



Ruben Alejandrino

Resident ID: 11632061
Address: 2195 Century Ave S
 Woodbury, MN 55125
Room: 134A

Move In Date: 11/2/2021
Home Phone:
Cell Phone:

Gender: M
Date of Birth: 10/23/1938
Marital: Divorced
Previous Work History:
Religion:
Anniversary:
Veteran: No

Advanced Directives: Yes
Living Will: Not Known
Code Status: Full Code
Has Power of Attorney: Yes
Has Durable Power of Attorney: No
Legal Guardian: No
Organ Donor: Not Known
Is Resident Ambulatory: Yes
Medicare Number: H55021982

Allergy

Drug Allergies Acetaminophen, ASA, Excedrin, Iodine
Food Allergies Shellfish, Shrimp Extract Allergy Skin Test, tartrazine, Yellow Dye
General Allergies No Known Allergies (NKA)

Diagnoses

Blood Anemia, Thrombocytopenia Unspecified
Cancer Papillary Transitional Cell Carcinoma
 Benign Prostatic Hyperplasia, Benign Prostatic Hyperplasia (BPH), Chronic Kidney Disease Stage 3, Constipation Unspecified, Laceration without foreign body of scalp initial encounter, Vitamin D Deficiency Unspecified
General Health A fib, Hyperlipidemia, Hypertension (High Blood Pressure)
Heart Dementia, Memory deficit following unspecified cerebrovascular disease
Mental Health Gout
Metabolic

Responsible Party

Name: Alejandrino, Philip
Address: 9297 Summerlin Court
 Woodbury, MN 55119 USA
Home Phone:
Cell Phone:
Work Phone:

Relation to Resident: Other – Related
Email: philip.alejandrino@minneapolismn.gov
Power of Attorney: No
Durable Power of Attorney: No
Medical Power of Attorney: No

Emergency Contact

Name: Alejandrino, Philip
Address: 9297 Summerlin Ct.
 Woodbury, MN 55129
Home Phone:
Cell Phone: (651) 485-8041
Work Phone:

Relation to Resident: Son
Email: philip.alejandrino@minneapolismn.gov
Power of Attorney: Yes
Durable Power of Attorney: No
Medical Power of Attorney: Yes

Name: Alejandrino, Lindsay
Address: 9297 Summerlin Ct.
 Woodbury, MN 55129
Home Phone:
Cell Phone: (952) 270-3481
Work Phone:

Relation to Resident:
Email: Lindsay.Alejandrino@gmail.com
Power of Attorney: No
Durable Power of Attorney: No
Medical Power of Attorney: No

Physician

Name: Bluestone Physician Services
 Physician Services, Bluestone
Work Phone: (651) 342-1039
Email:
Fax Number: (855) 771-6683
Address: 270 Main St N#300
 Stillwater, MN 55082 USA

Pharmacy

Name: Medication Management Partners
Work Phone: 7087528000
Email:
Fax Number: (855) 793-8197
Address: 11350 Cicero Ave#C
 Alsip, IL 60803 USA

Hospital

Name: United Hospital St. Paul
Work Phone: 6512418000
Email:
Fax Number:
Address: 333 Smith Ave N
 St Paul, MN 55102 USA



Insurance

Name:	Medicare	Work Phone:	
Email:		Fax Number:	
Address:	,	Plan ID:	H55021982

Name:	Humana Choice (PPO)	Work Phone:	
Email:		Fax Number:	
Address:	,	Plan ID:	8084 914046110x2146



Norma Ames

Resident ID: 11632062
Address: 2195 Century Ave S
 Woodbury, MN 55125
Room: 101A

Move In Date: 9/1/2023
Home Phone: (952) 270-7285
Cell Phone:

Gender:	F
Date of Birth:	2/23/1936
Marital:	Widowed
Previous Work History:	
Religion:	Catholic
Anniversary:	
Veteran:	No

Advanced Directives:	Yes
Living Will:	Not Known
Code Status:	DNR
Has Power of Attorney:	Yes
Has Durable Power of Attorney:	No
Legal Guardian:	No
Organ Donor:	Not Known
Is Resident Ambulatory:	Yes
Medicare Number:	

Allergy	
Drug Allergies	No Known Allergies (NKA)
Food Allergies	No Known Allergies (NKA)
General Allergies	No Known Allergies (NKA)
Diagnoses	
Blood	Dyslipidemia (Chronic)
Gastrointestinal (GI)	Gastroesophageal Reflux Disease (GERD)
General Health	Chronic Kidney Disease Stage 3, Macular Degeneration, Overactive bladder, Slow transit constipation, Vitamin D Deficiency Unspecified
Heart	Aortic Stenosis, Hypertension (High Blood Pressure)
Mental Health	Unspecified mood [affective] disorder
Metabolic	Gout

Responsible Party

Name:	Esch, Julie	Relation to Resident:	Other – Not Related
Address:	6444 5th Ave. S Richfield, MN 55423 USA	Email:	
Home Phone:	(952) 270-7285	Power of Attorney:	No
Cell Phone:		Durable Power of Attorney:	No
Work Phone:		Medical Power of Attorney:	No

Emergency Contact

Name:	Esch, Dan	Relation to Resident:	Son
Address:	1632 Quail Ridge Circle Woodbury, MN 55125 (123) 456-7899	Email:	
Home Phone:		Power of Attorney:	Yes
Cell Phone:		Durable Power of Attorney:	No
Work Phone:		Medical Power of Attorney:	No
Name:	Esch, Paul	Relation to Resident:	Son
Address:	8642 Seasons Court Woodbury, MN 55125	Email:	
Home Phone:		Power of Attorney:	No
Cell Phone:	(651) 501-7979	Durable Power of Attorney:	No
Work Phone:		Medical Power of Attorney:	No
Name:	Esch, Tom	Relation to Resident:	Son
Address:	325 Long Lake Court Shoreview, MN 55126	Email:	
Home Phone:		Power of Attorney:	No
Cell Phone:	(651) 600-0096	Durable Power of Attorney:	No
Work Phone:		Medical Power of Attorney:	No
Name:	Esch, Julie	Relation to Resident:	Daughter
Address:	565 Selby Ave St Paul, MN 55102 (612) 508-9682	Email:	
Home Phone:		Power of Attorney:	Yes
Cell Phone:		Durable Power of Attorney:	No
Work Phone:		Medical Power of Attorney:	No
Name:	ESCH, John	Relation to Resident:	Son
Address:	4371 Little Fork Cove Rd Denver, NC 28037 (123) 456-7899	Email:	
Home Phone:		Power of Attorney:	No
Cell Phone:		Durable Power of Attorney:	No
Work Phone:		Medical Power of Attorney:	No

Physician			
Name:	Curana O'Leary CNP, Hannah	Work Phone:	(612) 254-9456
Email:		Fax Number:	(878) 201-5322
Address:	. ., MN . USA		
Name:	BreeAnna McCarthy CNP McCarthy, BreeAnna	Work Phone:	(651) 232-6700
Email:		Fax Number:	(651) 326-0417
Address:	1406 6th Ave N Saint Cloud, MN 56303 USA		

Insurance			
Name:	UCARE	Work Phone:	
Email:		Fax Number:	
Address:		Plan ID:	311002400
	,		



Ms. Joy Arvin

Resident ID: 11632208
Address: 2195 Century Ave S
Woodbury, MN 55125
Room: 249A

Move In Date: 5/29/2024
Home Phone: (651) 690-8293
Cell Phone:

Gender:	F
Date of Birth:	3/9/1958
Marital:	Divorced
Previous Work History:	
Religion:	
Anniversary:	
Veteran:	No

Advanced Directives:	Not Known
Living Will:	Not Known
Code Status:	DNR
Has Power of Attorney:	No
Has Durable Power of Attorney:	No
Legal Guardian:	No
Organ Donor:	Not Known
Is Resident Ambulatory:	Yes
Medicare Number:	9JG4-NN0-RE97

Allergy	
Drug Allergies	erythromycin, levofloxacin, sulfamethoxazole, trimethoprim
Food Allergies	Fish, pecans
General Allergies	No Known Allergies (NKA)
Diagnoses	
Arthritis	polyosteoarthritis
Blood	Anemia
General Health	Osteoporosis
Heart	Edema, Hypertension (High Blood Pressure)
Lungs	Chronic Obstructive Pulmonary Disease (COPD), Pneumonia
Mental Health	Anxiety Disorder, Bipolar Disorder, Depression
Diet Preferences	
Does this resident require mechanically altered Food?	Regular #7 (Normal)
Does this resident require thickened Liquid?	Thin #0 (Thin)

Responsible Party

Name:	Arvin, Joy	Relation to Resident:	Self
Address:	2195 Century Ave S Woodbury, MN 55125 USA	Email:	
Home Phone:	(651) 690-8293	Power of Attorney:	No
Cell Phone:		Durable Power of Attorney:	No
Work Phone:		Medical Power of Attorney:	No

Emergency Contact

Name:	Wasiluk, Gerald	Relation to Resident:	Other - Related
Address:	7620 Teal RD Woodbury, MN 55125 USA	Email:	
Home Phone:	(651) 714-4696	Power of Attorney:	No
Cell Phone:		Durable Power of Attorney:	No
Work Phone:		Medical Power of Attorney:	No

Physician

Name:	Curana Health O'Leary, Hannah	Work Phone:	(712) 541-2047
Email:	hannah.oleary@curanahealth.com	Fax Number:	(878) 201-5322
Address:	8911 N Capital of Texas Hwy Austin, TX 78759 USA		
Name:	Health Partners Siddons, Nicole	Work Phone:	(651) 254-6979
Email:		Fax Number:	
Address:	, MN . USA		

Pharmacy

Name:	Medication Management Partners	Work Phone:	(877) 752-8046
Email:		Fax Number:	
Address:	13601 Kenton Ave Crestwood, IL 60445 USA		

Insurance

Name:	HealthPartners	Work Phone:	
Email:		Fax Number:	
Address:	,	Plan ID:	50351418
Name:	Centers of Medicare	Work Phone:	1 (800) 633-4227
Email:		Fax Number:	
Address:	7500 Security Blvd Baltimore, MD 21244 USA	Plan ID:	9JG4-NN0-RE97
Name:	Minnesota Health Care Programs (MHCP)	Work Phone:	
Email:		Fax Number:	
Address:	,	Plan ID:	00931895



Ruthanne Atkinson

Resident ID: 11632063
Address: 2195 Century Ave S
 Woodbury, MN 55125
Room: 159A

Move In Date: 3/2/2023
Home Phone:
Cell Phone:

Gender: F
Date of Birth: 3/15/1927
Marital: Widowed
Previous Work History:
Religion:
Anniversary:
Veteran: No

Advanced Directives: Yes
Living Will: Not Known
Code Status: DNR
Has Power of Attorney: No
Has Durable Power of Attorney: No
Legal Guardian: No
Organ Donor: Not Known
Is Resident Ambulatory: Yes
Medicare Number: 8XP0-N47-FG05

Allergy

Drug Allergies No Known Allergies (NKA)
Food Allergies No Known Allergies (NKA)
General Allergies No Known Allergies (NKA)

Diagnoses

Arthritis Osteoarthritis
Blood Iron Deficiency Anemia
Gastrointestinal (GI) Gastroesophageal Reflux Disease (GERD), Personal history of diseases of the digestive system, Personal history of other diseases of the digestive system
General Health Conjunctival Xerosis Unspecified, Constipation, Cramp and spasm, History Of Falling, Insomnia, Unspecified hearing loss bilateral
Heart A fib
Mental Health Dementia

Responsible Party

Name: Holmberg, Kerry
Address: 10074 Brookhaven Dr
 Woodbury, MN 55129 USA
Home Phone: (651) 792-6883
Cell Phone:
Work Phone:

Relation to Resident: Other – Not Related
Email:
Power of Attorney: No
Durable Power of Attorney: No
Medical Power of Attorney: No

Emergency Contact

Name: Holmberg, Kerry
Address: 10074 Brookhaven Dr.
 Woodbury, MN 55129
Home Phone: (651) 792-6883
Cell Phone:
Work Phone:

Relation to Resident: Daughter
Email: kerryholmberg@comcast.net
Power of Attorney: No
Durable Power of Attorney: No
Medical Power of Attorney: Yes

Name: Atkinson, Kent
Address: 375 Spruce Ln
 Crystal Lake, IL 60014 USA
Home Phone: (815) 546-4325
Cell Phone:
Work Phone:

Relation to Resident: Son
Email: kentatkinson@icloud.com
Power of Attorney: Yes
Durable Power of Attorney: No
Medical Power of Attorney: No

Physician

Name: Bluestone Physician Services
 John Murphy MD, Shannon Gonnion PA-C
Email:
Address: 270 Main St N#300
 Stillwater, MN 55082 USA
Work Phone: (651) 342-1039
Fax Number: (855) 771-6683

Name: Brighton Hospice
 ""
Email:
Address: .
 Lake Elmo, MN 55042 USA
Work Phone: (651) 731-7692
Fax Number: (651) 731-7894

Pharmacy

Name: Medication Management Partners
Email:
Address: 11350 Cicero Ave#C
 Alsip, IL 60803 USA
Work Phone: 7087528000
Fax Number: (855) 793-8197

Hospital

Name: Woodwinds Hospital
Email:
Address: 1925 Woodwinds Dr
 St Paul, MN 55125 USA
Work Phone: 6512320100
Fax Number:



Insurance

Name:	Medicare Part A&B	Work Phone:	
Email:		Fax Number:	
Address:		Plan ID:	8XP0-N47-FG05
	,		



Nancy Babcock

Resident ID: 11632064
Address: 2195 Century Ave S
 Woodbury, MN 55125
Room: 203A

Move In Date: 6/29/2019
Home Phone:
Cell Phone:

Gender: F
Date of Birth: 3/15/1943
Marital: Widowed
Previous Work History:
Religion:
Anniversary:
Veteran: No

Advanced Directives: Yes
Living Will: Not Known
Code Status: DNR
Has Power of Attorney: Yes
Has Durable Power of Attorney: No
Legal Guardian: No
Organ Donor: Not Known
Is Resident Ambulatory: Yes
Medicare Number: 9XX0-Q35-HM26

Allergy

Drug Allergies Aspirin, Camphor, Menthol, Mesalamine, Methyl Salicylate, NSAIDs, Salicylic Acid, Tartrazine
Food Allergies No Known Allergies (NKA)
General Allergies No Known Allergies (NKA)

