERSON (Emergency) 14505 West 32nd Ave, Golden, CO 80401, Cousin, Home: ,
 Cell: (303) 506-4757, E-mail: davidandkt@comcast.net

KATIE CARR-ANDERSON, 14505 West 32nd Ave, Golden, CO 80401, Other, Home: , Cell: (303) 506-4756

ROBIN POULIDES, Cousin, Cell: (214) 289-4698

MEDICAL INFORMATION

Allergy	Type	Reaction	Severity
Ambien	Drug allergy		
Chlorpheniramine Maleate	Drug allergy		
Levaquin	Drug Allergy		
Milk Protein	Food allergy	Phlegm in throat	
Chlorpromazine HCl			
Diazepam			
Levofloxacin			
Milk			
Brilinta			

Allergies: Ambien, Chlorpheniramine Maleate, Levaquin, Milk Protein, Chlorpromazine HCl, Diazepam, Levofloxacin, Milk, Brilinta

Diagnosis: COPD, Chronic Ischemic Heart Disease, Essential HTN, DM, CA, O/A, Hyperlipidemia, Hypoatremia, Hyperkalemia, SIRS (systemic inflammatory response syndrome) (HCC), BPH, Chronic Pain, GERD, Hx Ankle fx, Thoracic Spine Pain, Elevated PSA, Barretts, Noncompliance Medical, Schizo Affective Schizophrenia, Psychosis, CHF, hx Esophageal Cancer, Higrade Dysplasia, Hypomagnesemia, Bilateral Leg Pain, Spondylolisthesis, rh Abdomylosis, hx Elevated CPK, Right Rotator Coff Tendinitis, Postnasal Drip, Chest Pain, Depression (psychotic), Paroxysmal Atrial Flutter, DM II Stage 3, Chronic Kidney Disease, Diastolic Heart Failure, Coronary Artery Disease, Personal History of Covid-19: December 2020, Personal History of Covid-19: February 2022, Unspecified Osteoarthritis, Unspecified Site, Schizoaffective disorder, bipolar type, Old myocardial infarction, Hyperlipidemia, Unspecified, Other chronic pain, Personal history of other diseases of the digestive system, Other intervertebral disc degeneration, lumbosacral region, Spondylolisthesis, site unspecified, Unspecified Diastolic (congestive) Heart Failure, Calculus of gallbladder without cholecystitis without obstruction, Current use of Long Term Anticoagulation

Diet: Regular (IDDSI #7) / No added salt, Thin Liquids (IDDSI #0), Resident self-regulates dietary choices and preferences

Orders: Per CNP Jessica Zweifel from Essentia Heart and Vascular Center-When PRN dose recommended (Metolazone or Lasix) okay to give the following morning at 4:00AM., Sue RN @ VA phone: 715-398-2427 fax: 715-392-3782, VA Psych RN Tiffany @ 715-398-2410

Durable Medical Equip: Wheelchair, Cane, FWW

CONTINUED ON NEXT PAGE

Face Sheet

Page: 2 of 2

Printed: 06/14/24, 10:48 AM

David L. Anderson

MEDICAL CONTACTS

Eldercare - Primary Provider: Rounding Provider, 420 E 1st Street, Duluth, MN 55805, Work: (218) 786-1216, Fax: (218) 786-8138

VA MD: Robert Boman, Work: (715) 398-2428, Fax: (715) 392-3812

Primary Physician: Dr. Ryan Morgan, Work: (715) 817-7100, Fax: (715) 817-7040

Cardiologist: JESSICA ZWEIFEL, Work: (218) 786-3443, Fax: (218) 720-4633

Pharmacy: VA, Phone: (612) 467-1100, Falk's LTC Pharmacy, Phone: (218) 740-2650, Fax: (218) 740-3443

Hospital Pref: Essentia Duluth

Transportation: Self

Ambulance: Mayo Ambulance

Funeral Home: Lenroot Maetzold, (715) 394-5112

BILLING

Pre-Admission Number:

Pay Type: Private

Medicare #: 8JX3GT3CW74

Medicaid #:

Health Plan #1: Medicare, policy #: 8JX3GT3CW74

Health Plan #2: Medica

NOTES/ALERTS

Notes/Alerts:

Face Sheet

Page: 1 of 2

Printed: 06/14/24, 10:48 AM

Lela M. Ballard

DOB: 03/21/1926 **Age:** 98 **Gender:** Female
Religion: Non-Denominational **Marital Status:** Widowed **Race:** White/Caucasian
Primary Language: English **Previous Occupation:** Waitress **Veteran:** No
Admission Date: 08/15/19 **Unit:** 110A **Start of Care:** 08/15/19
Date of Current Readmission: 08/15/19 **Home Phone:**
Other Phone: **Email:** **Previous Address:**
Admitted From: Not From Own Home:



CODE STATUS / ADVANCE DIRECTIVES

Code Status: DNR**Advance Directives:** HCPOA Activated

CONTACTS

DHCPOA: ANDREA KELNHOFER (Emergency) 78005 Big Rock Road, Washburn, WI 54891, Daughter, Home: (715) 373-0801,
 Cell: (715) 292-4258, Work: (715) 373-0078, E-mail: mikel65@centurylink.net

JAMES BALLARD, Son, Cell: (218) 780-2589

TAMMY ROE, Community Care Case , Work: (715) 398-2622, E-mail: tammy.roe@inclusa.org

MA-RETTA CAMP, Community Care RN, Work: (715) 398-2631, E-mail: ma-retta.camp@inclusa.org

MEDICAL INFORMATION

Allergy	Type	Reaction	Severity
Amoxicillin	Drug Allergy	rash	

Allergies: Amoxicillin

Diagnosis: Unspecified Dementia, Traumatic Closed Displaced Fracture of Right Ulna Shaft: History , Unspecified Hemorrhoids: Internal/External, Cortical Age-Related Cataract of Both Eyes, Systolic Murmur

Diet: Regular (IDDSI #7) / No added salt, Thin Liquids (IDDSI #0)

Orders:**Durable Medical Equip:**

MEDICAL CONTACTS

Eldercare - Primary Provider: Rounding Provider, 420 E 1st Street, Duluth, MN 55805, Work: (218) 786-1216, Fax: (218) 786-8138

Pharmacy: Falk's LTC Pharmacy, Phone: (218) 740-2650, Fax: (218) 740-3443

Hospital Pref: Essentia Superior

Transportation:

Ambulance: Mayo Ambulance

Funeral Home:

BILLING

Pre-Admission Number:**Pay Type:** Assistance**Medicare #:** 9JR1-H30-UX29**Medicaid #:** 1454269316

Health Plan #1: Medicare Health Insurance, policy #: 9JR1-H30-UX29

Health Plan #2: Forward Health, policy #: 600000004036297, group #: 1454269316

Health Plan #3: Aetna, policy #: 610502, group #: RXAETD

CONTINUED ON NEXT PAGE

Face Sheet

Page: 2 of 2

Printed: 06/14/24, 10:48 AM

Lela M. Ballard

NOTES/ALERTS

Notes/Alerts:

Face Sheet

Page: 1 of 2

Printed: 06/14/24, 10:48 AM

Mary Jo Bartylla

DOB: 08/05/1934 **Age:** 89 **Gender:** Female
Religion: **Marital Status:** Widowed **Race:** White/Caucasian
Primary Language: English **Previous Occupation:** **Veteran:** No
Admission Date: 05/26/20 **Unit:** 203 **Start of Care:**
Date of Current Readmission: 05/26/20 **Home Phone:**
Other Phone: **Email:** **Previous Address:**
Admitted From: Not From Own Home:



CODE STATUS / ADVANCE DIRECTIVES

Code Status: Full Code

CONTACTS

JASON BARTYLLA (Emergency), 10020 Hidden Oaks Lane, Champlin, MN 55316, Son, Cell: (612) 839-3615, E-mail: jsbartylla@gmail.com

TRICIA BARTYLLA, Daughter-in-Law, Cell: (612) 306-1786, :

MEDICAL INFORMATION

Allergy	Type	Reaction	Severity
No Known Drug Allergies	Drug Allergy		
No Known Drug Allergy			

Allergies: No Known Drug Allergies, No Known Drug Allergy

Diagnosis: Unsp dementia, unsp severity, without beh/psych/mood/anx, Displ intertroch fx l femur, subs for clos fx w routn heal, Atherosclerotic heart disease of native coronary artery without angina pectoris, Primary Osteoarthritis, Unspecified Site, Low back pain, unspecified, Other Symptoms And Signs Involving Cognitive Functions And Awareness, Barrett's esophagus without dysplasia, Iron deficiency anemia, unspecified, Venous insufficiency (chronic) (peripheral), Urge incontinence, Hyperlipidemia, Unspecified, Chronic kidney disease, stage 3a, Elevated blood-pressure reading, without diagnosis of hypertension, Metabolic encephalopathy, Thrombocytopenia, Unspecified, Old myocardial infarction, Takotsubo syndrome, Diverticulosis, History Of Falling, Other chronic pain

Diet: Regular (IDDSI #7) / No added salt, Thin Liquids (IDDSI #0)

Orders: Ok for 1 alcoholic beverage/day, ok for standing house orders

Durable Medical Equip:

MEDICAL CONTACTS

Primary Physician: GEORGIA BRUNETTE, Work: (715) 817-7100, Fax: (715) 817-7097

Pharmacy: Falk's LTC Pharmacy, Phone: (218) 740-2650, Fax: (218) 740-3443

Hospital Pref: Essentia Superior

Transportation:

Ambulance: Mayo Ambulance

Funeral Home: Down's Funeral Home, 1617 N 19th Street, Superior, WI 54880, (715) 394-7746

BILLING

Pre-Admission Number:

Pay Type: Private

Medicare #: 6mg9wr9kc25

Medicaid #:

Health Plan #1: Blue Cross Blue Shield, policy #: M5M805130298, group #: 331533

Health Plan #2: Medicare, policy #: 6MG9WR9KC25

CONTINUED ON NEXT PAGE

Face Sheet

Page: 2 of 2

Printed: 06/14/24, 10:48 AM

Mary Jo Bartylla

NOTES/ALERTS

Notes/Alerts:

Face Sheet

Page: 1 of 1

Printed: 06/14/24, 10:48 AM

Clifford (Ray) R. "Ray" Beauto**Preferred Name:** Ray**DOB:** 05/14/1935**Age:** 89**Gender:** Male**Religion:****Marital Status:** Widowed**Race:****Primary Language:****Previous Occupation:****Veteran:** Yes**Admission Date:** 09/23/23**Unit:** 227**Start of Care:****Date of Current Readmission:** 09/23/23**Home Phone:****Other Phone:** (705) 919-7025**Email:****Previous Address:** 2822 E 4th St, Superior, WI 54880**Admitted From:** Not From Own Home:**CODE STATUS / ADVANCE DIRECTIVES****Code Status:** DNR**CONTACTS**

JAMES BEAUTO (Emergency), 1765 Boulder Lodge Rd, Barnes, WI 54873, Son, Cell: (218) 349-6863, :

WENDY SELLERS (Emergency), 1003 4th Place NW, Kasson, MN 55944, Daughter, Home: (507) 951-7043

MEDICAL INFORMATION

Allergy	Type	Reaction	Severity
Hazelnuts	Food allergy		
Penicillins	Drug allergy		

Allergies: Hazelnuts, Penicillins**Diagnosis:** Atrial fibrillation, Benign Prostatic Hyperplasia (BPH), Gastroesophageal Reflux Disease (GERD), Essential Hypertension, Hyperlipidemia, Unspecified, Urinary Retention**Diet:** Regular (IDDSI #7) / No added salt, Thin Liquids (IDDSI #0)**Orders:****Durable Medical Equip:** 4WW, FWW**MEDICAL CONTACTS****Primary Physician:** Dr. Ryan Morgan, Work: (715) 817-7100, Fax: (715) 817-7040**Pharmacy:** Self Manages Medications**Hospital Pref:** Essentia Superior**Transportation:** Family member**Ambulance:** Mayo Ambulance**Funeral Home:****BILLING****Pre-Admission Number:****Pay Type:** Private**Medicare #:** 6NC9-JX9-EQ22**Medicaid #:****Health Plan #1:** Medica, policy #: 958888065, group #: 70273**Health Plan #2:** Medicare, policy #: 6NC9-JX9-EQ22**NOTES/ALERTS****Notes/Alerts:**

Face Sheet

Page: 1 of 1

Printed: 06/14/24, 10:48 AM

Kathleen Beavers

DOB:	Age: 0	Gender: Female	Religion: Protestant
Marital Status:	Race:	Primary Language:	Previous Occupation:
Veteran: No	Admission Date: 04/30/21	Unit: 210	Start of Care:
Date of Current Readmission:	04/30/21	Home Phone: 7157182733	Other Phone:
Email: wisdove@centurytel.net	Previous Address:	Admitted From: Not From Own Home:	

CODE STATUS / ADVANCE DIRECTIVES

Code Status: Full Code

MEDICAL INFORMATION

Diagnosis:

Diet:

Orders:

Durable Medical Equip:

MEDICAL CONTACTS

Pharmacy:

Hospital Pref:

Transportation:

Ambulance:

Funeral Home:

BILLING

Pre-Admission Number:

Pay Type: Private

Medicare #:

Medicaid #:

NOTES/ALERTS

Notes/Alerts:

Face Sheet

Page: 1 of 1

Printed: 06/14/24, 10:48 AM

Cathy Berube

DOB:	Age: 0	Gender: Female	Religion:
Marital Status:	Race:	Primary Language:	Previous Occupation:
Veteran: No	Admission Date: 06/15/19	Unit: 137	Start of Care:
Date of Current Readmission:	06/15/19	Home Phone:	Other Phone:
Email:	Previous Address:	Admitted From: Not From Own Home:	

CODE STATUS / ADVANCE DIRECTIVES

Code Status: Full Code

MEDICAL INFORMATION

Diagnosis:

Diet:

Orders:

Durable Medical Equip:

MEDICAL CONTACTS

Pharmacy:

Hospital Pref:

Transportation:

Ambulance:

Funeral Home:

BILLING

Pre-Admission Number:

Pay Type: Private

Medicare #:

Medicaid #:

NOTES/ALERTS

Notes/Alerts:

Face Sheet

Page: 1 of 2

Printed: 06/14/24, 10:48 AM

Betty A. Bloomquist

DOB: 06/12/1930 **Age:** 94 **Gender:** Female
Religion: Lutheran **Marital Status:** Widowed **Race:** White/Caucasian
Primary Language: English **Previous Occupation:** **Veteran:** No
Admission Date: 01/15/20 **Unit:** 118 **Start of Care:** 01/15/20
Date of Current Readmission: 01/15/20 **Home Phone:**
Other Phone: **Email:**
Previous Address: 421 Homecraft Ct., Superior, WI 54880
Admitted From: Not From Own Home:



CODE STATUS / ADVANCE DIRECTIVES

Code Status: DNR**Advance Directives:** HCPOA Activated

CONTACTS

DFPOA, DHCPOA: LENOIRE ROSS (Emergency) 5303 Tower Ave, Superior, WI 54880, Daughter, Cell: (218) 393-4683, E-mail: roslen33@gmail.com

ROD MCKENZIE, 1808 North 53rd Street, Superior, WI 54880, Son-in-Law, Cell: (218) 206-5725

TONI HANSON, EW/CADI Financial Wo, Work: (715) 398-2608, E-mail: toni.hanson@inclusa.org

KATIE COLLINS, Community Care Case , Work: (715) 398-2604, E-mail: katie.collins@inclusa.org

MEDICAL INFORMATION

Allergy	Type	Reaction	Severity
Army Ants	Environmental allergy		
No Known Drug Allergy			

Allergies: Army Ants, No Known Drug Allergy

Diagnosis: Vascular dementia, unspecified severity, with other behavioral disturbance, Delusional Disorders, Personal History Of Transient Ischemic Attack (TIA), And Cerebral Infarction Wit, Syncope and collapse, Vitamin D Deficiency, Unspecified, Mixed hyperlipidemia, Major depressive disorder, recurrent, unspecified, Dry eye syndrome of bilateral lacrimal glands, Central retinal vein occlusion, left eye, stable, Primary open-angle glaucoma, bilateral, moderate stage, Chronic Atrial Fibrillation, Unspecified, Sick sinus syndrome, Acute upper respiratory infection, unspecified, Mixed incontinence, Dizziness and giddiness, Pain, Unspecified, Acquired absence of left breast and nipple, Presence of Cadiac Pacemaker

Diet: Regular (IDDSI #7) / No added salt, Thin Liquids (IDDSI #0)

Orders: Please give res. one 4oz. (standard size) cup of water with each med pass, Statement of Unavaoidability regarding falls signed by Allison Heaslet, PA-C on 2/6/24

Durable Medical Equip: Wheelchair.

MEDICAL CONTACTS

Eldercare - Primary Provider: Rounding Provider, 420 E 1st Street, Duluth, MN 55805, Work: (218) 786-1216, Fax: (218) 786-8138

Ophthalmologist: JOHN YOON, Work: (715) 395-3900, Fax: (715) 395-3981

Pharmacy: Falk's LTC Pharmacy, Phone: (218) 740-2650, Fax: (218) 740-3443

Hospital Pref: Essentia Duluth

Transportation:

Ambulance: Mayo Ambulance

Funeral Home: Cremation Service Of Superior, 1209 E 5th St, Superior, WI 54880, (715) 394-5112

CONTINUED ON NEXT PAGE

Face Sheet

Page: 2 of 2

Printed: 06/14/24, 10:48 AM

Betty A. Bloomquist

BILLING

Pre-Admission Number:

Pay Type: Assistance

Medicare #: 9XK6-AR8-DH63

Medicaid #:

Health Plan #1: CCCW WPS , policy #: 743161169

Health Plan #2: Medicare B, policy #: 9XK6AR8DH63

Health Plan #3: Medicare B Coins from Managed Medicaid, policy #: 743151169

Health Plan #4: Forward Health, policy #: 600000000798155, group #: 8421531981

Health Plan #5: Silver Script, policy #: G00277714, group #: RX9100

NOTES/ALERTS

Notes/Alerts:

Face Sheet

Page: 1 of 2

Printed: 06/14/24, 10:48 AM

Helen R. Boehm

DOB: 12/16/1942 **Age:** 81 **Gender:** Female
Religion: **Marital Status:** Widowed **Race:** White/Caucasian
Primary Language: English **Previous Occupation:** **Veteran:** No
Admission Date: 08/15/19 **Unit:** 319 **Start of Care:**
Date of Current Readmission: 08/15/19 **Home Phone:**
Other Phone: **Email:**

Previous Address: 6999 E. Pt. Douglas RD S APT # 112, Cottage Grove, MN 55016

Admitted From: Not From Own Home:



CODE STATUS / ADVANCE DIRECTIVES

Code Status: DNR

CONTACTS

HEATHER WALSH (Emergency), 4677 S. Lackson Road, South Range, WI 54874, Daughter, Cell: (218) 428-7383, Work: (715) 364-8465, E-mail: hwalsh@nw-tigers.org

JOEL WALSH (Emergency), Grandson, Cell: (218) 428-0043

JAMES WALSH, 4677 S. Lackson Road, South Range, WI 54874, Son-in-Law, Cell: (218) 349-3342, Home: (715) 364-2738, E-mail: jhjjwalsh@gmail.com

KATIE COLLINS, EW/CADI Case Manager, Work: (715) 398-2604, : , E-mail: Katie.Collins@inclusa.org, :

MEDICAL INFORMATION

Allergy	Type	Reaction	Severity
Codeine	Drug Allergy		
Propoxyphene	Drug allergy		
Percocet	Drug Allergy		

Allergies: Codeine, Propoxyphene, Percocet

Diagnosis: Cerebral Vascular Accident (CVA/Stroke), Depression, Essential Hypertension, Seizures, Urinary Frequency, Dementia with Lewy Body: Without behavioral disturbance, Presence of neurostimulator: S/P Deep brain stimulator placement , Overactive bladder, Hyperlipidemia, Unspecified

Diet: Regular (IDDSI #7), Thin Liquids (IDDSI #0), Resident self regulates dietary choices and preferences

Orders: Ok for UA/UC following nurse evaluation, Ok to crush medications and administer in applesauce or per resident preference, unless contraindicated, Resident may have alcoholic beverages, Stool softeners will be held if resident experiences diarrhea. Nurse to notify Provider for diarrhea lasting 3 full days or worsen condition

Durable Medical Equip: Front Wheel Walker

MEDICAL CONTACTS

Eldercare - Primary Provider: Rounding Provider, 420 E 1st Street, Duluth, MN 55805, Work: (218) 786-1216, Fax: (218) 786-8138

Pharmacy: Falk's LTC Pharmacy, Phone: (218) 740-2650, Fax: (218) 740-3443

Hospital Pref: Essentia Duluth

Transportation:

Ambulance:

Funeral Home:

BILLING

Pre-Admission Number:

Pay Type: Assistance

Medicare #: 3DJ1-WK0-VQ90

CONTINUED ON NEXT PAGE

Face Sheet

Page: 2 of 2

Printed: 06/14/24, 10:48 AM

Helen R. Boehm

BILLING

Medicaid #:

Health Plan #1: AARP healthcare options, policy #: 39953192711

NOTES/ALERTS

Notes/Alerts:

Face Sheet

Page: 1 of 1

Printed: 06/14/24, 10:48 AM

Gene Boysen

DOB:	Age: 0	Gender:	Religion:
Marital Status:	Race:	Primary Language:	Previous Occupation:
Veteran: No	Admission Date: 01/31/23	Unit: 311	Start of Care:
Date of Current Readmission:	01/31/23	Home Phone: 2187212441	Other Phone:
Email:	Previous Address:	Admitted From: Not From Own Home:	

CODE STATUS / ADVANCE DIRECTIVES

Code Status: Full Code

MEDICAL INFORMATION

Diagnosis:

Diet:

Orders:

Durable Medical Equip:

MEDICAL CONTACTS

Pharmacy:

Hospital Pref:

Transportation:

Ambulance:

Funeral Home:

BILLING

Pre-Admission Number:

Pay Type: Private

Medicare #:

Medicaid #:

NOTES/ALERTS

Notes/Alerts:

Face Sheet

Page: 1 of 1

Printed: 06/14/24, 10:48 AM

Lois Brager

DOB:	Age: 0	Gender:	Religion:
Marital Status:	Race:	Primary Language:	Previous Occupation:
Veteran: No	Admission Date: 06/21/23	Unit: 143	Start of Care:
Date of Current Readmission:	06/21/23	Home Phone:	Other Phone:
Email:	Previous Address:	Admitted From: Not From Own Home:	

CODE STATUS / ADVANCE DIRECTIVES

Code Status: Full Code

MEDICAL INFORMATION

Diagnosis:

Diet:

Orders:

Durable Medical Equip:

MEDICAL CONTACTS

Pharmacy:

Hospital Pref:

Transportation:

Ambulance:

Funeral Home:

BILLING

Pre-Admission Number:

Pay Type: Private

Medicare #:

Medicaid #:

NOTES/ALERTS

Notes/Alerts:

Face Sheet

Page: 1 of 2

Printed: 06/14/24, 10:48 AM

Frances "Frannie" A. "Frannie" Brice**Preferred Name:** Frannie**DOB:** 10/27/1938**Age:** 85**Gender:** Female**Religion:****Marital Status:** Widowed**Race:** White/Caucasian**Primary Language:** English**Previous Occupation:****Veteran:** No**Admission Date:** 07/18/22**Unit:** 303**Start of Care:** 07/18/22**Date of Current Readmission:** 07/18/22**Home Phone:****Other Phone:****Email:****Previous Address:** 2315 Banks Ave. #204, Superior, WI 54880**Admitted From:** From Own Home**CODE STATUS / ADVANCE DIRECTIVES****Code Status:** DNR**CONTACTS**

ELIZABETH PODGORAK (Emergency), 16025 S. Crystal Lake Rd., Gordon, WI 54838, Daughter, Cell: (850) 348-0087, E-mail: eworkhorse@hotmail.com

RHONDA NOVACK (Emergency), PO Box 761, Superior, WI 54880, Daughter, Cell: (612) 787-8737

MA-RETTA CAMP, Inclusa RN, Work: (715) 398-2631

ANDIE COMNICK, Inclusa Case manager, Work: (715) 398-2614

MEDICAL INFORMATION

Allergy	Type	Reaction	Severity
Benadryl	Drug allergy		
Claritin	Drug allergy		
Robitussin-DM	Drug allergy	Headache	
Molds \T\ Smuts	Environmental allergy	Rhinitis	
MOLDS AND SMUTS			

Allergies: Benadryl, Claritin, Robitussin-DM, Molds \T\ Smuts, MOLDS AND SMUTS

Diagnosis: Chronic open angle glaucoma of both eyes, severe stage, Occlusion of LAD (left anterior descending) artery, Osteopenia, Chronic right sphenoid sinusitis, Cystocele, midline, Essential Hypertension, Hyperlipidemia, Unspecified, coronary artery disease involving native coronary artery of native heart without angina pectoris, Degenerative Joint Disease (DJD), Total hip arthroplasty, Postoperative anemia due to acute blood loss, Urinary Tract Infection, history of left hip fracture, Chronic Diastolic Heart Failure, Unspecified entropion of right eye, unspecified eyelid, Chronic anterior uveitis of both eyes, Atypical facial pain, Basal cell carcinoma of skin of scalp and neck, Squamous cell carcinoma of skin, unspecified, Legal blindness, as defined in USA

Diet: Regular (IDDSI #7) / No added salt, Thin Liquids (IDDSI #0)

Orders:

Durable Medical Equip: 4 wheeled walker, White support cane

MEDICAL CONTACTS

Primary Physician: JEAN HOYER, Work: (715) 817-7100, Fax: (715) 817-7040

Ophthalmologist: JOSEPH MOREHOUSE, Fax: (218) 786-8166

Pharmacy: Falk's LTC Pharmacy, Phone: (218) 740-2650, Fax: (218) 740-3443

Hospital Pref: Essentia Superior

Transportation:

Ambulance: Mayo Ambulance

Funeral Home:

Face Sheet

Page: 2 of 2

Printed: 06/14/24, 10:48 AM

Frances "Frannie" A. "Frannie" Brice

Preferred Name: Frannie

BILLING

Pre-Admission Number:

Pay Type: Assistance

Medicare #: 6NJ6-YV8-KP86

Medicaid #:

Health Plan #1: Medica, policy #: 9529922300

NOTES/ALERTS

Notes/Alerts:

Face Sheet

Page: 1 of 2

Printed: 06/14/24, 10:48 AM

Anne J. Bridge

DOB: 09/24/1944**Age:** 79**Gender:** Female**Religion:****Marital Status:** Divorced**Race:** White/Caucasian**Primary Language:** English**Previous Occupation:** Artist**Veteran:** No**Admission Date:** 04/12/23**Unit:** 125**Start of Care:****Date of Current Readmission:** 04/12/23**Home Phone:** (715) 374-9061**Other Phone:** (508) 259-1866 **Email:** tracilonga@gmail.com**Previous Address:** 6850 South Fitch Ave Apt 103, Lake Nebagamon, WI 54849**Admitted From:** Not From Own Home:

CODE STATUS / ADVANCE DIRECTIVES

Code Status: DNR**Advance Directives:** HCPOA Activated

CONTACTS

POA: TRACY LONGA (Emergency), PO BOX 153, Lake Nebagamon, WI 54849, Daughter, Cell: (508) 259-1866

SOPHIE LONGA (Emergency), 1472 Filbert St, San Francisco, CA 94109, Granddaughter, Cell: (508) 468-7093, E-mail: slonga17bf@gmail.com

GRETCHEN RUNNER, Case Manager, Work: (715) 598-5381, Fax Work: , E-mail: gretchen.runner@mychoicewi.org

CINDY GRAHN, EW/CADI Case Manager, Work: (715) 418-4431, Fax Work: (715) 598-5367, E-mail: Cindy.Grahn@mychoicewi.org

MEDICAL INFORMATION

Allergy	Type	Reaction	Severity
Amlodipine Besy- benazepril HCL	Drug allergy		
Diphenhydramine	Drug allergy		
Zolpidem	Drug allergy		
Lisinopril	Drug Allergy		
Benazepril	Drug allergy		
Cephalexin	Drug Allergy		
Oxybutynin	Drug allergy		
Quetiapine	Drug allergy		
Amlodipine/Benazepril			
ZYPREXA	Drug allergy		severe
antipsychotics		Severe hallucinations/delusions	severe

Allergies: Amlodipine Besy- benazepril HCL, Diphenhydramine, Zolpidem, Lisinopril, Benazepril, Cephalexin, Oxybutynin, Quetiapine, Amlodipine/Benazepril, ZYPREXA, antipsychotics**Diagnosis:** Congestive Heart Failure (CHF), Allergic Rhinitis, Atrial fibrillation, Arteriovenous malformation, site unspecified, Gastrointestinal Hemorrhage, Unspecified, Other specified disorders of brain: Encephalomalacia, Hypothyroidism, Insomnia, Iron deficiency anemia, Calculus of kidney and ureter, Osteoarthritis Of Knee: Left Knee, Raised antibody titer: Antinuclear antibody SSA positive, Sleep Apnea, Nonrheumatic tricuspid (valve) insufficiency: Tricuspid Regurgitation, Postmenopausal atrophic vaginitis, Dementia, History of Fall, Dementia with Lewy Body, Acute cystitis, Encephalopathy, Unspecified, Hallucinations, unspecified**Diet:** Regular (IDDSI #7) / No added salt**Orders:****Durable Medical Equip:** None

CONTINUED ON NEXT PAGE

Face Sheet

Page: 2 of 2

Printed: 06/14/24, 10:48 AM

Anne J. Bridge

MEDICAL CONTACTS

Eldercare - Primary Provider: Rounding Provider, 420 E 1st Street, Duluth, MN 55805, Work: (218) 786-1216, Fax: (218) 786-8138

Hospice: Essentia Hospice, Work: (218) 786-4020, Fax: (218) 786-4223

Pharmacy: Falk's LTC Pharmacy, Phone: (218) 740-2650, Fax: (218) 740-3443

Hospital Pref: Essentia Duluth

Transportation:

Ambulance: Mayo Ambulance

Funeral Home: Lenroot Maetzold, (715) 394-5112

BILLING

Pre-Admission Number:

Pay Type: Assistance

Medicare #: 7K07TC4YG64

Medicaid #:

Health Plan #1: Anthem Blue Cross Blue Shield, policy #: ZRB375W07081

NOTES/ALERTS

Notes/Alerts:

Face Sheet

Page: 1 of 1

Printed: 06/14/24, 10:48 AM

Mary Buttrick

DOB:	Age: 0	Gender: Female	Religion:
Marital Status:	Race:	Primary Language:	Previous Occupation:
Veteran: No	Admission Date: 02/19/24	Unit: 212	Start of Care:
Date of Current Readmission:	02/19/24	Home Phone:	Other Phone:
Email:	Previous Address:	Admitted From: Not From Own Home:	

CODE STATUS / ADVANCE DIRECTIVES

Code Status: Full Code

MEDICAL INFORMATION

Diagnosis:

Diet:

Orders:

Durable Medical Equip:

MEDICAL CONTACTS

Pharmacy:

Hospital Pref:

Transportation:

Ambulance:

Funeral Home:

BILLING

Pre-Admission Number:

Pay Type: Private

Medicare #:

Medicaid #:

NOTES/ALERTS

Notes/Alerts:

Face Sheet

Page: 1 of 1

Printed: 06/14/24, 10:48 AM

Valerie Coder

DOB:	Age: 0	Gender:	Religion:
Marital Status:	Race:	Primary Language:	Previous Occupation:
Veteran: No	Admission Date: 04/08/23	Unit: 222	Start of Care:
Date of Current Readmission:	04/08/23	Home Phone:	Other Phone:
Email:	Previous Address:	Admitted From: Not From Own Home:	

CODE STATUS / ADVANCE DIRECTIVES

Code Status: Full Code

MEDICAL INFORMATION

Diagnosis:

Diet:

Orders:

Durable Medical Equip:

MEDICAL CONTACTS

Pharmacy:

Hospital Pref:

Transportation:

Ambulance:

Funeral Home:

BILLING

Pre-Admission Number:

Pay Type: Private

Medicare #:

Medicaid #:

NOTES/ALERTS

Notes/Alerts:

Face Sheet

Page: 1 of 1

Printed: 06/14/24, 10:48 AM

Dave Conley

DOB:	Age: 0	Gender: Male	Religion:
Marital Status: Married	Race:	Primary Language:	Previous Occupation:
Veteran: No	Admission Date: 11/02/23	Unit: 202	Start of Care:
Date of Current Readmission: 11/02/23		Home Phone:	Other Phone:
Email:	Previous Address:	Admitted From: Not From Own Home:	

CODE STATUS / ADVANCE DIRECTIVES

Code Status: Full Code

MEDICAL INFORMATION

Diagnosis:

Diet:

Orders:

Durable Medical Equip:

MEDICAL CONTACTS

Pharmacy:

Hospital Pref:

Transportation:

Ambulance:

Funeral Home:

BILLING

Pre-Admission Number:

Pay Type: Private

Medicare #:

Medicaid #:

NOTES/ALERTS

Notes/Alerts:

Face Sheet

Page: 1 of 2

Printed: 06/14/24, 10:48 AM

Helen M. Conley

DOB:

12/12/1943

Age: 80**Gender:** Female**Religion:****Marital Status:** Married**Race:** White/Caucasian**Primary Language:** English**Previous Occupation:****Veteran:** No**Admission Date:** 10/09/23**Unit:** 120A**Start of Care:****Date of Current Readmission:** 10/09/23**Home Phone:****Other Phone:****Email:****Previous Address:** 4355 E Twin Creek Rd, Superior, WI 54880**Admitted From:** Not From Own Home:

CODE STATUS / ADVANCE DIRECTIVES

Code Status: DNR

CONTACTS

POA: DONNA BABINEAU (Emergency) Daughter, Cell: (714) 675-1186, E-mail: dmbabineau@gmail.com**RICHARD CONLEY (Emergency)** 4355 E Twin Creek Rd, Superior, WI 54880, Husband, Home: (715) 399-8238

MEDICAL INFORMATION

Allergy	Type	Reaction	Severity
Aricept	Drug allergy	sensitivity	
Hydrochlorothiazide	Drug allergy		
Trees	Environmental allergy		
Dust	Environmental Allergy		
Donepezil			

Allergies: Aricept, Hydrochlorothiazide, Trees, Dust, Donepezil**Diagnosis:** Acute cystitis with hematuria, Malignant Neoplasm Of Breast, Mild persistent asthma, uncomplicated, Essential Hypertension, Pain In Right Knee, Orthostatic Hypotension, Mixed hyperlipidemia, Primary hyperparathyroidism, Gastro-esophageal reflux disease without esophagitis, Type 2 Diabetes Mellitus, Osteoporosis, Hidradenitis suppurativa, Unspecified dementia, severe, without beh/psych/mood/anx**Diet:** Regular (IDDSI #7) / No added salt**Orders:****Durable Medical Equip:** Wheelchair

MEDICAL CONTACTS

Eldercare - Primary Provider: Rounding Provider, 420 E 1st Street, Duluth, MN 55805, Work: (218) 786-1216, Fax: (218) 786-8138**Pharmacy:** Falk's LTC Pharmacy, Phone: (218) 740-2650, Fax: (218) 740-3443**Hospital Pref:** Essentia Superior**Transportation:** Ambulance**Ambulance:** Mayo Ambulance**Funeral Home:**

BILLING

Pre-Admission Number:**Pay Type:** Private**Medicare #:** 5X48-R32-FC24**Medicaid #:****Health Plan #1:** Security Health Plan

CONTINUED ON NEXT PAGE

Face Sheet

Page: 2 of 2

Printed: 06/14/24, 10:48 AM

Helen M. Conley

NOTES/ALERTS

Notes/Alerts:

Face Sheet

Page: 1 of 1

Printed: 06/14/24, 10:48 AM

Jan Conley

DOB:	Age: 0	Gender: Female	Religion:
Marital Status:	Race:	Primary Language:	Previous Occupation:
Veteran: No	Admission Date: 11/28/23	Unit: 202	Start of Care:
Date of Current Readmission:	11/28/23	Home Phone:	Other Phone:
Email:	Previous Address:	Admitted From: Not From Own Home:	

CODE STATUS / ADVANCE DIRECTIVES

Code Status: Full Code

MEDICAL INFORMATION

Diagnosis:

Diet:

Orders:

Durable Medical Equip:

MEDICAL CONTACTS

Pharmacy:

Hospital Pref:

Transportation:

Ambulance:

Funeral Home:

BILLING

Pre-Admission Number:

Pay Type: Private

Medicare #:

Medicaid #:

NOTES/ALERTS

Notes/Alerts:

Face Sheet

Page: 1 of 1

Printed: 06/14/24, 10:48 AM

Margaret Crabtree

DOB:	Age: 0	Gender:	Religion:
Marital Status:	Race:	Primary Language:	Previous Occupation:
Veteran: No	Admission Date: 06/30/21	Unit: 309	Start of Care:
Date of Current Readmission:	06/30/21	Home Phone: 7157182096	Other Phone:
Email:	Previous Address:	Admitted From: Not From Own Home:	

CODE STATUS / ADVANCE DIRECTIVES

Code Status: Full Code

CONTACTS

SHARON FIEBINGER, 881 Westview Dr, Shoreview, MN 55126, Daughter, Home: (651) 415-0530, :

MEDICAL INFORMATION

Diagnosis:

Diet:

Orders:

Durable Medical Equip:

MEDICAL CONTACTS

Pharmacy:

Hospital Pref:

Transportation:

Ambulance:

Funeral Home:

BILLING

Pre-Admission Number:

Pay Type: Private

Medicare #:

Medicaid #:

NOTES/ALERTS

Notes/Alerts:

Face Sheet

Page: 1 of 1

Printed: 06/14/24, 10:48 AM

Karen Cristilly

DOB: 10/28/1938 **Age:** 85 **Gender:** Female**Religion:** **Marital Status:** Widowed **Race:****Primary Language:** **Previous Occupation:** **Veteran:** No**Admission Date:** 08/16/23 **Unit:** 208 **Start of Care:****Date of Current Readmission:** 08/16/23 **Home Phone:** (715) 399-3342**Other Phone:** **Email:** kjcristilly@gmail.com **Previous Address:****Admitted From:** Not From Own Home:

CODE STATUS / ADVANCE DIRECTIVES

Code Status: Full Code

CONTACTS

DFPOA: BABETTE CRISTILLY (Emergency) 23524 Ulysses St NE, East Bethel, MN 55005, Daughter-in-Law, Cell: (763) 439-7472, : ,
E-mail: bristilly@gmail.com

KIRK CRISTILLY, 23524 Ulysses St NE, East Bethel, MN 55005, Son, Cell: (763) 221-1765, :

MEDICAL INFORMATION

Allergy	Type	Reaction	Severity
Codeine	Drug Allergy		mild

Allergies: Codeine**Diagnosis:** Dementia, Essential (primary) Hypertension, Osteopenia, Hyperlipidemia, Unspecified, Chronic Obstructive Pulmonary Disease, Unspecified**Diet:** Regular (IDDSI #7) / No added salt, Thin Liquids (IDDSI #0)**Orders:** Urinalysis and C&S; Following nurse evaluation, UA/UC maybe sent if presents with fever of 100 or greater and symptoms include: fall(s), confusion or increased confusion, pain or burning upon urination, and/or increased frequency., Medications will be crushed and administered in applesauce, or per resident preference as warranted, unless contraindicated, Resident may have alcoholic beverages**Durable Medical Equip:**

MEDICAL CONTACTS

Eldercare - Primary Provider: Rounding Provider, 420 E 1st Street, Duluth, MN 55805, Work: (218) 786-1216, Fax: (218) 786-8138**Pharmacy:** Falk's LTC Pharmacy, Phone: (218) 740-2650, Fax: (218) 740-3443**Hospital Pref:** Essentia Duluth**Transportation:** Family member**Ambulance:** Mayo Ambulance**Funeral Home:**

BILLING

Pre-Admission Number:**Pay Type:** Assistance**Medicare #:** 5FM1C43FU23**Medicaid #:****Health Plan #1:** Medica, policy #: 968963516, group #: 70926

NOTES/ALERTS

Notes/Alerts:

Face Sheet

Page: 1 of 2

Printed: 06/14/24, 10:48 AM

Joyce Cronin

DOB: 08/22/1932 **Age:** 91 **Gender:** Female
Religion: **Marital Status:** Single **Race:** White/Caucasian
Primary Language: English **Previous Occupation:** **Veteran:** No
Admission Date: 12/06/22 **Unit:** 119 **Start of Care:**
Date of Current Readmission: 12/06/22 **Home Phone:** (715) 394-3516
Other Phone: **Email:**
Previous Address: 6815 Tower Ave., Superior, WI 54880
Admitted From: Not From Own Home:



CODE STATUS / ADVANCE DIRECTIVES

Code Status: Full Code

CONTACTS

G: KEITH RADEMACHER (Emergency) W355N6155 Schooner Ct, Oconomowoc, WI 53066, Brother, Home: (262) 490-6679, E-mail: KMBPZ6165@outlook.com

BRETT RADEMACHER (Emergency) W355N6165 Schooner Ct., Oconomowoc, WI 53066, Nephew, Cell: (262) 490-5775

MEDICAL INFORMATION

Allergy	Type	Reaction	Severity
No Known Drug Allergies	Drug allergy		
No Known Drug Allergy			

Allergies: No Known Drug Allergies, No Known Drug Allergy

Diagnosis: Essential Hypertension, Dementia, Venous Stasis Dermatitis, Nonexudative age-related macular degeneration, bilateral, intermediate dry stage, Other reduced mobility, Need for assistance with personal care

Diet: Regular (IDDSI #7) / No added salt, Thin Liquids (IDDSI #0)

Orders: ok for Urinalysis and C&S; following nurse evaluation, Medications will be crushed and administered in applesauce or per resident preference as warranted, unless contraindicated, Community will hold administration of stool softeners if resident experiences diarrhea, notify MD if lasting >3 days

Durable Medical Equip:

MEDICAL CONTACTS

Eldercare - Primary Provider: Rounding Provider, 420 E 1st Street, Duluth, MN 55805, Work: (218) 786-1216, Fax: (218) 786-8138

Primary Physician: Dr. Ryan Morgan, Work: (715) 817-7100, Fax: (715) 817-7040

Pharmacy: Falk's LTC Pharmacy, Phone: (218) 740-2650, Fax: (218) 740-3443

Hospital Pref: Essentia Superior

Transportation: Ambulance

Ambulance: Mayo Ambulance

Funeral Home: Lenroot Maetzold, (715) 394-5112

BILLING

Pre-Admission Number:

Pay Type: Private

Medicare #: 4V60RQ6CE08

Medicaid #:

Health Plan #1: Humana, policy #: 610649

CONTINUED ON NEXT PAGE

Face Sheet

Page: 2 of 2

Printed: 06/14/24, 10:48 AM

Joyce Cronin

NOTES/ALERTS

Notes/Alerts:

Face Sheet

Page: 1 of 1

Printed: 06/14/24, 10:48 AM

Catherine A. Dandrea

DOB: 12/31/1938 **Age:** 85 **Gender:** Female
Religion: Catholic **Marital Status:** Widowed **Race:** White/Caucasian
Primary Language: English **Previous Occupation:** Property Management
Veteran: No **Admission Date:** 08/06/20 **Unit:** 313
Start of Care: **Date of Current Readmission:** 08/06/20
Home Phone: **Other Phone:** **Email:**
Previous Address: 2336 Tower Ave #5, Superior, WI 54880
Admitted From: Not From Own Home:



CODE STATUS / ADVANCE DIRECTIVES

Code Status: Full Code

CONTACTS

DFPOA: SHERI SULLIVAN 5218 Chris Dr, Hermantown, MN 55810, Daughter, Cell: (218) 340-5531

STEVE DANDREA, Son, Home: (612) 483-4024

MEDICAL INFORMATION

Allergy	Type	Reaction	Severity
No Known Drug Allergies	Drug allergy		

Allergies: No Known Drug Allergies

Diagnosis: Essential Hypertension, Disorder of pancreatic internal secretion, unspecified, Other specified disorders of bone density and structure, unspecified site, Uterovaginal prolapse, unspecified, Bell's palsy, Tinnitus, left ear, Benign neoplasm of cranial nerves, Type 2 diabetes mellitus without complications, Incomplete uterovaginal prolapse, Diverticulitis of large intestine without perforation or abscess with bleeding, Fibroids, Polyp Of Colon, Impaired fasting glucose, Leiomyoma of uterus, unspecified, Malocclusion, unspecified, Mixed hyperlipidemia, Viral warts, Panic disorder [episodic paroxysmal anxiety] without agoraphobia, Premature Ventricular Contractions (PVC)

Diet: Regular (IDDSI #7), Thin Liquids (IDDSI #0)

Orders:

Durable Medical Equip: Four wheeled walker

MEDICAL CONTACTS

Eldercare - Primary Provider: Rounding Provider, 420 E 1st Street, Duluth, MN 55805, Work: (218) 786-1216, Fax: (218) 786-8138

Pharmacy: Self Manages Medications

Hospital Pref: Essentia Superior

Transportation:

Ambulance: Mayo Ambulance

Funeral Home:

BILLING

Pre-Admission Number:

Pay Type: Private

Medicare #: 5PJ3-XC9-YE99

Medicaid #:

Health Plan #1: Medicare, policy #: 5PJ3-XC9-YE99

Health Plan #2: Health Partners, policy #: 11972200

NOTES/ALERTS

Notes/Alerts:

Face Sheet

Page: 1 of 1

Printed: 06/14/24, 10:48 AM

Larry D. Doeden

DOB: 05/21/1936**Age:** 88**Gender:** Male**Religion:****Marital Status:** Married**Race:** White/Caucasian**Primary Language:** English**Previous Occupation:****Veteran:** Air Force**Admission Date:** 10/02/23**Unit:** 124**Start of Care:****Date of Current Readmission:** 10/02/23**Home Phone:****Other Phone:** **Email:****Previous Address:** 28020 State Highway 137, Ashland, WI 55806**Admitted From:** Not From Own Home:

CODE STATUS / ADVANCE DIRECTIVES

Code Status: DNR

CONTACTS

DFPOA, DHCPOA: SHERI JOHNSON (Emergency), 28020 State Hwy 137, Ashland, WI 55806, Daughter, Home: (715) 292-1954**TONI HANSEN, EW/CADI Case Manager:** Work: (715) 398-2608, E-mail: toni.hansen@inclusa.org**KATIE COLLINS, EW/CADI Case Manager:** Work: (715) 398-2604, , E-mail: katie.collins@inclusa.org

MEDICAL INFORMATION

Allergy	Type	Reaction	Severity
No Known Food Allergies	Food allergy		
No Known Drug Allergy			

Allergies: No Known Food Allergies, No Known Drug Allergy**Diagnosis:** Alzheimer's Disease With Late Onset, Osteoarthritis, Prostate Cancer, Skin cancer, Spinal stenosis, Gastro-esophageal reflux disease without esophagitis, Carotid artery syndrome (hemispheric), Hyperlipidemia, Unspecified, Essential Hypertension, Urinary Retention**Diet:** Regular (IDDSI #7) / No added salt, Thin Liquids (IDDSI #0)**Orders:****Durable Medical Equip:** 4 wheeled walker

MEDICAL CONTACTS

Eldercare - Primary Provider: Rounding Provider, 420 E 1st Street, Duluth, MN 55805, Work: (218) 786-1216, Fax: (218) 786-8138**Pharmacy:** Falk's LTC Pharmacy, Phone: (218) 740-2650, Fax: (218) 740-3443**Hospital Pref:** Essentia Superior**Transportation:** Ambulance**Ambulance:** Mayo Ambulance**Funeral Home:**

BILLING

Pre-Admission Number:**Pay Type:** Assistance**Medicare #:** 6UC3-X70-TM99**Medicaid #:** 2458034420**Health Plan #1:** Medicare, policy #: 506-40-3498A

NOTES/ALERTS

Notes/Alerts:

Face Sheet

Page: 1 of 1

Printed: 06/14/24, 10:48 AM

Steve Dohse

DOB:	Age: 0	Gender: Male	Religion:
Marital Status:	Race:	Primary Language:	Previous Occupation:
Veteran: No	Admission Date: 05/27/24	Unit: 219	Start of Care:
Date of Current Readmission: 05/27/24		Home Phone:	Other Phone:
Email:	Previous Address:	Admitted From: Not From Own Home:	

CODE STATUS / ADVANCE DIRECTIVES

Code Status: Full Code

MEDICAL INFORMATION

Diagnosis:

Diet:

Orders:

Durable Medical Equip:

MEDICAL CONTACTS

Pharmacy:

Hospital Pref:

Transportation:

Ambulance:

Funeral Home:

BILLING

Pre-Admission Number:

Pay Type: Private

Medicare #:

Medicaid #:

NOTES/ALERTS

Notes/Alerts:

Face Sheet

Page: 1 of 2

Printed: 06/14/24, 10:48 AM

Paulette Fairbanks

DOB: 07/17/1942 **Age:** 81 **Gender:** Female
Religion: **Marital Status:** **Race:** White/Caucasian
Primary Language: **Previous Occupation:** **Veteran:** No
Admission Date: 11/07/23 **Unit:** 115 **Start of Care:**
Date of Current Readmission: 11/07/23 **Home Phone:** 2183914481
Other Phone: **Email:** **Previous Address:**
Admitted From: Not From Own Home:



CODE STATUS / ADVANCE DIRECTIVES

Code Status: Full Code**Advance Directives:** HCPOA Activated

CONTACTS

DFPOA, DHCPOA: JACQUELINE CROWLEY (Emergency) 2000 S. Hwy A1A, Apt N404, Jupiter, FL 33477, Daughter,

Cell: (201) 323-6980, : , E-mail: jacfaircrow@gmail.com, :

SHANE HEMPHILL, 2210 Hughitt Ave, Superior, WI 54880, Son, Cell: (218) 464-2948, E-mail: whemphill13@gmail.com

MEDICAL INFORMATION

Allergy	Type	Reaction	Severity
NO KNOWN ALLERGIES			
No Known Drug Allergy			

Allergies: NO KNOWN ALLERGIES, No Known Drug Allergy**Diagnosis:** Unspecified Dementia, Vitamin D Deficiency, Unspecified, Folate deficiency anemia, unspecified, Anemia, Elevated blood-pressure reading, without diagnosis of hypertension**Diet:** Regular (IDDSI #7) / No added salt, Thin Liquids (IDDSI #0)**Orders:** Urinalysis and C&S: Following nurse evaluation, UA/UC may be sent if resident presents with a fever of 100F or greater and symptoms to include: fall(s), confusion or increased confusion, pain or burning upon urination, and/or increased frequency of urination., Medications will be crushed and administered in applesauce or per resident preference as warranted, unless contraindicated, Community will hold administration of coumadin for laboratory-defined critical INR results, unless otherwise defined by provider, Resident may have alcoholic beverages., Stool softeners will be held if Resident experiences diarrhea. Nurse to notify Provider for diarrhea lasting 3 full days/9 shifts or sooner if resident condition warrants.**Durable Medical Equip:**

MEDICAL CONTACTS

Primary Physician: JAMIE HAMMER, ESSENTIA SUPERIOR FAMILY MED., 3500 TOWER AVE, SUPERIOR, WI 54880, Work: (715) 817-7000, Fax: (715) 817-7040**Pharmacy:** Falk's LTC Pharmacy, Phone: (218) 740-2650, Fax: (218) 740-3443**Hospital Pref:** Essentia Superior**Transportation:** Family member**Ambulance:** Mayo Ambulance**Funeral Home:**

BILLING

Pre-Admission Number:**Pay Type:** Private**Medicare #:** 3HG4V24YW61**Medicaid #:**

CONTINUED ON NEXT PAGE

Face Sheet

Page: 2 of 2

Printed: 06/14/24, 10:48 AM

Paulette Fairbanks

BILLING

Health Plan #1: Medica, policy #: 842002566, group #: 70270

NOTES/ALERTS

Notes/Alerts:

Face Sheet

Page: 1 of 2

Printed: 06/14/24, 10:48 AM

Clarice J. Flemming

DOB: 04/05/1936**Age:** 88**Gender:** Female**Religion:****Marital Status:** Widowed**Race:** White/Caucasian**Primary Language:** English**Previous Occupation:****Veteran:** No**Admission Date:** 01/20/21**Unit:** 121**Start of Care:****Date of Current Readmission:** 01/20/21**Home Phone:****Other Phone:****Email:****Previous Address:** 3219 John Ave, Superior, WI 54880**Admitted From:** Not From Own Home:

CODE STATUS / ADVANCE DIRECTIVES

Code Status: DNR**Advance Directives:** HCPOA Activated

CONTACTS

G: CATHY ELIASON 3219 John Ave, Superior, WI 54880, Daughter, Home: (218) 391-0739, Work: (218) 786-6681

JULIE PUKSICH, 905 Page Court, Sheboygan, WI 53081, Daughter, Home: (920) 627-3902, Work: (855) 449-7099

DOROTHY WALTON, Daughter, Home: (715) 378-4434, Cell: (715) 817-5479

MEDICAL INFORMATION

Allergy	Type	Reaction	Severity
No Known Drug Allergies	Drug allergy		
No Known Drug Allergy			

Allergies: No Known Drug Allergies, No Known Drug Allergy**Diagnosis:** Essential Hypertension, PSVT, Hypothyroidism, Generalized anxiety disorder, Adjustment Disorder With Depressed Mood, Lumbar Spondylosis, chronic constipation, Infectious gastroenteritis and colitis, unspecified, Prediabetes, Vascular dementia without behavioral disturbance, Diverticulosis of large intestine without perforation or abscess without bleeding, Dyslipidemia**Diet:** Regular (IDDSI #7) / No added salt, Thin Liquids (IDDSI #0)**Orders:****Durable Medical Equip:**

MEDICAL CONTACTS

Primary Physician: Rounding Provider, 420 E 1st Street, Duluth, MN 55805, Work: (218) 786-1216, Fax: (218) 786-8138**Dentist:** Amanda Schwartz**Pharmacy:** VA, Phone: (612) 467-1100**Hospital Pref:** Essentia Superior**Transportation:** Family member**Ambulance:** Mayo Ambulance**Funeral Home:** Down's Funeral Home, 1617 N 19th Street, Superior, WI 54880, (715) 394-7746

BILLING

Pre-Admission Number:**Pay Type:** Private**Medicare #:** 1QU7-F69-NJ31**Medicaid #:****Health Plan #1:** Medicare, policy #: 1QU7-F69-NJ31

CONTINUED ON NEXT PAGE

Face Sheet

Page: 2 of 2

Printed: 06/14/24, 10:48 AM

Clarice J. Flemming

NOTES/ALERTS

Notes/Alerts:

Face Sheet

Page: 1 of 1

Printed: 06/14/24, 10:48 AM

Juile Ford

DOB:	Age: 0	Gender: Male	Religion:
Marital Status:	Race:	Primary Language:	Previous Occupation:
Veteran: No	Admission Date: 07/31/23	Unit: 145	Start of Care:
Date of Current Readmission:	07/31/23	Home Phone:	Other Phone:
Email:	Previous Address:	Admitted From: Not From Own Home:	

CODE STATUS / ADVANCE DIRECTIVES

Code Status: Full Code

MEDICAL INFORMATION

Diagnosis:

Diet:

Orders:

Durable Medical Equip:

MEDICAL CONTACTS

Pharmacy:

Hospital Pref:

Transportation:

Ambulance:

Funeral Home:

BILLING

Pre-Admission Number:

Pay Type: Private

Medicare #:

Medicaid #:

NOTES/ALERTS

Notes/Alerts:

Face Sheet

Page: 1 of 1

Printed: 06/14/24, 10:48 AM

Mildred (Midge) Froseth

DOB: Age: 0 **Gender:** **Religion:**
Marital Status: Race: **Primary Language:** **Previous Occupation:**
Veteran: No **Admission Date:** 07/15/23 **Unit:** 135 **Start of Care:**
Date of Current Readmission: 07/15/23 **Home Phone:**
Other Phone: 2182606833 **Email:** dfroseth@gmail.com **Previous Address:**
Admitted From: Not From Own Home:

CODE STATUS / ADVANCE DIRECTIVES

Code Status: Full Code

MEDICAL INFORMATION

Diagnosis:

Diet:

Orders:

Durable Medical Equip:

MEDICAL CONTACTS

Pharmacy:

Hospital Pref:

Transportation:

Ambulance:

Funeral Home:

BILLING

Pre-Admission Number:

Pay Type: Private

Medicare #:

Medicaid #:

NOTES/ALERTS

Notes/Alerts:

Face Sheet

Page: 1 of 1

Printed: 06/14/24, 10:48 AM

Doris Glonek

DOB:	Age: 0	Gender: Female	Religion:
Marital Status:	Race:	Primary Language:	Previous Occupation:
Veteran: No	Admission Date: 01/01/23	Unit: 207	Start of Care:
Date of Current Readmission:	01/01/23	Home Phone: 7153947714	Other Phone:
Email:	Previous Address:	Admitted From: Not From Own Home:	

CODE STATUS / ADVANCE DIRECTIVES

Code Status: Full Code

MEDICAL INFORMATION

Diagnosis:

Diet:

Orders:

Durable Medical Equip:

MEDICAL CONTACTS

Pharmacy:

Hospital Pref:

Transportation:

Ambulance:

Funeral Home:

BILLING

Pre-Admission Number:

Pay Type: Private

Medicare #:

Medicaid #:

NOTES/ALERTS

Notes/Alerts:

Face Sheet

Page: 1 of 1

Printed: 06/14/24, 10:48 AM

Frances K. "Kathy" Green**Preferred Name:** Kathy**DOB:** 01/13/1939**Age:** 85**Gender:** Female**Religion:****Marital Status:** Married**Race:** White/Caucasian**Primary Language:** English**Previous Occupation:****Veteran:** No**Admission Date:** 06/23/22**Unit:** 322A**Start of Care:****Date of Current Readmission:** 06/23/22**Home Phone:****Other Phone:** *Email:***Previous Address:** 2431 Pennsylvania Ave., Superior, WI 54880**Admitted From:** Not From Own Home:**CODE STATUS / ADVANCE DIRECTIVES****Code Status:** DNR**CONTACTS**

FRAN VANDERMEIDEN (Emergency), 18 Sharte Drive, Superior, WI 54880, Daughter, Home: (715) 398-7348

DFPOA: JIM GREEN, JR. (Emergency) 118 S. 2nd St., Oostburg, WI 53070, Son, Home: (920) 980-9830

MEDICAL INFORMATION

Allergy	Type	Reaction	Severity
Niacin	Drug Allergy	flushing	mild
Prochlorperazine	Drug allergy	swelling of throat	mild

Allergies: Niacin, Prochlorperazine**Diagnosis:** Cystocele, non melanoma skin cancer, history of, Hyperlipidemia, Unspecified, Mild cognitive impairment, Vitamin D deficiency**Diet:** Regular (IDDSI #7) / No added salt, Thin Liquids (IDDSI #0)**Orders:****Durable Medical Equip:****MEDICAL CONTACTS****Primary Provider:** Dr Zachary Lundstrom, Work: (218) 249-7960, Fax: (218) 249-7999**Pharmacy:** Self Manages Medications**Hospital Pref:** St. Luke's**Transportation:** Family member**Ambulance:** Mayo Ambulance**Funeral Home:****BILLING****Pre-Admission Number:****Pay Type:** Private**Medicare #:** 5KN7-AQ6-HQ61**Medicaid #:****Health Plan #1:** Mutual of Omaha, policy #: 6704242-91**NOTES/ALERTS****Notes/Alerts:**

Face Sheet

Page: 1 of 2

Printed: 06/14/24, 10:48 AM

Darlene M. "Dar" Groehler**Preferred Name:** Dar**DOB:** 03/04/1944**Age:** 80**Gender:** Female**Religion:** Protestant**Marital Status:** Married**Race:** White/Caucasian**Primary Language:** English**Previous Occupation:** Secretary**Veteran:** No**Admission Date:** 04/05/21**Unit:** 108**Start of Care:** 04/05/21**Date of Current Readmission:** 04/05/21**Home Phone:****Other Phone:****Email:****Previous Address:** 4405 South Darrow Road, Superior, WI 54880**Admitted From:** Not From Own Home:**CODE STATUS / ADVANCE DIRECTIVES****Code Status:** DNR**Advance Directives:** Advance Directive on File, HCPOA Activated**CONTACTS**

DFPOA, DHCPOA: DEANN CARLSGAARD (Emergency) 4547 S Darrow Road, Superior, WI 54880, Daughter, Home: (715) 919-0291, E-mail: Purrnfluff@gmail.com, E-mail: deanncarlsg@hotmail.com

NORMAN GROEHLER, 4405 S. Darrow Road, Superior, WI 54880, Spouse, Home: (715) 399-8151, Cell: (218) 428-3780

PAUL GROEHLER, Son, Cell: (507) 251-9394

MEDICAL INFORMATION

Allergy	Type	Reaction	Severity
Ciprofloxacin	Drug allergy		
Bactrim	Drug allergy		
Sulfa Drugs	Drug allergy	Hives and rash	
Sulfa Antibiotics			

Allergies: Ciprofloxacin, Bactrim, Sulfa Drugs, Sulfa Antibiotics

Diagnosis: Dementia with behavior disturbance, Traumatic brain injury, Rheumatoid Arthritis, Unspecified, Covid-19, Essential Hypertension, Lipomatosis, not elsewhere classified, Urinary Tract Infection, Site Not Specified, History Of Falling, Benign neoplasm of colon, unspecified, Osteopenia, Immune thrombocytopenic purpura, Pure Hypercholesterolemia, Synovial cyst of popliteal space [Baker], left knee, Vitamin D deficiency

Diet: Regular (IDDSI #7), Thin Liquids (IDDSI #0)

Orders: Okay to crush meds (unless otherwise indicated) and mix with applesauce or pudding

Durable Medical Equip:

MEDICAL CONTACTS

Eldercare - Primary Provider: Rounding Provider, 420 E 1st Street, Duluth, MN 55805, Work: (218) 786-1216, Fax: (218) 786-8138

Dentist: MARK CALLAWAY, Superior, WI 54880, Work: (715) 392-1529

Pharmacy: Falk's LTC Pharmacy, Phone: (218) 740-2650, Fax: (218) 740-3443

Hospital Pref: Essentia Superior

Transportation: Family member

Ambulance: Mayo Ambulance

Funeral Home: Down's Funeral Home, 1617 N 19th Street, Superior, WI 54880, (715) 394-7746

BILLING

Pre-Admission Number:

Pay Type: Private

Medicare #: 1AC6-U46-FW87

CONTINUED ON NEXT PAGE

Face Sheet

Page: 2 of 2

Printed: 06/14/24, 10:48 AM

Darlene M. "Dar" Groehler

Preferred Name: Dar

BILLING

Medicaid #:

Health Plan #1: Medica, policy #: 944853852, group #: 70931

NOTES/ALERTS

Notes/Alerts:

Face Sheet

Page: 1 of 1

Printed: 06/14/24, 10:48 AM

Gerald "Jod" Gucinski**Preferred Name:** Jod**DOB:** 04/08/1931**Age:** 93**Gender:** Male**Religion:****Marital Status:** Widowed**Race:** White/Caucasian**Primary Language:** English**Previous Occupation:****Veteran:** Army**Admission Date:** 12/05/23**Unit:** 102**Start of Care:****Date of Current Readmission:** 12/05/23**Home Phone:** (218) 341-8815**Other Phone:****Email:****Previous Address:****Admitted From:** Not From Own Home:**CODE STATUS / ADVANCE DIRECTIVES****Code Status:** DNR**Advance Directives:** Advance Directive on File, POLST on File, HCPOA Activated**CONTACTS**

DHCPOA: MICHAEL GUCINSKI (Emergency) 9285 State Highway 13, Port Wing, WI 54865, Son, : , Home: (715) 774-3354,

Cell: (907) 953-5402

LORI WAKEFIELD, 7685 E Powell Lane, South Range, WI 54874, Granddaughter, Cell: (218) 590-4725, : , E-

mail: lwakefield@centurytel.net

MEDICAL INFORMATION

Allergy	Type	Reaction	Severity
Simvastatin	Drug Allergy		

Allergies: Simvastatin**Diagnosis:** Dementia, Essential Hypertension, Gastroesophageal Reflux Disease (GERD), Hyperlipidemia, Unspecified, Macular degeneration, Iron deficiency anemia, Urinary Retention**Diet:** Regular (IDDSI #7) / No added salt, Thin Liquids (IDDSI #0)**Orders:** Banatrol provided by family, Centerwell Home Health manages Foley Catheter 218-723-8999, Cari is RN who manages 218-730-8358**Durable Medical Equip:****MEDICAL CONTACTS****Primary Physician:** Dr Zachary Lundstrom, Work: (218) 249-7960, Fax: (218) 249-7999**Pharmacy:** Falk's LTC Pharmacy, Phone: (218) 740-2650, Fax: (218) 740-3443**Hospital Pref:** St. Luke's**Transportation:** Family member**Ambulance:** Mayo Ambulance**Funeral Home:** Lenroot Maetzold, (715) 394-5112**BILLING****Pre-Admission Number:****Pay Type:** Private**Medicare #:** 2MP6-M78-GX50**Medicaid #:****Health Plan #1:** Atena Medicare, policy #: 101242640300, group #: 466853**NOTES/ALERTS****Notes/Alerts:**

Face Sheet

Page: 1 of 2

Printed: 06/14/24, 10:48 AM

Carolyn A. Hagberg	Preferred Name: Carolyn		
DOB: 09/23/1942	Age: 81	Gender: Female	
Religion:	Marital Status: Married	Race: White/Caucasian	
Primary Language: English	Previous Occupation: Business Manager		
Veteran: No	Admission Date: 03/30/23	Unit: 314	
Start of Care:	Date of Current Readmission: 03/30/23		
Home Phone:	Other Phone:	Email:	
Previous Address: 1716 E. 3rd Street, Superior, WI			
Admitted From: Previous Home-care Need, From Own Home			

CODE STATUS / ADVANCE DIRECTIVES

Code Status: Full Code

CONTACTS

MR. WES HAGBERG (Emergency), 1507 N. 76th Street, Superior, WI 54880, Son, Cell: (218) 393-8617, : , E-mail: wpermhags@yahoo.com

MR. BRIAN HAGBERG, 101 Torrey Pines Court, Mankato, MN 56001, Son, Cell: (507) 469-8494, :

SO: MR. RUSS HAGBERG Spouse

ANGELA BLEGEN, EW/CADI Case Manager, Work: (715) 398-2609, : , E-mail: angela.blegen@inclusa.org

MEDICAL INFORMATION

Allergy	Type	Reaction	Severity
No Known Drug Allergy			

Allergies: No Known Drug Allergy

Diagnosis: Weakness: Left sided dt Stroke. General weakness., Intraparenchymal hemorrhage of brain- Chronic, Nontraumatic intracerebral hemorrhage, unspecified, Other Symptoms And Signs Involving Cognitive Functions And Awareness, Major Depressive Disorder, Single Episode, Unspecified, Essential (Primary) Hypertension, Foot drop, left foot: and ankle weakness due to stroke. Wears splint., Paroxysmal atrial fibrillation, CAD (Coronary artery disease)-unspecified, Other osteoporosis without current pathological fracture, Mild cognitive impairment of uncertain or unknown etiology, Spinal stenosis, cervical region, Unspecified Osteoarthritis, Unspecified Site, Myalgia, other site, Unspecified hearing loss, unspecified ear, Rheumatoid Arthritis, Unspecified, Hyperlipidemia, Unspecified, Calculus of kidney, Prsnl Hx Of TIA (TIA), And Cereb Infrc W/o Resid Deficits, Presence of left artificial knee joint

Diet: Regular (IDDSI #7) / No added salt, Thin Liquids (IDDSI #0)**Orders:****Durable Medical Equip:** 2WW

MEDICAL CONTACTS

Primary Provider: DAVID MAST, Work: (218) 249-7960, Fax: (218) 249-7999**Primary Provider:** Laura Enright, 1001 East Superior St. Ste 401, Duluth, MN 55802, Work: (218) 249-6500, Fax: (218) 249-6501**Pharmacy:** Falk's LTC Pharmacy, Phone: (218) 740-2650, Fax: (218) 740-3443**Hospital Pref:** St. Luke's**Transportation:** Family member**Ambulance:****Funeral Home:**

BILLING

Pre-Admission Number:**Pay Type:** Assistance**Medicare #:** 7UW8-DE2-QQ28**Medicaid #:** 3458466932

CONTINUED ON NEXT PAGE

Face Sheet

Page: 2 of 2

Printed: 06/14/24, 10:48 AM

Carolyn A. Hagberg

Preferred Name: Carolyn

BILLING

Health Plan #1: Security Health Plan, group #: 884600

NOTES/ALERTS

Notes/Alerts:

Face Sheet

Page: 1 of 1

Printed: 06/14/24, 10:48 AM

Russ Hagberg

DOB:	Age: 0	Gender:	Religion:
Marital Status:	Race:	Primary Language:	Previous Occupation:
Veteran: No	Admission Date: 03/30/23	Unit: 314 B	Start of Care:
Date of Current Readmission:	03/30/23	Home Phone: 2183401799	Other Phone:
Email:	Previous Address:	Admitted From: Not From Own Home:	

CODE STATUS / ADVANCE DIRECTIVES

Code Status: Full Code

MEDICAL INFORMATION

Diagnosis:

Diet:

Orders:

Durable Medical Equip:

MEDICAL CONTACTS

Pharmacy:

Hospital Pref:

Transportation:

Ambulance:

Funeral Home:

BILLING

Pre-Admission Number:

Pay Type: Private

Medicare #:

Medicaid #:

NOTES/ALERTS

Notes/Alerts:

Face Sheet

Page: 1 of 2

Printed: 06/14/24, 10:48 AM

Josette "Jo" C. "Jo" Harnstrom**Preferred Name:** Jo**DOB:** 02/14/1944**Age:** 80**Gender:** Female**Religion:** Presbyterian**Marital Status:** Widowed**Race:** White/Caucasian**Primary Language:** English**Previous Occupation:** Housekeeping**Veteran:** No**Admission Date:** 03/31/23 **Unit:** 109**Start of Care:****Date of Current Readmission:** 03/31/23**Home Phone:****Other Phone:****Email:****Previous Address:** 10982 E. Hurst Lane, Lake Nebagamon, WI 54849**Admitted From:** Not From Own Home:**CODE STATUS / ADVANCE DIRECTIVES****Code Status:** Full Code**Advance Directives:** Advance Directive on File, HCPOA Activated, Daughter, Cindy Largent Activated POA Health and Finance.**CONTACTS**

DFPOA, DHCPOA: MRS. CINDY LARGENT (Emergency), P.O.Box 241, 10880 E. Hurst Lane, Lake Nebagamon, WI 54849, Daughter, Cell: (715) 292-7477, Work: (715) 392-5000, Home: (715) 374-2811, E-mail: cindeano@hotmail.com

JACKIE ELM, 7001 E. County Road UU, South Range, WI 54874, Daughter, Home: (218) 409-7715

MEDICAL INFORMATION

Allergy	Type	Reaction	Severity
Antihistamines	Drug Allergy		
Statins-hmg-coa Reductase inhibitors	Drug allergy	Doesn't tolerate.	
Crestor	Drug allergy	Back pain	
Levothyroxine	Drug allergy	diarrhea. Can only tolerate Synthroid.	
Atorvastatin Calcium	Drug allergy	Muscle aches	
Niacin-lovastatin	Drug allergy	Leg cramps	
Lyrica	Drug allergy	Legs felt weak	
Pravastatin Sodium	Drug allergy	Muscle pain	
Prevacid	Drug allergy	diarrhea and hives	
Sulfa Drugs	Drug allergy	Hives	
Welchol	Drug allergy	stomach upset	
Zetia	Drug allergy	Fatigued	
Zocor	Drug Allergy	Muscle aches	
Gabapentin	Drug allergy	Felt foggy	
Prilosec	Drug allergy	Diarrhea	
Sulfa Antibiotics			
Statins			
Lovastatin			
Pravastatin			
Lipitor			

Allergies: Antihistamines, Statins-hmg-coa Reductase inhibitors, Crestor, Levothyroxine, Atorvastatin Calcium, Niacin-lovastatin, Lyrica, Pravastatin Sodium, Prevacid, Sulfa Drugs, Welchol, Zetia, Zocor, Gabapentin, Prilosec, Sulfa Antibiotics, Statins, Lovastatin, Pravastatin, Lipitor

CONTINUED ON NEXT PAGE

Face Sheet

Page: 2 of 2

Printed: 06/14/24, 10:48 AM

Josette "Jo" C. "Jo" Harnstrom**Preferred Name:** Jo

MEDICAL INFORMATION

Diagnosis: Other Symptoms And Signs Involving Cognitive Functions And Awareness: Dementia and Cognitive Decline., Diffuse Cystic Mastopathy, Hyperlipidemia, Unspecified, Sensorineural hearing loss, bilateral, Injury of branches of celiac and mesenteric artery, Personal History Of Transient Ischemic Attack (TIA), And Cerebral Infarction Wit, Unspecified Osteoarthritis, Unspecified Site, Constipation, Unspecified, Vitamin D Deficiency, Unspecified, Impaired fasting glucose, Degenerative Disc Disease: Cervical- had injection in pain clinic, Osteoporosis, Esophageal Reflux: PPI's have caused severe diarrhea., Hypothyroidism, Unspecified, History of Elevated Blood Pressure Reading, Essential Hypertension, Irritable bowel syndrome with diarrhea, Follicular cysts of skin and subcutaneous tissue, Osteoarthritis of knee, unspecified, Occlusion and stenosis of bilateral carotid arteries, Combined forms of age-related cataract, bilateral, Esophageal obstruction: Schatzki ring dilated edg 9/2020, Adverse effect of antihyperlipidemic and antiarteriosclerotic drugs, Moderate cognitive impairment, ALZHEIMER'S DISEASE, UNSPECIFIE, Unspecified Dementia, Unspecified Severity, With Behavioral Disturbance: Bharvioral disturbances with parmoia, prosecutory ideas, lack o adhesionre to her doctor's clear recommendatons. Prone to make errors that she is not aware of.

Diet: Regular (IDDSI #7) / No added salt

Orders: Resident is only allowed to leave community with POA Cindy Largent or daughter Jackie Elm, Janis Lepasti has permission to take resident out of community at anytime per POA

Durable Medical Equip: None

MEDICAL CONTACTS

Family Medicine: GEORGIA BRUNETTE, Work: (715) 817-7100, Fax: (715) 817-7097

Pharmacy: Falk's LTC Pharmacy, Phone: (218) 740-2650, Fax: (218) 740-3443

Hospital Pref: Essentia Duluth

Transportation: Family member

Ambulance:

Funeral Home:

BILLING

Pre-Admission Number:

Pay Type: Private

Medicare #: 8fp3nf8rq72

Medicaid #:

Health Plan #1: Medica, policy #: 915674772, group #: 1-800-424-1316

NOTES/ALERTS

Notes/Alerts:

Face Sheet

Page: 1 of 2

Printed: 06/14/24, 10:48 AM

Erma Harty**Preferred Name:** Erma**DOB:** 08/23/1926**Age:** 97**Gender:** Female**Religion:****Marital Status:** Widowed**Race:** White/Caucasian**Primary Language:** English**Previous Occupation:** Store Clerk**Veteran:** No**Admission Date:** 04/20/23**Unit:** 114**Start of Care:****Date of Current Readmission:** 04/20/23**Home Phone:****Other Phone:****Email:****Previous Address:** Willow Assisted Living 715-399-3300, Iron River, WI**Admitted From:** Previously in Nursinghome, Not From Own Home:

CODE STATUS / ADVANCE DIRECTIVES

Code Status: DNR**Advance Directives:** Advance Directive on File, HCPOA Activated

CONTACTS

DHCPOA: JOYCE SPEHAR (Emergency), 4734 Adair Ave., Crystal, MN 55429, Niece, Cell: (763) 537-4282, Home: (763) 227-6371,

E-mail: joycespehar@gmail.com

DHCPOA: JOAN SPEHAR, Niece, Cell: (763) 670-3834

DFPOA, NR: TOM SPEHAR, Nephew, Home: (218) 349-2831

CAROL ERNST, 4970 E. County Road B, Superior, WI, Friend, Home: (715) 399-2791, :

MEDICAL INFORMATION

Allergy	Type	Reaction	Severity
NKDA	Drug allergy		
NKFA	Food allergy		

Allergies: NKDA, NKFA

Diagnosis: Other specified fracture of left pubis, subsequent encounter for fracture with routine healing, Unspecified fracture of left acetabulum, subsequent encounter for fracture with routine healing, Osteitis deformans of unspecified bone, Fall on same level, unspecified, subsequent encounter, Hypertensive Chronic Kidney Disease W Stg 1-4/unsp Chr Kdny, Chronic kidney disease, stage 3b, Alzheimer's Disease With Late Onset, Dem in oth dis classd elswhr,unsp sev,w/o beh/psych/mood/anx, Enterococcus as the cause of diseases classified elsewhere, Iron deficiency anemia, unspecified, Other hyperlipidemia, Hypertension secondary to endocrine disorders, Diverticulosis of large intestine without perforation or abscess without bleeding, Polyosteoarthritis, unspecified, Muscle Weakness (generalized), Age-related osteoporosis without current pathological fracture, Long term (current) use of aspirin, Personal history of malignant neoplasm of breast

Diet: Regular (IDDSI #7) / No added salt**Orders:****Durable Medical Equip:** 2WW

MEDICAL CONTACTS

Primary Physician: Rounding Provider, 420 E 1st Street, Duluth, MN 55805, Work: (218) 786-1216, Fax: (218) 786-8138**Primary Physician:** SAROJINI SHARMA, Work: (715) 817-7100, Fax: (715) 817-7097**Pharmacy:** Falk's LTC Pharmacy, Phone: (218) 740-2650, Fax: (218) 740-3443**Hospital Pref:** Essentia Superior**Transportation:** Family member**Ambulance:****Funeral Home:** Downs Lesage

CONTINUED ON NEXT PAGE

Face Sheet

Page: 2 of 2

Printed: 06/14/24, 10:48 AM

Erma Harty

Preferred Name: Erma

BILLING

Pre-Admission Number:

Pay Type: Assistance

Medicare #: 3KN1YF2AJ06

Medicaid #:

Health Plan #1: Medicare, policy #: 3KN1YF2AJ06

Health Plan #2: United Healthcare, policy #: 800267408, group #: 23111 Railroad Employees

NOTES/ALERTS

Notes/Alerts:

Face Sheet

Page: 1 of 1

Printed: 06/14/24, 10:48 AM

Fred M. Hennessy

DOB: 08/07/1937 **Age:** 86 **Gender:** Male
Religion: Catholic **Marital Status:** Widowed **Race:** White/Caucasian
Primary Language: English **Previous Occupation:** Educator **Veteran:** Yes
Admission Date: 09/24/22 **Unit:** 128 **Start of Care:**
Date of Current Readmission: 09/24/22 **Home Phone:**
Other Phone: **Email:**
Previous Address: 7840 E County Road M, Gordon, WI 54838
Admitted From: Not From Own Home:



CODE STATUS / ADVANCE DIRECTIVES

Code Status: Full Code**Advance Directives:** HCPOA Activated

CONTACTS

DFPOA, DHCPOA: JEFF QUINONES (Emergency), Nephew, Cell: (218) 391-7267

MS. PATRICIA QUINONES (Emergency), 6615 Ogdeon Avenue, Superior, WI 54880, Sister, Cell: (715) 394-3909, :

MEDICAL INFORMATION

Allergy	Type	Reaction	Severity
Sulfa Antibiotics			
Rofecoxib			
Vioxx			

Allergies: Sulfa Antibiotics, Rofecoxib, Vioxx

Diagnosis: Late onset Alzheimer's disease without behavioral disturbance, Diffuse traumatic brain injury with loss of consciousness of unspecified duration, sequela, Benign Neoplasm of Colon, Diverticulosis of colon, Embolism and thrombosis of unspecified artery, Osteoarthritis, Unspecified Site, History of blood transfusions, Replacement of Left Knee Joint with Synthetic Substitute, Cemented, Open Approach, Opioid dependence, Prostate Cancer, Sensorineural hearing loss, bilateral, Tinnitus, Unspecified glaucoma, Basal Cell Carcinoma Of Skin, Unspecified

Diet: Regular (IDDSI #7) / No added salt, Thin Liquids (IDDSI #0)**Orders:****Durable Medical Equip:** FWW

MEDICAL CONTACTS

Primary Provider: Rounding Provider, 420 E 1st Street, Duluth, MN 55805, Work: (218) 786-1216, Fax: (218) 786-8138**Pharmacy:** Falk's LTC Pharmacy, Phone: (218) 740-2650, Fax: (218) 740-3443**Hospital Pref:** Essentia Superior**Transportation:****Ambulance:****Funeral Home:**

BILLING

Pre-Admission Number:**Pay Type:** Private**Medicare #:** 7X79XC5CQ00**Medicaid #:**

NOTES/ALERTS

Notes/Alerts:

Face Sheet

Page: 1 of 2

Printed: 06/14/24, 10:48 AM

Dorothy Heytens

DOB: 09/02/1927 **Age:** 96 **Gender:** Female
Religion: Catholic **Marital Status:** Married **Race:** White/Caucasian
Primary Language: English **Previous Occupation:** Secretary-Lawyer
Veteran: None **Admission Date:** 07/14/14 **Unit:** 306
Start of Care: **Date of Current Readmission:** 07/14/14
Home Phone: **Other Phone:** **Email:**
Previous Address: 2807 E 5th St, Superior, WI 54880



Admitted From: Not From Own Home:

CODE STATUS / ADVANCE DIRECTIVES

Code Status: DNR

Advance Directives: Advance Directive on File, 1/11/18 TB

CONTACTS

DFPOA: JANET HAACK (Emergency) 314 13th Ave E, Superior, WI 54880, Sister, Cell: (715) 374-3013

GERI BEHRENDT, Daughter, Home: (715) 398-6421, Cell: (715) 817-0878

TONI HANSON, Inclusa CRC, Work: (715) 398-2608, :

KATIE COLINS, Inclusa HWC (RN), Work: (715) 398-2604, : , E-mail: katie.colins@inclusa.org

MEDICAL INFORMATION

Allergy	Type	Reaction	Severity
Cephalexin	Drug Allergy		
Tramadol	Drug allergy		

Allergies: Cephalexin, Tramadol

Diagnosis: HTN, DM II, Vit D Deficiency, OA, Left Hip OA, Left Hip Trochenteric Bursitis, Constipation, Hyperlipidemia, Kyphosis: Hx of kyphoplasty 8/18/22, Scoliosis, Cataract Removal, hx of Trochanter Bursitis, hx Herpes Zoster (eyelid), Chronic Ischemic Heart Disease: with compression fractures, CHF, Osteoporosis Fosimax stopped 8/2012, Right THA, hx Kidney Stone, Capsular Glaucoma w/ Lens Pseudoexfoliation of Left Eye, Pseudophakia of Left Eye, Calculus of kidney

Diet: Regular (IDDSI #7), Thin Liquids (IDDSI #0)

Orders:

Durable Medical Equip: four wheeled walker

MEDICAL CONTACTS

Primary Physician: GEORGIA BRUNETTE, Work: (715) 817-7100, Fax: (715) 817-7097

Dentist: Dr CONKRIGHT

Oncologist: Anthony Wiseman MD, 420 E 1st Street, Duluth, MN 55805, Work: (218) 786-3625, Fax: (218) 786-3060

Pharmacy: Falk's LTC Pharmacy, Phone: (218) 740-2650, Fax: (218) 740-3443

Hospital Pref: Essentia Superior

Transportation: Family member

Ambulance: Mayo Ambulance

Funeral Home: Lenroot Maetzold, (715) 394-5112

BILLING

Pre-Admission Number:

Pay Type: Assistance

Medicare #: 5KP2-HY4-FM89

Medicaid #:

CONTINUED ON NEXT PAGE

Face Sheet

Page: 2 of 2

Printed: 06/14/24, 10:48 AM

Dorothy Heytens

BILLING

Health Plan #1: United Healthcare, policy #: 800270511

Health Plan #2: Medicare Health Insurance, policy #: 5KP2-HY4-FM89

Health Plan #3: MedicareRX Plans through United Health (AARP), policy #: 0010169211, group #: PDPIND

NOTES/ALERTS

Notes/Alerts:

Face Sheet

Page: 1 of 1

Printed: 06/14/24, 10:48 AM

Susan Hudson

DOB:	Age: 0	Gender:	Religion:
Marital Status:	Race:	Primary Language:	Previous Occupation:
Veteran: No	Admission Date: 07/08/23	Unit: 325	Start of Care:
Date of Current Readmission:	07/08/23	Home Phone:	Other Phone:
Email:	Previous Address:	Admitted From: Not From Own Home:	

CODE STATUS / ADVANCE DIRECTIVES

Code Status: Full Code

MEDICAL INFORMATION

Diagnosis:

Diet:

Orders:

Durable Medical Equip:

MEDICAL CONTACTS

Pharmacy:

Hospital Pref:

Transportation:

Ambulance:

Funeral Home:

BILLING

Pre-Admission Number:

Pay Type: Private

Medicare #:

Medicaid #:

NOTES/ALERTS

Notes/Alerts:

Face Sheet

Page: 1 of 2

Printed: 06/14/24, 10:48 AM

Dolores "Lorrie" Hutchinson**Preferred Name:** Lorrie**DOB:** 09/17/1928**Age:** 95**Gender:** Female**Religion:** Catholic**Marital Status:** Widowed**Race:** White/Caucasian**Primary Language:** English**Previous Occupation:** Teacher**Veteran:** None**Admission Date:** 03/26/15**Unit:** 214**Start of Care:****Date of Current Readmission:** 03/26/15**Home Phone:****Other Phone:****Email:****Previous Address:** 1203 East 5th Street, Superior, WI 54880**Admitted From:** Not From Own Home:**CODE STATUS / ADVANCE DIRECTIVES****Code Status:** DNR**CONTACTS**

DFPOA: DICK & NANCY HUTCHINSON (Emergency) PO Box 247, Superior, WI 54880, Son, Cell: (715) 377-3150,

Work: (218) 391-2408

BILL & CHERYL HUTCHINSON (Emergency) 3603 Nimitz Street, Eau Claire, WI 54701, Son, Home: (715) 839-7590,

Cell: (715) 839-7590, Work: (715) 834-6603

JAN & JONS BESCH (Emergency), Daughter, Home: (714) 307-4482, Cell: (714) 450-0720

SISTER AGNESE HUTCHINSON (Emergency), Via San Martino 21, Assisi, Italy, Daughter

MEDICAL INFORMATION

Allergy	Type	Reaction	Severity
Tape	Environmental Allergy	rash	
Latex	Drug Allergy	rash	
Naproxen	Drug Allergy	rash	
Sulfa	Drug Allergy	rash	

Allergies: Tape, Latex, Naproxen, Sulfa

Diagnosis: HTN, OA, Renal Insufficiency, Anemia hx, Edema, Hyperlipidemia, Osteopenia with inferior pubic ramus left closed, Sacral insufficiency fracture 2015 not caused by fall, Bilateral TKA, Cervical Spondylosis-C4 internal fixation, Congenital Murmur, Carotid Bruit, Lumbar Laminectomy, TAH/BSO, Seborrheic Keratosis, Myopia-asigmatism, Prebyopia-bilateral, Insomnia hx, Malignant Neoplasm bilateral lumpectomies 1985 & 1987, Sebaceous cyst to forehead, Actinic Keratosis, Constipation with Narcotic Use, Polymyositis, organ involvement unspecified, Carcinoma in situ of skin of other parts of face, Atherosclerotic heart disease of native coronary artery without angina pectoris, Weakness, Mult fx of pelv w stable disrupt of pelv ring, 7thD, Pulmonary embolism without acute cor pulmonale, Acute embolism and thrombosis of unspecified deep veins of lower extremity, Anxiety Disorder, Unspecified, Hypothyroidism, Unspecified, Gout, unspecified, Blindness, both eyes, Lymphedema, not elsewhere classified, Repeated Falls, Diastolic (congestive) Heart Failure

Diet: Regular (IDDSI #7), Thin Liquids (IDDSI #0)**Orders:****Durable Medical Equip:** cane**MEDICAL CONTACTS****Primary Physician:** GEORGIA BRUNETTE, Work: (715) 817-7100, Fax: (715) 817-7097**Dentist:** WILILIAM HUTCHINSON, Work: (715) 834-6603, Fax: (715) 834-6652**Pharmacy:** Self Manages Medications**Hospital Pref:** Essentia Duluth**Transportation:** Family member**Ambulance:** Mayo Ambulance

CONTINUED ON NEXT PAGE

Face Sheet

Page: 2 of 2

Printed: 06/14/24, 10:48 AM

Dolores "Lorrie" Hutchinson

Preferred Name: Lorrie

MEDICAL CONTACTS

Funeral Home: Lenroot Maetzold, (715) 394-5112

BILLING

Pre-Admission Number:

Pay Type: Assistance

Medicare #: 3PE7-QF1-WH67

Medicaid #:

Health Plan #1: Medica, policy #: 869171351, group #: 70275

NOTES/ALERTS

Notes/Alerts:

Face Sheet

Page: 1 of 2

Printed: 06/14/24, 10:48 AM

Robert L. "Bob" Jardine**Preferred Name:** Bob**DOB:** 10/18/1933**Age:** 90**Gender:** Male**Religion:** Lutheran**Marital Status:** Married**Race:** White/Caucasian**Primary Language:** English**Previous Occupation:****Veteran:** Air Force**Admission Date:** 04/05/18**Unit:** 144**Start of Care:****Date of Current Readmission:** 04/05/18**Home Phone:****Other Phone:****Email:****Previous Address:** 2616 Pennsylvania Ave, Superior, WI 54880**Admitted From:** Not From Own Home:**CODE STATUS / ADVANCE DIRECTIVES****Code Status:** DNR**CONTACTS**

PATRICK JARDINE (Emergency), 1419 Pine Ave., Superior, WI 54880, Son, Home: (715) 392-2240, Cell: (715) 817-5155,
Work: (218) 799-6690

MICHELLE JARDINE (Emergency), 822 3rd Ave. E, Ashland, WI 54806, Daughter, Cell: (715) 209-8186, E-mail: jardinemichelle@live.com

MEDICAL INFORMATION

Allergy	Type	Reaction	Severity
No Known Drug Allergies	Drug Allergy		
No Known Environmental Allergies	Environmental allergy		
No Known Food Allergy	Food allergy		
No Known Drug Allergy			

Allergies: No Known Drug Allergies, No Known Environmental Allergies, No Known Food Allergy, No Known Drug Allergy

Diagnosis: Essential Hypertension, Other symptoms and signs involving cognitive functions following cerebral infarction, Dysarthria Following Cerebral Infarction, Anxiety Disorder, Unspecified, Unspecified Osteoarthritis, Unspecified Site, Benign Prostatic Hyperplasia with Lower Urinary Tract Symptom, Urethral stricture, unspecified, Unspecified Atrial Fibrillation, Calculus of Ureter, Hydroureter, Stricture or Kinking of Ureter, Hyperlipidemia, Unspecified, Injury of Right Rotator Cuff, Ileus, unspecified, Lymphadenopathy of Right Cervical Region, Bladder Stone, Deep Venous Thrombosis, History of Urinary Tract Infection, Dysuria, Degenerative Joint Disease (DJD), Nocturnal Dyspnea, Capsular Opacification, History of Kidney Stones, Dependent Edema, Long term (current) use of anticoagulants, Benign paroxysmal vertigo, unspecified ear, Preglaucoma, unspecified, bilateral, Puckering of macula, left eye, Other secondary cataract, bilateral, Dry eye syndrome of bilateral lacrimal glands, Constipation, Unspecified, Vitamin D Deficiency, Unspecified, Cerebral infarction due to embolism of unspecified cerebral artery, Anxiety Disorder, Unspecified, Unspecified Osteoarthritis, Unspecified Site, Vascular dementia without behavioral disturbance

Diet: Regular (IDDSI #7), Thin Liquids (IDDSI #0)**Orders:****Durable Medical Equip:** Front Wheeled Walker**MEDICAL CONTACTS**

Eldercare - Primary Provider: Rounding Provider, 420 E 1st Street, Duluth, MN 55805, Work: (218) 786-1216, Fax: (218) 786-8138

Pharmacy: Falk's LTC Pharmacy, Phone: (218) 740-2650, Fax: (218) 740-3443**Hospital Pref:** Essentia Duluth**Transportation:** Family member**Ambulance:** Mayo Ambulance**Funeral Home:**

CONTINUED ON NEXT PAGE

Face Sheet

Page: 2 of 2

Printed: 06/14/24, 10:48 AM

Robert L. "Bob" Jardine

Preferred Name: Bob

BILLING

Pre-Admission Number:

Pay Type: Private

Medicare #: 4PP4-QK3-JW07

Medicaid #:

Health Plan #1: Medicare, policy #: 4PP4QK3JW07

Health Plan #2: Tricare

NOTES/ALERTS

Notes/Alerts:

Face Sheet

Page: 1 of 2

Printed: 06/14/24, 10:48 AM

Esther D. Johnson Krause

DOB: 02/08/1932 **Age:** 92 **Gender:** Female
Religion: **Marital Status:** Widowed **Race:** White/Caucasian
Primary Language: English **Previous Occupation:** Housekeeping
Veteran: None **Admission Date:** 03/31/18 **Unit:** 122
Start of Care: **Date of Current Readmission:** 03/31/18
Home Phone: **Other Phone:** **Email:**
Previous Address: 2123 W. 2nd St., Duluth, MN 55806
Admitted From: Not From Own Home:



CODE STATUS / ADVANCE DIRECTIVES

Code Status: Full Code

Advance Directives: HCPOA Activated

CONTACTS

POA: DENNIS JOHNSON (Emergency) 9270 S. State Rd. 35, Foxboro, WI 54836, Son, Cell: (715) 399-2639

KEREN MURONIK, Daughter, Home: (541) 848-0680, :

MEDICAL INFORMATION

Allergy	Type	Reaction	Severity
Tape	Environmental Allergy	Sore	moderate
Contrast Dye	Drug allergy	Rash	severe
Iodinated Contrast Media			
Barium Sulfate			

Allergies: Tape, Contrast Dye, Iodinated Contrast Media, Barium Sulfate

Diagnosis: Dementia in other diseases classified elsewhere without behavioral disturbance, Coronary Artery Disease, Essential Hypertension, Shortness of breath, Hyperlipidemia, Unspecified, Angina pectoris, unspecified, Osteoporosis, Anxiety Disorder, Unspecified, Depression, Migraine, Esophagitis, unspecified, Hiatal Hernia, Chronic atrial fibrillation, Thyrotoxicosis [hyperthyroidism], Chronic systolic (congestive) heart failure

Diet: Regular (IDDSI #7), Thin Liquids (IDDSI #0)

Orders:

Durable Medical Equip:

MEDICAL CONTACTS

Primary Provider: Laura Enright, 1001 East Superior St. Ste 401, Duluth, MN 55802, Work: (218) 249-6500, Fax: (218) 249-6501

Endocrinologist: DARIN RUANPENG

Pharmacy: Falk's LTC Pharmacy, Phone: (218) 740-2650, Fax: (218) 740-3443

Hospital Pref: St. Luke's

Transportation: Ambulance

Ambulance: Mayo Ambulance

Funeral Home: First Memorial, (218) 624-5200

BILLING

Pre-Admission Number:

Pay Type: Private

Medicare #: 5F93-YT3-CR91

Medicaid #:

Health Plan #1: MCR MEDICARE/NGS, policy #: 399287827A

Health Plan #2: Health Partners, policy #: 12253872, group #: 0066

CONTINUED ON NEXT PAGE

Face Sheet

Page: 2 of 2

Printed: 06/14/24, 10:48 AM

Esther D. Johnson Krause

NOTES/ALERTS

Notes/Alerts:

Face Sheet

Page: 1 of 2

Printed: 06/14/24, 10:48 AM

Ardene Johnson

DOB: 07/20/1931 **Age:** 92 **Gender:** Female
Religion: **Marital Status:** Widowed **Race:**
Primary Language: **Previous Occupation:** Elementary Teacher
Veteran: No **Admission Date:** 04/09/24 **Unit:** 312
Start of Care: **Date of Current Readmission:** 04/09/24
Home Phone: **Other Phone:** **Email:**
Previous Address: 2013 Weeks Avenue, Superior, WI 54880
Admitted From: Not From Own Home:



CODE STATUS / ADVANCE DIRECTIVES

Code Status: DNR**Advance Directives:** HCPOA Activated

CONTACTS

DFPOA, DHCPOA: RANDAL JOHNSON (Emergency), 1724 E 6th Street, Superior, WI 54880, Son, Cell: (218) 393-5562, : , E-mail: randalkj@hotmail.com

KATHY JOHNSON, Daughter-in-Law, Cell: (218) 390-4320, : , E-mail: kathsuejohn@gmail.com

MEDICAL INFORMATION

Allergy	Type	Reaction	Severity
NO KNOWN ALLERGIES			

Allergies: NO KNOWN ALLERGIES

Diagnosis: Unspecified Asthma, DJD (Degenerative Joint Disease), Osteoporosis, Personal history of other malignant neoplasm of bronchus and lung, Corneal transplant status, Exudative age-related macular degeneration, left eye, with active choroidal neovascularization, Primary open-angle glaucoma, bilateral, moderate stage, Other secondary cataract, left eye, Dry eye syndrome of bilateral lacrimal glands, Endothelial corneal dystrophy, Nontoxic multinodular goiter, Pure Hypercholesterolemia, Unspecified, Essential Hypertension, Sleep Disorder, Unspecified

Diet: Regular (IDDSI #7) / No added salt, Thin Liquids (IDDSI #0)**Orders:****Durable Medical Equip:** 4WW

MEDICAL CONTACTS

Primary Physician: MEGAN HOEL, Work: (715) 395-3900, Fax: (715) 395-3911**Dentist:** Dr Mikel, Work: (715) 392-1132**Pharmacy:** Walgreens, Phone: (715) 392-9550**Hospital Pref:** St. Luke's**Transportation:** Family member**Ambulance:** Mayo Ambulance**Funeral Home:** Down's Funeral Home, 1617 N 19th Street, Superior, WI 54880, (715) 394-7746

BILLING

Pre-Admission Number:**Pay Type:** Private**Medicare #:** 1x94anopn50**Medicaid #:****Health Plan #1:** Medica, policy #: 852734340, group #: 94265**Health Plan #2:** AARP MedicareRx Plans UnitedHealthcare, policy #: 0216790991

CONTINUED ON NEXT PAGE

Face Sheet

Page: 2 of 2

Printed: 06/14/24, 10:48 AM

Ardene Johnson

NOTES/ALERTS

Notes/Alerts:

Face Sheet

Page: 1 of 1

Printed: 06/14/24, 10:48 AM

Lucy Johnson

DOB:	Age: 0	Gender: Female	Religion:
Marital Status:	Race:	Primary Language:	Previous Occupation:
Veteran: No	Admission Date: 06/19/23	Unit: 308	Start of Care:
Date of Current Readmission:	06/19/23	Home Phone:	Other Phone:
Email:	Previous Address:	Admitted From: Not From Own Home:	

CODE STATUS / ADVANCE DIRECTIVES

Code Status: Full Code

MEDICAL INFORMATION

Diagnosis:

Diet:

Orders:

Durable Medical Equip:

MEDICAL CONTACTS

Pharmacy:

Hospital Pref:

Transportation:

Ambulance:

Funeral Home:

BILLING

Pre-Admission Number:

Pay Type: Private

Medicare #:

Medicaid #:

NOTES/ALERTS

Notes/Alerts:

Face Sheet

Page: 1 of 1

Printed: 06/14/24, 10:48 AM

Marjorie Johnson

DOB: 06/10/1928 **Age:** 95 **Gender:** Female
Religion: Protestant **Marital Status:** Widowed **Race:**
Primary Language: English **Previous Occupation:** **Veteran:** No
Admission Date: 06/30/21 **Unit:** 327 **Start of Care:**
Date of Current Readmission: 06/30/21 **Home Phone:** (218) 340-4010
Other Phone: **Email:** **Previous Address:**
Admitted From: Not From Own Home:



CODE STATUS / ADVANCE DIRECTIVES

Code Status: Full Code**Advance Directives:** Advance Directive on File

CONTACTS

SUSAN HELLER (Emergency), 11368 S 5th S E, Solon Springs, WI 54873, Daughter, Cell: (218) 590-3342

LINDA CAPRA, N 2472 730th St, Menomonie, WI 54751, Daughter, Cell: (715) 308-2482

MEDICAL INFORMATION

Allergy	Type	Reaction	Severity
Demerol	Drug Allergy	nausea, vomitting	mild to moderate

Allergies: Demerol**Diagnosis:** Transient Cerebral Ischemic Attack, Unspecified, Vascular dementia without behavioral disturbance, Anorexia nervosa, unspecified, Essential Hypertension, Unspecified Osteoarthritis, Unspecified Site**Diet:** Regular (IDDSI #7) / No added salt, Thin Liquids (IDDSI #0)**Orders:****Durable Medical Equip:**

MEDICAL CONTACTS

Primary Physician: MICHAEL STERNS, Work: (715) 817-7100, Fax: (715) 817-7097**Pharmacy:****Hospital Pref:****Transportation:****Ambulance:****Funeral Home:**

BILLING

Pre-Admission Number:**Pay Type:** Private**Medicare #:** 7Y17-HC9-JM79**Medicaid #:****Health Plan #1:** Medica, policy #: 94265

NOTES/ALERTS

Notes/Alerts:

Face Sheet

Page: 1 of 2

Printed: 06/14/24, 10:48 AM

Patricia M. "Pat" Johnson**Preferred Name:** Pat**DOB:** 11/02/1939**Age:** 84**Gender:** Female**Religion:****Marital Status:** Widowed**Race:** White/Caucasian**Primary Language:** English**Previous Occupation:****Veteran:** No**Admission Date:** 04/14/21**Unit:** 318**Start of Care:****Date of Current Readmission:** 04/14/21**Home Phone:****Other Phone:** 2183417911**Email:****Previous Address:****Admitted From:** Not From Own Home:**CODE STATUS / ADVANCE DIRECTIVES****Code Status:** Full Code**CONTACTS**

LEEANN KROGERSON (Emergency), 3116 John Avenue, Superior, WI 54880, Daughter, Cell: (218) 340-5208, E-mail: leeann@gmail.com

KRIS WESTERLUND, EW/CADI Case Manager, Work: (715) 398-2612, E-mail: Kris.Westerlund@inclusa.org

KATIE COLLINS, EW/CADI Case Manager, Work: (715) 398-2604, :

MEDICAL INFORMATION

Allergy	Type	Reaction	Severity
No Known Drug Allergy			

Allergies: No Known Drug Allergy

Diagnosis: Total Knee Arthroplasty: Left knee, Tremor, Unspecified, Adenomatous colon polyp: colon adenoma, Panuveitis, bilateral: retinal vasculitis, Hyperlipidemia, Unspecified, Gastroesophageal Reflux Disease (GERD), Depression, Lichen Sclerosis: at atrophicus, Prediabetes, Personal history of pulmonary embolism: due to long auto trip ?, Arthritis, Peripheral Neuropathy, Pulmonary embolism: after TKA, IVC filter placed, out again shortly thereafter, Memory Loss, Current use of Long Term Anticoagulation, Macular degeneration, Sympathetic uveitis, unspecified eye

Diet: Regular (IDDSI #7) / No added salt**Orders:****Durable Medical Equip:****MEDICAL CONTACTS**

Primary Provider: JENNIFER MARKSTEINER, Work: (218) 249-7960, Fax: (218) 249-7948

Urologist: CARRIE RONSTROM, 1001 E SUPERIOR ST STE 201, DULUTH, MN 55802-2228, Work: (218) 249-7980, Fax: (218) 249-7911

Nurse Practitioner: Laura Enright, 1001 East Superior St. Ste 401, Duluth, MN 55802, Work: (218) 249-6500, Fax: (218) 249-6501

Pharmacy: Falk's LTC Pharmacy, Phone: (218) 740-2650, Fax: (218) 740-3443

Hospital Pref: St. Luke's

Transportation:

Ambulance:

Funeral Home:

BILLING

Pre-Admission Number:

Pay Type: Assistance

Medicare #: 8H35-PF2-RE55

Medicaid #: 6000000005080181

Health Plan #1: Medicare, policy #: 8H35-PF2-RE55

CONTINUED ON NEXT PAGE

Face Sheet

Page: 2 of 2

Printed: 06/14/24, 10:48 AM

Patricia M. "Pat" Johnson

Preferred Name: Pat

BILLING

Health Plan #2: Forward Health, policy #: 6000000005080181

NOTES/ALERTS

Notes/Alerts:

Face Sheet

Page: 1 of 2

Printed: 06/14/24, 10:48 AM

Evelyn Jokinen

DOB: 09/17/1934 **Age:** 89 **Gender:** Female
Religion: **Marital Status:** Widowed **Race:** White/Caucasian
Primary Language: **Previous Occupation:** **Veteran:** No
Admission Date: 03/07/24 **Unit:** 224 **Start of Care:**
Date of Current Readmission: 03/07/24 **Home Phone:**
Other Phone: **Email:**
Previous Address: 74371 Ponderosa LN, Mellen, WI 54546
Admitted From: Not From Own Home:



CODE STATUS / ADVANCE DIRECTIVES

Code Status: DNR**Advance Directives:** Advance Directive on File

CONTACTS

THOMAS JOKINEN (Emergency), PO Box 557, Mellen, WI 54646, Son, Home: (715) 681-0706, : , E-mail: tljokinen@centurytel.net

PAUL JOKINEN, Son, Home: (906) 869-7214

KEVIN JOKINEN, Son, Cell: (906) 361-9501, E-mail: kc65jokinen@gmail.com

MEDICAL INFORMATION

Allergy	Type	Reaction	Severity
Carrots	Food allergy	itching	
Tomatoes	Food allergy	itching	

Allergies: Carrots, Tomatoes**Diagnosis:** Essential Hypertension, Hyperlipidemia, Unspecified, Osteoporosis Without Current Pathological Fracture, Gastroesophageal Reflux Disease (GERD), Anxiety Disorder, Unspecified, Memory Changes, Pain In Right Knee, Unspecified fracture of the lower end of right radius, Nondisplaced fracture of right ulna styloid process**Diet:** Regular (IDDSI #7) / No added salt, Thin Liquids (IDDSI #0)**Orders:****Durable Medical Equip:**

MEDICAL CONTACTS

Primary Provider: Rounding Provider, 420 E 1st Street, Duluth, MN 55805, Work: (218) 786-1216, Fax: (218) 786-8138**Pharmacy:** Walmart, Phone: (715) 392-9521, Fax: (715) 392-9521**Hospital Pref:** Essentia Duluth**Transportation:** Family member**Ambulance:** Mayo Ambulance**Funeral Home:**

BILLING

Pre-Admission Number:**Pay Type:** Private**Medicare #:** 9FH9JK6GN55**Medicaid #:****Health Plan #1:** Medicare, policy #: 9fh9jk6gn55**Health Plan #2:** AARP MedicareRx Plans UnitedHealthcare, policy #: 610097

CONTINUED ON NEXT PAGE

Face Sheet

Page: 2 of 2

Printed: 06/14/24, 10:48 AM

Evelyn Jokinen

NOTES/ALERTS

Notes/Alerts:

Face Sheet

Page: 1 of 2

Printed: 06/14/24, 10:48 AM

Roger D. Kari **Preferred Name:** Roger**DOB:** 07/31/1951**Age:** 72**Gender:** Male**Religion:** Non-Denominational**Marital Status:** Divorced**Race:** White/Caucasian**Primary Language:** English**Previous Occupation:** Retail Sales**Veteran:** No**Admission Date:** 03/16/23**Unit:** 136**Start of Care:****Date of Current Readmission:** 03/16/23**Home Phone:** (715) 394-5862**Other Phone:** (715) 394-5862**Email:****Previous Address:** Viewcrest Health Ctr. 3111 Church Place, Duluth, MN**Admitted From:** Not From Own Home:

CODE STATUS / ADVANCE DIRECTIVES

Code Status: DNR**Advance Directives:** POLST on File, 3/16/23 POLST in chart.

CONTACTS

MR. THOMAS KARI (Emergency) 8904 Lenroot Street, Duluth, MN 55808, Brother, Cell: (218) 248-7594, E-mail: t@gmail.com

MRS. LILLY KARI (Emergency), 8904 Lenroot Street, Duluth, MN 55808, Sister-in-Law

DAVID FULCHER Nephew, Cell: (218) 241-1083, Home: (218) 628-3687

RON KARI, Brother, Cell: (218) 269-1472

MEDICAL INFORMATION

Allergy	Type	Reaction	Severity
NO KNOWN ALLERGIES			
NO KNOWN DRUG ALLERGIES();NO KNOWN DRUG ALLERGY()			

Allergies: NO KNOWN ALLERGIES, NO KNOWN DRUG ALLERGIES();NO KNOWN DRUG ALLERGY()**Diagnosis:** Malignant Neoplasm Of Prostate, Muscle Weakness (generalized), Difficulty In Walking, Not Elsewhere Classified, Other reduced mobility, Need for assistance with personal care, Other symbolic dysfunctions, Dysphagia, oropharyngeal phase, Unspecified severe protein-calorie malnutrition, Obstructive and reflux uropathy, unspecified, Adjustment Disorder With Depressed Mood, Anemia, Unspecified, Insomnia, Unspecified, Encounter for other procedures for purposes other than remedying health state, Constipation, Unspecified, Pain, Unspecified, Retention of urine, unspecified**Diet:** Regular (IDDSI #7) / No added salt**Orders:****Durable Medical Equip:** Resident has 4WW that he uses when he needs self assurance.

MEDICAL CONTACTS

Primary Provider: Laura Enright, 1001 East Superior St. Ste 401, Duluth, MN 55802, Work: (218) 249-6500, Fax: (218) 249-6501**Pharmacy:** Self Manages Medications**Hospital Pref:** St. Luke's**Transportation:****Ambulance:****Funeral Home:**

BILLING

Pre-Admission Number:**Pay Type:** Private**Medicare #:** 4c22pg7xq83

CONTINUED ON NEXT PAGE

Face Sheet

Page: 2 of 2

Printed: 06/14/24, 10:48 AM

Roger D. Kari *Preferred Name:* Roger

BILLING

Medicaid #:

Health Plan #1: Medicare Part A&B, policy #: 4c22pg7xq83

Health Plan #2: Humana (RX), policy #: 015581, group #: PCN:03200000 fGRP:P5455

NOTES/ALERTS

Notes/Alerts:

Face Sheet

Page: 1 of 1

Printed: 06/14/24, 10:48 AM

Clara Karich

DOB:	Age: 0	Gender:	Religion:
Marital Status:	Race:	Primary Language:	Previous Occupation:
Veteran: No	Admission Date: 12/26/22	Unit: 228	Start of Care:
Date of Current Readmission:	12/26/22	Home Phone:	Other Phone:
Email:	Previous Address:	Admitted From: Not From Own Home:	

CODE STATUS / ADVANCE DIRECTIVES

Code Status: Full Code

MEDICAL INFORMATION

Diagnosis:

Diet:

Orders:

Durable Medical Equip:

MEDICAL CONTACTS

Pharmacy:

Hospital Pref:

Transportation:

Ambulance:

Funeral Home:

BILLING

Pre-Admission Number:

Pay Type: Private

Medicare #:

Medicaid #:

NOTES/ALERTS

Notes/Alerts:

Face Sheet

Page: 1 of 2

Printed: 06/14/24, 10:48 AM

James L. "Jim" Kauti		Preferred Name: Jim
DOB: 09/18/1939	Age: 84	Gender: Male
Religion:	Marital Status: Widowed	Race: White/Caucasian
Primary Language: English	Previous Occupation:	Veteran: No
Admission Date: 08/10/21	Unit: 129	Start of Care: 08/10/21
Date of Current Readmission: 08/10/21		Home Phone:
Other Phone:	Email:	
Previous Address: 1634 Hill Ave, Superior, WI 54880		
Admitted From: Not From Own Home:		



CODE STATUS / ADVANCE DIRECTIVES

Code Status: Full Code**Advance Directives:** HCPOA Activated

CONTACTS

DFPOA, DHCPOA, G: ANGIE SCHLOSSER (Emergency) Guardian, Work: (715) 392-3137 x108, Fax Work: (715) 392-3188, E-mail: aschlosser@twinportsgaurdianpayee.org

MARILYN STARSTAD, Significant Other, Cell: (218) 391-8210

KATIE COLLINS, EW/CADI Case Manager, Work: (715) 398-2604, E-mail: katie.collins@inclusa.org

KRIS WESTERLUND, EW/CADI Case Manager, Work: (715) 398-2612, E-mail: kris.westerlund@inclusa.org

MEDICAL INFORMATION

Allergy	Type	Reaction	Severity
Morphine	Drug Allergy	Nausea	

Allergies: Morphine

Diagnosis: Unspecified dementia with behavioral disturbance, Unspecified symptoms and signs involving cognitive functions and awareness, Irritability and anger, Essential (primary) Hypertension, Chronic Systolic (Congestive) Heart Failure, Atherosclerotic Heart Disease of Native Coronary Artery without Angina Pectoris, Presence of Cadiac Pacemaker, Dyslipidemia, Degenerative Joint Disease with Chronic Right Hip Pains, Progressive Exertional Dyspnea, History of Cataract Disease, Frequent Ventricular Ectopy-Hemodynamically Asymptomatic, Possible Mild Cardiomyopathy- Possible Secondary to Frequent PVC Induced Cardiomyopathy, Air Trapping with Bronchial Hyper Responsiveness/ Reactive Airway Disease and Exercise-Induced Diastolic Dysfunction, Intra-Ocular Lens Both Eyes, Benign Prostatic Hyperplasia, Gastroesophageal Reflux Disease, Multiple fractures of ribs, left side, Traumatic pneumothorax

Diet: Regular (IDDSI #7), Thin Liquids (IDDSI #0)**Orders:** Per Gaurdian ok for Daughters Kim Spry and Carrie Slagen to take resident out of community.**Durable Medical Equip:**

MEDICAL CONTACTS

Eldercare - Primary Provider: Rounding Provider, 420 E 1st Street, Duluth, MN 55805, Work: (218) 786-1216, Fax: (218) 786-8138

Pharmacy: Falk's LTC Pharmacy, Phone: (218) 740-2650, Fax: (218) 740-3443**Hospital Pref:** Essentia Duluth**Transportation:** Ambulance**Ambulance:** Mayo Ambulance**Funeral Home:**

BILLING

Pre-Admission Number:**Pay Type:** Assistance**Medicare #:** 3DE1-E43-UN12

CONTINUED ON NEXT PAGE

Face Sheet

Page: 2 of 2

Printed: 06/14/24, 10:48 AM

James L. "Jim" Kauti

Preferred Name: Jim

BILLING

Medicaid #:

Health Plan #1: Medicare, group #: 3DE1-E34-UN12

Health Plan #2: EssentiaCare (UCARE), policy #: 403892300, group #: U00003_001

NOTES/ALERTS

Notes/Alerts:

Face Sheet

Page: 1 of 1

Printed: 06/14/24, 10:48 AM

Carlene A. Kavajecz

DOB: 07/11/1939 **Age:** 84 **Gender:** Female
Religion: **Marital Status:** Widowed **Race:** White/Caucasian
Primary Language: English **Previous Occupation:** Nurse **Veteran:**
Admission Date: 11/13/17 **Unit:** 226 **Start of Care:**
Date of Current Readmission: 11/13/17 **Home Phone:**
Other Phone: **Email:**
Previous Address: 1113 Faxon St, Superior, WI 54880
Admitted From: Not From Own Home:



CODE STATUS / ADVANCE DIRECTIVES

Code Status: DNR**Advance Directives:** Advance Directive on File, 1/11/18 TB

CONTACTS

SHAUN KAVAJECZ (Emergency), 13 White Birch Drive, Superior, WI 54880, Son, Cell: (715) 817-8785, E-mail: skavajecz8@gmail.com

TREV KAVAJECZ, 2505 Cumming Ave, Superior, WI 54880, Home: (715) 395-8157, Cell: (612) 385-3342

MEDICAL INFORMATION

Allergy	Type	Reaction	Severity
Fosamax	Drug Allergy		

Allergies: Fosamax

Diagnosis: Aphasia, Atrial Flutter, Cerebralvascular accident, Impaired mobility, Cognitive impairment, Mitral Valve Prolapse, Depression, Osteoporosis, History of Pneumothorax in 2002, Basal Cell Carcinoma of the Left Upper Lip, Bilateral Cataract Surgery with Lens Implants, History of Shingles, History of Cholecystectomy in 1986, Anxiety Disorder, Unspecified, Pure Hypercholesterolemia, Unspecified

Diet: Regular (IDDSI #7), Thin Liquids (IDDSI #0)**Orders:****Durable Medical Equip:** 4 WW with seat.

MEDICAL CONTACTS

Primary Physician: SITASRAYVA DEVATHI, Work: (218) 786-3337, Fax: (218) 786-3096**Ophthalmologist:** JOHN YOON, Work: (715) 395-3900, Fax: (715) 395-3981**Pharmacy:** Falk's LTC Pharmacy, Phone: (218) 740-2650, Fax: (218) 740-3443**Hospital Pref:** Essentia Duluth**Transportation:** Family member**Ambulance:** Mayo Ambulance**Funeral Home:**

BILLING

Pre-Admission Number:**Pay Type:** Private**Medicare #:** 3E73-ET2-VK14**Medicaid #:****Health Plan #1:** Medicare, policy #: 3E73ET2VK14

NOTES/ALERTS

Notes/Alerts:

Face Sheet

Page: 1 of 2

Printed: 06/14/24, 10:48 AM

Carol J. Kittelson		
DOB: 12/25/1935	Age: 88	Gender: Female
Religion:	Marital Status: Widowed	Race: White/Caucasian
Primary Language: English	Previous Occupation:	Veteran: No
Admission Date: 02/22/23	Unit: 301	Start of Care:
Date of Current Readmission: 02/22/23		Home Phone:
Other Phone:	Email:	
Previous Address: 325 North 28th Street, Superior, WI 54880		
Admitted From: Not From Own Home:		

CODE STATUS / ADVANCE DIRECTIVES

Code Status: DNR

CONTACTS

DFPOA: MARVIN KITTELSON (Emergency) 2645 Erkkila Road, Brule, WI 54820, Son, Cell: (715) 533-0675, E-mail: marvkitt637@gmail.com

DFPOA: RANDY KITTELSON (Emergency) 8760 East Bayfield Road, Poplar, WI 54864, Son, Cell: (218) 590-1437

MEDICAL INFORMATION

Allergy	Type	Reaction	Severity
Cefadroxil	Drug allergy	swelling	
Ciprofloxacin	Drug allergy	swelling, shaking chills	
Gabapentin	Drug allergy	sedation, rash, nausea	
Lortab	Drug allergy	hives	
Naproxen	Drug Allergy	nausea, vomiting	
Nitrofurantoin	Drug allergy	rash, vomiting	
Penicillins	Drug allergy	swelling	
Piroxicam	Drug allergy	stomach cramping, foggy feeling, diarrhea	
Sulfa Drugs	Drug allergy	chills, nausea	
Zocor	Drug Allergy	elevated ALT more than 100	
Adhesive Tape	Drug allergy	rash from electrodes	
Doxycycline	Drug allergy	elevated LFTs	
Sulfa Antibiotics			

Allergies: Cefadroxil, Ciprofloxacin, Gabapentin, Lortab, Naproxen, Nitrofurantoin, Penicillins, Piroxicam, Sulfa Drugs, Zocor, Adhesive Tape, Doxycycline, Sulfa Antibiotics

Diagnosis: Interstitial pulmonary disease, unspecified, Disorders of lipoprotein metabolism and other lipidemias: hypercholesterolemia, Other specified hypothyroidism, Long term (current) use of insulin, Diabetes- Type II, Atherosclerotic heart disease of native coronary artery without angina pectoris: Echo 2/2022 HOCM with severe asymmetric basal septal abnormality, AAA=3.8cm, Osteopenia

Diet: Regular (IDDSI #7) / No added salt, Thin Liquids (IDDSI #0)

Orders:

Durable Medical Equip: Oxygen concentrator - Home Medical, Portable oxygen tanks - Home Medical

MEDICAL CONTACTS

Hospice: Essentia Hospice, Work: (218) 786-4020, Fax: (218) 786-4223

Primary Physician: GEORGIA BRUNETTE, Work: (715) 817-7100, Fax: (715) 817-7097

Ophthalmologist: JOHN YOON, Work: (715) 395-3900, Fax: (715) 395-3981

CONTINUED ON NEXT PAGE

Face Sheet

Page: 2 of 2

Printed: 06/14/24, 10:48 AM

Carol J. Kittelson

Preferred Name: Carol

MEDICAL CONTACTS

Dentist: NEAL O'SHAUGHNESSY JR, 1507 Tower Ave, Ste 410, Superior, WI 54880, Work: (715) 392-6213, Fax: (715) 392-4631

Pharmacy: Falk's LTC Pharmacy, Phone: (218) 740-2650, Fax: (218) 740-3443, Essentia Hospice, Phone: (218) 786-4020

Hospital Pref: Essentia Superior

Transportation: Family member

Ambulance: Mayo Ambulance

Funeral Home: Lenroot Maetzold, (715) 394-5112

BILLING

Pre-Admission Number:

Pay Type: Assistance

Medicare #: 1A-25-M64-FH7

Medicaid #:

Health Plan #1: United Healthcare, policy #: 911-87726-04, group #: 15550

NOTES/ALERTS

Notes/Alerts:

Face Sheet

Page: 1 of 1

Printed: 06/14/24, 10:48 AM

George Klaus

DOB: 05/24/1929 **Age:** 95 **Gender:**
Religion: **Marital Status:** Widowed **Race:** White/Caucasian
Primary Language: English **Previous Occupation:** **Veteran:** Yes
Admission Date: 12/31/21 **Unit:** 123 **Start of Care:**
Date of Current Readmission: 12/31/21 **Home Phone:**
Other Phone: **Email:** **Previous Address:**
Admitted From: Not From Own Home:



CODE STATUS / ADVANCE DIRECTIVES

Code Status: DNR**Advance Directives:** Advance Directive on File, HCPOA Activated

CONTACTS

DHCPOA: GEORGIA BURHITE (Emergency) Daughter, Cell: (715) 781-4802

MEDICAL INFORMATION

Allergy	Type	Reaction	Severity
Penicillin	Drug allergy	Hives	mild to moderate

Allergies: Penicillin**Diagnosis:** Unspecified Urinary Incontinence, Alzheimers dementia, Unspecified Atrial Fibrillation, Benign Prostatic Hyperplasia (BPH), Sebaceous cyst**Diet:** Regular (IDDSI #7) / No added salt, Thin Liquids (IDDSI #0)**Orders:** Urinalysis and C&S: UA/UC may be sent if resident presents with a fever of 100 or greater and symptoms to include: falls, confusion or increased confusion, pain or burning upon urination, and/or increased frequency of urination, Medications will be crushed and administered in applesauce, or per resident preference as warrantd, unless contraindicated., Community will hold administration of coumadin for laboratory-defined critical INR results, unless otherwise defined by provider., Resident may have alcoholic beverages**Durable Medical Equip:**

MEDICAL CONTACTS

Primary Provider: Nicholas Velasquez MD, 4212 Grand Ave, Duluth, MN 55807, Work: (218) 786-3500, Fax: (218) 786-3513**Pharmacy:** Falk's LTC Pharmacy, Phone: (218) 740-2650, Fax: (218) 740-3443**Hospital Pref:** Essentia Duluth**Transportation:** Family member**Ambulance:** Mayo Ambulance**Funeral Home:**

BILLING

Pre-Admission Number:**Pay Type:** Private**Medicare #:** 2G26-EG1-UU75**Medicaid #:****Health Plan #1:** American Republic, policy #: 00AMS007907

NOTES/ALERTS

Notes/Alerts:

Face Sheet

Page: 1 of 2

Printed: 06/14/24, 10:48 AM

Donna Klonhaus

DOB: 01/16/1939 **Age:** 85 **Gender:** Female
Religion: Protestant **Marital Status:** Widowed **Race:** White/Caucasian
Primary Language: English **Previous Occupation:** **Veteran:** No
Admission Date: 03/26/24 **Unit:** 100A **Start of Care:**
Date of Current Readmission: 03/26/24 **Home Phone:** 6302343002
Other Phone: **Email:** **Previous Address:**
Admitted From: Not From Own Home:



CODE STATUS / ADVANCE DIRECTIVES

Code Status: Full Code**Advance Directives:** Advance Directive on File

CONTACTS

PAUL KLOMHAUS (Emergency), Son, Cell: (920) 915-1200, :

TAMMY ROE, EW/CADI Financial Wo, Work: (715) 398-2622, : , E-mail: tammy.roe@inclusa.org

MA-RETTA CAMP, EW/CADI Case Manager, Work: (715) 398-2631, E-mail: ma-retta.camp@inclusa.org

MEDICAL INFORMATION

Allergy	Type	Reaction	Severity
Albuterol	Drug allergy	palpitations	mild to moderate
Levofloxacin	Drug allergy		
Clarithromycin	Drug allergy		
Cephalexin	Drug Allergy	Diarrhea	mild
Sulfa	Drug Allergy	Flushing	moderate to severe
Albuterol Sulfate			
Sulfa Antibiotics			

Allergies: Albuterol, Levofloxacin, Clarithromycin, Cephalexin, Sulfa, Albuterol Sulfate, Sulfa Antibiotics**Diagnosis:** Unspecified hearing loss, bilateral, Dry mouth, unspecified, Adjustment disorder, unspecified, Anemia, Anxiety Disorder, Unspecified, Carpal tunnel syndrome, right upper limb, Chronic low back pain, DDD (degenerative disc disease, cervical, DJD (Degenerative Joint Disease), Depression, Gastroesophageal Reflux Disease (GERD), Other hammer toe(s) (acquired), right foot, Hyperlipidemia, Unspecified, Essential Hypertension, Long term (current) use of opiate analgesic, Osteoarthritis, Unspecified Site, Osteoporosis, Vertigo, Rosacea, Insomnia, Unspecified, Overactive bladder, Parageusia, Dysphagia, Unspecified**Diet:** Regular (IDDSI #7) / No added salt, Thin Liquids (IDDSI #0)**Orders:****Durable Medical Equip:** Wheelchair and Walker

MEDICAL CONTACTS

Eldercare - Primary Provider: Rounding Provider, 420 E 1st Street, Duluth, MN 55805, Work: (218) 786-1216, Fax: (218) 786-8138**Pharmacy:** Falk's LTC Pharmacy, Phone: (218) 740-2650, Fax: (218) 740-3443**Hospital Pref:** Essentia Superior**Transportation:** Family member**Ambulance:** Mayo Ambulance**Funeral Home:**

Face Sheet

Page: 2 of 2

Printed: 06/14/24, 10:48 AM

Donna Klomhaus

BILLING

Pre-Admission Number:

Pay Type: Assistance

Medicare #: 4FM9-K22-MP48

Medicaid #: 600000004694525

Health Plan #1: Blue Cross Blue Shield of IL, policy #: XOS850040046, group #: 856001

NOTES/ALERTS

Notes/Alerts:

Face Sheet

Page: 1 of 2

Printed: 06/14/24, 10:48 AM

Caroline Kuhlman

DOB: 03/18/1934 **Age:** 90 **Gender:** Female
Religion: **Marital Status:** Widowed **Race:** White/Caucasian
Primary Language: **Previous Occupation:** **Veteran:** No
Admission Date: 11/01/23 **Unit:** 131 **Start of Care:**
Date of Current Readmission: 11/01/23 **Home Phone:**
Other Phone: **Email:**
Previous Address: 6414 John Ave, Superior, WI 54880
Admitted From: Not From Own Home:



CODE STATUS / ADVANCE DIRECTIVES

Code Status: DNR**Advance Directives:** HCPOA Activated

CONTACTS

DHCPOA: DENISE MIDBROD (Emergency) Daughter, Cell: (218) 380-1888

DAVID MIDBROAD, Son-in-Law, Cell: (218) 343-1323

MEDICAL INFORMATION

Allergy	Type	Reaction	Severity
cyclobenzaprine	Drug allergy		
Hydrocodone	Drug Allergy		
Lidocaine	Drug Allergy		
Sertraline	Drug allergy		
Sulindac	Drug Allergy		
Cepacol	Drug allergy		
Diagnostic X-Ray Material	Drug allergy		
Kenalog	Drug allergy		
Iodinated Diagnostic Agents			
Cepacol Anesthetic Troches			