Diagnoses

Arthritis Arthritis, Osteoarthritis
Blood Hypoxemia
Gastrointestinal (GI) Esophageal Reflux
 Allergic Rhinitis, Bilateral Radical Mastectomy, Chronic pain syndrome, Colitis, Covid-19, Fibromyalgia, Hypoxia, Incontinence Urinary, Influenza due to identified novel influenza A virus, kidney stones, Lumbago with sciatica, Lumbar Herniated Disc, Obesity, Pain Unspecified, Personal History of Covid-19, Pure Hypercholesterolemia, Pure Hypercholesterolemia Unspecified, Sciatica, Total hip arthroplasty, Total Knee Arthroplasty
General Health
Heart Hypertension (High Blood Pressure)
Lungs Chronic Obstructive Pulmonary Disease (COPD)
Metabolic Diabetes Mellitus (DM)(High Blood Sugar), Diabetes Type II, Gout
Skin Basal Cell Carcinoma Of Skin Unspecified

Responsible Party

Name: Babcock, Nancy
Address: 2195 Century Avenue South Unit #203
 Woodbury, MN 55125 USA
Home Phone:
Cell Phone:
Work Phone:
Relation to Resident: Self
Email:
Power of Attorney: No
Durable Power of Attorney: No
Medical Power of Attorney: No

Emergency Contact

Name: Babcock, Bruce
Address: 7900 113th Street
 Cottage Grove, MN 55016
Home Phone:
Cell Phone: (651) 253-7844
Work Phone:
Relation to Resident: Son
Email: bdbab33@msn.com
Power of Attorney: Yes
Durable Power of Attorney: No
Medical Power of Attorney: No

Name: Babcock, Steve
Address: 16683 Imperial Ct
 Lakeville, MN 55044 USA
Home Phone: (952) 953-3072
Cell Phone:
Work Phone: (612) 280-8048
Relation to Resident: Son
Email: stevebabcock95@gmail.com
Power of Attorney: Yes
Durable Power of Attorney: No
Medical Power of Attorney: No

Physician

Name: Twin Cities Physicians
 Physicians, Twin Cities
Work Phone: (763) 267-8701
Email:
Address: 1415 Lilac Dr N#190
 Minneapolis, MN 55422 USA
Fax Number: (763) 231-9602

Name: Integrity Dental Care
 ..
Work Phone: (651) 459-3039
Email:
Address: 7500 80th St S
 Cottage Grove, MN 55016 USA
Fax Number:

Name: Rotech
 ..
Work Phone: (952) 924-8884
Email:
Address: .
 ., MN, USA
Fax Number:

Mortuary

Name: Kok Funeral Home & Cremation Service
Work Phone: (651) 459-2875
Email:
Address: 7676 80th St S
 Cottage Grove, MN 55016 USA
Fax Number:



Resident - Face Sheet
Woodbury (12012)

Hospital

Name:	Woodwinds Hospital	Work Phone:	6512320100
Email:		Fax Number:	
Address:	1925 Woodwinds Dr St Paul, MN 55125 USA		

Insurance

Name:	BlueCross BlueShield Federal Employee Program	Work Phone:	
Email:		Fax Number:	
Address:	,	Plan ID:	R57759623
Name:	Medicare Part A&B	Work Phone:	
Email:		Fax Number:	
Address:	,	Plan ID:	9XX0-Q35-HM26



Mary Berglof

Resident ID: 11632065
Address: 2195 Century Ave S
 Woodbury, MN 55125
Room: 218A

Move In Date: 8/26/2020
Home Phone:
Cell Phone:

Gender: F
Date of Birth: 9/20/1933
Marital: Widowed
Previous Work History:
Religion:
Anniversary:
Veteran: No

Advanced Directives: Yes
Living Will: Not Known
Code Status: Full Code
Has Power of Attorney: No
Has Durable Power of Attorney: No
Legal Guardian: No
Organ Donor: Not Known
Is Resident Ambulatory: Yes
Medicare Number: 2C32-CC0-VN01

Allergy

Drug Allergies No Known Allergies (NKA)
Food Allergies No Known Allergies (NKA)
General Allergies No Known Allergies (NKA)

Diagnoses

General Health Chronic Kidney Disease Stage 3 (moderate), COVID-19, Generalized Weakness, Long term (current) use of anticoagulants, Personal History of Covid-19
Heart A fib, Hyperlipidemia, Hypertension (High Blood Pressure)
Metabolic Diabetes Mellitus (DM)(High Blood Sugar), Long term (current) use of insulin

Responsible Party

Name: Berglof, Mary
Address: 2195 Century Avenue South Unit #218
 Woodbury, MN 55125 USA
Home Phone: (651) 239-007
Cell Phone:
Work Phone:

Relation to Resident: Self
Email:
Power of Attorney: No
Durable Power of Attorney: No
Medical Power of Attorney: No

Emergency Contact

Name: Miller, Jessie
Address: 2442 Cochrane Circle
 Woodbury, MN 55125
Home Phone:
Cell Phone: (651) 600-9990
Work Phone:

Relation to Resident:
Email: mindygenoff@gmail.com
Power of Attorney: No
Durable Power of Attorney: No
Medical Power of Attorney: No

Name: Dahl, Curtis
Address: 7425 Dawn Ave E
 Inver Grove Heights, MN 55076 USA
Home Phone:
Cell Phone: (651) 451-7757
Work Phone:

Relation to Resident: Other – Related
Email: cd7757@comcast.net
Power of Attorney: No
Durable Power of Attorney: No
Medical Power of Attorney: No

Physician

Name: Twin Cities Physicians
 Physicians, Twin Cities
Work Phone: (763) 267-8701
Email:
Fax Number: (763) 231-9602
Address: 1415 Lilac Dr N#190
 Minneapolis, MN 55422 USA

Insurance

Name: Medicare Part A&B
Work Phone:
Email:
Fax Number:
Address: ,
Plan ID: 2C32-CC0-VN01

ALINE

Resident - Face Sheet
Woodbury (12012)



Ms. Marilyn Cannon

Resident ID: 11632209
Address: 2195 Century Ave S
Woodbury, MN 55125
Room: 212A

Move In Date: 5/7/2024
Home Phone: 5555555
Cell Phone:

Gender: F
Date of Birth: 5/3/1950
Marital: Divorced
Previous Work History:
Religion:
Anniversary:
Veteran: No

Advanced Directives: Not Known
Living Will: Not Known
Code Status: Full Code
Has Power of Attorney: No
Has Durable Power of Attorney: No
Legal Guardian: No
Organ Donor: Not Known
Is Resident Ambulatory: Yes
Medicare Number: 1G57-VU8-KG79

Allergy

Drug Allergies	No Known Allergies (NKA)
Food Allergies	No Known Allergies (NKA)
General Allergies	No Known Allergies (NKA)

Diagnoses

General Health	Alcohol abuse, Breast asymmetry, Deafness, Tobacco use
Heart	Heart failure: with preserved ejection fraction, Hyperlipidemia, Hypertension (High Blood Pressure)
Lungs	Chronic Obstructive Pulmonary Disease (COPD)
Mental Health	Anxiety Disorder
Metabolic	Hyperthyroidism, Prediabetes

Diet Preferences

Does this resident require mechanically altered Food?	Regular #7 (Normal)
Does this resident require thickened Liquid?	Thin #0 (Thin)

Responsible Party

Name:	Cannon, Marilyn	Relation to Resident:	Self
Address:	2195 Century Ave S Woodbury, MN 55125 USA	Email:	
Home Phone:	5555555	Power of Attorney:	No
Cell Phone:		Durable Power of Attorney:	No
Work Phone:		Medical Power of Attorney:	No

Emergency Contact

Name:	Cannon, Tracy	Relation to Resident:	Other – Related
Address:	3711 Linda Rd Hermantown, MN 55811 USA	Email:	
Home Phone:		Power of Attorney:	No
Cell Phone:	(218) 391-2774	Durable Power of Attorney:	No
Work Phone:		Medical Power of Attorney:	No

Name:	Cannon, David	Relation to Resident:	Son
Address:	3711 Linda Rd Hermantown, MN 55811 USA	Email:	
Home Phone:		Power of Attorney:	No
Cell Phone:	(218) 310-0819	Durable Power of Attorney:	No
Work Phone:		Medical Power of Attorney:	No

Physician

Name:	Curana Health O'Leary, Hannah	Work Phone:	(877) 279-5960
Email:		Fax Number:	
Address:	, ., MN . USA		

Pharmacy

Name:	Medication Management Partners	Work Phone:	(877) 752-8046
Email:		Fax Number:	
Address:	13601 Kenton Ave Crestwood, IL 60445 USA		

Insurance

Name:	UCARE	Work Phone:	
Email:		Fax Number:	
Address:	,	Plan ID:	00157259900

Name:	Medicare Part A and B	Work Phone:	
Email:		Fax Number:	
Address:	,	Plan ID:	1G57-VU8-KG79



Gregory Christenson

Resident ID: 11632066
Address: 2195 Century Ave S
 Woodbury, MN 55125
Room: 141A

Move In Date: 10/12/2023
Home Phone:
Cell Phone:

Gender: M
Date of Birth: 2/5/1953
Marital: Married
Previous Work History:
Religion: Lutheran
Anniversary:
Veteran: No

Advanced Directives: Yes
Living Will: Not Known
Code Status: Full Code
Has Power of Attorney: Yes
Has Durable Power of Attorney: No
Legal Guardian: No
Organ Donor: Not Known
Is Resident Ambulatory: Yes
Medicare Number: 2VA9-QQ0-MW46

Allergy

Drug Allergies No Known Allergies (NKA)
Food Allergies No Known Allergies (NKA)
General Allergies No Known Allergies (NKA)

Diagnoses

Blood Central retinal vein occlusion right eye with macular edema, Hypokalemia
Gastrointestinal (GI) Gastroesophageal Reflux Disease (GERD)
 Allergic Rhinitis Unspecified, Benign neoplasm of descending colon, Benign polyp of colon, Benign prostatic hyperplasia without lower urinary tract symptoms, Covid-19, Epiretinal membrane right eye, Obesity, Other hemorrhoids, Pain Not Elsewhere Classified, Polyp Of Colon, Restless legs syndrome, Restlessness And Agitation, Right inguinal hernia, Senile nuclear sclerosis, Unilateral inguinal hernia without obstruction or gangrene, Unspecified Hemorrhoids
General Health
Heart A fib, Edema, Heart Failure Unspecified, Hyperlipidemia, Hypotension
Mental Health Alzheimer's
Skin Other and unspecified malignant neoplasm of skin, Other and unspecified malignant neoplasm of skin unspecified, Pityriasis versicolor, Tinea pedis

Responsible Party

Name: Wicker, Diane
Address: 1810 Bielenberg Ct
 Woodbury, MN 55125 USA
Home Phone: 651-738-0036
Cell Phone: 651-895-7927
Work Phone:
Relation to Resident: Spouse
Email: dewicker@gmail.com
Power of Attorney: Yes
Durable Power of Attorney: No
Medical Power of Attorney: No

Emergency Contact

Name: Wicker, Diane
Address: 1810 Bielenberg Ct
 Woodbury, MN 55125
Home Phone: (651) 738-0036
Cell Phone: (651) 895-7927
Work Phone:
Relation to Resident: Spouse
Email: dewicker@gmail.com
Power of Attorney: Yes
Durable Power of Attorney: No
Medical Power of Attorney: No

Name: Christenson, Christopher
Address: .
 ., MN . USA
Home Phone:
Cell Phone: (612) 790-3600
Work Phone:
Relation to Resident: Son
Email: cachris33@gmail.com
Power of Attorney: No
Durable Power of Attorney: No
Medical Power of Attorney: No

Physician

Name: Noran Neurology
 Chandrabalan, Dr. Amee
Work Phone: (612) 879-1000
Email:
Address: 2828 Chicago Ave Suite 200
 Minneapolis, MN 55407 USA
Fax Number: (612) 879-0722

Name: JOHN-BSP MURPHY
 Shannon Gonnion PA-C, John Murphy MD
Work Phone: (612) 210-9076
Email:
Address: 270 Main St N#300
 Stillwater, MN 55082 USA
Fax Number: (844) 878-8527

Pharmacy

Name: Medication Management Partners
Work Phone: 7087528000
Email:
Address: 11350 Cicero Ave#C
 Alsip, IL 60803 USA
Fax Number: (855) 793-8197

Hospital

Name: Woodwinds Hospital
Work Phone: 6512320100
Email:
Address: 1925 Woodwinds Dr
 St Paul, MN 55125 USA
Fax Number:



Insurance

Name:	United Healthcare	Work Phone:	
Email:		Fax Number:	
Address:		Plan ID:	960857023
	,		
Name:	Medicare Part A and B	Work Phone:	
Email:		Fax Number:	
Address:		Plan ID:	2VA9-QQ0-MW46
	,		
Name:	Minnesota Health Care Programs	Work Phone:	
Email:		Fax Number:	
Address:		Plan ID:	06502642
	,		



Elizabeth Clarkin

Resident ID: 11632067
Address: 2195 Century Ave S
 Woodbury, MN 55125
Room: 250A

Move In Date: 8/1/2023
Home Phone:
Cell Phone:

Gender: F
Date of Birth: 10/17/1926
Marital: Widowed
Previous Work History:
Religion: Catholic
Anniversary:
Veteran: No

Advanced Directives: Yes
Living Will: Not Known
Code Status: DNR
Has Power of Attorney: Yes
Has Durable Power of Attorney: No
Legal Guardian: No
Organ Donor: Not Known
Is Resident Ambulatory: Yes
Medicare Number: 2TA6-VW0-CV45

Allergy

Drug Allergies Celecoxib, Sulfa Drugs
Food Allergies No Known Allergies (NKA)
General Allergies No Known Allergies (NKA)

Diagnoses

Arthritis Osteoarthritis
Gastrointestinal (GI) Gastroesophageal Reflux Disease (GERD)
 Abnormalities Of Gait And Mobility, Benign paroxysmal vertigo unspecified ear, Calcific tendinitis of right shoulder, Chronic Kidney Disease Stage 3 (moderate), Constipation Unspecified, Headache, Headache unspecified, History Of Falling,
General Health Hypercholesterolemia, Macular Degeneration, Other and unspecified arthropathy, Other Fatigue, Other peripheral vertigo, Other shoulder lesions right shoulder, Other specific arthropathies not elsewhere classified multiple sites, Pain Not Elsewhere Classified, Postural kyphosis thoracic region, Pure Hypercholesterolemia Unspecified, Restless Leg Syndrome, Restless legs syndrome, Unsteadiness On Feet, Vertigo
Heart Hypertension (High Blood Pressure)

Responsible Party

Name: Lee, Barbara
Address: 235 12th Ave North
 South St. Paul, MN 55075 USA
Home Phone: (651) 730-4461
Cell Phone:
Work Phone:
Relation to Resident: Other – Not Related
Email:
Power of Attorney: No
Durable Power of Attorney: No
Medical Power of Attorney: No

Emergency Contact

Name: Lee, Barbara
Address: 235 12th Avenue
 South St Paul, MN 55075
Home Phone: (651) 451-2841
Cell Phone: (651) 341-8010
Work Phone:
Relation to Resident: Daughter
Email:
Power of Attorney: Yes
Durable Power of Attorney: No
Medical Power of Attorney: Yes

Name: Durose, Theresa
Address: 1124 Ferndale Street
 Maplewood, MN
Home Phone:
Cell Phone: (651) 890-2488
Work Phone:
Relation to Resident: Daughter
Email:
Power of Attorney: No
Durable Power of Attorney: No
Medical Power of Attorney: No

Physician

Name: Brighton Hospice - MN
Email: ""
Address: 4500 Park Glen Rd
 St Louis Park, MN 55416 USA
Work Phone: (651) 731-7692
Fax Number: (651) 731-7894

Name: Hannah O'Leary CNP
 O'Leary, Hannah
Email:
Address: 2730 County Rd E
 White Bear Lake, MN 55110 USA
Work Phone: (612) 254-9456
Fax Number: (878) 201-5322

Pharmacy

Name: Medication Management Partners
Email:
Address: 11350 Cicero Ave#C
 Alsip, IL 60803 USA
Work Phone: 7087528000
Fax Number: (855) 793-8197

Hospital

Name: Woodwinds Hospital
Email:
Address: 1925 Woodwinds Dr
 St Paul, MN 55125 USA
Work Phone: 6512320100
Fax Number:



Insurance

Name:	Medica	Work Phone:	
Email:		Fax Number:	
Address:		Plan ID:	2038554603 A0061
	,		

Name:	Medicare Part A and B	Work Phone:	
Email:		Fax Number:	
Address:		Plan ID:	2TA6-VW0-CV45
	,		



Ms. Therese Clements

Resident ID: 11632199
Address: 2195 Century Ave S
Woodbury, MN 55125
Room: 220B

Move In Date: 5/6/2024
Home Phone: 5555555

Cell Phone:

Gender: F
Date of Birth: 7/28/1955
Marital:
Previous Work History:
Religion:
Anniversary:
Veteran: No

Advanced Directives: Yes
Living Will: Not Known
Code Status: DNR
Has Power of Attorney: No
Has Durable Power of Attorney: No
Legal Guardian: No
Organ Donor: Not Known
Is Resident Ambulatory: Yes
Medicare Number: 6YQ5-QR2-VW88

Allergy

Drug Allergies	No Known Allergies (NKA)
Food Allergies	No Known Allergies (NKA)
General Allergies	No Known Allergies (NKA)

Diagnoses

Gastrointestinal (GI)	Gastroesophageal Reflux Disease (GERD)
General Health	Abnormal weight loss, Osteoporosis, Personal history of malignant neoplasm, Personal history of nicotine dependence, Secondary Malignant neoplasm, Urinary Incontinence
Mental Health	Major Depression

Responsible Party

Name:	Clements, Therese	Relation to Resident:	Self
Address:	2195 Century Ave S Woodbury, MN 55125 USA	Email:	tcyc@comcast.net
Home Phone:	5555555	Power of Attorney:	No
Cell Phone:		Durable Power of Attorney:	No
Work Phone:		Medical Power of Attorney:	No

Emergency Contact

Name:	Clement, Yani	Relation to Resident:	Spouse
Address:	. ., MN . USA	Email:	
Home Phone:		Power of Attorney:	No
Cell Phone:	(651) 308-2676	Durable Power of Attorney:	No
Work Phone:		Medical Power of Attorney:	Yes

Physician

Name:	Allina Health Hospice & Palliative Care	Work Phone:	(651) 635-9173
Email:	..	Fax Number:	
Address:	. ., MN . USA		
Name:	Social worker	Work Phone:	(608) 692-1198
Email:	., Amber	Fax Number:	
Address:	.. ., MN . USA		

Hospital

Name:	ALLINA HEALTH Hospice	Work Phone:	(651) 635-9173
Email:		Fax Number:	(612) 262-7253
Address:	. ., MN . USA		

Insurance

Name:	MEDICARE HEALTH INSURANCE	Work Phone:	
Email:		Fax Number:	
Address:	,	Plan ID:	6YQ5-QR2-VW88
Name:	AARP	Work Phone:	
Email:		Fax Number:	
Address:	,	Plan ID:	0219119711
Name:	Minnesota Health Care Programs	Work Phone:	
Email:		Fax Number:	
Address:	,	Plan ID:	02329331

ALINE

Resident - Face Sheet
Woodbury (12012)



Mr. Gerald Colaizy

Resident ID: 11632196

Address: 2195 Century Ave S
Woodbury, MN 55125

Room: 210B

Move In Date: 4/30/2024

Home Phone: (651) 757-0459

Cell Phone:

Gender: M

Date of Birth: 12/5/1950

Marital: Married

Previous Work History:

Religion: Catholic

Anniversary:

Veteran: No

Advanced Directives: Not Known

Living Will: Not Known

Code Status: Full Code

Has Power of Attorney: No

Has Durable Power of Attorney: No

Legal Guardian: No

Organ Donor: Not Known

Is Resident Ambulatory: Yes

Medicare Number: 6D86-YR1-AA76

Allergy

Drug Allergies No Known Allergies (NKA)

Food Allergies No Known Allergies (NKA)

General Allergies No Known Allergies (NKA)

Diagnoses

Arthritis Rheumatoid Arthritis

General Health Obesity

Heart A fib, Congestive Heart Failure (CHF), Hyperlipidemia, Hypertension (High Blood Pressure)

Lungs Chronic Obstructive Pulmonary Disease (COPD)

Mental Health Anxiety Disorder, Major Depression

Metabolic Diabetes Type II

Responsible Party

Name: Colaizy, Gerald

Address: 2195 Century Ave S
Woodbury, MN 55125 USA

Home Phone: (651) 757-0459

Cell Phone:

Work Phone:

Relation to Resident: Self

Email:

Power of Attorney: No

Durable Power of Attorney: No

Medical Power of Attorney: No

Emergency Contact

Name: Colaizy, Jeanne

Address: 2190 Century Ave SApt 210
Woodbury, MN 55125 USA

Home Phone:

Cell Phone: (651) 757-0459

Work Phone:

Relation to Resident: Spouse

Email:

Power of Attorney: No

Durable Power of Attorney: No

Medical Power of Attorney: No

Physician

Name: Curana Health

Address: O' Leary, Hannah
hannah.oleary@curanahealth.com
8911 N Capital of Texas Hwy
Austin, TX 78759 USA

Work Phone: (712) 541-2047

Fax Number: (878) 201-5322

Pharmacy

Name: Medication Management Partners

Address: 13601 Kenton Ave
Crestwood, IL 60445 USA

Work Phone: (877) 752-8046

Fax Number:

Insurance

Name: Medicare Part A and B

Address:

Work Phone:

Fax Number:

Plan ID: 6D86-YR1-AA76

Name: BlueCross BlueShield

Address:

Work Phone:

Fax Number:

Plan ID: XZL124429626001



Mrs. Jeanne Colaizy

Resident ID: 11632195
Address: 2195 Century Ave S
Woodbury, MN 55125
Room: 210A

Move In Date: 4/30/2024
Home Phone: (651) 757-0459
Cell Phone:

Gender:	F
Date of Birth:	11/5/1969
Marital:	Married
Previous Work History:	
Religion:	
Anniversary:	
Veteran:	No

Advanced Directives:	Not Known
Living Will:	Not Known
Code Status:	Full Code
Has Power of Attorney:	No
Has Durable Power of Attorney:	No
Legal Guardian:	No
Organ Donor:	Not Known
Is Resident Ambulatory:	Yes
Medicare Number:	

Allergy	
Drug Allergies	No Known Allergies (NKA)
Food Allergies	No Known Allergies (NKA)
General Allergies	No Known Allergies (NKA)
Diagnoses	
General Health	Insomnia, Peripheral Neuropathy, Post Cerebral Vascular Accident (CVA)
Lungs	Trouble breathing
Metabolic	Diabetes Type II

Responsible Party

Name:	Colaizy, Jeanne	Relation to Resident:	Self
Address:	2195 Century Ave S Woodbury, MN 55125 USA	Email:	
Home Phone:	(651) 757-0459	Power of Attorney:	No
Cell Phone:		Durable Power of Attorney:	No
Work Phone:		Medical Power of Attorney:	No

Emergency Contact

Name:	Colaizy, Gerald	Relation to Resident:	Spouse
Address:	2195 Century Ave South210 Woodbury, MN 55125 USA	Email:	
Home Phone:		Power of Attorney:	No
Cell Phone:		Durable Power of Attorney:	No
Work Phone:		Medical Power of Attorney:	No

Physician

Name:	Curana Health Clinic Oleary, Hannah	Work Phone:	(816) 648-7426
Email:		Fax Number:	
Address:	5123 W 98th St #2082, Bloomington, MN 55437 USA		

Pharmacy

Name:	Medication Management Partners	Work Phone:	(877) 752-8046
Email:		Fax Number:	
Address:	13601 Kenton Ave Crestwood, IL 60445 USA		

Insurance

Name:	HealthPartners Medical Assistance	Work Phone:	
Email:		Fax Number:	
Address:	,	Plan ID:	30488330
Name:	Minnesota Health Care Programs	Work Phone:	
Email:		Fax Number:	
Address:	,	Plan ID:	01467446

**Jane Connolly**

Resident ID: 11632068
Address: 2195 Century Ave S
 Woodbury, MN 55125
Room: 124A

Move In Date: 3/26/2023
Home Phone:
Cell Phone:

Gender: F
Date of Birth: 12/20/1954
Marital:
Previous Work History:
Religion:
Anniversary:
Veteran: No

Advanced Directives: Yes
Living Will: Not Known
Code Status: DNR
Has Power of Attorney: Yes
Has Durable Power of Attorney: No
Legal Guardian: No
Organ Donor: Not Known
Is Resident Ambulatory: Yes
Medicare Number: 471133500
 04450098

Allergy

Drug Allergies No Known Allergies (NKA)
Food Allergies No Known Allergies (NKA)
General Allergies No Known Allergies (NKA)

Diagnoses

Arthritis Osteoarthritis
Blood Anemia
 Dysphagia oropharyngeal phase, Dysuria, Insomnia, Muscle Weakness (generalized), Pain Not Elsewhere Classified, Secondary malignant neoplasm of brain, Unspecified Abnormalities Of Gait And Mobility, Urinary Tract Infections (UTI), Weakness
General Health
Heart Heart disease unspecified, Hypertension (High Blood Pressure)
Lungs Malignant neoplasm of unspecified part of unspecified bronchus or lung
Mental Health Dementia, Other Amnesia, Word Finding Difficulty

Responsible Party

Name: Connolly, Thomas
Address: 424 East Montana Ave
 St.Paul, MN 55130 USA
 (952) 237-1950
Home Phone:
Cell Phone:
Work Phone:

Relation to Resident: Other – Related
Email: aconnollydees@gmail.com
Power of Attorney: No
Durable Power of Attorney: No
Medical Power of Attorney: No

Emergency Contact

Name: Dees, Andrea
Address: 101 Dylan Court
 Mahtomedi, MN 55115
Home Phone:
Cell Phone: (952) 237-1950
Work Phone:

Relation to Resident: Daughter
Email: aconnollydees@gmail.com
Power of Attorney: Yes
Durable Power of Attorney: No
Medical Power of Attorney: No

Name: ., Amanda
Address: ,
Home Phone:
Cell Phone: (651) 895-9848
Work Phone:

Relation to Resident: Daughter
Email:
Power of Attorney: No
Durable Power of Attorney: No
Medical Power of Attorney: No

Physician

Name: Hospice of the Midwest - Woodbury MN
 ..
Email:
Address: 7616 Currell Blvd
 Woodbury, MN 55125 USA
Work Phone: (651) 344-1040
Fax Number:

Name: Angela Score
 Score, Angela
Email:
Address: 1415 Lilac Dr N#190
 Golden Valley, MN 55422 USA
Work Phone: (763) 267-8701
Fax Number: (763) 231-9602

Pharmacy

Name: Medication Management Partners
Email:
Address: 11350 Cicero Ave#C
 Alsip, IL 60803 USA
Work Phone: 7087528000
Fax Number: (855) 793-8197

Hospital

Name: Woodwinds Hospital
Email:
Address: 1925 Woodwinds Dr
 St Paul, MN 55125 USA
Work Phone: 6512320100
Fax Number:



Insurance

Name:	UCare Medicare Rx	Work Phone:	
Email:		Fax Number:	
Address:		Plan ID:	471133500 04450098
	,		



George Eckenroth

Resident ID: 11632069
Address: 2195 Century Ave S
 Woodbury, MN 55125
Room: 123A

Move In Date: 3/4/2020
Home Phone:
Cell Phone:

Gender: M
Date of Birth: 12/9/1939
Marital: Widowed
Previous Work History:
Religion: Catholic
Anniversary:
Veteran: No

Advanced Directives: Yes
Living Will: Not Known
Code Status: DNR
Has Power of Attorney: Yes
Has Durable Power of Attorney: No
Legal Guardian: No
Organ Donor: Not Known
Is Resident Ambulatory: Yes
Medicare Number: 7QC6-XQ5-TU45

Allergy

Drug Allergies Coenzyme Q10, CoQ10, Penicillin, Valacyclovir
Food Allergies No Known Allergies (NKA)
General Allergies No Known Allergies (NKA)

Diagnoses

Blood Anemia, Nonrheumatic tricuspid (valve) insufficiency
 Candidiasis, Cellulitis and acute lymphangitis unspecified, Hypo-osmolality And Hyponatremia, Influenza due to certain identified influenza viruses, Other chest pain, Pain Not Elsewhere Classified, Personal History of Covid-19, Sepsis unspecified organism, Zoster ocular disease
General Health
Heart A fib, Congestive Heart Failure (CHF), Edema, Heart failure, Hyperlipidemia, Hypertension (High Blood Pressure)
Mental Health Dementia
Metabolic Prediabetes

Responsible Party

Name: Loretz, Jane
Address: N10117 Kings Rd
 Tomahawk, WI 54487 USA
Home Phone:
Cell Phone:
Work Phone:

Relation to Resident: Other – Not Related
Email:
Power of Attorney: No
Durable Power of Attorney: No
Medical Power of Attorney: No

Emergency Contact

Name: Loretz, Jane
Address: N10117 Kings Rd
 Tomahawk, WI 54487
 (715) 612-0336
Home Phone:
Cell Phone:
Work Phone:

Relation to Resident: Daughter
Email: janeloretz@gmail.com
Power of Attorney: Yes
Durable Power of Attorney: No
Medical Power of Attorney: No

Name: Martin, Anne
Address: 10557 Pinnacle Way
 Woodbury, MN 55129
Home Phone:
Cell Phone: (651) 270-7855
Work Phone:

Relation to Resident: Daughter
Email:
Power of Attorney: No
Durable Power of Attorney: No
Medical Power of Attorney: Yes

Physician

Name: Maggie Sonstebly
 Sonstebly, Maggie
Email:
Address: .
 ., MN . USA
Work Phone: (651) 342-9402
Fax Number:

Name: Bluestone Physician Services
 Physician Services, Bluestone
Email:
Address: 270 Main St N#300
 Stillwater, MN 55082 USA
Work Phone: (651) 342-1039
Fax Number: (855) 771-6683

Pharmacy

Name: Medication Management Partners
Email:
Address: 11350 Cicero Ave#C
 Alsip, IL 60803 USA
Work Phone: 7087528000
Fax Number: (855) 793-8197

Mortuary

Name: Wulff Woodbury Funeral Home
Email:
Address: 2195 Woodlane Dr
 Woodbury, MN 55125 USA
Work Phone: (651) 738-9615
Fax Number:



Resident - Face Sheet
Woodbury (12012)

Hospital

Name:	Regions Hospital	Work Phone:	6512543456
Email:		Fax Number:	
Address:	640 Jackson St St Paul, MN 55101 USA		

Insurance

Name:	Health Partners	Work Phone:	
Email:		Fax Number:	
Address:	,	Plan ID:	1504295

Name:	Medicare Part A&B	Work Phone:	
Email:		Fax Number:	
Address:	,	Plan ID:	7QC6-XQ5-TU45



Willis Edgell

Resident ID: 11632071
Address: 2195 Century Ave S
 Woodbury, MN 55125
Room: 131A

Move In Date: 9/27/2023
Home Phone:
Cell Phone:

Gender: F
Date of Birth: 6/28/1936
Marital:
Previous Work History:
Religion:
Anniversary:
Veteran: No

Advanced Directives: Yes
Living Will: Not Known
Code Status: DNR
Has Power of Attorney: No
Has Durable Power of Attorney: No
Legal Guardian: No
Organ Donor: Not Known
Is Resident Ambulatory: Yes
Medicare Number:

Allergy

Drug Allergies No Known Allergies (NKA)
Food Allergies No Known Allergies (NKA)
General Allergies No Known Allergies (NKA)

Diagnoses

Cancer Squamous Cell Carcinoma
 Alcohol abuse, Elevated prostate specific antigen [PSA], Elevated PSA, Encephalopathy
General Health Unspecified, Nodular prostate with lower urinary tract symptoms, Nodular prostate
 without lower urinary tract symptoms, Prostate Nodule, Sciatica unspecified side,
 Urinary Tract Infections (UTI)
Heart A fib, Hypertension (High Blood Pressure), Non-ST elevation (NSTEMI) myocardial
 infarction
Mental Health Dementia

Responsible Party

Name:	Edgell, Mike	Relation to Resident:	Other – Related
Address:	14141 15th St Afton, MN 55001 USA	Email:	
Home Phone:	(651) 459-9890	Power of Attorney:	No
Cell Phone:		Durable Power of Attorney:	No
Work Phone:		Medical Power of Attorney:	No

Emergency Contact

Name:	Fielder , Tom	Relation to Resident:	Guardian
Address:	. ., MN . USA	Email:	
Home Phone:		Power of Attorney:	No
Cell Phone:		Durable Power of Attorney:	No
Work Phone:	(952) 378-4164	Medical Power of Attorney:	No

Name:	Edgell, Mike	Relation to Resident:	Son
Address:	14141 15th St Afton, MN 55001	Email:	edgellconstruction@hotmail.com
Home Phone:	(651) 436-4428	Power of Attorney:	No
Cell Phone:	(612) 490-2851	Durable Power of Attorney:	No
Work Phone:		Medical Power of Attorney:	Yes

Name:	Beenau, Kim	Relation to Resident:	Daughter
Address:	9073 Red Oak Tr Woodbury, MN 55129	Email:	
Home Phone:		Power of Attorney:	No
Cell Phone:	(612) 840-0719	Durable Power of Attorney:	No
Work Phone:		Medical Power of Attorney:	No

Physician

Name:	Bluestone Physician Services Physician Services, Bluestone	Work Phone:	(651) 342-1039
Email:		Fax Number:	(855) 771-6683
Address:	270 Main St N#300 Stillwater, MN 55082 USA		

Pharmacy

Name:	VA Minneapolis	Work Phone:	8555601721
Email:		Fax Number:	
Address:	Unknown Woodbury, MN 55125 USA		

Name:	Medication Management Partners	Work Phone:	7087528000
Email:		Fax Number:	(855) 793-8197
Address:	11350 Cicero Ave#C Alsip, IL 60803 USA		



Resident - Face Sheet
Woodbury (12012)

Hospital

Name:	VA Hospital	Work Phone:	6127252000
Email:		Fax Number:	
Address:	One Veterans Dr Minneapolis, MN 55417 USA		

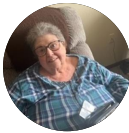
Insurance

Name:	UCare of MN Sr. Classic Individual Care	Work Phone:	
Email:		Fax Number:	
Address:	,	Plan ID:	310990100 U00002_003

Name:	VA	Work Phone:	
Email:		Fax Number:	
Address:	,	Plan ID:	1421950543 7346 243 588

ALINE

Resident - Face Sheet
Woodbury (12012)



Phyliss Ehlers

Resident ID: 11632072
Address: 2195 Century Ave S
Woodbury, MN 55125
Room: 103A

Move In Date: 1/19/2024
Home Phone:
Cell Phone:

Gender: F
Date of Birth: 2/14/1941
Marital: Married
Previous Work History:
Religion:
Anniversary:
Veteran: No

Advanced Directives: Yes
Living Will: Not Known
Code Status: DNR
Has Power of Attorney: No
Has Durable Power of Attorney: No
Legal Guardian: No
Organ Donor: Not Known
Is Resident Ambulatory: Yes
Medicare Number:

Allergy

Drug Allergies	Ace Inhibitors, Mercury
Food Allergies	No Known Allergies (NKA)
General Allergies	Latex

Diagnoses

Blood	Hypokalemia, Venous insufficiency (chronic) (peripheral)
General Health	Fracture Of Lumbar Spine And Pelvis, Hypomagnesemia, Incontinence Urinary, Low back pain unspecified, Obesity, Radiculopathy lumbar region
Heart	A fib, Congestive Heart Failure (CHF), Hyperlipidemia, Hypertension (High Blood Pressure)
Metabolic	Prediabetes

Responsible Party

Name:	Ehlers, Phyliss	Relation to Resident:	Self
Address:	2195 Century Avenue SouthUnit #103 Woodbury, MN 55125 USA	Email:	
Home Phone:		Power of Attorney:	No
Cell Phone:		Durable Power of Attorney:	No
Work Phone:		Medical Power of Attorney:	No

Emergency Contact

Name:	Ehlers, Richard	Relation to Resident:	
Address:	1724 Kerry Lane Woodbury, MN 55125	Email:	
Home Phone:	(651) 770-2238	Power of Attorney:	No
Cell Phone:	(612) 991-5143	Durable Power of Attorney:	No
Work Phone:		Medical Power of Attorney:	Yes

Name:	Ehlers, Stacy	Relation to Resident:	Daughter
Address:	10410 Waterfront Drive Woodbury, MN 55129	Email:	
Home Phone:	(651) 337-0160	Power of Attorney:	No
Cell Phone:	(612) 309-2954	Durable Power of Attorney:	No
Work Phone:		Medical Power of Attorney:	Yes

Physician

Name:	Hannah O'Leary CNP O'Leary, Hannah	Work Phone:	(612) 254-9456
Email:		Fax Number:	(878) 201-5322
Address:	2730 County Rd E White Bear Lake, MN 55110 USA		

Name:	Allina Health Maplewood Clinic Akram, Dr. Javid	Work Phone:	(651) 241-9500
Email:		Fax Number:	(651) 770-8834
Address:	1850 Beam Ave St Paul, MN 55109 USA		

Hospital

Name:	Woodwinds Hospital	Work Phone:	6512320100
Email:		Fax Number:	
Address:	1925 Woodwinds Dr St Paul, MN 55125 USA		

Insurance

Name:	UCare	Work Phone:	
Email:		Fax Number:	
Address:		Plan ID:	317724200 80840

ALINE

Resident - Face Sheet
Woodbury (12012)



Richard Ehlers

Resident ID: 11632073
Address: 2195 Century Ave S
Woodbury, MN 55125
Room: 103B

Move In Date: 1/19/2024
Home Phone:
Cell Phone:

Gender:	M
Date of Birth:	9/6/1940
Marital:	Married
Previous Work History:	
Religion:	
Anniversary:	
Veteran:	No

Allergy	
Drug Allergies	No Known Allergies (NKA)
Food Allergies	No Known Allergies (NKA)
General Allergies	No Known Allergies (NKA)
Diagnoses	
Metabolic	Diabetes Type II

Advanced Directives:	Yes
Living Will:	Not Known
Code Status:	Full Code
Has Power of Attorney:	No
Has Durable Power of Attorney:	No
Legal Guardian:	No
Organ Donor:	Not Known
Is Resident Ambulatory:	Yes
Medicare Number:	

Responsible Party

Name:	Ehlers, Phyliss	Relation to Resident:	Other – Related
Address:	2195 Century Avenue SouthUnit #103 Woodbury, MN 55125 USA	Email:	
Home Phone:		Power of Attorney:	No
Cell Phone:		Durable Power of Attorney:	No
Work Phone:		Medical Power of Attorney:	No

Physician

Name:	Javid Akram MD Akram, Javid	Work Phone:	(651) 241-9500
Email:		Fax Number:	(651) 770-8834
Address:	1850 Beam Ave Maplewood, MN 55109 USA		
Name:	Curana O'Leary CNP, Hannah	Work Phone:	(612) 254-9456
Email:		Fax Number:	(878) 201-5322
Address:	. ., MN . USA		

Pharmacy

Name:	CVSWoodbury Eagle Creek	Work Phone:	6514364732
Email:		Fax Number:	
Address:	2150 Eagle Creek Lane Woodbury, MN 55129 USA		

Insurance

Name:	UCare	Work Phone:	
Email:		Fax Number:	
Address:		Plan ID:	317724100 80840



Lewis Elkins

Resident ID: 11632074
Address: 2195 Century Ave S
 Woodbury, MN 55125
Room: 228A

Move In Date: 9/29/2020
Home Phone:
Cell Phone:

Gender: M
Date of Birth: 5/18/1936
Marital: Married
Previous Work History:
Religion:
Anniversary:
Veteran: No

Advanced Directives: Yes
Living Will: Not Known
Code Status: DNR
Has Power of Attorney: No
Has Durable Power of Attorney: No
Legal Guardian: No
Organ Donor: Not Known
Is Resident Ambulatory: Yes
Medicare Number: 2TW1-TH6-WH11

Allergy

Drug Allergies Cipro, Erythromycin, Metronidazole
Food Allergies No Known Allergies (NKA)
General Allergies No Known Allergies (NKA)

Diagnoses

Blood Monoclonal gammopathy
Gastrointestinal (GI) Gastroesophageal Reflux Disease (GERD)
 Aneurysm of iliac artery, Constipation Unspecified, Cough, Covid-19, Dry eye syndrome,
General Health Encounter for screening for malignant neoplasm of colon, Other and unspecified allergy,
 Personal History of Covid-19
Heart A fib, Hypertension (High Blood Pressure)
Metabolic Hypothyroidism

Responsible Party

Name: Elkins, Lewis
Address: 2195 Century Avenue South Unit #228
 Woodbury, MN 55125 USA
Home Phone: (612) 247-5940
Cell Phone:
Work Phone:

Relation to Resident: Self
Email:
Power of Attorney: No
Durable Power of Attorney: No
Medical Power of Attorney: No

Emergency Contact

Name: Bayers, Daniel
Address: 1062 Bonnieview Circle
 Woodbury, MN 55129
Home Phone: (651) 269-6353
Cell Phone:
Work Phone: (651) 266-6685

Relation to Resident: Son
Email: danbayers@msn.com
Power of Attorney: No
Durable Power of Attorney: No
Medical Power of Attorney: No

Name: Pearson, Kathleen
Address: 1141 Saddlebrook Ln
 Woodbury, MN 55125 USA
Home Phone:
Cell Phone: (651) 795-1457
Work Phone:

Relation to Resident: Daughter
Email: pearsx99kp@gmail.com
Power of Attorney: No
Durable Power of Attorney: No
Medical Power of Attorney: No

Name: Peterson, Terry
Address: 4264 Valley Forge Pl
 Eagan, MN 55123 USA
Home Phone: (651) 454-9074
Cell Phone: (612) 702-4265
Work Phone:

Relation to Resident: Daughter
Email: teryla@comcast.net
Power of Attorney: No
Durable Power of Attorney: No
Medical Power of Attorney: No

Physician

Name: Bluestone Physician Services
 Physician Services, Bluestone
Work Phone: (651) 342-1039
Email:
Address: 270 Main St N#300
 Stillwater, MN 55082 USA
Fax Number: (855) 771-6683

Pharmacy

Name: Medication Management Partners
Work Phone: 7087528000
Email:
Address: 11350 Cicero Ave#C
 Alsip, IL 60803 USA
Fax Number: (855) 793-8197



Insurance

Name:	Health Partners	Work Phone:	
Email:		Fax Number:	
Address:		Plan ID:	011777393052
	,		

Name:	Medicare Part A and B	Work Phone:	
Email:		Fax Number:	
Address:		Plan ID:	2TW1-TH6-WH11
	,		



Carol Folger

Resident ID: 11632075
Address: 2195 Century Ave S
 Woodbury, MN 55125
Room: 157A

Move In Date: 5/22/2023
Home Phone:
Cell Phone:

Gender: F
Date of Birth: 1/14/1936
Marital: Widowed
Previous Work History:
Religion:
Anniversary:
Veteran: No

Advanced Directives: Not Known
Living Will: Yes
Code Status: DNR
Has Power of Attorney: Yes
Has Durable Power of Attorney: No
Legal Guardian: No
Organ Donor: Not Known
Is Resident Ambulatory: Yes
Medicare Number: 6QN2-U35-XP29

Allergy

Drug Allergies No Known Allergies (NKA)
Food Allergies No Known Allergies (NKA)
General Allergies No Known Allergies (NKA)

Diagnoses

Arthritis Osteoarthritis
Gastrointestinal (GI) Pressure ulcer of unspecified site unspecified stage
 Covid-19, Dysphagia Unspecified, Encephalopathy Unspecified, Fx unsp part of nk of r femr subs for clos fx w routn heal, Macular Degeneration, Muscle wasting and atrophy not elsewhere classified unspecified site, Osteoporosis, Other abnormalities of gait and mobility, Presence of intraocular lens, Tributary (branch) retinal vein occlusion unspecified eye stable, Unspecified fall subsequent encounter, Unspecified lack of coordination, Unspecified severe protein-calorie malnutrition, Urinary Tract Infections (UTI)
General Health
Heart Hypertension (High Blood Pressure)
Mental Health Anxiety Disorder, Cognitive communication deficit, Dementia, Major Depression

Responsible Party

Name: Scheid, Susan
Address: 2219 Larpenteur Ave E.
 Maplewood, MN 55109 USA
Home Phone: (651) 774-3760
Cell Phone:
Work Phone:
Relation to Resident: Other – Not Related
Email:
Power of Attorney: No
Durable Power of Attorney: No
Medical Power of Attorney: No

Emergency Contact

Name: Scheid, Susan
Address: 2219 Larpenteur Ave E
 Maplewood, MN 55109
Home Phone:
Cell Phone: (651) 353-0478
Work Phone: (651) 575-5911
Relation to Resident: Daughter
Email: sascheid@icloud.com
Power of Attorney: Yes
Durable Power of Attorney: No
Medical Power of Attorney: No

Name: Folger, Doug
Address: ,
Home Phone:
Cell Phone: (651) 468-1389
Work Phone:
Relation to Resident: Son
Email:
Power of Attorney: No
Durable Power of Attorney: No
Medical Power of Attorney: No

Physician

Name: Brighton Hospice 24-7 Phone
 Hospice, Brighton
Work Phone: (952) 856-2212
Email:
Fax Number: (952) 856-2219
Address: 4500 Park Glen Rd Suite 475
 St Louis Park, MN 55416 USA

Name: Bluestone Physician Services
 Shannon Gonnion PA-C, Dr. John Murphey
Work Phone: (651) 342-1039
Email:
Fax Number: (855) 771-6683
Address: 270 Main St N#300
 Stillwater, MN 55082 USA

Pharmacy

Name: Medication Management Partners
Work Phone: 7087528000
Email:
Fax Number: (855) 793-8197
Address: 11350 Cicero Ave#C
 Alsip, IL 60803 USA

Hospital

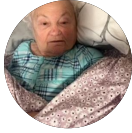
Name: Regions Hospital
Work Phone: 6512543456
Email:
Fax Number:
Address: 640 Jackson St
 St Paul, MN 55101 USA



Insurance

Name:	Medicare Part A&B	Work Phone:	
Email:		Fax Number:	
Address:	,	Plan ID:	6QN2-U35-XP29

Name:	United Healthcare	Work Phone:	
Email:		Fax Number:	
Address:	,	Plan ID:	915055689 13484



Elizabeth Fousek

Resident ID: 11632076
Address: 2195 Century Ave S
 Woodbury, MN 55125
Room: 149A

Move In Date: 11/30/2023
Home Phone:
Cell Phone:

Gender: F
Date of Birth: 11/25/1932
Marital: Single
Previous Work History:
Religion: Catholic
Anniversary:
Veteran: No

Advanced Directives: Not Known
Living Will: Yes
Code Status: DNR
Has Power of Attorney: Yes
Has Durable Power of Attorney: No
Legal Guardian: No
Organ Donor: Not Known
Is Resident Ambulatory: Yes
Medicare Number:

Allergy

Drug Allergies Lisinopril, Penicillin
Food Allergies No Known Allergies (NKA)
General Allergies No Known Allergies (NKA)

Diagnoses

Arthritis Osteoarthritis
Blood Hypercalcemia
 Benign essential tremor, Bronchiectasis, Bronchiectasis uncomplicated, Carpal tunnel syndrome, Carpal Tunnel, Chronic fatigue unspecified, Chronic kidney disease stage 4 (severe), Covid-19, Disorder Of Bone Density And Structure Unspecified, Essential Tremor, Osteopenia, Personal History of Covid-19, Physical deconditioning
General Health A fib, Coronary artery calcification seen on CT Scan, Hyperlipidemia, Hypertension (High Blood Pressure)
Heart
Lungs Sarcoidosis of other sites
Mental Health Dementia, Mild Cognitive Impairment (MCI)
Metabolic Nontoxic single thyroid nodule, Secondary hyperparathyroidism not elsewhere classified, Thyroid Nodule

Responsible Party

Name: Fritze, Kirsten
Address: 4585 Cobalt Lane
 Woodbury, MN 55129 USA
Home Phone: (651) 774-6195
Cell Phone:
Work Phone:
Relation to Resident: Other – Not Related
Email:
Power of Attorney: No
Durable Power of Attorney: No
Medical Power of Attorney: No

Emergency Contact

Name: Fritze, Kirsten
Address: 4585 Cobalt Ln
 Woodbury, MN 55129
Home Phone:
Cell Phone: (651) 307-6903
Work Phone:
Relation to Resident:
Email: kdfritze@gmail.com
Power of Attorney: Yes
Durable Power of Attorney: No
Medical Power of Attorney: Yes

Name: Zitcak, Leslie
Address: Cottage Grove, MN 55016
Home Phone:
Cell Phone: (651) 216-9992
Work Phone:
Relation to Resident:
Email:
Power of Attorney: No
Durable Power of Attorney: No
Medical Power of Attorney: No

Physician

Name: Hannah O'Leary CNP
 O'Leary, Hannah
Work Phone: (612) 254-9456
Email:
Fax Number: (878) 201-5322
Address: 2730 County Rd E
 White Bear Lake, MN 55110 USA

Name: HealthPartners North Suburban Family Physicians
 Clinic Roseville
 Nottleson, Dr. Andrew
Work Phone: (952) 967-6620
Email:
Fax Number: (651) 765-5901
Address: 2831 Snelling Ave N
 Roseville, MN 55113 USA

Hospital

Name: United Hospital St. Paul
Work Phone: 6512418000
Email:
Fax Number:
Address: 333 Smith Ave N
 St Paul, MN 55102 USA

Insurance

Name: Humana Medicare
Work Phone:
Email:
Fax Number:
Address:
Plan ID: H76735578 80840-9140461101



Josephine Freas

Resident ID: 11632077
Address: 2195 Century Ave S
 Woodbury, MN 55125
Room: 126A

Move In Date: 12/18/2023
Home Phone:
Cell Phone:

Gender: F
Date of Birth: 3/19/1945
Marital: Married
Previous Work History:
Religion:
Anniversary:
Veteran: No

Advanced Directives: Not Known
Living Will: Not Known
Code Status: Not Known
Has Power of Attorney: Yes
Has Durable Power of Attorney: Yes
Legal Guardian: No
Organ Donor: Not Known
Is Resident Ambulatory: Yes
Medicare Number: 6GF5-EE4-WG78

Allergy

Drug Allergies ACE Inhibitors, Amoxicillin, Apap/CaCO3/Caff/Glycine, Compazine Syrup, Fluoxetine, Latex, Losartan, Lotensin, Penicillin, Prochlorperazine, Salicylate, Sulfa Drugs, Wellbutrin, Yellow Dyes (Non-tartrazine)
Food Allergies No Known Allergies (NKA)
General Allergies No Known Allergies (NKA)

Diagnoses

Blood Hypoxemia
Gastrointestinal (GI) Gastroesophageal Reflux Disease (GERD)
 Constipation Unspecified, Covid-19, Essential Tremor, History Of Falling, Muscle Weakness (generalized), Osteoporosis, Other fracture of left lower leg sequela, Personal History of Covid-19, Repeated Falls, Retention of urine unspecified, Sleep Apnea, Weakness
General Health
Heart A fib, Atherosclerosis, Hyperlipidemia, Hypertension (High Blood Pressure), Supraventricular tachycardia, Supraventricular tachycardia unspecified
Mental Health Alzheimer's, Anxiety Disorder, Dysthymia, Major Depression
Metabolic Hypothyroidism

Responsible Party

Name: Freas, Lawrence
Address: 10731 Golden Eagle Pl
 Woodbury, MN 55129 USA
Home Phone: 651-308-9227
Cell Phone:
Work Phone:

Relation to Resident: Spouse
Email: lfreasrob@comcast.net
Power of Attorney: Yes
Durable Power of Attorney: Yes
Medical Power of Attorney: No

Emergency Contact

Name: Freas, Laura
Address: 1571 Baylor Ct
 Eagan, MN 55122 USA
Home Phone: 6126187452
Cell Phone: (612) 618-7452
Work Phone:

Relation to Resident:
Email: laurajfreas@gmail.com
Power of Attorney: Yes
Durable Power of Attorney: No
Medical Power of Attorney: Yes

Name: Freas, Rob
Address: 10731 Golden Eagle Pl
 Woodbury, MN 55129 USA
Home Phone: (651) 308-9227
Cell Phone: (651) 308-9227
Work Phone:

Relation to Resident:
Email:
Power of Attorney: Yes
Durable Power of Attorney: No
Medical Power of Attorney: Yes

Physician

Name: Hannah O'Leary CNP
 O'Leary, Hannah
Work Phone: (612) 254-9456
Email:
Fax Number: (878) 201-5322
Address: 2730 County Rd E
 White Bear Lake, MN 55110 USA

Pharmacy

Name: Medication Management Partners
Work Phone: 7087528000
Email:
Fax Number: (855) 793-8197
Address: 11350 Cicero Ave#C
 Alsip, IL 60803 USA

Hospital

Name: Regions Hospital
Work Phone: 6512543456
Email:
Fax Number:
Address: 640 Jackson St
 St Paul, MN 55101 USA

Insurance

Name:	Blue Cross Blue Shield of Minnesota	Work Phone:	
Email:		Fax Number:	
Address:		Plan ID:	R2318172 106
	,		

Name:	Medicare	Work Phone:	
Email:		Fax Number:	
Address:		Plan ID:	6GF5-EE4-WG78
	,		



Arlene Freeman

Resident ID: 11632078
Address: 2195 Century Ave S
 Woodbury, MN 55125
Room: 225A

Move In Date: 5/22/2016
Home Phone:
Cell Phone:

Gender: F
Date of Birth: 7/8/1934
Marital: Single
Previous Work History:
Religion:
Anniversary:
Veteran: No

Advanced Directives: Yes
Living Will: Not Known
Code Status: DNR
Has Power of Attorney: No
Has Durable Power of Attorney: No
Legal Guardian: No
Organ Donor: Not Known
Is Resident Ambulatory: Yes
Medicare Number: 1E25-F60-NJ78

Allergy

Drug Allergies Tizanidine
Food Allergies No Known Allergies (NKA)
General Allergies No Known Allergies (NKA)

Diagnoses

Blood Hypokalemia, Nonrheumatic aortic (valve) stenosis
Gastrointestinal (GI) Gastroesophageal Reflux Disease (GERD)
 Constipation Unspecified, Cough, Diarrhea Unspecified, Difficulty In Walking Not Elsewhere Classified, Displaced bimalleolar fracture of right lower leg, Influenza due to certain identified influenza viruses, Low back pain, Morbid (severe) obesity with alveolar hypoventilation, Muscle Weakness (generalized), Other chronic pain, Other muscle spasm, Pain in left hip, Pain Unspecified, Plantar wart, Radiculopathy site unspecified, Spinal stenosis site unspecified, Unspecified fall, Vitamin D Deficiency Unspecified, Vitamin Deficiency Unspecified, Weakness
General Health
Heart Angina, Edema, Hyperlipidemia, Hypertension (High Blood Pressure)
Mental Health Anxiety Disorder, Depression, Major Depression
Skin Tinea cruris

Responsible Party

Name: Freeman, Arlene
Address: 2195 Century Ave. S.Apt. #225
 Woodbury, MN 55125 USA
Home Phone: (612) 508-4548
Cell Phone:
Work Phone:

Relation to Resident: Self
Email:
Power of Attorney: No
Durable Power of Attorney: No
Medical Power of Attorney: No

Emergency Contact

Name: Anderson, Nancy
Address: 1431 Margaret St.
 St. Paul, MN 55106
Home Phone:
Cell Phone: (612) 508-4548
Work Phone:

Relation to Resident:
Email: nancy.anderson@usbank.com
Power of Attorney: No
Durable Power of Attorney: No
Medical Power of Attorney: No

Physician

Name: Bluestone Physician Services
 Physician Services, Bluestone
Work Phone: (651) 342-1039
Email:
Address: 270 Main St N#300
 Stillwater, MN 55082 USA
Fax Number: (855) 771-6683

Pharmacy

Name: Medication Management Partners
Work Phone: 7087528000
Email:
Address: 11350 Cicero Ave#C
 Alsip, IL 60803 USA
Fax Number: (855) 793-8197

Mortuary

Name: Wulff Woodbury Funeral Home
Work Phone: (651) 738-9615
Email:
Address: 2195 Woodlane Dr
 Woodbury, MN 55125 USA
Fax Number:

Hospital

Name: Woodwinds Hospital
Work Phone: 6512320100
Email:
Address: 1925 Woodwinds Dr
 St Paul, MN 55125 USA
Fax Number:



Insurance

Name:	UCare	Work Phone:	
Email:		Fax Number:	
Address:		Plan ID:	ID #00078971700 RICLAB
	,		

Name:	Medicare Part A&B	Work Phone:	
Email:		Fax Number:	
Address:		Plan ID:	1E25-F60-NJ78
	,		



Helen Frost

Resident ID: 11632079
Address: 2195 Century Ave S
 Woodbury, MN 55125
Room: 222A

Move In Date: 11/7/2023
Home Phone:
Cell Phone:

Gender: F
Date of Birth: 1/17/1944
Marital: Divorced
Previous Work History:
Religion: Lutheran
Anniversary:
Veteran: No

Advanced Directives: Yes
Living Will: Not Known
Code Status: DNR
Has Power of Attorney: No
Has Durable Power of Attorney: No
Legal Guardian: No
Organ Donor: Not Known
Is Resident Ambulatory: Yes
Medicare Number: 5A64-FU7-TD77

Allergy

Drug Allergies Citalopram Hydrobromide, Dilaudid, Nitrous Oxide, Pravastatin Sodium, Simvastatin, Sulfa Drugs
Food Allergies Peanuts, Shellfish
General Allergies No Known Allergies (NKA)

Diagnoses

Blood Deep Vein Thrombosis (DVT)
Cancer Cancer Breast
 Abscess of liver, carotid bruit, Cataracts, Chronic kidney disease stage 4 (severe), Chronic pain syndrome, History of Knee replacement, Long term current use of anticoagulant therapy, Obesity, Other thrombophilia, Restless Leg Syndrome, Sepsis unspecified organism, Streptococcal sepsis unspecified, Total hip arthroplasty
General Health A fib, Aortic Stenosis, Congestive Heart Failure (CHF), Edema, Heart disease unspecified, Heart Murmur, History of mechanical aortic valve replacement, Hyperlipidemia, Hypertension (High Blood Pressure)
Heart
Lungs Asthma
Mental Health Anxiety Disorder, Major Depression
Metabolic
Skin Dermatitis

Responsible Party

Name: Frost, Helen
Address: 2195 Century Avenue South Unit #222
 Woodbury, MN 55125 USA
Home Phone:
Cell Phone:
Work Phone:
Relation to Resident: Self
Email:
Power of Attorney: No
Durable Power of Attorney: No
Medical Power of Attorney: No

Emergency Contact

Name: Frost, Rebecca
Address: 7574 15 Th St Lane
 Oakdale, MN 55128
Home Phone:
Cell Phone: (651) 600-1013
Work Phone:
Relation to Resident: Daughter
Email: rrfrost16@gmail.com
Power of Attorney: No
Durable Power of Attorney: No
Medical Power of Attorney: No

Name: Frost, Daniel
Address: 241 Poygan Rd
 Omro, WI 54963
Home Phone:
Cell Phone: (920) 410-0849
Work Phone:
Relation to Resident: Son
Email:
Power of Attorney: No
Durable Power of Attorney: No
Medical Power of Attorney: Yes

Physician

Name: Dr Theresa Wollan MD
 Wollan, Theresa
Work Phone: (651) 766-0520
Email:
Address: 3550 Labore Rd
 St Paul, MN 55110 USA
Fax Number: (651) 766-9451

Mortuary

Name: University of Minnesota Bequest Program
Work Phone: (612) 625-1111
Email:
Address: .
 ., MN . USA
Fax Number:

Hospital

Name: St. Johns (HealthEast)
Work Phone: 6512327000
Email:
Address: 1575 Beam Ave
 Maplewood, MN 55109 USA
Fax Number:



Insurance

Name:	Medica	Work Phone:	
Email:		Fax Number:	
Address:	,	Plan ID:	2001081963 a0061

Name:	Medicare Part A and B	Work Phone:	
Email:		Fax Number:	
Address:	,	Plan ID:	5A64-FU7-TD77



Jeanne Garay

Resident ID: 11632080
Address: 2195 Century Ave S
 Woodbury, MN 55125
Room: 153A

Move In Date: 6/17/2016
Home Phone:
Cell Phone:

Gender: F
Date of Birth: 12/5/1946
Marital: Single
Previous Work History:
Religion:
Anniversary:
Veteran: No

Advanced Directives: Yes
Living Will: Not Known
Code Status: Full Code
Has Power of Attorney: Yes
Has Durable Power of Attorney: No
Legal Guardian: No
Organ Donor: Not Known
Is Resident Ambulatory: Yes
Medicare Number: 9Jn1-R14-TY18

Allergy

Drug Allergies Azithromycin, Naloxone, Penicillin, Valacyclovir
Food Allergies No Known Allergies (NKA)
General Allergies Mold

Diagnoses

Cancer Basal cell carcinoma of skin of other parts of face, Cancer Breast, Face/Skin cancer
 Candidiasis of vulva and vagina, Cellulitis unspecified, Disorder Of Bone Density And Structure Unspecified, Influenza due to certain identified influenza viruses, Insomnia, Malignant neoplasm of unspecified site of left female breast, Malignant neoplasm of unspecified site of unspecified female breast, Osteopenia, Other specified mycoses, Personal History of Covid-19, Rosacea, Urinary Tract Infections (UTI)
General Health
Heart Edema, Hyperlipidemia
Mental Health Dementia
Skin Dermatitis, Psoriasis

Responsible Party

Name: Garay, Ricardo
Address: 6075 Courtly Alcove Unit D.
 Woodbury, MN 55125 USA
Home Phone: (651) 238-0443
Cell Phone:
Work Phone:
Relation to Resident: Other - Related
Email:
Power of Attorney: No
Durable Power of Attorney: No
Medical Power of Attorney: No

Emergency Contact

Name: Garay, Ricardo
Address: 6075 Courtly Alcove Unit D
 Woodbury, MN 55125
Home Phone:
Cell Phone: (651) 238-0443
Work Phone:
Relation to Resident:
Email: rgaray28@gmail.com
Power of Attorney: Yes
Durable Power of Attorney: No
Medical Power of Attorney: Yes

Name: Duff, Beth
Address: 1415 11th Ave
 Newport, MN 55055 USA
Home Phone:
Cell Phone: (612) 968-7014
Work Phone: (612) 805-8153
Relation to Resident: Daughter
Email: aqualuna710@yahoo.com
Power of Attorney: No
Durable Power of Attorney: No
Medical Power of Attorney: Yes

Physician

Name: Bluestone Physician Services
 Physician Services, Bluestone
Work Phone: (651) 342-1039
Email:
Fax Number: (855) 771-6683
Address: 270 Main St N#300
 Stillwater, MN 55082 USA

Name: Dermatology Consultants Woodbury
 Cook MD, Jeremy
Work Phone: (651) 578-2700
Email:
Fax Number: (651) 578-7077
Address: 576 Bielenberg Dr
 Woodbury, MN 55125 USA

Pharmacy

Name: Medication Management Partners
Work Phone: 7087528000
Email:
Fax Number: (855) 793-8197
Address: 11350 Cicero Ave#C
 Alsip, IL 60803 USA

Hospital

Name: Woodwinds Hospital
Work Phone: 6512320100
Email:
Fax Number:
Address: 1925 Woodwinds Dr
 St Paul, MN 55125 USA



Insurance

Name:	Medica	Work Phone:	
Email:		Fax Number:	
Address:	,	Plan ID:	863460390 70218
Name:	Minnesota Health Care Program	Work Phone:	
Email:		Fax Number:	
Address:	,	Plan ID:	6081941
Name:	Journey Rx (PDP)	Work Phone:	
Email:		Fax Number:	
Address:	,	Plan ID:	204187323 RX8637
Name:	Medicare Part A&B	Work Phone:	
Email:		Fax Number:	
Address:	,	Plan ID:	9Jn1-R14-TY18



Ardell Goff

Resident ID: 11632081
Address: 2195 Century Ave S
 Woodbury, MN 55125
Room: 128A

Move In Date: 1/20/2022
Home Phone:
Cell Phone:

Gender: M
Date of Birth: 8/14/1942
Marital:
Previous Work History:
Religion: Lutheran
Anniversary:
Veteran: No

Advanced Directives: Yes
Living Will: Not Known
Code Status: DNR
Has Power of Attorney: Yes
Has Durable Power of Attorney: No
Legal Guardian: No
Organ Donor: Not Known
Is Resident Ambulatory: Yes
Medicare Number: 4G82-JW6-PH22

Allergy

Drug Allergies Niacin, Penicillin, Statins, Statins-hmg-coa Reductase inhibitors
Food Allergies Amaranth (FD\T\C Red #2), Strawberries
General Allergies Amaranth

Diagnoses

Blood Hypokalemia
Gastrointestinal (GI) Esophageal Reflux, Gastric Ulcer, Gastritis unspecified without bleeding, Gastroesophageal Reflux Disease (GERD), Irritable bowel syndrome without diarrhea Allergic Rhinitis Unspecified, Benign neoplasm of pituitary gland, Chest Pain Unspecified, Chronic kidney disease stage 3a, Infrarenal abdominal aortic aneurysm without rupture, Osteopenia, Other adrenocortical insufficiency, Other and unspecified adrenocortical insufficiency, Other seasonal allergic rhinitis, Other Specified Disorders Of Bone Density And Structure, Pure Hypercholesterolemia, Syncope and collapse, Urinary Tract Infections (UTI), Vitamin D Deficiency Unspecified
General Health Atherosclerosis, Edema, Elevated blood-pressure reading without diagnosis of hypertension, Hyperlipidemia, Hypertension (High Blood Pressure)
Heart
Mental Health Dementia
Metabolic Hypothyroidism
Skin Tinea unguium

Responsible Party

Name: Jones, Derrick
Address: Unknown
 Woodbury, MN 55125 USA
Home Phone: (701) 269-4999
Cell Phone:
Work Phone:
Relation to Resident: Other – Not Related
Email: jonesderrick64@gmail.com
Power of Attorney: No
Durable Power of Attorney: No
Medical Power of Attorney: No

Emergency Contact

Name: Jones, Derrick
Address: 1361 Hilo Ave N.
 Oakdale, MN 55128
Home Phone:
Cell Phone: (218) 790-3649
Work Phone:
Relation to Resident: Son
Email: jonesderrick64@gmail.com
Power of Attorney: Yes
Durable Power of Attorney: No
Medical Power of Attorney: Yes

Name: Jones, Blair
Address: ,
Home Phone:
Cell Phone: (814) 881-6492
Work Phone:
Relation to Resident: Son
Email: bdakota466@yahoo.com
Power of Attorney: No
Durable Power of Attorney: No
Medical Power of Attorney: No

Physician

Name: Allina Health Endocrine
 Schoonover, Dr. Christopher
Work Phone: (651) 241-5000
Email:
Address: 225 Smith Ave N
 St Paul, MN 55102 USA
Fax Number: (651) 241-2501

Name: Hannah O'Leary CNP
 O'Leary, Hannah
Work Phone: (612) 254-9456
Email:
Address: 2730 County Rd E
 White Bear Lake, MN 55110 USA
Fax Number: (878) 201-5322

Pharmacy

Name: Medication Management Partners
Work Phone: 7087528000
Email:
Address: 11350 Cicero Ave#C
 Alsip, IL 60803 USA
Fax Number: (855) 793-8197

Hospital

Name: Woodwinds Hospital
Work Phone: 6512320100
Email:
Address: 1925 Woodwinds Dr
 St Paul, MN 55125 USA
Fax Number:



Insurance

Name:	Medica	Work Phone:	
Email:		Fax Number:	
Address:		Plan ID:	2017549691A0061
	,		

Name:	Medicare	Work Phone:	
Email:		Fax Number:	
Address:		Plan ID:	4G82-JW6-PH22
	,		



Glen Hambleton

Resident ID: 11632082
Address: 2195 Century Ave S
 Woodbury, MN 55125
Room: 251A

Move In Date: 6/2/2021
Home Phone:
Cell Phone:

Gender: M
Date of Birth: 12/18/1930
Marital:
Previous Work History:
Religion:
Anniversary:
Veteran: No

Allergy

Drug Allergies No Known Allergies (NKA)
Food Allergies No Known Allergies (NKA)
General Allergies No Known Allergies (NKA)

Diagnoses

General Health Cellulitis of left lower limb, Personal History of Covid-19

Advanced Directives: Not Known
Living Will: Not Known
Code Status: DNR
Has Power of Attorney: No
Has Durable Power of Attorney: No
Legal Guardian: No
Organ Donor: Not Known
Is Resident Ambulatory: Yes
Medicare Number:

Responsible Party

Name:	Hambleton, Glen	Relation to Resident:	Self
Address:	2195 Century Avenue South Unit #251 Woodbury, MN 55125 USA	Email:	
Home Phone:		Power of Attorney:	No
Cell Phone:		Durable Power of Attorney:	No
Work Phone:		Medical Power of Attorney:	No

Emergency Contact

Name:	Heille, Lisa	Relation to Resident:	Daughter
Address:	491 Sterling St S Maplewood, MN 55119	Email:	lisahohahe@gmail.com
Home Phone:		Power of Attorney:	No
Cell Phone:	(612) 644-2351	Durable Power of Attorney:	No
Work Phone:		Medical Power of Attorney:	No



Kathleen Hamblin

Resident ID: 11632083
Address: 2195 Century Ave S
 Woodbury, MN 55125
Room: 214A

Move In Date: 5/31/2022
Home Phone:
Cell Phone:

Gender: F
Date of Birth: 10/28/1938
Marital: Widowed
Previous Work History:
Religion: Catholic
Anniversary:
Veteran: No

Advanced Directives: Yes
Living Will: Not Known
Code Status: DNR
Has Power of Attorney: No
Has Durable Power of Attorney: No
Legal Guardian: No
Organ Donor: Not Known
Is Resident Ambulatory: Yes
Medicare Number: 4085399

Allergy

Drug Allergies Codeine, Morphine, Prednisone
Food Allergies No Known Allergies (NKA)
General Allergies No Known Allergies (NKA)

Diagnoses

Arthritis Osteoarthritis
Blood Anemia, Hypokalemia, Pulmonary Hypertension
General Health Back Pain, Chronic Lymphedema, Constipation Unspecified, Cough, Fusion of spine lumbar region, Otorrhea left ear, Peripheral Neuropathy, Tremors
Heart A fib, Edema, Hyperlipidemia, Hypertension (High Blood Pressure), Palpitations
Lungs Asthma, Pneumonia, shortness of breath with exertion
Mental Health Anxiety Disorder, Major Depression
Metabolic Diabetes Mellitus (DM)(High Blood Sugar), Diabetes Type II

Responsible Party

Name: Hamblin, Kathleen
Address: 2195 Century Avenue South Unit #214
 Woodbury, MN 55125 USA
Home Phone:
Cell Phone:
Work Phone:

Relation to Resident: Self
Email:
Power of Attorney: No
Durable Power of Attorney: No
Medical Power of Attorney: No

Emergency Contact

Name: Ostman, Tyler
Address: 9640 Hudson Blvd N Apt #1520
 Lake Elmo, MN 55042
Home Phone:
Cell Phone: (612) 443-1675
Work Phone:

Relation to Resident:
Email: Tyler.ostman@gmail.com
Power of Attorney: No
Durable Power of Attorney: No
Medical Power of Attorney: No

Name: Ostman, Lori
Address: 13361 Meredith Dr N
 Baxter, MN 56425 USA
Home Phone:
Cell Phone: (952) 457-7299
Work Phone:

Relation to Resident: Daughter
Email: lkostman3529@gmail.com
Power of Attorney: No
Durable Power of Attorney: No
Medical Power of Attorney: No

Physician

Name: Bluestone Physician Services
 Physician Services, Bluestone
Work Phone: (651) 342-1039
Email:
Fax Number: (855) 771-6683
Address: 270 Main St N #300
 Stillwater, MN 55082 USA

Pharmacy

Name: Medication Management Partners
Work Phone: 7087528000
Email:
Fax Number: (855) 793-8197
Address: 11350 Cicero Ave #C
 Alsip, IL 60803 USA

Hospital

Name: Regions Hospital
Work Phone: 6512543456
Email:
Fax Number:
Address: 640 Jackson St
 St Paul, MN 55101 USA



Insurance

Name:	Medicare	Work Phone:	
Email:		Fax Number:	
Address:		Plan ID:	7RQ7N68YW20
	,		
Name:	Medicaid	Work Phone:	
Email:		Fax Number:	
Address:		Plan ID:	4085399
	,		
Name:	BlueCross BlueShield	Work Phone:	
Email:		Fax Number:	
Address:		Plan ID:	JZT124510063001B
	,		



Mr. Burnell Hanson

Resident ID: 11632190
Address: 2195 Century Ave S
Woodbury, MN 55125
Room: 133A

Move In Date: 4/5/2024
Home Phone: (727) 241-9069
Cell Phone:

Gender:	M
Date of Birth:	4/18/1937
Marital:	Married
Previous Work History:	
Religion:	Episcopalian
Anniversary:	
Veteran:	No

Advanced Directives:	Yes
Living Will:	Not Known
Code Status:	DNR
Has Power of Attorney:	No
Has Durable Power of Attorney:	No
Legal Guardian:	No
Organ Donor:	Not Known
Is Resident Ambulatory:	Yes
Medicare Number:	

Allergy	
Drug Allergies	No Known Allergies (NKA)
Food Allergies	No Known Allergies (NKA)
General Allergies	No Known Allergies (NKA)
Diagnoses	
Arthritis	Arthritis, Osteoarthritis
Blood	Iron Deficiency Anemia
Cancer	Cancer Prostate
Gastrointestinal (GI)	Barrett's esophagus, diarrhea
General Health	allergic rhinitis , Incontinence Bowel, Incontinence Urinary A fib, A fib with RVR, aortic valve stenosis, bradycardia, dilation of the aorta, Hyperlipidemia, Hypertension (High Blood Pressure), pacemaker , S/P aortic valve replacement , Valvular Heart Disease
Heart	
Mental Health	Dementia, Mild Cognitive Impairment (MCI)
Metabolic	Diabetes Type II, Hypothyroidism, Insulin Dependent Diabetes (High Blood Sugar), Uncontrolled Diabetes (High Blood Sugar)
Skin	hx of lesion on right ear- likely cancerous per MD notes

Responsible Party

Name:	Hausman, Daniel	Relation to Resident:	Son
Address:	6279 Sun BlvdApt 305 St. Petersburg, FL 33715 USA	Email:	
Home Phone:	(727) 241-9069	Power of Attorney:	No
Cell Phone:		Durable Power of Attorney:	No
Work Phone:		Medical Power of Attorney:	No

Emergency Contact

Name:	Kranz, Andrea	Relation to Resident:	Daughter
Address:	"" Hastings, MN ... USA	Email:	
Home Phone:	(651) 724-8311	Power of Attorney:	No
Cell Phone:		Durable Power of Attorney:	No
Work Phone:		Medical Power of Attorney:	No
Name:	Hausman, Daniel	Relation to Resident:	Son
Address:	6279 Sun BlvdApt 305 St. Petersburg, FL 33715 USA	Email:	
Home Phone:	(727) 241-9069	Power of Attorney:	No
Cell Phone:		Durable Power of Attorney:	No
Work Phone:		Medical Power of Attorney:	No

Physician

Name:	Allina Health Hastings Clinic Jackson, Dr. Derek	Work Phone:	(651) 438-1800
Email:		Fax Number:	(651) 438-1837
Address:	1880 N Frontage Rd Hastings, MN 55033 USA		

Pharmacy

Name:	Medication Management Partners	Work Phone:	(877) 752-8046
Email:		Fax Number:	
Address:	13601 Kenton Ave Crestwood, IL 60445 USA		

Hospital

Name:	Regions Hospital	Work Phone:	6512543456
Email:		Fax Number:	
Address:	640 Jackson St St Paul, MN 55101 USA		



Insurance

Name:	Medicare Part A and B	Work Phone:	
Email:		Fax Number:	
Address:	,	Plan ID:	503-42-3303-A

Name:	HealthPartners	Work Phone:	
Email:		Fax Number:	
Address:	,	Plan ID:	01212447



Mrs. Jane Hanson

Resident ID: 11632191
Address: 2195 Century Ave S
Woodbury, MN 55125
Room: 201A

Move In Date: 3/30/2024
Home Phone: (651) 768-6349
Cell Phone:

Gender:	F
Date of Birth:	10/20/1944
Marital:	Married
Previous Work History:	
Religion:	Episcopal
Anniversary:	
Veteran:	No

Advanced Directives:	Not Known
Living Will:	Not Known
Code Status:	DNR
Has Power of Attorney:	No
Has Durable Power of Attorney:	No
Legal Guardian:	No
Organ Donor:	Not Known
Is Resident Ambulatory:	Yes
Medicare Number:	8K29-UC7-KD23

Allergy	
Drug Allergies	Aspirin, Sulfa Drugs
Food Allergies	No Known Allergies (NKA)
General Allergies	No Known Allergies (NKA)
Diagnoses	
Arthritis	Osteoarthritis
Gastrointestinal (GI)	Gastroesophageal Reflux Disease (GERD)
General Health	Insomnia, Macular degeneration
Heart	Ascending Aortic Dilation , Hypertension (High Blood Pressure)
Lungs	asthma, Bronchitis

Responsible Party

Name:	Hausman, Daniel	Relation to Resident:	Son
Address:	6279 Sun BlvdApt 305 St. Petersburg, FL 33715 USA	Email:	
Home Phone:	727-241-9069	Power of Attorney:	No
Cell Phone:		Durable Power of Attorney:	No
Work Phone:		Medical Power of Attorney:	No

Emergency Contact

Name:	Kranz, Andrea	Relation to Resident:	Daughter
Address:	"" Hastings, MN ... USA (651) 724-8311	Email:	
Home Phone:		Power of Attorney:	No
Cell Phone:		Durable Power of Attorney:	No
Work Phone:		Medical Power of Attorney:	No

Physician

Name:	. oleary, hannah	Work Phone:	(612) 254-9456
Email:	hannah.oleary@curanahealth.com	Fax Number:	(878) 201-5322
Address:	2730 Co Rd E East White Bear Lake, MN 55110 USA		

Pharmacy

Name:	Medication Management Partners	Work Phone:	(877) 752-8046
Email:		Fax Number:	
Address:	13601 Kenton Ave Crestwood, IL 60445 USA		

Insurance

Name:	Medicare Part A and B	Work Phone:	
Email:		Fax Number:	
Address:		Plan ID:	8K29-UC7-KD23



Ms. Evelyn Hirsch

Resident ID: 11632215
Address: 2195 Century Ave S
Woodbury, MN 55125
Room: 147A

Move In Date: 6/5/2024
Home Phone: 5555555
Cell Phone:

Gender:	F
Date of Birth:	11/19/1936
Marital:	
Previous Work History:	
Religion:	
Anniversary:	
Veteran:	No

Advanced Directives:	No
Living Will:	No
Code Status:	DNR
Has Power of Attorney:	No
Has Durable Power of Attorney:	Yes
Legal Guardian:	No
Organ Donor:	Not Known
Is Resident Ambulatory:	Yes
Medicare Number:	

Allergy	
Drug Allergies	No Known Allergies (NKA)
Food Allergies	No Known Allergies (NKA)
General Allergies	No Known Allergies (NKA)
Diagnoses	
General Health	Bilateral hearing loss, Central vein occlusion of Retina, Retinal detachment right eye, Urinary Tract Infections (UTI), Vision Changes
Heart	Hypertension (High Blood Pressure)
Mental Health	Dementia

Responsible Party

Name:	Hirsch, Dan	Relation to Resident:	Son
Address:	389 Arion St E St Paul, MN 55118 USA	Email:	dh51656@gmail.com
Home Phone:	(651) 731-6893	Power of Attorney:	No
Cell Phone:		Durable Power of Attorney:	No
Work Phone:		Medical Power of Attorney:	No

Emergency Contact

Name:	Hirsch, Dan	Relation to Resident:	
Address:	389 Arion St E St Paul, MN 55118 USA	Email:	
Home Phone:		Power of Attorney:	No
Cell Phone:	(651) 731-6893	Durable Power of Attorney:	Yes
Work Phone:		Medical Power of Attorney:	No

Physician

Name:	Curana Health O'Leary, Hannah	Work Phone:	(712) 541-2047
Email:	hannah.oleary@curanahealth.com	Fax Number:	(878) 201-5322
Address:	8911 N Capital of Texas Hwy Austin, TX 78759 USA		

Pharmacy

Name:	Medication Management Partners	Work Phone:	(877) 752-8046
Email:		Fax Number:	
Address:	13601 Kenton Ave Crestwood, IL 60445 USA		



Harold Hjelle

Resident ID: 11632085
Address: 2195 Century Ave S
 Woodbury, MN 55125
Room: 151A

Move In Date: 8/18/2023
Home Phone: (651) 342-3652
Cell Phone:

Gender: M
Date of Birth: 6/15/1938
Marital: Widowed
Previous Work History:
Religion:
Anniversary:
Veteran: No

Advanced Directives: Yes
Living Will: Not Known
Code Status: DNR
Has Power of Attorney: Yes
Has Durable Power of Attorney: No
Legal Guardian: No
Organ Donor: Not Known
Is Resident Ambulatory: Yes
Medicare Number: 8KP5-FW9-KT93

Allergy

Drug Allergies No Known Allergies (NKA)
Food Allergies No Known Allergies (NKA)
General Allergies No Known Allergies (NKA)

Diagnoses

General Health

Bacteremia, Benign prostatic hyperplasia with lower urinary tract symptoms, Enterococcus as the cause of diseases classified elsewhere, Hyperosmolality and hypernatremia, Inflamed seborrheic keratosis, Insomnia, Muscle Weakness (generalized), Restlessness And Agitation, Retention of urine unspecified, Urinary Tract Infections (UTI)

Mental Health Metabolic

Dementia, Unsp behav/emotn disord w onst usly occur in chldhd and adol
 Hypothyroidism

Responsible Party

Name:	Hjelle, Mark	Relation to Resident:	Other – Related
Address:	421 Salem Place Mahtomedi, MN 55115 USA	Email:	mark.hjelle@smcltd.com
Home Phone:		Power of Attorney:	No
Cell Phone:		Durable Power of Attorney:	No
Work Phone:		Medical Power of Attorney:	No

Emergency Contact

Name:	Hjelle, Mark	Relation to Resident:	Son
Address:	421 Salem Place Mahtomedi, MN 55115	Email:	mark.hjelle@smcltd.com
Home Phone:		Power of Attorney:	Yes
Cell Phone:	(651) 342-3652	Durable Power of Attorney:	No
Work Phone:		Medical Power of Attorney:	No

Name:	Hjelle, Eric	Relation to Resident:	Son
Address:	16889 San Edmundo Rd Punta Gordo, FL 33955	Email:	
Home Phone:		Power of Attorney:	Yes
Cell Phone:	(941) 806-9324	Durable Power of Attorney:	No
Work Phone:		Medical Power of Attorney:	No

Physician

Name:	Hospice of the Midwest	Work Phone:	(952) 960-8260
Email:	''	Fax Number:	
Address:	7300 France Ave S #112 Edina, MN 55435 USA		

Name:	JOHN-BSP MURPHY	Work Phone:	(612) 210-9076
Email:	Murphy, John	Fax Number:	(844) 878-8527
Address:	270 Main St N #300 Stillwater, MN 55082 USA		

Pharmacy

Name:	Medication Management Partners	Work Phone:	7087528000
Email:		Fax Number:	(855) 793-8197
Address:	11350 Cicero Ave #C Alsip, IL 60803 USA		

Hospital

Name:	Regions Hospital	Work Phone:	6512543456
Email:		Fax Number:	
Address:	640 Jackson St St Paul, MN 55101 USA		



Insurance

Name:	Medicare Part A and B	Work Phone:	
Email:		Fax Number:	
Address:	,	Plan ID:	8KP5-FW9-KT93

Name:	Anthem	Work Phone:	
Email:		Fax Number:	
Address:	,	Plan ID:	VZQ983A72109



Marion Holmberg

Resident ID: 11632086
Address: 2195 Century Ave S
 Woodbury, MN 55125
Room: 224A

Move In Date: 5/18/2022
Home Phone:
Cell Phone:

Gender: F
Date of Birth: 6/23/1935
Marital: Widowed
Previous Work History:
Religion: Protestant
Anniversary:
Veteran: No

Advanced Directives: Yes
Living Will: Not Known
Code Status: DNR
Has Power of Attorney: No
Has Durable Power of Attorney: No
Legal Guardian: No
Organ Donor: Not Known
Is Resident Ambulatory: Yes
Medicare Number: 7GT0-G98-HT17

Allergy

Drug Allergies Penicillin, Sulfa Drugs
Food Allergies No Known Allergies (NKA)
General Allergies No Known Allergies (NKA)

Diagnoses

Arthritis Osteoarthritis
Blood Venous insufficiency (chronic) (peripheral)
 Body mass index [BMI] 34.0-34.9 adult, Chronic Lymphedema, Dizziness and giddiness, Hallux valgus (acquired) unspecified foot, Intramural leiomyoma of uterus, Long term (current) use of anticoagulants, Lymphedema not elsewhere classified, Muscle Weakness (generalized), Obesity, Other forms of dyspnea, Overactive bladder, Pain Unspecified, Sleep Apnea, Spinal stenosis lumbar region with neurogenic claudication, Spondylolisthesis lumbar region, Spondylosis without myelopathy or radiculopathy cervical region, Spondylosis without myelopathy or radiculopathy lumbosacral region, Unspecified inflammatory spondylopathy lumbar region
General Health
Heart A fib, Heart failure, Heart Failure Unspecified, Hypertension (High Blood Pressure), Nonrheumatic aortic valve disorder unspecified
Skin Rash and other nonspecific skin eruption

Responsible Party

Name: Holmberg, Mark
Address: 10074 Brookhaven Drive
 Woodbury, MN 55129 USA
Home Phone:
Cell Phone:
Work Phone:
Relation to Resident: Other - Related
Email:
Power of Attorney: No
Durable Power of Attorney: No
Medical Power of Attorney: No

Emergency Contact

Name: Holmberg, Mark
Address: 10074 Brookhaven Drive
 Woodbury, MN 55129
Home Phone:
Cell Phone: (651) 792-6884
Work Phone:
Relation to Resident: Son
Email: markholmberg@comcast.net
Power of Attorney: No
Durable Power of Attorney: No
Medical Power of Attorney: Yes

Name: Sundeen, Kristine
Address: .
 ., MN . USA
Home Phone:
Cell Phone: (612) 801-2895
Work Phone:
Relation to Resident: Daughter
Email:
Power of Attorney: No
Durable Power of Attorney: No
Medical Power of Attorney: No

Name: Holmberg, Kari
Address: 10074 Brookhaven Dr
 Woodbury, MN 55129 USA
Home Phone:
Cell Phone: (651) 792-6884
Work Phone:
Relation to Resident: Other - Related
Email:
Power of Attorney: No
Durable Power of Attorney: No
Medical Power of Attorney: No

Physician

Name: Dr Robert Kingsbury MD
 Kingsbury, Robert
Work Phone: (651) 483-5461
Email:
Address: 4194 Lexington Ave N
 Shoreview, MN 55126 USA
Fax Number: (651) 483-2155

Name: Curana Health
 OLeary CNP, Hannah
Work Phone: (712) 541-2047
Email: hannah.oleary@curanahealth.com
Address: 8911 N Capital of Texas Hwy
 Austin, TX 78759 USA
Fax Number: (878) 201-5322

Name: Allina Anticoagulation
 ..
Work Phone: (651) 241-0165
Email:
Address: .
 ., MN . USA
Fax Number: (612) 262-1970



Resident - Face Sheet
Woodbury (12012)

Pharmacy

Name:	Medication Management Partners	Work Phone:	7087528000
Email:		Fax Number:	(855) 793-8197
Address:	11350 Cicero Ave#C Alsip, IL 60803 USA		

Hospital

Name:	Regions Hospital	Work Phone:	6512543456
Email:		Fax Number:	
Address:	640 Jackson St St Paul, MN 55101 USA		

Insurance

Name:	Medicare Part A&B	Work Phone:	
Email:		Fax Number:	
Address:	,	Plan ID:	7GT0-G98-HT17

Name:	Blue Cross Blue Shield of Minnesota	Work Phone:	
Email:		Fax Number:	
Address:	,	Plan ID:	XZL124556177001 10412341



Darlene Ironside

Resident ID: 11632087
Address: 2195 Century Ave S
 Woodbury, MN 55125
Room: 130A

Move In Date: 10/31/2023
Home Phone:
Cell Phone:

Gender: F
Date of Birth: 6/22/1942
Marital: Divorced
Previous Work History:
Religion:
Anniversary:
Veteran: No

Advanced Directives: Yes
Living Will: Not Known
Code Status: DNR
Has Power of Attorney: No
Has Durable Power of Attorney: No
Legal Guardian: No
Organ Donor: Not Known
Is Resident Ambulatory: Yes
Medicare Number: 8PN1-KP4-QY80

Allergy

Drug Allergies No Known Allergies (NKA)
Food Allergies No Known Allergies (NKA)
General Allergies No Known Allergies (NKA)

Diagnoses

Gastrointestinal (GI) Gastroesophageal Reflux Disease (GERD)
General Health Impacted cerumen bilateral, Onychogryphosis, Osteoporosis, Restlessness And Agitation
Heart Cardiac murmur unspecified, Heart Murmur, Hypertension (High Blood Pressure)
Mental Health Dementia

Responsible Party

Name: Stine, Diane
Address: PO Box 6269
 Snowmass Village, CO 81615 USA
Home Phone:
Cell Phone:
Work Phone:

Relation to Resident: Other – Not Related
Email:
Power of Attorney: No
Durable Power of Attorney: No
Medical Power of Attorney: No

Emergency Contact

Name: Anderson-stine, Diane
Address: 436 Terrance Drive
 SnowmassVillage, CO 81615
Home Phone:
Cell Phone: (970) 618-9471
Work Phone:

Relation to Resident:
Email: dstine436@gmail.com
Power of Attorney: No
Durable Power of Attorney: No
Medical Power of Attorney: Yes

Name: Anderson, Kali
Address: .
 ., MN . USA
Home Phone:
Cell Phone: (612) 554-7045
Work Phone:

Relation to Resident: Other – Related
Email:
Power of Attorney: No
Durable Power of Attorney: No
Medical Power of Attorney: No

Name: Crowley, Stacy
Address: 1720 Bluewater Ln
 St Paul, MN 55129 USA
Home Phone:
Cell Phone: (651) 271-6430
Work Phone:

Relation to Resident: Other – Related
Email:
Power of Attorney: No
Durable Power of Attorney: No
Medical Power of Attorney: No

Physician

Name: Angela Score
 Score, Angela
Email:
Address: 1415 Lilac Dr N#190
 Golden Valley, MN 55422 USA

Work Phone: (763) 267-8701
Fax Number: (763) 231-9602

Pharmacy

Name: Medication Management Partners
Email:
Address: 11350 Cicero Ave#C
 Alsip, IL 60803 USA

Work Phone: 7087528000
Fax Number: (855) 793-8197

Hospital

Name: Woodwinds Hospital
Email:
Address: 1925 Woodwinds Dr
 St Paul, MN 55125 USA

Work Phone: 6512320100
Fax Number:



Insurance

Name:	United Healthcare	Work Phone:	
Email:		Fax Number:	
Address:		Plan ID:	8438755-01 HCFAJ5
	,		

Name:	Medicare	Work Phone:	
Email:		Fax Number:	
Address:		Plan ID:	8PN1-KP4-QY80
	,		



Debra Johnson

Resident ID: 11632089
Address: 2195 Century Ave S
 Woodbury, MN 55125
Room: 161A

Move In Date: 2/23/2021
Home Phone:
Cell Phone:

Gender: F
Date of Birth: 11/3/1950
Marital: Divorced
Previous Work History:
Religion:
Anniversary:
Veteran: No

Advanced Directives: Yes
Living Will: Not Known
Code Status: Full Code
Has Power of Attorney: Yes
Has Durable Power of Attorney: No
Legal Guardian: No
Organ Donor: Not Known
Is Resident Ambulatory: Yes
Medicare Number: 8PG5-AN1-HD76

Allergy

Drug Allergies No Known Allergies (NKA)
Food Allergies No Known Allergies (NKA)
General Allergies No Known Allergies (NKA)

Diagnoses

Blood Anemia
Gastrointestinal (GI) Gastroesophageal Reflux Disease (GERD)
 Dorsalgia, Dorsalgia Unspecified, Fracture of unspecified part of neck of femur, History Of Falling, Insomnia, Muscle Weakness (generalized), Nausea, Nicotine dependence, Nicotine dependence unspecified uncomplicated, Other abnormalities of gait and mobility, Other idiopathic scoliosis, Other idiopathic scoliosis site unspecified, Other Specified Disorders Of Bone Density And Structure, Other specified disorders of bone density and structure unspecified site, Personal history of other diseases of urinary system, Retention of urine unspecified, Vitamin D Deficiency Unspecified
General Health
Heart Edema, Hyperlipidemia
Mental Health Adjustment disorder unspecified, Adjustment disorders, Alzheimer's, Anxiety Disorder

Responsible Party

Name: Crowley, Staci
Address: Unknown
 Woodbury, MN 55125 USA
Home Phone:
Cell Phone:
Work Phone:
Relation to Resident: Other – Not Related
Email: Stacicrowley@gmail.com
Power of Attorney: No
Durable Power of Attorney: No
Medical Power of Attorney: No

Emergency Contact

Name: Crowley, Staci
Address: 1720 Bluewater Ln
 Woodbury, MN 55129
Home Phone:
Cell Phone: (651) 271-6430
Work Phone:
Relation to Resident: Daughter
Email: Stacicrowley@gmail.com
Power of Attorney: Yes
Durable Power of Attorney: No
Medical Power of Attorney: Yes

Name: Anderson, Kali
Address: 6941 City Line Rd
 Delano, MN
Home Phone:
Cell Phone: (612) 554-7045
Work Phone:
Relation to Resident: Daughter
Email: kanderson813@gmail.com
Power of Attorney: No
Durable Power of Attorney: No
Medical Power of Attorney: No

Physician

Name: Bluestone Physician Services
 Physician Services, Bluestone
Work Phone: (651) 342-1039
Email:
Fax Number: (855) 771-6683
Address: 270 Main St N#300
 Stillwater, MN 55082 USA

Name: Lifespark
 Homecare, Lifespark
Work Phone: (952) 345-8770
Email:
Fax Number:
Address: 5320 W 23rd St
 Minneapolis, MN 55416 USA

Pharmacy

Name: Medication Management Partners
Work Phone: 7087528000
Email:
Fax Number: (855) 793-8197
Address: 11350 Cicero Ave#C
 Alsip, IL 60803 USA

Hospital

Name: Woodwinds Hospital
Work Phone: 6512320100
Email:
Fax Number:
Address: 1925 Woodwinds Dr
 St Paul, MN 55125 USA



Insurance

Name:	Health Partners Advantage	Work Phone:	
Email:		Fax Number:	
Address:	,	Plan ID:	125225700076

Name:	Medicare	Work Phone:	
Email:		Fax Number:	
Address:	,	Plan ID:	8PG5-AN1-HD76



Raymond Johnson

Resident ID: 11632090
Address: 2195 Century Ave S
 Woodbury, MN 55125
Room: 122A

Move In Date: 11/9/2023
Home Phone:
Cell Phone:

Gender: M
Date of Birth: 12/5/1936
Marital: Married
Previous Work History:
Religion:
Anniversary:
Veteran: No

Advanced Directives: Yes
Living Will: Not Known
Code Status: DNR
Has Power of Attorney: Yes
Has Durable Power of Attorney: No
Legal Guardian: No
Organ Donor: Not Known
Is Resident Ambulatory: No
Medicare Number: 7UE4-M14-TJ79

Allergy

Drug Allergies No Known Allergies (NKA)
Food Allergies No Known Allergies (NKA)
General Allergies No Known Allergies (NKA)

Diagnoses

Cancer Basal Cell Carcinoma Of Skin Unspecified
 Benign Prostatic Hyperplasia, Benign Prostatic Hyperplasia (BPH), Cataracts, Chronic Kidney Disease Stage 3, Chronic kidney disease stage 3 unspecified, Constipation Unspecified, Dyskinesia, Dystonia unspecified, History Of Falling, History of Falls, Other Symptoms And Signs Involving Cognitive Functions And Awareness, Pain Not Elsewhere Classified, Parkinsons disease, Pure Hypercholesterolemia Unspecified, Urinary Tract Infections (UTI), Vitamin D Deficiency Unspecified
General Health
Heart Atherosclerosis, Hyperlipidemia, Hypertension (High Blood Pressure)
Mental Health Cognitive disorder, Insertion of Neurostimulator Lead into Brain Open Approach
Skin Other and unspecified malignant neoplasm of skin, Rash and other nonspecific skin eruption

Responsible Party

Name: Johnson, Marlene
Address: 6807 24th St. N
 Oakdale, MN 55128 USA
Home Phone: (651) 738-2829
Cell Phone:
Work Phone:

Relation to Resident: Other – Related
Email: preinerjulie@gmail.com
Power of Attorney: No
Durable Power of Attorney: No
Medical Power of Attorney: No

Emergency Contact

Name: Preiner, Julie
Address: 1710 Newberry Av N
 Stillwater, MN 55082
Home Phone:
Cell Phone: (651) 303-7600
Work Phone:

Relation to Resident: Daughter
Email: prelnrjulie@gmail.com
Power of Attorney: Yes
Durable Power of Attorney: No
Medical Power of Attorney: No

Name: Jonson, Marlene
Address: 6807 24th St N
 Oakdale, MN 55128 USA
Home Phone:
Cell Phone: (651) 738-2829
Work Phone:

Relation to Resident: Spouse
Email: raymarjohnson@comcast.net
Power of Attorney: No
Durable Power of Attorney: No
Medical Power of Attorney: No

Name: Paulsen, Kathy
Address: .
 ., MN . USA
Home Phone:
Cell Phone: (651) 230-1439
Work Phone:

Relation to Resident: Daughter
Email:
Power of Attorney: No
Durable Power of Attorney: No
Medical Power of Attorney: No

Physician

Name: Hospice of the Midwest - Woodbury MN
Address: ..
 7616 Currell Blvd
 Woodbury, MN 55125 USA
Work Phone: (651) 344-1040
Fax