Allergies: cyclobenzaprine, Hydrocodone, Lidocaine, Sertraline, Sulindac, Cepacol, Diagnostic X-Ray Material, Kenalog, Iodinated Diagnostic Agents, Cepacol Anesthetic Troches

Diagnosis: Vascular dementia, unspecified severity, with anxiety, Effusion, right knee, Osteoarthritis Of Knee, Orthostatic Hypotension, Hypothyroidism, Unspecified, Anxiety Disorder, Unspecified, Essential Hypertension, Anemia, Unspecified, Pure Hypercholesterolemia, Unspecified, Unspecified cataract, Long term (current) use of aspirin, Personal History Of Transient Ischemic Attack (TIA), And Cerebral Infarction Wit, History Of Falling, Psychophysiologic insomnia, Bradycardia, unspecified, Other constipation, Tinnitus, bilateral, Other specified anxiety disorders, Vitiligo, Spondylosis without myelopathy or radiculopathy, lumbar region, Atrial septal defect, Primary osteoarthritis, left hand, Presence of artificial hip joint, bilateral, Unspecified sensorineural hearing loss

Diet: Regular (IDDSI #7) / No added salt, Thin Liquids (IDDSI #0)**Orders:****Durable Medical Equip:** FWW

MEDICAL CONTACTS

Primary Provider: Steven Baker, 4325 Grand Ave, Duluth, MN 55807, Work: (218) 786-3500, Fax: (218) 786-3513**Pharmacy:** Falk's LTC Pharmacy, Phone: (218) 740-2650, Fax: (218) 740-3443**Hospital Pref:** Essentia Duluth**Transportation:** Family member**Ambulance:** Mayo Ambulance

CONTINUED ON NEXT PAGE

Face Sheet

Page: 2 of 2

Printed: 06/14/24, 10:48 AM

Caroline Kuhlman

MEDICAL CONTACTS

Funeral Home:

BILLING

Pre-Admission Number:

Pay Type: Private

Medicare #: 1QW7-QK4-AG31

Medicaid #:

Health Plan #1: United Healthcare, policy #: 981323613, group #: 40567

NOTES/ALERTS

Notes/Alerts:

Face Sheet

Page: 1 of 1

Printed: 06/14/24, 10:48 AM

Josephine Kukowski

DOB:	Age: 0	Gender:	Religion:
Marital Status:	Race:	Primary Language:	Previous Occupation:
Veteran: No	Admission Date: 07/31/21	Unit: 223	Start of Care:
Date of Current Readmission:	07/31/21	Home Phone:	Other Phone:
Email:	Previous Address:	Admitted From: Not From Own Home:	

CODE STATUS / ADVANCE DIRECTIVES

Code Status: Full Code

MEDICAL INFORMATION

Diagnosis:

Diet:

Orders:

Durable Medical Equip:

MEDICAL CONTACTS

Pharmacy:

Hospital Pref:

Transportation:

Ambulance:

Funeral Home:

BILLING

Pre-Admission Number:

Pay Type: Private

Medicare #:

Medicaid #:

NOTES/ALERTS

Notes/Alerts:

Face Sheet

Page: 1 of 2

Printed: 06/14/24, 10:48 AM

Regent Lambert

DOB: 04/17/1942 **Age:** 82 **Gender:** Female
Religion: **Marital Status:** Widowed **Race:**
Primary Language: English **Previous Occupation:** **Veteran:** No
Admission Date: 07/03/23 **Unit:** 330 **Start of Care:**
Date of Current Readmission: 07/03/23 **Home Phone:**
Other Phone: **Email:** **Previous Address:**
Admitted From: Not From Own Home:



CODE STATUS / ADVANCE DIRECTIVES

Code Status: Full Code

CONTACTS

MJ CHRISTNER (Emergency), W9193 Hwy Cty A, Spooner, WI 54801, Daughter, Cell: (218) 591-1789

MA-RETTA CAMP, EW/CADI Case Manager, Work: (715) 398-2631, : , E-mail: ma-retta.camp@inclusa.org

ANDIE COMNICK, EW/CADI Financial Wo, Work: (715) 398-2641, E-mail: andie.comnick@inclusa.org

MEDICAL INFORMATION

Allergy	Type	Reaction	Severity
Codeine Sulfate			
Morphine Sulfate			

Allergies: Codeine Sulfate, Morphine Sulfate

Diagnosis: Right Hemiparesis, Unspecified Urinary Incontinence, Other seizures, Vertebro-basilar artery syndrome, OSA with CPAP, Memory Loss, Duodenal ulcer, Schatzki's Ring, Polyarthritis, unspecified, Spinal stenosis, lumbar region without neurogenic claudication, Essential Hypertension, Adrenal nodule, Diplopia, Insomnia, Unspecified, Vitamin B12 deficiency anemia, Vitamin D Deficiency, Unspecified, Hyperlipidemia, Unspecified, Other thrombophilia, Paroxysmal atrial fibrillation, Depression, unspecified

Diet: Regular (IDDSI #7) / No added salt, Thin Liquids (IDDSI #0)

Orders: Urinalysis and C&S: Following nurse evaluation, UA/UC may be sent if resident presents with a fever of 100 degrees F or greater and symptoms to include falls(s), confusion or increased confusion, pain or burning upon urination, and/or increased frequency of urination. Medications will be crushed and administered in applesauce or per resident preference as warranted unless contraindicated. Community will hold administration of Coumadin for laboratory-defined critical INR results, unless otherwise defined by provider. Resident may have alcoholic beverages. Stool softeners will be held if resident experiences diarrhea. Nurse to notify Provider for diarrhea lasting 3 full days/9 shifts or sooner if resident condition warrants

Durable Medical Equip: Wheelchair, CPAP

MEDICAL CONTACTS

Primary Physician: BETSY SCHWARTZ, 1502 London Rd, Duluth, MN 55812, Work: (218) 576-0100, Fax: (218) 576-0128

Pharmacy: Falk's LTC Pharmacy, Phone: (218) 740-2650, Fax: (218) 740-3443

Hospital Pref: Essentia Superior

Transportation: Family member

Ambulance: Mayo Ambulance

Funeral Home:

BILLING

Pre-Admission Number:

Pay Type: Assistance

Medicare #: 2XH0-Q95-QW22

Medicaid #: 600000003994423

CONTINUED ON NEXT PAGE

Face Sheet

Page: 2 of 2

Printed: 06/14/24, 10:48 AM

Regent Lambert

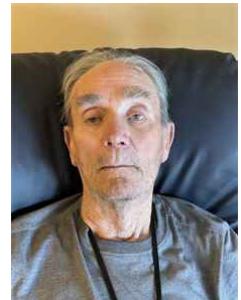
NOTES/ALERTS

Notes/Alerts:

Face Sheet

Page: 1 of 1

Printed: 06/14/24, 10:48 AM

Stanley "Stan" Largent**Preferred Name:** Stan**DOB:** 01/31/1939**Age:** 85**Gender:** Male**Religion:****Marital Status:** Widowed**Race:****Primary Language:****Previous Occupation:****Veteran:** No**Admission Date:** 10/09/23**Unit:** 328**Start of Care:****Date of Current Readmission:** 10/09/23**Home Phone:****Other Phone:** 2183486944**Email:****Previous Address:** 4125 Westberg Rd Apt. 217, Hermantown, MN 55811**Admitted From:** Not From Own Home:**CODE STATUS / ADVANCE DIRECTIVES****Code Status:** Full Code**CONTACTS**

SCOTT LARGENT (Emergency), PO Box 13013, Hayward, WI 54843, Son, Cell: (218) 348-5861

DEAN LARGENT, Son, Cell: (715) 292-4811

MEDICAL INFORMATION

Allergy	Type	Reaction	Severity
Metformin	Drug allergy	diarrhea	
Sinemet	Drug allergy	Nausea/Vomiting	moderate
Bee Venom	Environmental Allergy	Swelling/dizziness	moderate

Allergies: Metformin, Sinemet, Bee Venom**Diagnosis:** Parkinson's disease, Atherosclerotic Heart Disease Of Native Coronary Artery, Benign Prostatic Hyperplasia, COPD; unspecified, Type 2 Diabetes Mellitus, Essential Hypertension, Psoriasis, Raynaud's syndrome, Vision loss, right eye, Dysphagia, Unspecified, Obstructive sleep apnea**Diet:** Regular (IDDSI #7) / No added salt, Thin Liquids (IDDSI #0)**Orders:****Durable Medical Equip:** 4WW**MEDICAL CONTACTS****Attending Physician:** DAVID MAST, Work: (218) 249-7960, Fax: (218) 249-7999**Pharmacy:****Hospital Pref:** St. Luke's**Transportation:****Ambulance:** Mayo Ambulance**Funeral Home:****BILLING****Pre-Admission Number:****Pay Type:** Private**Medicare #:** 8J05-KN1-KM70**Medicaid #:****Health Plan #1:** United Healthcare, policy #: 981998736-00, group #: 13493**NOTES/ALERTS****Notes/Alerts:**

Face Sheet

Page: 1 of 1

Printed: 06/14/24, 10:48 AM

Ken Leland

DOB:	Age: 0	Gender:	Religion:
Marital Status:	Race:	Primary Language:	Previous Occupation:
Veteran: No	Admission Date: 09/23/22	Unit: 324	Start of Care:
Date of Current Readmission:	09/23/22	Home Phone: 2183935415	Other Phone:
Email:	Previous Address:	Admitted From: Not From Own Home:	

CODE STATUS / ADVANCE DIRECTIVES

Code Status: Full Code

MEDICAL INFORMATION

Diagnosis:

Diet:

Orders:

Durable Medical Equip:

MEDICAL CONTACTS

Pharmacy:

Hospital Pref:

Transportation:

Ambulance:

Funeral Home:

BILLING

Pre-Admission Number:

Pay Type: Private

Medicare #:

Medicaid #:

NOTES/ALERTS

Notes/Alerts:

Face Sheet

Page: 1 of 1

Printed: 06/14/24, 10:48 AM

Delores Leuthner

DOB:	Age: 0	Gender: Female	Religion:
Marital Status:	Race:	Primary Language:	Previous Occupation:
Veteran: No	Admission Date: 06/19/24	Unit: 205	Start of Care:
Date of Current Readmission:	06/19/24	Home Phone:	Other Phone:
Email:	Previous Address:	Admitted From: Not From Own Home:	

CODE STATUS / ADVANCE DIRECTIVES

Code Status: Full Code

MEDICAL INFORMATION

Diagnosis:

Diet:

Orders:

Durable Medical Equip:

MEDICAL CONTACTS

Pharmacy:

Hospital Pref:

Transportation:

Ambulance:

Funeral Home:

BILLING

Pre-Admission Number:

Pay Type: Private

Medicare #:

Medicaid #:

NOTES/ALERTS

Notes/Alerts:

Face Sheet

Page: 1 of 2

Printed: 06/14/24, 10:48 AM

Edward E. Lindegren

DOB: 04/05/1934 **Age:** 90 **Gender:** Male
Religion: **Marital Status:** Married **Race:** White/Caucasian
Primary Language: English **Previous Occupation:** **Veteran:** No
Admission Date: 06/01/22 **Unit:** 141A **Start of Care:**
Date of Current Readmission: 06/01/22 **Home Phone:**
Other Phone: 12183934536 **Email:** Remington4@centurytel.net
Previous Address: **Admitted From:** Not From Own Home:



CODE STATUS / ADVANCE DIRECTIVES

Code Status: DNR

CONTACTS

CAROL LINDEGREN (Emergency) 1319 N. 21st St., Superior, WI 54880, Daughter, Cell: (218) 590-8238, E-mail: cmlcraft1@icloud.com

CATHY REMINGTON (Emergency), 4255 S. Kellogg Rd., South Range, WI 54874, Daughter, Cell: (218) 393-4536, E-mail: remington4@centurytel.net

MEDICAL INFORMATION

Allergy	Type	Reaction	Severity
Penicillin	Drug allergy	Rash	moderate
Sulfa	Drug Allergy	Leg swelling	moderate
Clindamycin	Drug Allergy	Rash	mild
Sulfa Antibiotics			

Allergies: Penicillin, Sulfa, Clindamycin, Sulfa Antibiotics

Diagnosis: Unspecified sequelae of cerebral infarction, Prostate Cancer: Prostatectomy 10/2003, Osteoarthritis, Essential Hypertension, Hypothyroidism, Dyslipidemia, Barretts esophagitis, Total hip arthroplasty: Left side, Hard of Hearing, Cellulitis of left lower limb, Dysphasia following cerebral infarction, Unspecified Convulsions, Sepsis, unspecified organism, Gastro-esophageal reflux disease without esophagitis, Nonrheumatic mitral (valve) prolapse, Personal history of other diseases of the musculoskeletal system and connective tissue, Other specified soft tissue disorders, Dry eye syndrome of bilateral lacrimal glands, Personal history of other malignant neoplasm of skin, Pure Hypercholesterolemia, Unspecified

Diet: Regular (IDDSI #7) / No added salt, Thin Liquids (IDDSI #0)**Orders:****Durable Medical Equip:** 4 WW, Toilet riser, Sock aid

MEDICAL CONTACTS

Primary Physician: MATTHEW PENNING, 109 N 28th Street, Superior, WI 54880, Work: (715) 395-3900, Fax: (715) 395-3936**Primary Provider:** Laura Enright, 1001 East Superior St. Ste 401, Duluth, MN 55802, Work: (218) 249-6500, Fax: (218) 249-6501**Pharmacy:** Falk's LTC Pharmacy, Phone: (218) 740-2650, Fax: (218) 740-3443**Hospital Pref:** St. Luke's**Transportation:** Family member**Ambulance:** Mayo Ambulance**Funeral Home:**

BILLING

Pre-Admission Number:**Pay Type:** Private**Medicare #:** 3NE9-EX6-RN52

CONTINUED ON NEXT PAGE

Face Sheet

Page: 2 of 2

Printed: 06/14/24, 10:48 AM

Edward E. Lindegren

BILLING

Medicaid #:

Health Plan #1: Medicare, policy #: 3NE9-EX6-RN52

Health Plan #2: AARP, policy #: 022163052-11

NOTES/ALERTS

Notes/Alerts:

Face Sheet

Page: 1 of 2

Printed: 06/14/24, 10:48 AM

Kathrine "Kathy" Lindseth**Preferred Name:** Kathy**DOB:** 06/30/1948**Age:** 75**Gender:** Female**Religion:****Marital Status:****Race:** White/Caucasian**Primary Language:** English**Previous Occupation:****Veteran:** No**Admission Date:** 08/22/23**Unit:** 302A**Start of Care:****Date of Current Readmission:** 08/22/23**Home Phone:****Other Phone:** 7153945915**Email:****Previous Address:** 1500 N 34th St Suite 600, Superior, WI 54880**Admitted From:** Not From Own Home:**CODE STATUS / ADVANCE DIRECTIVES****Code Status:** DNR**CONTACTS**

SANDY WOJTOFF (Emergency), 3212 N 16th St, Superior, WI 54880, Sister-in-Law, Home: (715) 393-7838

RACHAEL JOHNSON, Case Manager, Work: (715) 398-2655, : , E-mail: Rachael.Johnson@inclusa.org, :

ELISA HERUBIN, Case Manager, Work: (715) 398-2629, : , E-mail: Elisa.Herubin@inclusa.org

MEDICAL INFORMATION

Allergy	Type	Reaction	Severity
Diclofenac	Drug allergy		
Etodolac	Drug allergy		
Morphine And Related	Drug allergy		
Valdecoxib	Drug allergy		
Diclofenac Diethylamine			
Codeine			
NSAIDs			

Allergies: Diclofenac, Etodolac, Morphine And Related, Valdecoxib, Diclofenac Diethylamine, Codeine, NSAIDs**Diagnosis:** Abnormalities Of Gait And Mobility, Hypertensive heart disease, Combined systolic (congestive) and diastolic (congestive) heart failure, Type 2 Diabetes Mellitus, Other specified cognitive deficit, Presence of left artificial hip joint, Major depressive disorder, recurrent, moderate, Atherosclerotic Heart disease (ASHD), Atrial fibrillation, Cerebral Infarction, Heart valve replacement, Rheumatoid Arthritis, Unspecified, Coronary Artery Disease, Age-related nuclear cataract, bilateral, Unspecified macular degeneration**Diet:** Regular (IDDSI #7) / No added salt, Thin Liquids (IDDSI #0)**Orders:****Durable Medical Equip:** 4WW**MEDICAL CONTACTS****Primary Physician:** Rounding Provider, 420 E 1st Street, Duluth, MN 55805, Work: (218) 786-1216, Fax: (218) 786-8138**Optometrist:** LISA GRAHAM, RELF EYECARE, DULUTH, MN 55811-3812**Pharmacy:** Falk's LTC Pharmacy, Phone: (218) 740-2650, Fax: (218) 740-3443**Hospital Pref:** Essentia Duluth**Transportation:** Family member**Ambulance:** Mayo Ambulance**Funeral Home:****BILLING****Pre-Admission Number:****Pay Type:** Assistance

CONTINUED ON NEXT PAGE

Face Sheet

Page: 2 of 2

Printed: 06/14/24, 10:48 AM

Kathrine "Kathy" Lindseth

Preferred Name: Kathy

BILLING

Medicare #: 6J69TDSNm14

Medicaid #: 146682210

NOTES/ALERTS

Notes/Alerts:

Face Sheet

Page: 1 of 1

Printed: 06/14/24, 10:48 AM

Susan Litehiser

DOB:	Age: 0	Gender: Female	Religion:
Marital Status:	Race:	Primary Language:	Previous Occupation:
Veteran: No	Admission Date: 08/07/18	Unit: 225	Start of Care:
Date of Current Readmission: 08/07/18		Home Phone: 7158172410	Other Phone:
Email:	Previous Address:	Admitted From: Not From Own Home:	

CODE STATUS / ADVANCE DIRECTIVES

Code Status: Full Code

CONTACTS

VIRGINIA THOMPSON, 1900 Ballington Blvd NW Apt 340, Rochester, MN 55901

MEDICAL INFORMATION

Allergy	Type	Reaction	Severity
Estrogens			
Niacin and Related			
Cortisone			
Loratadine			
Latex			
Cat Hair Extract			

Allergies: Estrogens, Niacin and Related, Cortisone, Loratadine, Latex, Cat Hair Extract**Diagnosis:****Diet:****Orders:****Durable Medical Equip:**

MEDICAL CONTACTS

Pharmacy:**Hospital Pref:****Transportation:****Ambulance:****Funeral Home:**

BILLING

Pre-Admission Number:**Pay Type:** Private**Medicare #:****Medicaid #:**

NOTES/ALERTS

Notes/Alerts:

Face Sheet

Page: 1 of 2

Printed: 06/14/24, 10:48 AM

Harold L. Lull

DOB: 02/14/1926 **Age:** 98 **Gender:** Male
Religion: **Marital Status:** Widowed **Race:** White/Caucasian
Primary Language: English **Previous Occupation:** **Veteran:** Yes
Admission Date: 06/21/22 **Unit:** 316 **Start of Care:**
Date of Current Readmission: 06/21/22 **Home Phone:** (715) 392-4029
Other Phone: **Email:**
Previous Address: 3217 Cumming Ave., Superior, WI 54880
Admitted From: Not From Own Home:



CODE STATUS / ADVANCE DIRECTIVES

Code Status: DNR

CONTACTS

DAVID LULL (Emergency), 2343 John Ave, Superior, WI 54880, Son, Home: (715) 394-6974, E-mail: dave_lull@yahoo.com

PATRICIA LULL (Emergency), 2324 John Ave, Superior, WI 54880, Daughter-in-Law, Home: (715) 394-6974, E-mail: ptetc@yahoo.com

MEDICAL INFORMATION

Allergy	Type	Reaction	Severity
Altace	Drug Allergy	cough	mild
Atorvastatin	Drug allergy	unknown	
Zocor	Drug Allergy	diarrhea	mild to moderate

Allergies: Altace, Atorvastatin, Zocor

Diagnosis: Essential Hypertension, Restless legs syndrome, Coronary Artery Disease, Grief reaction, Primary open-angle glaucoma, bilateral, moderate stage, Other secondary cataract, right eye, Cortical age-related cataract, left eye, Unspecified ectropion of right lower eyelid, Unspecified ectropion of left lower eyelid, Dry eye syndrome of bilateral lacrimal glands

Diet: Regular (IDDSI #7) / No added salt, Thin Liquids (IDDSI #0)

Orders: Aveanna Home Health for cath cares 218-733-3485

Durable Medical Equip: Standard cane, 4WW

MEDICAL CONTACTS

Primary Provider: Rounding Provider, 420 E 1st Street, Duluth, MN 55805, Work: (218) 786-1216, Fax: (218) 786-8138

Pharmacy:

Hospital Pref: Essentia Superior

Transportation: Family member

Ambulance: Mayo Ambulance

Funeral Home:

BILLING

Pre-Admission Number:

Pay Type: Private

Medicare #: 5CM2-JHO-FC89

Medicaid #:

Health Plan #1: WellCare Prescription Drug Plan- WellCare Medicare Rx Select (PDP), policy #: 24001251, group #: 788257

Health Plan #2: Physicians Mutual, policy #: 000-837-051-2

Face Sheet

Page: 2 of 2

Printed: 06/14/24, 10:48 AM

Harold L. Lull

NOTES/ALERTS

Notes/Alerts:

Face Sheet

Page: 1 of 2

Printed: 06/14/24, 10:48 AM

Barbara Lundquist

DOB: 10/28/1933 **Age:** 90 **Gender:** Female
Religion: Methodist **Marital Status:** Widowed **Race:** White/Caucasian
Primary Language: English **Previous Occupation:** Bus driver
Veteran: No **Admission Date:** 06/30/20 **Unit:** 147
Start of Care: **Date of Current Readmission:** 06/30/20
Home Phone: (218) 348-5754 **Other Phone:** (218) 340-6722 **Email:** nickie679@aol.com
Previous Address: **Admitted From:** Not From Own Home:



CODE STATUS / ADVANCE DIRECTIVES

Code Status: DNR**Advance Directives:** HCPOA Activated

CONTACTS

POA: DEBBIE SEGUIN (Emergency) 6907 S County Road A, Superior, WI 54880, Daughter, Cell: (218) 348-5754, E-mail: dseguin@uwsuper.edu

MEDICAL INFORMATION

Allergy	Type	Reaction	Severity
No Known Drug Allergies	Drug allergy		
No Known Food Allergies	Food allergy		
No Known Drug Allergy			

Allergies: No Known Drug Allergies, No Known Food Allergies, No Known Drug Allergy

Diagnosis: Polyneuropathy, unspecified, Cardiomyopathy, unspecified, Atherosclerotic heart disease of native coronary artery without angina pectoris, Unspecified Osteoarthritis, Unspecified Site, Essential Hypertension, Osteoporosis Without Current Pathological Fracture, Hyperlipidemia, Unspecified, Other constipation, Unspecified fracture of unspecified thoracic vertebra, Repeated Falls, Malignant neoplasm of uterus, part unspecified, Venous insufficiency (chronic) (peripheral), Tinea unguium, Constipation, Unspecified, Rheumatoid Arthritis, Unspecified, History Of Falling, Age-related osteoporosis without current pathological fracture, Meibomian gland dysfunction of right eye, unspecified eyelid, Spinal stenosis, cervical region, Dry eye syndrome of bilateral lacrimal glands, Contact with and (suspected) exposure to tuberculosis, Presence of artificial knee joint, bilateral, Personal history of (healed) traumatic fracture, Other fracture of right lower leg, subsequent encounter for closed fracture with routine healing, Mixed alzheimers and vascular dementia (HCC)

Diet: Regular (IDDSI #7), Thin Liquids (IDDSI #0)**Orders:****Durable Medical Equip:** 4WW

MEDICAL CONTACTS

Eldercare - Primary Provider: Rounding Provider, 420 E 1st Street, Duluth, MN 55805, Work: (218) 786-1216, Fax: (218) 786-8138

Pharmacy: Falk's LTC Pharmacy, Phone: (218) 740-2650, Fax: (218) 740-3443**Hospital Pref:** Essentia Duluth**Transportation:** Family member**Ambulance:** Mayo Ambulance**Funeral Home:**

BILLING

Pre-Admission Number:**Pay Type:** Private**Medicare #:** 2NX3-QX5-AD79

CONTINUED ON NEXT PAGE

Face Sheet

Page: 2 of 2

Printed: 06/14/24, 10:48 AM

Barbara Lundquist

BILLING

Medicaid #:

Health Plan #1: Medica, policy #: 833285465

Health Plan #2: Medicare, policy #: 2NX3-QX5-AD79

NOTES/ALERTS

Notes/Alerts:

Face Sheet

Page: 1 of 1

Printed: 06/14/24, 10:48 AM

Lowell D. Mattson

DOB: Age: 0 **Gender:** **Religion:**
Marital Status: Race: **Primary Language:** **Previous Occupation:**
Veteran: **Admission Date:** 06/11/18 **Unit:** 149 **Start of Care:**
Date of Current Readmission: 06/11/18 **Home Phone:** **Other Phone:**
Email: **Previous Address:**
Admitted From: Hospitalized Before Move-in, Not From Own Home:

CODE STATUS / ADVANCE DIRECTIVES

MEDICAL INFORMATION

Allergy	Type	Reaction	Severity
No Known Drug Allergies	Drug Allergy		

Allergies: No Known Drug Allergies**Diagnosis:** left ischemic CVA w/ R hemiparesis: 4/24/18, Dysarthria Following Cerebral Infarction, Atrial fibrillation, Diabetes-Type II, Neurogenic bowel, not elsewhere classified**Diet:****Orders:****Durable Medical Equip:**

MEDICAL CONTACTS

Pharmacy: Walgreens**Hospital Pref:** Essentia Duluth**Transportation:****Ambulance:****Funeral Home:** Lenroot Maetzold, (715) 394-5112

BILLING

Pre-Admission Number:**Pay Type:** Private**Medicare #:****Medicaid #:**

NOTES/ALERTS

Notes/Alerts:

Face Sheet

Page: 1 of 2

Printed: 06/14/24, 10:48 AM

Eugene G. "Gene" McGillis**Preferred Name:** Gene**DOB:** 08/07/1934**Age:** 89**Gender:** Male**Religion:** Catholic**Marital Status:** Widowed**Race:** White/Caucasian**Primary Language:** English**Previous Occupation:****Veteran:** Navy**Admission Date:** 12/27/22**Unit:** 215**Start of Care:** 12/27/22**Date of Current Readmission:** 12/27/22**Home Phone:** 2183497150**Other Phone:****Email:****Previous Address:** 3118 Lamborn, Superior, WI 54880**Admitted From:** Not From Own Home:**CODE STATUS / ADVANCE DIRECTIVES****Code Status:** DNR**CONTACTS**

DFPOA: MARK MCGILLIS (Emergency) 1601 N. 76th St., Superior, WI 54880, Son, Cell: (218) 348-4439, E-

mail: mrkmcgl@gmail.com

KATIE SELEKSKY (Emergency), 6018 N. Highlands Ave., Madison, WI 53705, Daughter, Cell: (608) 576-5859, E-

mail: katie.seleksky@gmail.com

PATTI STEALY (Emergency), Daughter, Home: (651) 735-3354, Cell: (651) 769-4399

MEDICAL INFORMATION

Allergy	Type	Reaction	Severity
Penicillins	Drug allergy	Unknown	
Hylan G-F 20	Drug allergy	Unknown	
Environmental	Environmental Allergy	Unknown	

Allergies: Penicillins, Hylan G-F 20, Environmental

Diagnosis: Chronic Kidney Disease Stage 3, Severe sepsis without septic shock, Barrett's esophagus without dysplasia, Gastroesophageal Reflux Disease (GERD), Unspecified Atrial Fibrillation, Essential Hypertension, Mixed hyperlipidemia, Iron deficiency anemia, unspecified, Sensorineural hearing loss, bilateral, Type 2 Diabetes Mellitus, Pneumonia, Unspecified Organism, Acute respiratory failure with hypoxia, Dysphagia, Unspecified, Cognitive communication deficit, Repeated Falls, Unspecified Abnormalities Of Gait And Mobility, Muscle Weakness (generalized), Unsteadiness On Feet, Personal history of malignant neoplasm of prostate, Atrial fibrillation, Essential (primary) Hypertension, Acute hypoxemic respiratory failure, Acute metabolic encephalopathy, Other Symptoms And Signs Involving Cognitive Functions And Awareness

Diet: Regular (IDDSI #7) / No added salt, Thin Liquids (IDDSI #0)**Orders:****Durable Medical Equip:** Front wheeled walker**MEDICAL CONTACTS****Primary Provider:** Rounding Provider, 420 E 1st Street, Duluth, MN 55805, Work: (218) 786-1216, Fax: (218) 786-8138**Primary Physician:** JOSEFINO DIAZ, 420 E. 1st St., Duluth, MN 55805, Work: (218) 786-3337, Fax: (218) 786-3096**Dentist:** Dr. Douglas Clark, 2101 Hill Ave., Superior, WI 54880, Work: (715) 392-5161**Pharmacy:** Self Manages Medications**Hospital Pref:** Essentia Superior**Transportation:** Ambulance**Ambulance:** Mayo Ambulance**Funeral Home:** Downs Lesage

CONTINUED ON NEXT PAGE

Face Sheet

Page: 2 of 2

Printed: 06/14/24, 10:48 AM

Eugene G. "Gene" McGillis

Preferred Name: Gene

BILLING

Pre-Admission Number:

Pay Type: Private

Medicare #: 5EH4X07NE88

Medicaid #:

Health Plan #1: United Healthcare, policy #: 9118772604

NOTES/ALERTS

Notes/Alerts:

Face Sheet

Page: 1 of 2

Printed: 06/14/24, 10:48 AM

Mary P. Motis

DOB: 04/13/1938 **Age:** 86 **Gender:** Female
Religion: **Marital Status:** Widowed **Race:** White/Caucasian
Primary Language: English **Previous Occupation:** **Veteran:** No
Admission Date: 04/20/22 **Unit:** 106 **Start of Care:**
Date of Current Readmission: 04/20/22 **Home Phone:** (612) 749-3485
Other Phone: **Email:** **Previous Address:**
Admitted From: Not From Own Home:



CODE STATUS / ADVANCE DIRECTIVES

Code Status: DNR

Advance Directives: HCPOA Activated

CONTACTS

DHCPOA: SUZANNE COX (Emergency) 16148 S Morningside Dr, Wascott, WI 54838, Daughter, Cell: (612) 749-3485, E-mail: backyardbatch@gmail.com

DFPOA: CHRISTINA KLINE (Emergency) 306 E. 5th St., Superior, WI 54880, Daughter, Cell: (218) 591-6587, E-mail: cklne@uwsuper.edu

MEDICAL INFORMATION

Allergy	Type	Reaction	Severity
No Known Drug Allergies	Drug Allergy		
No Known Drug Allergy			

Allergies: No Known Drug Allergies, No Known Drug Allergy

Diagnosis: Unspecified dementia without behavioral disturbance, Rosacea, Herniated lumbar intervertebral disc, Pseudogout, Osteoporosis, Closed nondisplaced fracture of right patella, Essential (primary) Hypertension, Healthcare directive on file, Calculus of gallbladder without cholecystitis, Atrial fibrillation and flutter, Ataxia, Postural dizziness with presyncope, Chronic left sided low back pain without sciatica, Nightmares, Transient ischemic attack, Generalized anxiety disorder, Microscopic colitis, Issue of incapacity certificate, Insomnia, Other intervertebral disc displacement, lumbar region

Diet: Regular (IDDSI #7) / No added salt, Thin Liquids (IDDSI #0)

Orders:

Durable Medical Equip: Four wheeled walker

MEDICAL CONTACTS

Hospice: Essentia Hospice, Work: (218) 786-4020, Fax: (218) 786-4223

Primary Provider: Dr. Ryan Morgan, Work: (715) 817-7100, Fax: (715) 817-7040

Cardiologist: KIMBERLY BODDICKER

Cardiology: JILL ESSAY

Pharmacy: Falk's LTC Pharmacy, Phone: (218) 740-2650, Fax: (218) 740-3443

Hospital Pref: Essentia Superior

Transportation:

Ambulance: Mayo Ambulance

Funeral Home:

BILLING

Pre-Admission Number:

Pay Type: Private

Medicare #: 9MJ4MD4MA86

CONTINUED ON NEXT PAGE

Face Sheet

Page: 2 of 2

Printed: 06/14/24, 10:48 AM

Mary P. Motis**BILLING**

Medicaid #:

Health Plan #1: Medicare, policy #: 9mj4md4ma86

NOTES/ALERTS

Notes/Alerts:

Face Sheet

Page: 1 of 2

Printed: 06/14/24, 10:48 AM

Diane "Princess Di" Myers**Preferred Name:** Princess Di**DOB:** 08/04/1948**Age:** 75**Gender:** Female**Religion:****Marital Status:** Widowed**Race:** White/Caucasian**Primary Language:** English**Previous Occupation:****Veteran:** No**Admission Date:** 06/15/21**Unit:** 111**Start of Care:** 06/15/21**Date of Current Readmission:** 06/15/21**Home Phone:****Other Phone:****Email:****Previous Address:** 1112 Cumming Ave, Superior, WI 54880**Admitted From:** Not From Own Home:**CODE STATUS / ADVANCE DIRECTIVES****Code Status:** DNR**Advance Directives:** HCPOA Activated**CONTACTS**

G: JULIE MYERS (Emergency) 1112 Cumming Ave., Superior, WI 54880, Daughter, Cell: (715) 319-1862, Work: (715) 398-6001, E-mail: zipperha@gmail.com

KATIE COLLINS, Inclusa HWC, Work: (715) 398-2604, : , E-mail: katie.collins@inclusa.org

TONI HANSON, Inclusa CRC, Work: (715) 398-2608, : , E-mail: toni.hanson@inclusa.org

BRENDA Daughter, Cell: (218) 940-0657

MEDICAL INFORMATION

Allergy	Type	Reaction	Severity
Oxycodone	Drug allergy	Sweating and Tremors	
Catgut Suture	Environmental allergy	Itchy Skin	
Cats	Environmental Allergy	Eyes Water, Eyes Itch, Hives	
Dogs	Environmental Allergy	Eyes Water, Eyes Itch, Hives	
Dust Mite Extract	Environmental allergy	Itching, Welts on Skin	
Pecan	Food allergy	Mouth gets sore, hives	
Diagnostic X-Ray Material	Drug allergy	Anaphylaxis	
Molds \T\ Smuts	Environmental allergy	Eyes Water, Eyes Itch	
CATGUT SUTURE; CATS; DOGS; DUST MITE EXTRACT; PECANS; DIAGNOSTIC XRAY MATERIAL			

Allergies: Oxycodone, Catgut Suture, Cats, Dogs, Dust Mite Extract, Pecan, Diagnostic X-Ray Material, Molds \T\ Smuts, CATGUT SUTURE; CATS; DOGS; DUST MITE EXTRACT; PECANS; DIAGNOSTIC XRAY MATERIAL

Diagnosis: Unspecified dementia with behavioral disturbance, Essential Hypertension, Obstructive sleep apnea (adult) (pediatric), Hyperlipidemia, Unspecified, Acute Infective Polyneuritis:Guillain-Barre, Alcohol abuse: History of Abuse in the Past, Allergic Rhinitis, Unspecified, Anxiety Disorder, Unspecified, Asthma, Chest Pain Unspecified, Depression,Unspecified depression type, Depressive Disorder: Manic Bipolar Multiple Suicidal Gestures, Diabetes Mellitus without Mention of Complication , Displacement of Intervertebral Disc without Myelopathy, Dyspepsia and Other Specified Disorders of Function of Stomach, Dysphagia Unspecified: Listed as History, Enthesopathy, unspecified: Hip Region , Gastric ulcer, unspecified as acute or chronic, without hemorrhage or perforation, Osteoarthritis, generalized, unspecified, Meralgia paresthetica, Migraines, Morbid obesity, Fibromyositis, Obstructive sleep apnea (adult) (pediatric), Angina pectoris, Trochanteric bursitis, right hip, Other gastritis without bleeding, Peptic Ulcer Disease , Syncpe and collapse, Synovitis and tenosynovitis: Left Ankle, Intestinal Obstruction , Urge incontinence

Diet: Regular (IDDSI #7), Thin Liquids (IDDSI #0)

CONTINUED ON NEXT PAGE

Face Sheet

Page: 2 of 2

Printed: 06/14/24, 10:48 AM

Diane "Princess Di" Myers

Preferred Name: Princess Di

MEDICAL INFORMATION

Orders:

Durable Medical Equip:

MEDICAL CONTACTS

Eldercare - Primary Provider: Rounding Provider, 420 E 1st Street, Duluth, MN 55805, Work: (218) 786-1216, Fax: (218) 786-8138

Pharmacy: Falk's LTC Pharmacy, Phone: (218) 740-2650, Fax: (218) 740-3443

Hospital Pref: Essentia Duluth

Transportation: Family member

Ambulance: Mayo Ambulance

Funeral Home: Lenroot Maetzold, (715) 394-5112

BILLING

Pre-Admission Number:

Pay Type: Assistance

Medicare #: 7HT9-D52-GG28

Medicaid #:

Health Plan #1: Medicare, policy #: 7HT9D52GG28

Health Plan #2: Forward Health, policy #: 5077089902394253, group #: 3954841820

Health Plan #3: Cigna, policy #: 91510114609, group #: 14138993201

Dental Plan #1: Lake Superior Community

NOTES/ALERTS

Notes/Alerts:

Face Sheet

Page: 1 of 2

Printed: 06/14/24, 10:48 AM

Rick Nelson

DOB: 10/20/1961 **Age:** 62 **Gender:** Male
Religion: **Marital Status:** Single **Race:**
Primary Language: **Previous Occupation:** **Veteran:** No
Admission Date: 05/03/24 **Unit:** 204 **Start of Care:**
Date of Current Readmission: 05/03/24 **Home Phone:**
Other Phone: **Email:** **Previous Address:**
Admitted From: Not From Own Home:



CODE STATUS / ADVANCE DIRECTIVES

Code Status: Full Code

CONTACTS

DFPOA: PAT KEENE (Emergency) 11120 S. Ellison Rd, Sister, Cell: (218) 391-6738

MEDICAL INFORMATION

Allergy	Type	Reaction	Severity
Bupropion HCl			
Prednisone	Drug Allergy		

Allergies: Bupropion HCl, Prednisone

Diagnosis: Hemiplegia and hemiparesis following cerebral infarction affecting left non-dominant side, Unspecified mental disorder due to known physiological condition, Cognitive social or emotional deficit following cerebral infarction, Occlusion and stenosis of bilateral carotid arteries, Type 2 diabetes mellitus without complications, Unspecified Atrial Fibrillation, Hypertensive heart disease with heart failure, Depression, unspecified, Anxiety Disorder, Unspecified, Sleep Disorder, Unspecified, Dorsalgia, Unspecified, Neuromuscular dysfunction of bladder, unspecified, Benign prostatic hyperplasia with lower urinary tract symptoms, Current use of Long Term Anticoagulation, Long term (current) use of oral hypoglycemic drugs, Personal history of malignant neoplasm of bladder, History Of Falling, Adjustment disorder, unspecified, Degenerative disease of nervous system, unspecified, Sensorineural hearing loss, bilateral, Unspecified Urinary Incontinence, Retention of urine, unspecified, Personal History Of Other Diseases Of The Circulatory System

Diet: Regular (IDDSI #7) / No added salt, Thin Liquids (IDDSI #0)

Orders: Urinalysis and C&S: Following nurse evaluation, UA/UC may be sent if resident presents with a fever of 100degrees F or greater and symptoms to include: fall(s), confusion or increased confusion, pain or burning upon urination, and/or increased frequency of urination., Medications will be crushed and administered in applesauce, or per resident preference as warranted, unless contraindicated, Community will hold administration of coumadin for laboratory-defined critical INR results, unless otherwise defined by provider, Stool Softeners will be held if Resident experiences diarrhea,. Nurse to notify provider for diarrhea lasting 3 full days/9 shifts or sooner if resident condition warrants.

Durable Medical Equip: Wheelchair, Hospital Bed

MEDICAL CONTACTS

Primary Provider: Laura Enright, 1001 East Superior St. Ste 401, Duluth, MN 55802, Work: (218) 249-6500, Fax: (218) 249-6501

Pharmacy: Falk's LTC Pharmacy, Phone: (218) 740-2650, Fax: (218) 740-3443

Hospital Pref: St. Luke's

Transportation: Unknown

Ambulance: Mayo Ambulance

Funeral Home:

BILLING

Pre-Admission Number:

Pay Type: Private

Medicare #:

Medicaid #:

CONTINUED ON NEXT PAGE

Face Sheet

Page: 2 of 2

Printed: 06/14/24, 10:48 AM

Rick Nelson

BILLING

Health Plan #1: UMR, policy #: 9113902602

NOTES/ALERTS

Notes/Alerts:

Face Sheet

Page: 1 of 2

Printed: 06/14/24, 10:48 AM

Thora D. Nelson	Preferred Name: Thora		
DOB: 03/06/1930	Age: 94	Gender: Female	
Religion:	Marital Status: Widowed	Race: White/Caucasian	
Primary Language: English	Previous Occupation:	Veteran: No	
Admission Date: 12/07/21	Unit: 103	Start of Care:	
Date of Current Readmission: 12/07/21		Home Phone: (715) 399-3084	
Other Phone:	Email:		
Previous Address: 1915N. 31st Street Apt. 314, Superior, WI 54880			
Admitted From: Not From Own Home:			

CODE STATUS / ADVANCE DIRECTIVES

Code Status: DNR**Advance Directives:** HCPOA Activated, DPOA activated 02/01/2023 (copy in record)
HCPOA activated 3/20/2022 (copy in record)

CONTACTS

DFPOA, DHCPOA, POA: ERIK NELSON (Emergency) 7396 E. County Road UU, South Range, WI 54874, Son, Cell: (218) 343-1725,

E-mail: eenelson26@gmail.com

WENDY NELSON, Daughter-in-Law, Cell: (218) 428-1266

ANDI COMNICK, Inclusa, Work: (715) 398-2614

MA-RETTA CAMP, Inclusa, Work: (715) 398-2631

MEDICAL INFORMATION

Allergy	Type	Reaction	Severity
Nitroglycerin	Drug allergy	Blood pressure drops very low	

Allergies: Nitroglycerin**Diagnosis:** Anxiety, Diverticulosis of large intestine without perforation or abscess without bleeding, Hyperlipidemia, Unspecified, Vitamin D Deficiency, Unspecified, Vitamin B12 deficiency anemia, unspecified, Esophageal Reflux, Disorder of bile acid and cholesterol metabolism, unspecified, Gastroesophageal Reflux Disease, unspecified, without bleeding, Polyp Of Colon, Malignant neoplasm of unspecified ovary, Unspecified dementia, unspecified severity**Diet:** Regular (IDDSI #7) / No added salt**Orders:****Durable Medical Equip:** 4WW, Front wheeled walker, Wheelchair, Shower bench, Reacher, Cane

MEDICAL CONTACTS

Primary Physician: CHIZOBA OKECHUKWU, Work: (715) 817-7100, Fax: (715) 817-7040**Family Medicine:** JEAN HOYER, Work: (715) 817-7100, Fax: (715) 817-7040**Dentist:** GERALD MIKEL**Pharmacy:** Falk's LTC Pharmacy, Phone: (218) 740-2650, Fax: (218) 740-3443**Hospital Pref:** Essentia Superior**Transportation:****Ambulance:****Funeral Home:**

BILLING

Pre-Admission Number:**Pay Type:** Assistance**Medicare #:** 6KT4-VX0-AE76**Medicaid #:**

CONTINUED ON NEXT PAGE

Face Sheet

Page: 2 of 2

Printed: 06/14/24, 10:48 AM

Thora D. Nelson

Preferred Name: Thora

BILLING

Health Plan #1: Medicare, policy #: 6KT4-VX0-AE76

NOTES/ALERTS

Notes/Alerts: DNR order obtained 01/20/2023 (copy in medical record)

Face Sheet

Page: 1 of 1

Printed: 06/14/24, 10:48 AM

Gloria Neuman

DOB: Age: 0 **Gender:** Female **Religion:**
Marital Status: Race: **Primary Language:** **Previous Occupation:**
Veteran: No **Admission Date:** 09/30/21 **Unit:** 220 **Start of Care:**
Date of Current Readmission: 09/30/21 **Home Phone:** 7153924069 **Other Phone:**
Email: **Previous Address:** 806 E 2nd St, Superior, WI 54880

Admitted From: Not From Own Home:

CODE STATUS / ADVANCE DIRECTIVES

Code Status: Full Code

MEDICAL INFORMATION

Diagnosis:

Diet:

Orders:

Durable Medical Equip:

MEDICAL CONTACTS

Pharmacy:

Hospital Pref:

Transportation:

Ambulance:

Funeral Home:

BILLING

Pre-Admission Number:

Pay Type: Private

Medicare #:

Medicaid #:

NOTES/ALERTS

Notes/Alerts:

Face Sheet

Page: 1 of 1

Printed: 06/14/24, 10:48 AM

Donna Norberg

DOB:	Age: 0	Gender: Female	Religion:
Marital Status:	Race:	Primary Language:	Previous Occupation:
Veteran: No	Admission Date: 04/15/19	Unit: 315	Start of Care:
Date of Current Readmission:	04/15/19	Home Phone: 7153926104	Other Phone:
Email:	Previous Address:	Admitted From: Not From Own Home:	

CODE STATUS / ADVANCE DIRECTIVES

Code Status: Full Code

MEDICAL INFORMATION

Diagnosis:

Diet:

Orders:

Durable Medical Equip:

MEDICAL CONTACTS

Pharmacy:

Hospital Pref:

Transportation:

Ambulance:

Funeral Home:

BILLING

Pre-Admission Number:

Pay Type: Private

Medicare #:

Medicaid #:

NOTES/ALERTS

Notes/Alerts:

Face Sheet

Page: 1 of 2

Printed: 06/14/24, 10:48 AM

Bonnie Olson

DOB: 05/23/1934 **Age:** 90 **Gender:** Female
Religion: Methodist **Marital Status:** Widowed **Race:** White/Caucasian
Primary Language: English **Previous Occupation:** **Veteran:** None
Admission Date: 06/01/15 **Unit:** 116 **Start of Care:**
Date of Current Readmission: 06/01/15 **Home Phone:**
Other Phone: **Email:** **Previous Address:**
Admitted From: Not From Own Home:



CODE STATUS / ADVANCE DIRECTIVES

Code Status: DNR**Advance Directives:** Advance Directive on File, HCPOA Activated, 1/11/18 TB

CONTACTS

DFPOA, DHCPOA, POA: MICHELLE OLSON (Emergency) 2426 1/2 W 2nd St, Duluth, MN 55806, Granddaughter,

Cell: (218) 590-5673, E-mail: orcadolphin23@gmail.com

MEDICAL INFORMATION

Allergy	Type	Reaction	Severity
No Known Drug Allergies	Drug allergy		
No Known Drug Allergy			

Allergies: No Known Drug Allergies, No Known Drug Allergy**Diagnosis:** Mild Cognitive Impairment, Hypothyroidism, Depression with Associated PTSD, hx of Non Hodgkin's Lymphoma, Right Radical Neck Dissection, hx Duodenal Ulcer Disease, Fibrocystic Breast Disease, Pruritus, unspecified, Xerosis cutis, Allergic Rhinitis, Pure Hypercholesterolemia, Chronic hepatitis, unspecified, Benign lipomatous neoplasm, unspecified, Unspecified malignant neoplasm of skin of scalp and neck, Urinary tract infection, site not specified, Dementia, AKI (acute kidney failure)**Diet:** Regular (IDDSI #7), Thin Liquids (IDDSI #0)**Orders:** Okay to leave detailed messages on Michelle's cell phone., Age Well Arrowhead, Lindsey Hilgers can provide rides to appointments. Needs 7 days notice. 218-623-7808, Urinalysis and C & S: Following nurse evaluation, UA/UC may be sent if resident presents with a fever of 100 or greater and symptoms to include: fall(s), confusion or increased confusion, pain or burning upon urination, and/or increased frequency of urination.**Durable Medical Equip:**

MEDICAL CONTACTS

Hospice: St. Croix Hospice, 4897 Miller Trunk Hwy Suite #209, Hermantown, MN 55811, Work: (218) 260-4442, Fax: (218) 249-1520**Eldercare - Primary Provider:** Rounding Provider, 420 E 1st Street, Duluth, MN 55805, Work: (218) 786-1216, Fax: (218) 786-8138**Pharmacy:** Falk's LTC Pharmacy, Phone: (218) 740-2650, Fax: (218) 740-3443**Hospital Pref:** Essentia Duluth**Transportation:** Family member**Ambulance:** Mayo Ambulance**Funeral Home:**

BILLING

Pre-Admission Number:**Pay Type:** Private**Medicare #:** 1R74-Y19-PM04**Medicaid #:**

CONTINUED ON NEXT PAGE

Face Sheet

Page: 2 of 2

Printed: 06/14/24, 10:48 AM

Bonnie Olson

BILLING

Health Plan #1: Aetna, policy #: W1204 16695, group #: 800-216-6506

NOTES/ALERTS

Notes/Alerts:

Face Sheet

Page: 1 of 1

Printed: 06/14/24, 10:48 AM

Ronald Olson

DOB: 04/27/1933 **Age:** 91 **Gender:** Male
Religion: **Marital Status:** Never married **Race:** White/Caucasian
Primary Language: English **Previous Occupation:** Priest **Veteran:** No
Admission Date: 07/31/23 **Unit:** 134 **Start of Care:**
Date of Current Readmission: 07/31/23 **Home Phone:**
Other Phone: **Email:**
Previous Address: 1500 N. 34th St Apt 610, Superior, WI 54880
Admitted From: Not From Own Home:



CODE STATUS / ADVANCE DIRECTIVES

Code Status: DNR

CONTACTS

CATHY AMORDE (Emergency), Friend, Cell: (218) 213-4826

MEDICAL INFORMATION

Allergy	Type	Reaction	Severity
Pollen Extract	Environmental allergy		
Cyclophosphamide	Drug allergy		

Allergies: Pollen Extract, Cyclophosphamide

Diagnosis: Zoster without complications, COPD; unspecified, Essential (primary) Hypertension, Barretts esophagitis: Without dysplasia , Hyperlipidemia, Unspecified, Benign Prostatic Hyperplasia Without Lower Urinary Tract Symptoms, Exudative age-related macular degeneration, Dysphagia, Weakness, Abnormal Gait, Mild cognitive impairment, Constipation, non melanoma skin cancer, history of, Inguinal hernia: Right , HX of Right Femur Fracture, Abdominal aortic aneurysm, without rupture

Diet: Regular (IDDSI #7) / No added salt, Thin Liquids (IDDSI #0)

Orders: CenterWell manages resident's catheter 218-723-8999

Durable Medical Equip: FWW, Wheel Chair

MEDICAL CONTACTS

Primary Physician: Rounding Provider, 420 E 1st Street, Duluth, MN 55805, Work: (218) 786-1216, Fax: (218) 786-8138

Ophthalmologist: JOHN YOON, Work: (715) 395-3900, Fax: (715) 395-3981

Pharmacy: Falk's LTC Pharmacy, Phone: (218) 740-2650, Fax: (218) 740-3443

Hospital Pref: St. Luke's

Transportation: Family member

Ambulance: Mayo Ambulance

Funeral Home:

BILLING

Pre-Admission Number:

Pay Type: Private

Medicare #: 7FD9CQ8XW57

Medicaid #:

NOTES/ALERTS

Notes/Alerts:

Face Sheet

Page: 1 of 2

Printed: 06/14/24, 10:48 AM

Audrey M. Perkins		Preferred Name: Audrey
DOB: 04/15/1926	Age: 98	Gender: Female
Religion: Baptist	Marital Status: Widowed	Race:
Primary Language: English	Previous Occupation:	Veteran: No
Admission Date: 04/25/22	Unit: 142	Start of Care:
Date of Current Readmission: 04/25/22		Home Phone:
Other Phone:	Email:	Previous Address:
Admitted From: Not From Own Home:		

CODE STATUS / ADVANCE DIRECTIVES**Code Status:** DNR**CONTACTS**

PATRICIA JOHNSON (Emergency), Daughter, Home: (218) 340-8032, , E-mail: fishdoc46@gamil.com

JENNIFER PETERSON (Emergency), Granddaughter, Home: (218) 391-1043, , E-mail: jen1043@gmail.com

BRUCE PERKINS, Son, Home: (612) 558-3370, , E-mail: bruceperkins494@hotmail.com

KATIE COLLINS, Inclusa RN, Work: (715) 398-2604, , E-mail: kate.collins@inclusa.org

MEDICAL INFORMATION

Allergy	Type	Reaction	Severity
Latex	Drug Allergy	rash	
Lisinopril	Drug Allergy	cough	
Povidone Iodine	Drug allergy		

Allergies: Latex, Lisinopril, Povidone Iodine**Diagnosis:** Congestive Heart Failure (CHF), Essential Hypertension, Dyslipidemia, Type 2 Diabetes Mellitus**Diet:** Regular (IDDSI #7) / No added salt, Thin Liquids (IDDSI #0)**Orders:** Oxygen supplied by Home Medical 715-392-7272, Urinalysis and C&S: following nurse evaluation, UA/UC may be sent if resident presents with a fever of 100F or greater and symptoms include: fall(s), confusion or increased confusion, pain or burning upon urination, and/or increased frequency of urination, Medications will be crushed and administered in applesauce, or per resident preference as warranted, unless contraindicated**Durable Medical Equip:** oxygen, Home Medical, wheelchair**MEDICAL CONTACTS****Primary Provider:** Rounding Provider, 420 E 1st Street, Duluth, MN 55805, Work: (218) 786-1216, Fax: (218) 786-8138**OXYGEN SUPPLIES:** Home Medical, 1419 Hill Ave, Superior, WI 54880, Work: (715) 392-7272, Fax: (715) 392-5222**Primary Physician:** Dr Ingrid Nisswandt-Larson, 4621 E Superior Street, Duluth, MN 55804, Work: (218) 786-3550, Fax: (218) 525-7487**Pharmacy:** Falk's LTC Pharmacy, Phone: (218) 740-2650, Fax: (218) 740-3443**Hospital Pref:** Essentia Superior**Transportation:****Ambulance:****Funeral Home:****BILLING****Pre-Admission Number:****Pay Type:** Assistance**Medicare #:** 3H37PA1AA32**Medicaid #:**

CONTINUED ON NEXT PAGE

Face Sheet

Page: 2 of 2

Printed: 06/14/24, 10:48 AM

Audrey M. Perkins

Preferred Name: Audrey

BILLING

Health Plan #1: Blue Cross Senior Gold, policy #: JZT124144759001B, group #: 10200577

NOTES/ALERTS

Notes/Alerts:

Face Sheet

Page: 1 of 1

Printed: 06/14/24, 10:48 AM

Gertrude Persons

DOB:	Age: 0	Gender: Female	Religion:
Marital Status:	Race:	Primary Language:	Previous Occupation:
Veteran: No	Admission Date: 07/17/23	Unit: 217	Start of Care:
Date of Current Readmission:	07/17/23	Home Phone:	Other Phone:
Email:	Previous Address:	Admitted From: Not From Own Home:	

CODE STATUS / ADVANCE DIRECTIVES

Code Status: Full Code

MEDICAL INFORMATION

Diagnosis:

Diet:

Orders:

Durable Medical Equip:

MEDICAL CONTACTS

Pharmacy:

Hospital Pref:

Transportation:

Ambulance:

Funeral Home:

BILLING

Pre-Admission Number:

Pay Type: Private

Medicare #:

Medicaid #:

NOTES/ALERTS

Notes/Alerts:

Face Sheet

Page: 1 of 1

Printed: 06/14/24, 10:48 AM

Bonnie Peterson

DOB: 06/09/1939 **Age:** 85 **Gender:** Female
Religion: **Marital Status:** Married **Race:** White/Caucasian
Primary Language: English **Previous Occupation:** **Veteran:** No
Admission Date: 05/30/24 **Unit:** 112 **Start of Care:**
Date of Current Readmission: 05/30/24 **Home Phone:**
Other Phone: **Email:**
Previous Address: 1407 N 54th St, Superior, WI 54880
Admitted From: Not From Own Home:



CODE STATUS / ADVANCE DIRECTIVES

Code Status: DNR**Advance Directives:** Advance Directive on File, HCPOA Activated

CONTACTS

POA: WILLIAM PETERSON (Emergency) 1407 N 54th St, Superior, WI 54880, Spouse, Home: (715) 394-5916, :

MEDICAL INFORMATION

Allergy	Type	Reaction	Severity
No Known Drug Allergies	Drug Allergy		
No Known Drug Allergy			

Allergies: No Known Drug Allergies, No Known Drug Allergy**Diagnosis:** Unspecified Dementia, Essential (primary) Hypertension, Dyslipidemia, Hypothyroidism, Unspecified, Type 2 Diabetes Mellitus without Complications**Diet:** Regular (IDDSI #7) / No added salt, Thin Liquids (IDDSI #0)**Orders:** Urinalysis and C&S: following nurse evalutaion, UA/UC may be sent if resident persents witha fever of 100F or greater and symptoms to include fall(s), confusion or increased confusion, pain or burning up on urination, and/or increased frequency of urination, Medication will be crushed and administered in applesauce or per resident preference as warranted, unless contraindicated, Community will hold administration of Coumadin for laboratory-defined critical INR results, unless otherwise defined by provider, Resident may have alcoholic beverages, Stool softeners will be held if resident experiences diarrhea. Nurse to notify provider for diarrhea lasting 3 full days/9 shifts or sooner if resident condition warrants.**Durable Medical Equip:**

MEDICAL CONTACTS

Pharmacy: Falk's LTC Pharmacy, Phone: (218) 740-2650, Fax: (218) 740-3443**Hospital Pref:** Essentia Superior**Transportation:** Family member**Ambulance:** Mayo Ambulance**Funeral Home:**

BILLING

Pre-Admission Number:**Pay Type:** Private**Medicare #:** 4NT6N88PH59**Medicaid #:****Health Plan #1:** AARP healthcare options, policy #: 04936655212

NOTES/ALERTS

Notes/Alerts:

Face Sheet

Page: 1 of 2

Printed: 06/14/24, 10:48 AM

Donald "Don" Peterson**Preferred Name:** Don**DOB:** 06/17/1935**Age:** 88**Gender:** Male**Religion:****Marital Status:****Race:****Primary Language:** English**Previous Occupation:****Veteran:** No**Admission Date:** 03/31/22**Unit:** 323**Start of Care:****Date of Current Readmission:** 03/31/22**Home Phone:****Other Phone:****Email:****Previous Address:****Admitted From:** Not From Own Home:**CODE STATUS / ADVANCE DIRECTIVES****Code Status:** DNR**MEDICAL INFORMATION**

Allergy	Type	Reaction	Severity
Barium Sulfate		anaphylaxis	severe
Gadolinium-Containing Contrast Media	Drug allergy	anaphylaxis	severe
IODINATED CONTRAST MEDIA		anaphylaxis	severe
GADOLIUM-CONTAINING CONTRAST MEDIA; IODINATED CONTRAST MEDIA			

Allergies: Barium Sulfate, Gadolinium-Containing Contrast Media, IODINATED CONTRAST MEDIA, GADOLIUM-CONTAINING CONTRAST MEDIA; IODINATED CONTRAST MEDIA**Diagnosis:** Osteoarthritis Of Knee, Tachycardia-bradycardia syndrom, Unspecified Atrial Fibrillation, OSA on APAP (moderate, AHI 16.4) PSG, Chronic Venous Stasis Ulcers, Cor pulmonale (chronic), Pulmonary hypertension, unspecified, Diastolic Congestive Heart Failure, Essential Hypertension, Gastroesophageal Reflux Disease (GERD), TIA, Peripheral Neuropathy**Diet:** Regular (IDDSI #7) / No added salt, Thin Liquids (IDDSI #0)**Orders:** Urinalysis and C&S: following nurse evaluation. UA/UC may be sent if presents with fever of 100F or greater and symptoms to include: falls(s), confusion or increased confusion, pain or burning upon urination and/or increased frequency or urination, Medication will be crushed and administered in applesauce or per resident preference as warranted, unless contraindicated, Community will hold administration of coumadin for laboratory-defined critical INR results, unless otherwise defined by provider, Resident may have alcoholic beverages**Durable Medical Equip:** 4WW**MEDICAL CONTACTS****Attending Physician:** ALI JAFFERY, 1001 E SUPERIOR ST STE 401, DULUTH, MN 55802-2229, Work: (218) 249-7960, Fax: (218) 249-7999**Pharmacy:****Hospital Pref:** St. Luke's**Transportation:** Family member**Ambulance:** Mayo Ambulance**Funeral Home:****BILLING****Pre-Admission Number:****Pay Type:** Assistance**Medicare #:** 9PC7WA5KK77

CONTINUED ON NEXT PAGE

Face Sheet

Page: 2 of 2

Printed: 06/14/24, 10:48 AM

Donald "Don" Peterson

Preferred Name: Don

BILLING

Medicaid #: 3455265235

NOTES/ALERTS

Notes/Alerts:

Face Sheet

Page: 1 of 2

Printed: 06/14/24, 10:48 AM

Patricia Piggott

DOB: 11/17/1936 **Age:** 87 **Gender:** Female
Religion: **Marital Status:** Married **Race:** White/Caucasian
Primary Language: English **Previous Occupation:** **Veteran:** No
Admission Date: 11/01/18 **Unit:** 305B **Start of Care:** 11/01/18
Date of Current Readmission: 11/01/18 **Home Phone:**
Other Phone: **Email:**
Previous Address: 29 Royalton Road, Superior, WI 54880
Admitted From: Not From Own Home:



CODE STATUS / ADVANCE DIRECTIVES

Code Status: DNR

CONTACTS

SUE STRONG (Emergency) 59 Highgate, Superior, WI 54880, Daughter, Cell: (218) 591-6672, :

PAUL PIGGOTT (Emergency) Son, Home: (715) 392-6551, Cell: (218) 591-9114

DALE PIGGOTT, Spouse, Cell: (218) 461-7812

MEDICAL INFORMATION

Allergy	Type	Reaction	Severity
Isosorbide	Drug allergy	Headache	
Isosorbide Mononitrate			

Allergies: Isosorbide, Isosorbide Mononitrate

Diagnosis: Atherosclerosis of aorta, Atherosclerotic heart disease of native coronary artery with other forms of angina pectoris, ST elevation (STEMI) myocardial infarction involving left anterior descending coronary artery, Presence of right artificial hip joint, Hyperlipidemia, Unspecified, Other specified disorders of bone density and structure, unspecified site, Low back pain, Chronic atrial fibrillation, Essential (primary) Hypertension, Presence of cardiac pacemaker, Nonrheumatic Mitral (valve) Insufficiency, Long term (current) use of anticoagulants, Spondylolisthesis, lumbar region, Radiculopathy, lumbar region, Venous stasis, Malignant neoplasm of endocervix, Atherosclerotic heart disease of native coronary artery with other forms of angina pectoris, Osteopenia, Dyslipidemia, History Of Falling, Non-rheumatic mitral regurgitation, Long term anticoagulation, Nonrheumatic tricuspid valve disorders, Arthritis, Carotid artery disease, Coronary Artery Disease, Benign Paroxysmal Positional Vertigo, Cardiac Dysrhythmia, Stent Placement, Seborrheic keratosis, Nontraumatic hematoma of soft tissue

Diet: Regular (IDDSI #7), Thin Liquids (IDDSI #0)**Orders:****Durable Medical Equip:** Walker

MEDICAL CONTACTS

Primary Physician: JEAN HOYER, Work: (715) 817-7100, Fax: (715) 817-7040**Pharmacy:** Self Manages Medications**Hospital Pref:** Essentia Duluth**Transportation:** Family member**Ambulance:** Mayo Ambulance**Funeral Home:** Down's Funeral Home, 1617 N 19th Street, Superior, WI 54880, (715) 394-7746

BILLING

Pre-Admission Number:**Pay Type:** Private**Medicare #:** 3AC3-YR7-CT14**Medicaid #:**

CONTINUED ON NEXT PAGE

Face Sheet

Page: 2 of 2

Printed: 06/14/24, 10:48 AM

Patricia Piggott

BILLING

Health Plan #1: Health Partners, policy #: 12167759, group #: 0066

NOTES/ALERTS

Notes/Alerts:

Face Sheet

Page: 1 of 1

Printed: 06/14/24, 10:48 AM

Donna Polaski

DOB: 01/01/1900	Age: 124	Gender:	Religion:
Marital Status:	Race:	Primary Language:	Previous Occupation:
Veteran: Yes	Admission Date: 03/04/22	Unit: 326	Start of Care:
Date of Current Readmission: 03/04/22		Home Phone: 7153992113	Other Phone:
Email: benanddonp@hotmail.com		Admitted From: Not From Own Home:	

CODE STATUS / ADVANCE DIRECTIVES

Code Status: Full Code

MEDICAL INFORMATION

Diagnosis:

Diet:

Orders:

Durable Medical Equip:

MEDICAL CONTACTS

Pharmacy:

Hospital Pref:

Transportation:

Ambulance:

Funeral Home:

BILLING

Pre-Admission Number:

Pay Type: Private

Medicare #:

Medicaid #:

NOTES/ALERTS

Notes/Alerts:

Face Sheet

Page: 1 of 1

Printed: 06/14/24, 10:48 AM

Kathy Rawn

DOB: **Age:** 0 **Gender:** Female **Religion:**
Marital Status: **Race:** **Primary Language:** **Previous Occupation:**
Veteran: No **Admission Date:** 02/29/24 **Unit:** 317 **Start of Care:**
Date of Current Readmission: 02/29/24 **Home Phone:**
Other Phone: 3038955609 **Email:** **Previous Address:**
Admitted From: Not From Own Home:

CODE STATUS / ADVANCE DIRECTIVES

Code Status: Full Code

MEDICAL INFORMATION

Diagnosis:

Diet:

Orders:

Durable Medical Equip:

MEDICAL CONTACTS

Pharmacy:

Hospital Pref:

Transportation:

Ambulance:

Funeral Home:

BILLING

Pre-Admission Number:

Pay Type: Private

Medicare #:

Medicaid #:

NOTES/ALERTS

Notes/Alerts:

Face Sheet

Page: 1 of 2

Printed: 06/14/24, 10:48 AM

Linda L. Reyerson

DOB: 01/30/1943 **Age:** 81 **Gender:** Female
Religion: **Marital Status:** Widowed **Race:** White/Caucasian
Primary Language: English **Previous Occupation:** Assembler
Veteran: No **Admission Date:** 02/09/20 **Unit:** 140
Start of Care: 03/20/20 **Date of Current Readmission:** 02/09/20
Home Phone: **Other Phone:** **Email:**
Previous Address: 3612 Cedar Road, Murfreesboro, TN 37127
Admitted From: Not From Own Home:



CODE STATUS / ADVANCE DIRECTIVES

Code Status: Full Code**Advance Directives:** Advance Directive on File, HCPOA Activated, Tara McCusker POA 7/27/2020

CONTACTS

DFPOA, DHCPOA: TARA MCCUSKER Daughter, Cell: (218) 340-0303, E-mail: taramcc@charter.net

DFPOA, DHCPOA: LISA FLYEN Daughter, Cell: (218) 591-3495

ANDIE COMNICK, Community Care Case, Work: (715) 398-2614, Fax Work: (866) 880-0551

MA-RETTA CAMP, Inclusa RN, Work: (715) 398-2631

MEDICAL INFORMATION

Allergy	Type	Reaction	Severity
Lisinopril	Drug Allergy	Spots	
Serax	Drug allergy	Shaky	
Evista	Drug allergy	Developed DVT while	

Allergies: Lisinopril, Serax, Evista**Diagnosis:** Unspecified dementia without behavioral disturbance, Acute embolism and thrombosis of unspecified deep veins of right lower extremity, Personal history of urinary (tract) infections, Localized swelling, mass and lump, right lower limb, Constipation, Unspecified, Neuropathy, Essential Hypertension, Urinary Retention, Unspecified Osteoarthritis, Unspecified Site, Osteoporosis, Hyperlipidemia, Unspecified, Hyponatremia, Anemia, Anxiety Disorder, Unspecified, Panic Attack, Depression, Pruritis Ani**Diet:** Regular (IDDSI #7), Thin Liquids (IDDSI #0)**Orders:****Durable Medical Equip:**

MEDICAL CONTACTS

Internal Medicine: GEORGIA BRUNETTE, Work: (715) 817-7100, Fax: (715) 817-7097**Pharmacy:** Falk's LTC Pharmacy, Phone: (218) 740-2650, Fax: (218) 740-3443**Hospital Pref:** Essentia Superior**Transportation:** Family member**Ambulance:** Mayo Ambulance**Funeral Home:**

BILLING

Pre-Admission Number:**Pay Type:** Assistance**Medicare #:** 3U24-CM6-AT75**Medicaid #:****Health Plan #1:** Medicare Health Insurance, policy #: 3U24-CM6-AT75

CONTINUED ON NEXT PAGE

Face Sheet

Page: 2 of 2

Printed: 06/14/24, 10:48 AM

Linda L. Reyerson

BILLING

Health Plan #2: Medica, policy #: 908666355, group #: 70926

NOTES/ALERTS

Notes/Alerts:

Face Sheet

Page: 1 of 2

Printed: 06/14/24, 10:48 AM

Norma L. Rhodes

DOB: 01/25/1948 **Age:** 76 **Gender:** Female
Religion: **Marital Status:** Married **Race:** White/Caucasian
Primary Language: English **Previous Occupation:** **Veteran:**
Admission Date: 03/31/18 **Unit:** 307 **Start of Care:**
Date of Current Readmission: 03/31/18 **Home Phone:**
Other Phone: **Email:**
Previous Address: 101 Hays Circle, Silver Bay, MN 55614



Admitted From: Not From Own Home:

CODE STATUS / ADVANCE DIRECTIVES

Code Status: DNR

CONTACTS

MICHELLE MATTFIELD (Emergency) 4715 Otsego St., Duluth, MN 55804, Daughter, Home: (218) 525-4877, Cell: (218) 349-6723, E-mail: pmnmattfield@gmail.com

SHANNON VORDERBRUGGEN (Emergency) 225 Hwy. 33 N., Cloquet, MN 55720, Daughter, Cell: (218) 226-8001, E-mail: Periwinkle_studios@yahoo.cmo

MEDICAL INFORMATION

Allergy	Type	Reaction	Severity
Sulfa	Drug Allergy	Rash	

Allergies: Sulfa

Diagnosis: Multiple sclerosis, Arthritis, Chronic bilateral low back pain without sciatica, Demyelinating disease, Lumbosacral facet arthropathy, Hypokalemia, Neural foraminal stenosis of lumosacral spine, Obstructive sleep apnea (adult) (pediatric), Osteopenia, Paraparesis, Right foot drop, Spasticity, Paroxysmal atrial fibrillation, Hyperlipidemia, Unspecified, BILATERAL HEARING LOSS, Body mass index [BMI] 40.0-44.9, adult, Personal history of in-situ neoplasm of skin, Unspecified visual disturbance

Diet: Regular (IDDSI #7) / No added salt, Thin Liquids (IDDSI #0)

Orders: Interventional Pain Nurse Hotline 218-786-1196, call with questions or concerns regarding PNS

Durable Medical Equip: Electric Scooter, 4WW

MEDICAL CONTACTS

Primary Physician: Rounding Provider, 420 E 1st Street, Duluth, MN 55805, Work: (218) 786-1216, Fax: (218) 786-8138

Internal Medicine: CHIZOBA OKECHUKWU, Work: (715) 817-7100, Fax: (715) 817-7040

Pharmacy: Self Manages Medications

Hospital Pref: Essentia Superior

Transportation: Family member

Ambulance: Mayo Ambulance

Funeral Home: Affordable Cremation And Burial, 4206 Airpark Blvd, Duluth, MN 55811, (218) 491-7011

BILLING

Pre-Admission Number:

Pay Type: Private

Medicare #: 3UD8-DP0-PJ67

Medicaid #:

Health Plan #1: Medicare, policy #: 3UD8-DP0-PJ67

Face Sheet

Page: 2 of 2

Printed: 06/14/24, 10:48 AM

Norma L. Rhodes

NOTES/ALERTS

Notes/Alerts:

Face Sheet

Page: 1 of 2

Printed: 06/14/24, 10:48 AM

Jean M. Riedasch

DOB: 05/07/1941 **Age:** 83 **Gender:** Female
Religion: Catholic **Marital Status:** Widowed **Race:** White/Caucasian
Primary Language: English **Previous Occupation:** Registered Nurse
Veteran: No **Admission Date:** 12/31/20 **Unit:** 107A
Start of Care: **Date of Current Readmission:** 12/31/20
Home Phone: (715) 399-3210 **Other Phone:** **Email:** jriedasch@hotmail.com
Previous Address: **Admitted From:** Not From Own Home:



CODE STATUS / ADVANCE DIRECTIVES

Code Status: DNR**Advance Directives:** HCPOA Activated

CONTACTS

DFPOA, DHCPOA: ERIK RIEDASCH (Emergency) 3705 Paus Street, Madison, WI 53714, Son, Home: (608) 333-9616, E-mail: erik.riedasch@gmail.com

DFPOA: JILL RIEDASCH (Emergency) Daughter, Cell: (971) 221-7874

MEDICAL INFORMATION

Allergy	Type	Reaction	Severity
Colchicine	Drug allergy	GI upset	
Morphine	Drug Allergy	nausea	
Morphine and Related			

Allergies: Colchicine, Morphine, Morphine and Related

Diagnosis: Unspecified Dementia, Atrial fibrillation and flutter, Hypothyroidism, Unspecified, Essential Hypertension, Other Specified Disorders Of Bone Density And Structure, Menopausal and other perimenopausal disorders, Atherosclerotic Heart Disease Of Native Coronary Artery, Asthma

Diet: Regular (IDDSI #7), Thin Liquids (IDDSI #0)**Orders:****Durable Medical Equip:** wheelchair, FWW

MEDICAL CONTACTS

Primary Physician: MEGAN HOEL, Work: (715) 395-3900, Fax: (715) 395-3911**Pharmacy:** Falk's LTC Pharmacy, Phone: (218) 740-2650, Fax: (218) 740-3443**Hospital Pref:** St. Luke's**Transportation:** Self**Ambulance:** Mayo Ambulance**Funeral Home:** Lenroot Maetzold, (715) 394-5112

BILLING

Pre-Admission Number:**Pay Type:** Private**Medicare #:** 2U35-XC7-KQ64**Medicaid #:****Health Plan #1:** Medicare, policy #: 2U35-XC7-KQ64**Health Plan #2:** Medica, policy #: 912377194

CONTINUED ON NEXT PAGE

Face Sheet

Page: 2 of 2

Printed: 06/14/24, 10:48 AM

Jean M. Riedasch

NOTES/ALERTS

Notes/Alerts:

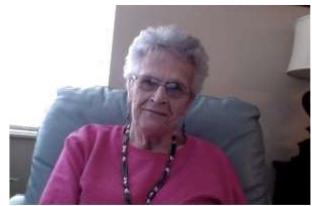
Face Sheet

Page: 1 of 2

Printed: 06/14/24, 10:48 AM

Mary B. Ruhman

DOB: 06/22/1932 **Age:** 91 **Gender:** Female
Religion: **Marital Status:** Widowed **Race:** White/Caucasian
Primary Language: English **Previous Occupation:** Nurse **Veteran:** None
Admission Date: 07/21/15 **Unit:** 104 **Start of Care:**
Date of Current Readmission: 07/21/15 **Home Phone:**
Other Phone: **Email:**
Previous Address: 1408 Maple Grove Rd, Duluth, MN 55811
Admitted From: Not From Own Home:



CODE STATUS / ADVANCE DIRECTIVES

Code Status: DNR**Advance Directives:** Advance Directive on File, HCPOA Activated, Linda (507)993-1331

CONTACTS

DHCPOA: LINDA CHIDA (Emergency), Daughter, Home: (507) 993-1331, E-mail: chides17@gmail.com

JEANNINE DOIG, 3114 Parkwood Lane, Duluth, MN 55811, Daughter, Cell: (218) 393-3854

DFPOA: SCOTT RUHMAN 11936 S LaVoy Rd, Solon Springs, WI 54873, Son, Cell: (218) 393-9209

MEDICAL INFORMATION

Allergy	Type	Reaction	Severity
Niacin	Drug Allergy		
Morphine	Drug Allergy		
Clindamycin	Drug Allergy		
Lovastatin	Drug Allergy		
Gemfibrozil	Drug allergy		
Vioxx	Drug Allergy		
Cafergot	Drug allergy		

Allergies: Niacin, Morphine, Clindamycin, Lovastatin, Gemfibrozil, Vioxx, Cafergot**Diagnosis:** CAD, HTN, DJD, DDD, CKD Stage 3, Hx Skin CA, Renal Cell Carcinoma, Hyperlipidemia, Subclinical Hypothyroidism, GERD, Urinary Incontinence, Chronic Constipation, Chronic Back Pain, Unspecified dementia without behavioral disturbance, Need for assistance with personal care, Anemia**Diet:** Regular (IDDSI #7) / No added salt, Thin Liquids (IDDSI #0)**Orders:****Durable Medical Equip:** four wheeled walker, wheelchair

MEDICAL CONTACTS

Eldercare - Primary Provider: Rounding Provider, 420 E 1st Street, Duluth, MN 55805, Work: (218) 786-1216, Fax: (218) 786-8138**Dentist:** Gregerich, Work: (218) 727-1448**Pharmacy:** Falk's LTC Pharmacy, Phone: (218) 740-2650, Fax: (218) 740-3443**Hospital Pref:** St. Luke's**Transportation:** Family member**Ambulance:** Mayo Ambulance**Funeral Home:**

BILLING

Pre-Admission Number:**Pay Type:** Private

CONTINUED ON NEXT PAGE

Face Sheet

Page: 2 of 2

Printed: 06/14/24, 10:48 AM

Mary B. Ruhman

BILLING

Medicare #: 7E05-V82-MK67

Medicaid #:

Health Plan #1: Medicare, policy #: 474301677-A

NOTES/ALERTS

Notes/Alerts:

Face Sheet

Page: 1 of 2

Printed: 06/14/24, 10:48 AM

Francie M. Schenk

DOB: 08/14/1946 **Age:** 77 **Gender:** Female
Religion: Catholic **Marital Status:** Single **Race:** White/Caucasian
Primary Language: English **Previous Occupation:** Retail **Veteran:** No
Admission Date: 07/23/19 **Unit:** 110B **Start of Care:** 07/31/19
Date of Current Readmission: 07/23/19 **Home Phone:**
Other Phone: **Email:**
Previous Address: 11623 East Larson Drive, Lake Nebagamon, WI 54849
Admitted From: Not From Own Home:



CODE STATUS / ADVANCE DIRECTIVES

Code Status: Full Code**Advance Directives:** HCPOA Activated

CONTACTS

G: REYNA MARSHMAN (Emergency) 11623 East Larson Drive, Lake Nebagamon, WI 54849, Daughter, Home: (608) 216-6759, E-mail: srmashman@yahoo.com

JENNY THORESON, 6671 South Wasgren Road, Lake Nebagamon, WI 54849, Daughter, Home: (218) 348-2585, E-mail: schenkj145@yahoo.com

DAVE BOETTCHER - INCLUSA Community Care Case , Work: (715) 398-2632, E-mail: dave.boettcher@inclusa.org

MA-RETTA CAMP, Community Care RN , Work: (715) 398-2631

MEDICAL INFORMATION

Allergy	Type	Reaction	Severity
Penicillin (PNC)	Drug Allergy		
Codeine	Drug Allergy		
Penicillin			

Allergies: Penicillin (PNC), Codeine, Penicillin

Diagnosis: Anxiety Disorder, Unspecified, Chemical Dependency: Nicotine, Marijuana, Alcohol, and BZs, Chronic Obstructive Pulmonary Disease, Unspecified, Depression: Recurrent Major Depressive Disorder in Partial Remission, Essential tremor, Gastroesophageal Reflux Disease, Essential Hypertension, Insomnia, Unspecified, Irritable bowel syndrome, Osteoporosis Without Current Pathological Fracture, Pneumonia, Unspecified Organism: History , Skin Cancer: History , Urinary Frequency: Urinary Frequency, Constipation, Unspecified: Slow Transit Constipation, Sick sinus syndrome, Presence of cardiac pacemaker, Unspecified Dementia, Tension Type Headache, Metabolic encephalopathy, Schizoaffective Disorder, Bipolar Type, Hypothyroidism, Unspecified, Lithium Toxicity: History , Unilateral pulmonary emphysema [MacLeod's syndrome], Essential Hypertension, Unspecified entropion of right upper eyelid

Diet: Regular (IDDSI #7), Thin Liquids (IDDSI #0)**Orders:** Okay to not update regarding Ensure refusals.**Durable Medical Equip:**

MEDICAL CONTACTS

Eldercare - Primary Provider: Rounding Provider, 420 E 1st Street, Duluth, MN 55805, Work: (218) 786-1216, Fax: (218) 786-8138

Pharmacy: Falk's LTC Pharmacy, Phone: (218) 740-2650, Fax: (218) 740-3443**Hospital Pref:** Essentia Duluth**Transportation:** Ambulance**Ambulance:** Mayo Ambulance**Funeral Home:** Affordable Cremation And Burial, 4206 Airpark Blvd, Duluth, MN 55811, (218) 491-7011

CONTINUED ON NEXT PAGE

Face Sheet

Page: 2 of 2

Printed: 06/14/24, 10:48 AM

Francie M. Schenk

BILLING

Pre-Admission Number:

Pay Type: Assistance

Medicare #: 7EN9-DX8-KW46

Medicaid #:

Health Plan #1: Medicare, policy #: 7EN9-DX8-KW46

Health Plan #2: Security Health Plan, policy #: ASPROD1, group #: SEC01

NOTES/ALERTS

Notes/Alerts:

Face Sheet

Page: 1 of 1

Printed: 06/14/24, 10:48 AM

Lori Schoechert

DOB: 01/01/1900	Age: 124	Gender:	Religion:
Marital Status:	Race:	Primary Language:	Previous Occupation:
Veteran: No	Admission Date: 06/30/22	Unit: 201	Start of Care:
Date of Current Readmission: 06/30/22		Home Phone:	Other Phone:
Email:	Previous Address:	Admitted From: Not From Own Home:	

CODE STATUS / ADVANCE DIRECTIVES

Code Status: Full Code

MEDICAL INFORMATION

Diagnosis:

Diet:

Orders:

Durable Medical Equip:

MEDICAL CONTACTS

Pharmacy:

Hospital Pref:

Transportation:

Ambulance:

Funeral Home:

BILLING

Pre-Admission Number:

Pay Type: Private

Medicare #:

Medicaid #:

NOTES/ALERTS

Notes/Alerts:

Face Sheet

Page: 1 of 1

Printed: 06/14/24, 10:48 AM

Philip "Dale" Sorenson**Preferred Name:** Dale**DOB:** 04/04/1947**Age:** 77**Gender:** Male**Religion:****Marital Status:** Single**Race:** White/Caucasian**Primary Language:** English**Previous Occupation:** Dairy Farmer**Veteran:** No**Admission Date:** 08/08/23**Unit:** 101A**Start of Care:****Date of Current Readmission:** 08/08/23**Home Phone:****Other Phone:****Email:****Previous Address:** Washburn, WI**Admitted From:** Not From Own Home:**CODE STATUS / ADVANCE DIRECTIVES****Code Status:** DNR**CONTACTS**G: **THERESA SNYDER (Emergency)** PO Box 506, Carlton, MN 55718, Niece, Cell: (218) 340-1976, E-mail: tsnyder707@gmail.com

JUDY ANDERSON, PO Box 64, Carlton, MN 55718, Sister, Cell: (218) 384-9422

MEDICAL INFORMATION

Allergy	Type	Reaction	Severity
NO KNOWN ALLERGIES			

Allergies: NO KNOWN ALLERGIES**Diagnosis:** Seizures, Essential Hypertension, Osteoarthritis, Lumbago, Unspecified lack of expected normal physiological development in childhood, Adult failure to thrive**Diet:** Regular (IDDSI #7) / No added salt, Thin Liquids (IDDSI #0)**Orders:****Durable Medical Equip:** FWW**MEDICAL CONTACTS****Attending Physician:** Rounding Provider, 420 E 1st Street, Duluth, MN 55805, Work: (218) 786-1216, Fax: (218) 786-8138**Pharmacy:****Hospital Pref:****Transportation:****Ambulance:****Funeral Home:****BILLING****Pre-Admission Number:****Pay Type:** Private**Medicare #:** 4HQ9W03NJ20**Medicaid #:****Health Plan #1:** Medicare Part A&B, policy #: 4HQ9W03NJ20**NOTES/ALERTS****Notes/Alerts:**

Face Sheet

Page: 1 of 1

Printed: 06/14/24, 10:48 AM

Robert Starcevich

DOB:	Age: 0	Gender:	Religion:
Marital Status:	Race:	Primary Language:	Previous Occupation:
Veteran: No	Admission Date: 11/07/22	Unit: 213	Start of Care:
Date of Current Readmission:	11/07/22	Home Phone: 7153943516	Other Phone:
Email:	Previous Address:	Admitted From: Not From Own Home:	

CODE STATUS / ADVANCE DIRECTIVES

Code Status: Full Code

MEDICAL INFORMATION

Diagnosis:

Diet:

Orders:

Durable Medical Equip:

MEDICAL CONTACTS

Pharmacy:

Hospital Pref:

Transportation:

Ambulance:

Funeral Home:

BILLING

Pre-Admission Number:

Pay Type: Private

Medicare #:

Medicaid #:

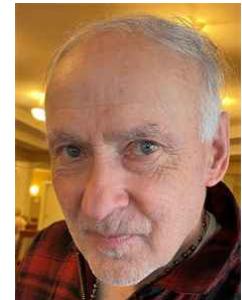
NOTES/ALERTS

Notes/Alerts:

Face Sheet

Page: 1 of 1

Printed: 06/14/24, 10:48 AM

Michael F. "Mike" Stranko**Preferred Name:** Mike**DOB:** 11/01/1937**Age:** 86**Gender:** Male**Religion:** Catholic**Marital Status:** Single**Race:** White/Caucasian**Primary Language:** English**Previous Occupation:** Firefighter**Veteran:** Air Force**Admission Date:** 11/28/22**Unit:** 126**Start of Care:****Date of Current Readmission:** 11/28/22**Home Phone:** (715) 398-3960**Other Phone:****Email:****Previous Address:** 320 24th Ave. #22, Superior, WI 54880**Admitted From:** Not From Own Home:**CODE STATUS / ADVANCE DIRECTIVES****Code Status:** DNR**CONTACTS**

G: DAVE STRANKO (Emergency), 6642 E. Webb Rd., South Range, WI 54874, Nephew, Cell: (715) 718-1754, : , E-mail: outdoorsfool@aol.com

SHAUNA KASPER (Emergency), 2727 E. 4th St., Superior, WI 54880, Niece, Cell: (612) 229-3041, E-mail: shauna.kasper@yahoo.com

MEDICAL INFORMATION

Allergy	Type	Reaction	Severity
Sulfacet-R	Drug allergy	Unknown	

Allergies: Sulfacet-R

Diagnosis: Alzheimer's disease, Benign prostatic hyperplasia with lower urinary tract symptoms, Unspecified open wound, left lower leg, subsequent encounter, Essential Hypertension, Carcinoma in situ of skin of unspecified part of face, Hyperlipidemia, Unspecified, Atherosclerosis, Abnormal weight loss, Solitary Pulmonary Nodule

Diet: Regular (IDDSI #7) / No added salt, Thin Liquids (IDDSI #0)**Orders:****Durable Medical Equip:****MEDICAL CONTACTS****Hospice:** Essentia Hospice, Work: (218) 786-4020, Fax: (218) 786-4223**Primary Provider:** Rounding Provider, 420 E 1st Street, Duluth, MN 55805, Work: (218) 786-1216, Fax: (218) 786-8138**Pharmacy:** Falk's LTC Pharmacy, Phone: (218) 740-2650, Fax: (218) 740-3443**Hospital Pref:** Essentia Superior**Transportation:** Family member**Ambulance:** Mayo Ambulance**Funeral Home:****BILLING****Pre-Admission Number:****Pay Type:** Private**Medicare #:** 2DQ5M31XG85**Medicaid #:****Health Plan #1:** Medicare Part A&B, policy #: 2DQ5-M31-XG85**NOTES/ALERTS****Notes/Alerts:**

Face Sheet

Page: 1 of 2

Printed: 06/14/24, 10:48 AM

Linda L. Toppings

DOB: 12/23/1947 **Age:** 76 **Gender:** Female
Religion: **Marital Status:** **Race:** White/Caucasian
Primary Language: English **Previous Occupation:** **Veteran:** No
Admission Date: 07/24/18 **Unit:** 113 **Start of Care:**
Date of Current Readmission: 07/24/18 **Home Phone:**
Other Phone: **Email:**
Previous Address: 1800 New York Ave, Superior, WI 54880
Admitted From: Previously in Nursinghome, Not From Own Home:



CODE STATUS / ADVANCE DIRECTIVES

Code Status: DNR**Advance Directives:** HCPOA Activated

CONTACTS

G: JACKIE RUNIONS (Emergency) Friend, Cell: (218) 591-1502, Work: (218) 786-4019, E-mail: jfrunions@gmail.com

ELISA HERUBIN, Community Care RN, Work: (715) 398-2629, E-mail: elisa.herubin@inclusa.org

ANGELA BLEGIN, EW/CADI Case Manager, Cell: (715) 398-2609, E-mail: angela.belgin@inclusa.com

MEDICAL INFORMATION

Allergy	Type	Reaction	Severity
Ibuprofen	Drug Allergy		
Penicillins	Drug allergy		
Penicillin			

Allergies: Ibuprofen, Penicillins, Penicillin

Diagnosis: Dementia w/out behavioral disturbance, Delirium due to known physiological condition, Constipation, Unspecified, Acute stress reaction, Adjustment disorder with mixed anxiety and depressed mood, Gastro-esophageal reflux disease without esophagitis, Chronic or unspecified peptic ulcer, site unspecified, with hemorrhage, Age-related osteoporosis without current pathological fracture, Other Amnesia, Restlessness And Agitation, Pain, Unspecified, Traumatic subarachnoid hemorrhage with loss of consciousness of 30 minutes or less, sequela, Dermatitis, Unspecified, Anxiety, Fracture of thoracic vertebra, Ulcer of esophagus with bleeding, Unspecified intracranial injury with loss of consciousness of unspecified duration, sequela

Diet: Regular (IDDSI #7), Thin Liquids (IDDSI #0)**Orders:****Durable Medical Equip:**

MEDICAL CONTACTS

Eldercare - Primary Provider: Rounding Provider, 420 E 1st Street, Duluth, MN 55805, Work: (218) 786-1216, Fax: (218) 786-8138

Pharmacy: Falk's LTC Pharmacy, Phone: (218) 740-2650, Fax: (218) 740-3443**Hospital Pref:** Essentia Superior**Transportation:** Ambulance**Ambulance:** Mayo Ambulance**Funeral Home:** Cremation Society Of Duluth

BILLING

Pre-Admission Number:**Pay Type:** Assistance**Medicare #:** 2MF2-H76-ME06**Medicaid #:**

CONTINUED ON NEXT PAGE

Face Sheet

Page: 2 of 2

Printed: 06/14/24, 10:48 AM

Linda L. Toppings

BILLING

Health Plan #1: Medicare A - STD, policy #: 2MF2-H76-ME06

Health Plan #2: Medicare A Coins from Insurance, policy #: LWM126872385001

Health Plan #3: Forward Health, policy #: 600000004203225, group #: 1453446516

NOTES/ALERTS

Notes/Alerts: Residents LR request notification any time day or night of any incident regardless of incidents significance

Face Sheet

Page: 1 of 1

Printed: 06/14/24, 10:48 AM

Shirley Umolac

DOB:	Age: 0	Gender: Female	Religion:
Marital Status:	Race:	Primary Language:	Previous Occupation:
Veteran: No	Admission Date: 09/30/19	Unit: 304	Start of Care:
Date of Current Readmission:	09/30/19	Home Phone:	Other Phone:
Email:	Previous Address:	Admitted From: Not From Own Home:	

CODE STATUS / ADVANCE DIRECTIVES**Code Status:** Full Code**MEDICAL INFORMATION**

Allergy	Type	Reaction	Severity
Codeine			
Tetracycline			
Losartan			
Rofecoxib			

Allergies: Codeine, Tetracycline, Losartan, Rofecoxib**Diagnosis:** Other specified glaucoma, Hyperlipidemia, Unspecified, Aftercare following joint replacement surgery, Venous insufficiency (chronic) (peripheral), Generalized anxiety disorder, Polyosteoarthritis, unspecified, Presence of left artificial knee joint**Diet:****Orders:****Durable Medical Equip:****MEDICAL CONTACTS****Pharmacy:****Hospital Pref:****Transportation:****Ambulance:****Funeral Home:****BILLING****Pre-Admission Number:****Pay Type:** Private**Medicare #:****Medicaid #:****NOTES/ALERTS****Notes/Alerts:**

Face Sheet

Page: 1 of 1

Printed: 06/14/24, 10:48 AM

Beverly Underdale

DOB:	Age: 0	Gender:	Religion:
Marital Status:	Race:	Primary Language:	Previous Occupation:
Veteran: No	Admission Date: 12/26/23	Unit: 329	Start of Care:
Date of Current Readmission:	12/26/23	Home Phone:	Other Phone:
Email:	Previous Address:	Admitted From: Not From Own Home:	

CODE STATUS / ADVANCE DIRECTIVES

Code Status: Full Code

MEDICAL INFORMATION

Diagnosis:

Diet:

Orders:

Durable Medical Equip:

MEDICAL CONTACTS

Pharmacy:

Hospital Pref:

Transportation:

Ambulance:

Funeral Home:

BILLING

Pre-Admission Number:

Pay Type: Private

Medicare #:

Medicaid #:

NOTES/ALERTS

Notes/Alerts:

Face Sheet

Page: 1 of 1

Printed: 06/14/24, 10:48 AM

Ronald Underdale

DOB:	Age: 0	Gender:	Religion:
Marital Status:	Race:	Primary Language:	Previous Occupation:
Veteran: No	Admission Date: 12/26/23	Unit: 329	Start of Care:
Date of Current Readmission:	12/26/23	Home Phone:	Other Phone:
Email:	Previous Address:	Admitted From: Not From Own Home:	

CODE STATUS / ADVANCE DIRECTIVES

Code Status: Full Code

MEDICAL INFORMATION

Diagnosis:

Diet:

Orders:

Durable Medical Equip:

MEDICAL CONTACTS

Pharmacy:

Hospital Pref:

Transportation:

Ambulance:

Funeral Home:

BILLING

Pre-Admission Number:

Pay Type: Private

Medicare #:

Medicaid #:

NOTES/ALERTS

Notes/Alerts:

Face Sheet

Page: 1 of 2

Printed: 06/14/24, 10:48 AM

Marsha M. VanBuskirk

DOB: 04/18/1944 **Age:** 80 **Gender:** Female **Religion:**
Marital Status: Widowed **Race:** White/Caucasian **Primary Language:** English
Previous Occupation: Art Teacher **Veteran:** No
Admission Date: 07/15/22 **Unit:** 321 **Start of Care:**
Date of Current Readmission: 07/15/22 **Home Phone:** (715) 210-7421 **Other Phone:**
Email: **Previous Address:** *Admitted From:* Not From Own Home:

CODE STATUS / ADVANCE DIRECTIVES**Code Status:** Full Code**CONTACTS**

TODD VANBUSKIRK (Emergency), 5885 O'Brien Rd., Trego, WI 54888, Son, Cell: (715) 520-2579, E-mail: toddvanbuskirk@ttmfg.com

MEDICAL INFORMATION

Allergy	Type	Reaction	Severity
Teriparatide			
Benzonatate			
Morphine			
Dust Mite Ext/Pollen Ext			
Dust Mites	Environmental allergy	Eye irritation, headache	
Forteo	Drug allergy	Joint pain	
Morphine Sulfate	Drug allergy	Rash	
Oxycodone	Drug allergy	Pruritis	
Tramadol	Drug allergy	Pruritis	
Trichophyton	Drug allergy	Headache	
Nortriptyline	Drug allergy	Unknown	
Tessalon Perles	Drug allergy	Unknown	
Amoxicillin- K Clavulanate-saccharin	Drug allergy	Diarrhea	
Pollen Extract	Environmental allergy	Unknown	
Seasonal Environmental Allergy	Environmental allergy	Eye irritation, Headache	

Allergies: Teriparatide, Benzonatate, Morphine, Dust Mite Ext/Pollen Ext, Dust Mites, Forteo, Morphine Sulfate, Oxycodone, Tramadol, Trichophyton, Nortriptyline, Tessalon Perles, Amoxicillin- K Clavulanate-saccharin, Pollen Extract, Seasonal Environmental Allergy

Diagnosis: CKD Stage 3; unspecified, Major Depressive Disorder, Age-related osteoporosis with current pathological fracture, shoulder, Vitreous degeneration, Fibromyalgia, Restless legs syndrome, Pain disorders related to psychological factors, Personal History of Pulmonary Embolism, Disorder of bone and cartilage, unspecified, Allergic Rhinitis, Unspecified

Diet: Regular (IDDSI #7) / No added salt, Thin Liquids (IDDSI #0)

Orders:

Durable Medical Equip: 4 wheeled walker

MEDICAL CONTACTS

Eldercare - Primary Provider: Rounding Provider, 420 E 1st Street, Duluth, MN 55805, Work: (218) 786-1216, Fax: (218) 786-8138

Pharmacy: Falk's LTC Pharmacy, Phone: (218) 740-2650, Fax: (218) 740-3443

Hospital Pref: Essentia Superior

Transportation: Ambulance

CONTINUED ON NEXT PAGE

Face Sheet

Page: 2 of 2

Printed: 06/14/24, 10:48 AM

Marsha M. VanBuskirk

MEDICAL CONTACTS

Ambulance: Mayo Ambulance

Funeral Home:

BILLING

Pre-Admission Number:

Pay Type: Private

Medicare #: 8V00-Q61-CA19

Medicaid #:

Health Plan #1: EssentiaCare (UCARE), policy #: 327751500, group #: U00003-001

NOTES/ALERTS

Notes/Alerts:

Face Sheet

Page: 1 of 2

Printed: 06/14/24, 10:48 AM

Susan J. Vernon

DOB: 09/09/1950 **Age:** 73 **Gender:** Female
Religion: **Marital Status:** Divorced **Race:**
Primary Language: English **Previous Occupation:** Retail **Veteran:** No
Admission Date: 09/20/23 **Unit:** 216 **Start of Care:**
Date of Current Readmission: 09/20/23 **Home Phone:**
Other Phone: 19202022242 **Email:** szvern@yahoo.com
Previous Address: 1619 Cliff Ave, Duluth, MN 55811
Admitted From: Not From Own Home:



CODE STATUS / ADVANCE DIRECTIVES

Code Status: Full Code

CONTACTS

JANETTE SHAW (Emergency), 1619 Cliff Ave, Duluth, MN 55811, Daughter, Cell: (920) 540-4981

MEDICAL INFORMATION

Allergy	Type	Reaction	Severity
Trulicity	Drug allergy	OTHER	
Adhesive Tape	Drug allergy		
Environmental	Environmental Allergy	rhinitis	
fenofibrate	Drug allergy		
Lisinopril	Drug Allergy	angioedema	
Metformin	Drug allergy		
Penicillins	Drug allergy	rash	
Sulfa Drugs	Drug allergy	rash	
Lipitor	Drug Allergy	other	
Victoza	Drug allergy	diarrhea	

Allergies: Trulicity, Adhesive Tape, Environmental, fenofibrate, Lisinopril, Metformin, Penicillins, Sulfa Drugs, Lipitor, Victoza

Diagnosis: Aortic Atherosclerosis, Chronic Kidney Disease Stage 3, Thrombocytopenia, Unspecified, Thyrotoxicosis [hyperthyroidism], Osteoarthritis, Hyperlipidemia, Unspecified, Type 2 diabetes mellitus with kidney complications, Essential Hypertension, Morbid obesity, Unspecified Complicated Cataract, Major Depression, Esophageal Reflux, Fibromyalgia, Hearing loss, Metabolic syndrome, Atrial fibrillation, Nontoxic single thyroid nodule, Obstructive sleep apnea (adult) (pediatric)

Diet: Regular (IDDSI #7) / No added salt, Thin Liquids (IDDSI #0)

Orders:

Durable Medical Equip: Wheelchair, 4WW

MEDICAL CONTACTS

Primary Provider: Rounding Provider, 420 E 1st Street, Duluth, MN 55805, Work: (218) 786-1216, Fax: (218) 786-8138

Primary Physician: Kristin Lusian D.O., Work: (218) 786-3500, Fax: (218) 786-3513

Pharmacy:

Hospital Pref: Essentia Duluth

Transportation: Family member

Ambulance: Mayo Ambulance

Funeral Home:

BILLING

Pre-Admission Number:

Pay Type: Private

CONTINUED ON NEXT PAGE

Face Sheet

Page: 2 of 2

Printed: 06/14/24, 10:48 AM

Susan J. Vernon

BILLING

Medicare #: 5E60-VU7-WN05

Medicaid #:

Health Plan #1: Humana, policy #: H11604967

NOTES/ALERTS

Notes/Alerts:

Face Sheet

Page: 1 of 2

Printed: 06/14/24, 10:48 AM

Dorothy M. Vik

DOB: 07/06/1933 **Age:** 90 **Gender:** Female
Religion: **Marital Status:** Married **Race:** White/Caucasian
Primary Language: English **Previous Occupation:** House Wife
Veteran: No **Admission Date:** 08/14/19 **Unit:** 206A
Start of Care: **Date of Current Readmission:** 08/14/19
Home Phone: (715) 374-9064 **Other Phone:** **Email:**



Previous Address: 6850 S. Fitch Ave Apt#106, Lake Nabagamon, WI 54849

Admitted From: Not From Own Home:

CODE STATUS / ADVANCE DIRECTIVES

Code Status: DNR

Advance Directives: Advance Directive on File

CONTACTS

DFPOA: CAREY VIK (Emergency) 10349 E. Homestead, Poplar, WI 54864, Son, Cell: (218) 340-8590, Work: (715) 364-2738, E-mail: cvikster@missioncovenantchurch.org

JENNIFER VIK, 10349 E. Homestead, Poplar, WI 54864, Daughter-in-Law, Cell: (218) 340-9059, Work: (714) 364-2218, E-mail: jvik@nw-tigers.org

ANDIE COMNICK, Care Coordinator, Work: (715) 398-2614, E-mail: andie.comnick@inclusa.org

MA-RETTA CAMP, Inclusa RN, Work: (715) 398-2631

MEDICAL INFORMATION

Allergy	Type	Reaction	Severity
Amoxicillin	Drug Allergy	Rash	
Clindamycin	Drug Allergy	Rash	
Niacin	Drug Allergy	Rash	
Zithromax	Drug Allergy	stomach upset	

Allergies: Amoxicillin, Clindamycin, Niacin, Zithromax

Diagnosis: Congestive Heart Failure (CHF), Chronic Kidney Disease Stage 3, Venous insufficiency (chronic) (peripheral), Unspecified essential hypertension, spondylosis of the lumbar region, Hypercholesterolemia, Generalized anxiety disorder, Degenerative Joint Disease (DJD), Age-related nuclear cataract, bilateral, Thrombocytopenia, Unspecified, Lipomatosis, not elsewhere classified, Lumbago, Mitrial Regurgitation, Neurofibromatosis, unspecified, Osteoporosis, History Of UTI's, Insomnia, Personal History of Covid-19, Vasculitis limited to the skin, unspecified, Thrombocytopenia, Unspecified, Macrocytosis without anemia

Diet: Regular (IDDSI #7), Thin Liquids (IDDSI #0)

Orders:

Durable Medical Equip: four wheeled walker, Adapthealth 715-392-7272 oxygen supplier

MEDICAL CONTACTS

Primary Provider: GEORGIA BRUNETTE, Work: (715) 817-7100, Fax: (715) 817-7097

Ophthalmologist: JOHN YOON, Work: (715) 395-3900, Fax: (715) 395-3981

Pharmacy: Falk's LTC Pharmacy, Phone: (218) 740-2650, Fax: (218) 740-3443

Hospital Pref: Essentia Superior

Transportation: Family member

Ambulance: Mayo Ambulance

Funeral Home: Affordable Cremation And Burial, 4206 Airpark Blvd, Duluth, MN 55811, (218) 491-7011

CONTINUED ON NEXT PAGE

Face Sheet

Page: 2 of 2

Printed: 06/14/24, 10:48 AM

Dorothy M. Vik

BILLING

Pre-Admission Number:

Pay Type: Assistance

Medicare #: 7JQ2-CR7-PE24

Medicaid #:

Health Plan #1: Forward Health, policy #: 6000000040272205, group #: 1406485811

Health Plan #2: Senior Care, policy #: 1406485811, group #: 610499

NOTES/ALERTS

Notes/Alerts:

Face Sheet

Page: 1 of 2

Printed: 06/14/24, 10:48 AM

Hans J. Vik

DOB: 09/15/1934 **Age:** 89 **Gender:** Male
Religion: Evangelical Free **Marital Status:** Married **Race:** White/Caucasian
Primary Language: English **Previous Occupation:** Pastor **Veteran:** No
Admission Date: 08/14/19 **Unit:** 206B **Start of Care:** 08/14/19
Date of Current Readmission: 08/14/19 **Home Phone:** (715) 815-0616
Other Phone: **Email:**

Previous Address: 6850 South Fitch Ave, Lake Nebagamon, WI 54849

Admitted From: Not From Own Home:



CODE STATUS / ADVANCE DIRECTIVES

Code Status: DNR

CONTACTS

DOROTHY VIK (Emergency) 1915 North 34th Street 206, Superior, WI 54880, Wife, Home: (715) 399-3358

DFPOA: CAREY VIK 10349 East Homestead, Poplar, WI 54864, Son, Home: (218) 340-8590, Work: (715) 364-2738, Cell: (218) 340-8590, E-mail: cvikster@missioncovenantchurch.org

JENNIFER VIK, 10349 East Homestead, Poplar, WI 54864, Daughter-in-Law, Cell: (218) 340-9059, Work: (715) 364-2218, E-mail: jvik@nw-tigers.org

ANDI COMNICK Community Care Case , Work: (715) 398-2614

MEDICAL INFORMATION

Allergy	Type	Reaction	Severity
Bactrim Ds	Drug allergy	Swelling	
Cipro	Drug Allergy	Hives, Swelling	
Crestor	Drug allergy		
Flomax	Drug allergy	Dizziness, Headache	
Lactose	Food allergy		
Levaquin	Drug Allergy	Nausea Only	
Lipitor	Drug Allergy		
Milk Protein	Food allergy		
Statins	Drug allergy		
Bactrim			

Allergies: Bactrim Ds, Cipro, Crestor, Flomax, Lactose, Levaquin, Lipitor, Milk Protein, Statins, Bactrim

Diagnosis: Parkinson's disease, Acquired Cyst of Kidney: Left Renal Cyst, Allergic Rhinitis, Unspecified, Other Arthritis, Bladder Neck Obstruction: Bladder Outlet Obstruction, Blood Dyscrasias: Leukocytosis, Calculus of prostate: With BPH and Elevated PSA, Cholelithiasis: 5/14 Abdominal CT, Coronary Artery Disease, Depression, Diaphragmatic Hernia without Mention of Obstruction or Gangrene: Hiatal Hernia, Dyspnea, unspecified, Dysrhythmia: Pacemaker Bradycardia SSS, Gastroesophageal Reflux Disease, Hematuria, unspecified, Hyperplasia of Prostate: Prostatism, Hypertrophy of Prostate with Urinary Obstruction and other Lower Urinary Tract S: (LUTS), Inguinal Hernia without Mention of Obstruction or Gangrene: Right s/p repair, Lyme disease, unspecified: +IgM Western Blot 8/15, Malignant Neoplasm of Prostate: Prostate Surgery, Nasal Polyps, Cyst on Scrotum, Male Erectile Dysfunction, Panic Attacks, Pure Hypercholesterolemia, Unspecified, Sick sinus syndrome, Intraocular Lens Prosthesis Insertion: Left and Right, Paresthesia of skin: Numbness and Tingling, and Burning of Bilateral Feet, Numbness of left hand, Barrett's esophagus without dysplasia, Dysthymic Disorder, Essential Hypertension, Personal History of Covid-19, Presence of Cadiac Pacemaker, Bradycardia, unspecified

Diet: Regular (IDDSI #7) / No added salt, Thin Liquids (IDDSI #0), Resident self-regulates dietary choices and preferences

Orders:

Durable Medical Equip: 4WW

CONTINUED ON NEXT PAGE

Face Sheet

Page: 2 of 2

Printed: 06/14/24, 10:48 AM

Hans J. Vik

MEDICAL CONTACTS

Eldercare - Primary Provider: Rounding Provider, 420 E 1st Street, Duluth, MN 55805, Work: (218) 786-1216, Fax: (218) 786-8138

Pharmacy: Falk's LTC Pharmacy, Phone: (218) 740-2650, Fax: (218) 740-3443

Hospital Pref: Essentia Superior

Transportation: Family member

Ambulance: Mayo Ambulance

Funeral Home: Affordable Cremation And Burial, 4206 Airpark Blvd, Duluth, MN 55811, (218) 491-7011

BILLING

Pre-Admission Number:

Pay Type: Assistance

Medicare #: 8Q04-Q40-EH84

Medicaid #: 0406485801

Health Plan #1: Medicare Health Insurance, policy #: 8Q04-Q40-EH84

Health Plan #2: Forward Health, policy #: 600000004027235, group #: 0406485801

NOTES/ALERTS

Notes/Alerts:

Face Sheet

Page: 1 of 1

Printed: 06/14/24, 10:48 AM

Ronald (Butch) Welhaven

DOB:	Age: 0	Gender:	Religion:
Marital Status:	Race:	Primary Language:	Previous Occupation:
Veteran: No	Admission Date: 09/15/22	Unit: 320	Start of Care:
Date of Current Readmission:	09/15/22	Home Phone:	Other Phone:
Email:	Previous Address:	Admitted From: Not From Own Home:	

CODE STATUS / ADVANCE DIRECTIVES

Code Status: Full Code

MEDICAL INFORMATION

Diagnosis:

Diet:

Orders:

Durable Medical Equip:

MEDICAL CONTACTS

Pharmacy:

Hospital Pref:

Transportation:

Ambulance:

Funeral Home:

BILLING

Pre-Admission Number:

Pay Type: Private

Medicare #:

Medicaid #:

NOTES/ALERTS

Notes/Alerts:

Face Sheet

Page: 1 of 1

Printed: 06/14/24, 10:48 AM

Hjalmer D. Westlund

DOB: 04/29/1929 **Age:** 95 **Gender:** Male
Religion: **Marital Status:** Married **Race:** White/Caucasian
Primary Language: English **Previous Occupation:** **Veteran:** Yes
Admission Date: 08/31/15 **Unit:** 200 **Start of Care:**
Date of Current Readmission: 08/31/15 **Home Phone:**
Other Phone: **Email:**
Previous Address: 3118 Lamborn Ave, Superior, WI 54880



Admitted From: Not From Own Home:

CODE STATUS / ADVANCE DIRECTIVES

Code Status: DNR

Advance Directives: Advance Directive on File, 1/11/18 TB

CONTACTS

WENDY MOLIS (Emergency) Niece, Cell: (715) 797-8358

MEDICAL INFORMATION

Allergy	Type	Reaction	Severity
Shellfish	Food Allergy		

Allergies: Shellfish

Diagnosis: HTN, Iron Deficiency Anemia, hx Skin and Colon CA, BPH, Peripheral Neuropathy, Nocturia, Diverticulosis, Constipation, OSteoarthritis, Benign Prostatic Hyperplasia

Diet: Regular (IDDSI #7), Thin Liquids (IDDSI #0)

Orders:

Durable Medical Equip:

MEDICAL CONTACTS

Primary Physician: Dr. Jody Smith, 129 North 28th St E, Superior, WI 54880, Work: (715) 395-3900, Fax: (715) 395-3936

Dentist: Dr Mikel, Work: (715) 392-1132

Dermatologist: JEFFREY EVANSON, Work: (218) 249-7930

Pharmacy: Self Manages Medications

Hospital Pref: St. Luke's

Transportation: Self

Ambulance: Mayo Ambulance

Funeral Home:

BILLING

Pre-Admission Number:

Pay Type: Private

Medicare #: 3EC4-YA2-XH66

Medicaid #:

Health Plan #1: Medica, policy #: 976531385

NOTES/ALERTS

Notes/Alerts:

Face Sheet

Page: 1 of 1

Printed: 06/14/24, 10:48 AM

Judy Wheeler

DOB:	Age: 0	Gender:	Religion:
Marital Status:	Race:	Primary Language:	Previous Occupation:
Veteran: No	Admission Date: 06/30/24	Unit: 221	Start of Care:
Date of Current Readmission:	06/30/24	Home Phone:	Other Phone:
Email:	Previous Address:	Admitted From: Not From Own Home:	

CODE STATUS / ADVANCE DIRECTIVES

MEDICAL INFORMATION

Diagnosis:

Diet:

Orders:

Durable Medical Equip:

MEDICAL CONTACTS

Pharmacy:

Hospital Pref:

Transportation:

Ambulance:

Funeral Home:

BILLING

Pre-Admission Number:

Pay Type:

Medicare #:

Medicaid #:

NOTES/ALERTS

Notes/Alerts:

Face Sheet

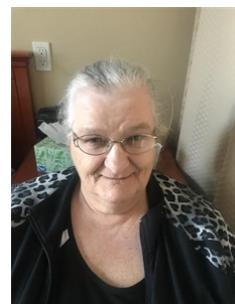
Page: 1 of 2

Printed: 06/14/24, 10:48 AM

Linda R. White

DOB:

04/08/1947

Age: 77**Gender:** Female**Religion:****Marital Status:** Widowed**Race:** White/Caucasian**Primary Language:** English**Previous Occupation:****Veteran:** None**Admission Date:** 09/06/17**Unit:** 120B**Start of Care:****Date of Current Readmission:** 09/06/17**Home Phone:****Other Phone:****Email:****Previous Address:** 1300 Weeks Ave, Superior, WI 54880**Admitted From:** Not From Own Home:

CODE STATUS / ADVANCE DIRECTIVES

Code Status: DNR**Advance Directives:** Advance Directive on File, HCPOA Activated, 1/11/18 TB

CONTACTS

POA: TIM RUNQUIST (Emergency) 8901 Maxwell Road, Mount Iron, MN 55768, Son, Cell: (218) 235-9020, Home: (218) 306-6113, Cell2: (218) 750-4648, E-mail: timquist@frontier.com

LORI RUNQUIST (Emergency) Daughter-in-Law, Cell: (218) 750-4648

ANDIE COMNICK Community Care Case , Work: (715) 398-2614, Fax Work: (866) 880-0551

MA-RETTA CAMP, Community Care Case , Work: (715) 398-2631, E-mail: ma-retta.comp@inclusa.org

MEDICAL INFORMATION

Allergy	Type	Reaction	Severity
Loratadine	Drug allergy		
Aspirin	Drug Allergy	Nausea	
Lortab	Drug allergy	pruritis	

Allergies: Loratadine, Aspirin, Lortab

Diagnosis: Dementia, COPD, Candidiasis, Pulmonary hypertension , Unspecified dementia without behavioral disturbance, Major depressive disorder, DM II with hyperglycemia, Acute cystitis without hematuria, Arthritis, Arthropathy, unspecified chronic back pain, Cardiomegaly, Chest pain unspecified , Constipation, CAD, Developmental dyslexia, Edema, Esophageal reflux , History of gangrene left great toe, Artherosclerosis, Generalized hyperhidrosis, Hemorrhage of rectum and anus, Insomnia, Intertrigo under right breast, Lipoma of neck, Memory loss, Myalgia and myosis (Fibromyalgia), Obesity, OA, Osteoporosis, Hyperlipidemia, Pain in joint ankle and foot, Pain in joint hand , PVD, Prolapsed bladder, History of tobacco use, Trigger finger, Unspecified psychosis, Vaginal prolapse, Migraine, Hypothyroidism, Unspecified

Diet: Regular (IDDSI #7), Thin Liquids (IDDSI #0)

Orders: Resident is Medicare Part B for Diabetic Supplies. Requires annual "special" orders, not just POS, Pulse Oximetry for oxygen saturation PRN for shortness of breath or chest pain, Apply Ice to injured area for up to 20 minutes as tolerated, may repeats PRN to injured area; nurse to monitor response to treatment., UA/UC and Sensitivity may be sent if resident is symptomatic with fever of greater than 100 degrees, or other other symptoms to include falls(s), confusion or increased confusion, pain or burning upon urination, and/or increased frequency of urination.

Durable Medical Equip: four wheeled walker, wheel chair

MEDICAL CONTACTS

Eldercare - Primary Provider: Rounding Provider, 420 E 1st Street, Duluth, MN 55805, Work: (218) 786-1216, Fax: (218) 786-8138

Pharmacy: Falk's LTC Pharmacy, Phone: (218) 740-2650, Fax: (218) 740-3443

Hospital Pref: Essentia Superior

Transportation: Ambulance

Ambulance: Mayo Ambulance

CONTINUED ON NEXT PAGE

Face Sheet

Page: 2 of 2

Printed: 06/14/24, 10:48 AM

Linda R. White

MEDICAL CONTACTS

Funeral Home:

BILLING

Pre-Admission Number:

Pay Type: Assistance

Medicare #: 396240851D

Medicaid #: 44407242949

Health Plan #1: Medicare, policy #: 396240851-D

NOTES/ALERTS

Notes/Alerts:

Face Sheet

Page: 1 of 2

Printed: 06/14/24, 10:48 AM

Sharon L. Wichlidal

DOB:

07/17/1957

Age: 66**Gender:** Female**Religion:****Marital Status:** Divorced**Race:****Primary Language:****Previous Occupation:****Veteran:** No**Admission Date:** 03/11/24**Unit:** 209**Start of Care:****Date of Current Readmission:** 03/11/24**Home Phone:****Other Phone:** (320) 279-7136**Email:****Previous Address:** 1301 Weeks Ave #302, Superior, WI 54880**Admitted From:** Not From Own Home:

CODE STATUS / ADVANCE DIRECTIVES

Code Status: DNR

CONTACTS

JOLENE (Emergency), Daughter, Cell: (218) 390-5653, :

BRENDA (Emergency), Sister, Cell: (715) 779-3332, :

MEDICAL INFORMATION

Allergy	Type	Reaction	Severity
Sulfa	Drug Allergy	break out	severe
Amlodipine	Drug allergy	Hip pain	mild
Hydrochlorothiazide	Drug allergy	hip pain	mild
Nifedipine	Drug allergy	hip pain	mild
Temazepam	Drug allergy	Keeps awake, "wired"	mild
Venlafaxine	Drug allergy	hypertension	mild
Codeine	Drug Allergy	GI upset	mild
Bacitracin	Drug allergy	sores	mild
Neomycin	Drug allergy	sores	mild
POLYMYXIN B	Drug allergy	sores	mild
Pramoxine		sores	mild

Allergies: Sulfa, Amlodipine, Hydrochlorothiazide, Nifedipine, Temazepam, Venlafaxine, Codeine, Bacitracin, Neomycin, POLYMYXIN B, Pramoxine

Diagnosis: CAD with CABG, Essential Hypertension, Hypercholesterolemia, Gastroesophageal Reflux Disease (GERD), Nicotine dependence, TIA, Hysterectomy, Cholecystectomy, History of appendectomy, Malignant Neoplasm Of Bronchus And Lung, Cerebral aneurysm, nonruptured, Abdominal Aortic Aneurysm (AAA), Nontoxic single thyroid nodule, Urinary incontinence, Chronic Kidney Disease, Stage 3 (moderate), Cardiac murmur, unspecified, Dorsalgia, Unspecified, Sleep disorders, Restless legs syndrome

Diet: Regular (IDDSI #7) / No added salt, Thin Liquids (IDDSI #0)**Orders:****Durable Medical Equip:** Electric Scooter

MEDICAL CONTACTS

Attending Physician: MEGAN HOEL, Work: (715) 395-3900, Fax: (715) 395-3911**Pharmacy:** Self Manages Medications**Hospital Pref:** St. Luke's**Transportation:****Ambulance:****Funeral Home:**

CONTINUED ON NEXT PAGE

Face Sheet

Page: 2 of 2

Printed: 06/14/24, 10:48 AM

Sharon L. Wichlidal

BILLING

Pre-Admission Number:

Pay Type: Private

Medicare #: 6DT3ER4AF17

Medicaid #:

Health Plan #1: Health Partners, policy #: 10417651, group #: 0066

Health Plan #2: Medicare, policy #: 6DT3ER4AF17

NOTES/ALERTS

Notes/Alerts:

Face Sheet

Page: 1 of 2

Printed: 06/14/24, 10:48 AM

Gerald D. "Jerry" Will**Preferred Name:** Jerry**DOB:** 02/25/1943**Age:** 81**Gender:** Male**Religion:****Marital Status:** Married**Race:** White/Caucasian**Primary Language:** English**Previous Occupation:** Mechanic**Veteran:** Veteran**Admission Date:** 08/23/22**Unit:** 310A**Start of Care:****Date of Current Readmission:** 08/23/22**Home Phone:****Other Phone:****Email:****Previous Address:** 6785 S. Jake Schmidt Rd., Foxboro, WI 54836**Admitted From:** Not From Own Home:**CODE STATUS / ADVANCE DIRECTIVES****Code Status:** DNR**CONTACTS**

BRIAN WILL (Emergency), 6901 S. Jake Schmidt Rd., Foxboro, WI 54836, Son, Cell: (218) 590-8071, E-mail: blw@jbtruckingllc.com

DFPOA: DEAN WILL (Emergency) 5673 State Rd. 35, Superior, WI 54880, Son, Cell: (218) 390-5228, E-mail: dwill8189@gmail.com

MEDICAL INFORMATION

Allergy	Type	Reaction	Severity
NO KNOWN ALLERGIES			
No Known Drug Allergy			

Allergies: NO KNOWN ALLERGIES, No Known Drug Allergy

Diagnosis: Other and unspecified encephalopathy, Vascular dementia without behavioral disturbance, Other giant cell arteritis, Coronary Artery Disease, OSA with CPAP, AKI on CKD stage 3, Esophagitis, Acute respiratory failure, Arteriosclerotic Cardiovascular Disease, Benign Neoplasm of Colon, Complete rupture of rotator cuff bilaterally, Diaphragmatic hernia with obstruction, without gangrene, History of diverticulitis of colon, Dyslipidemia, Dysphagia, Gastroesophageal Reflux Disease (GERD), Hypertension (HTN), Benign Hypertrophy Of Prostate, Zoster [herpes Zoster], Post zoster neuralgia, Internal hemorrhoids, diverticular disease, Myalgia, unspecified site, Non-ST elevation (NSTEMI) myocardial infarction, NSVT(nonsustained ventricular tachycardia) HCC, Hyperlipidemia, Unspecified, Prediabetes, Schatzki's Ring, Vitamin D Deficiency, Unspecified

Diet: Regular (IDDSI #7) / No added salt, Thin Liquids (IDDSI #0)**Orders:****Durable Medical Equip:****MEDICAL CONTACTS****Primary Physician:** GEORGE HOLLIDAY, Work: (218) 786-3337, Fax: (218) 786-3096**Pharmacy:** Falk's LTC Pharmacy, Phone: (218) 740-2650, Fax: (218) 740-3443**Hospital Pref:** Essentia Superior**Transportation:** Family member**Ambulance:** Mayo Ambulance**Funeral Home:****BILLING****Pre-Admission Number:****Pay Type:** Private**Medicare #:** 8R13WX0XP71**Medicaid #:****Health Plan #1:** Medica, policy #: 944490419

CONTINUED ON NEXT PAGE

Face Sheet

Page: 2 of 2

Printed: 06/14/24, 10:48 AM

Gerald D. "Jerry" Will

Preferred Name: Jerry

NOTES/ALERTS

Notes/Alerts:

Face Sheet

Page: 1 of 2

Printed: 06/14/24, 10:48 AM

Wendy Wojtoff

DOB: 01/29/1957 **Age:** 67 **Gender:** Female
Religion: **Marital Status:** Never married **Race:** White/Caucasian
Primary Language: English **Previous Occupation:** **Veteran:** No
Admission Date: 08/22/23 **Unit:** 302B **Start of Care:**
Date of Current Readmission: 08/22/23 **Home Phone:**
Other Phone: **Email:**
Previous Address: 1500 N 34th St Suite 206, Superior, WI 54880
Admitted From: Not From Own Home:



CODE STATUS / ADVANCE DIRECTIVES

Code Status: DNR

CONTACTS

JOSEPH WOJTOFF (Emergency), 3212 N 16th St., Superior, WI 54880, Brother, Home: (715) 392-5738
SANDY WOJTOFF (Emergency), 3212 N 16th St, Superior WI 54880, Sister-in-Law, Home: (715) 392-5738
RACHEL JOHNSON, Case Manager Inclusa, Work: (715) 398-2655, E-mail: rachel.johnson@inclusa.org
ELISA HERUBIN, Inclusa RN, Work: (715) 398-2629

MEDICAL INFORMATION

Allergy	Type	Reaction	Severity
Metal	Environmental allergy		
Talwin [Pentazocine]	Drug allergy		
Pentazocine			
No Known Drug Allergy			
METALS			

Allergies: Metal, Talwin [Pentazocine], Pentazocine, No Known Drug Allergy, METALS

Diagnosis: Essential (primary) Hypertension, Generalized anxiety disorder, Major Depressive Disorder, Single Episode, Malignant neoplasm of uterus, part unspecified, Morbid obesity: With alveolar hypoventilation, Epilepsy, unspecified, Peripheral Vascular Disease, Polyosteoarthritis, Diabetes- Type II, Sleep Apnea, Gastroesophageal Reflux Disease (GERD), Mixed hyperlipidemia, Carpal tunnel syndrome, bilateral upper limbs, Reduced mobility, Asymptomatic Postmenopausal Status, Morbid obesity, Chronic respiratory failure with hypoxia, Polyosteoarthritis, unspecified, Candidiasis of skin and nail, Epilepsy, unspecified, not intractable, without status epilepticus

Diet: Regular (IDDSI #7) / No added salt, Thin Liquids (IDDSI #0)**Orders:****Durable Medical Equip:** 4WW bariatric

MEDICAL CONTACTS

Primary Physician: Rounding Provider, 420 E 1st Street, Duluth, MN 55805, Work: (218) 786-1216, Fax: (218) 786-8138**Primary Physician:** Dr Ingrid Nisswandt-Larson, 4621 E Superior Street, Duluth, MN 55804, Work: (218) 786-3550, Fax: (218) 525-7487**OXYGEN SUPPLIES:** RoTech Oxygen Services, Work: (218) 722-2222**Psychiatrist:** THERESA CARR**Pharmacy:** Falk's LTC Pharmacy, Phone: (218) 740-2650, Fax: (218) 740-3443**Hospital Pref:** Essentia Duluth**Transportation:** Mobility Van**Ambulance:** Mayo Ambulance**Funeral Home:**

CONTINUED ON NEXT PAGE

Face Sheet

Page: 2 of 2

Printed: 06/14/24, 10:48 AM

Wendy Wojtoff

BILLING

Pre-Admission Number:

Pay Type: Assistance

Medicare #: 4M88FR2KK45

Medicaid #: 3877062500

NOTES/ALERTS

Notes/Alerts:

Face Sheet

Page: 1 of 1

Printed: 06/14/24, 10:48 AM

Donna Zachau

DOB: 01/01/1900	Age: 124	Gender:	Religion:
Marital Status:	Race:	Primary Language:	Previous Occupation:
Veteran: No	Admission Date: 07/15/22	Unit: 218	Start of Care:
Date of Current Readmission: 07/15/22		Home Phone:	Other Phone:
Email:	Previous Address:	Admitted From: Not From Own Home:	

CODE STATUS / ADVANCE DIRECTIVES

Code Status: Full Code

CONTACTS

JOHN ZACHAU, Cell: (207) 290-9146

JEANINE ZACHAU, Home: (715) 399-8004, Cell: (715) 969-7951

MEDICAL INFORMATION

Diagnosis:

Diet:

Orders:

Durable Medical Equip:

MEDICAL CONTACTS

Pharmacy:

Hospital Pref:

Transportation:

Ambulance:

Funeral Home:

BILLING

Pre-Admission Number:

Pay Type: Private

Medicare #:

Medicaid #:

NOTES/ALERTS

Notes/Alerts: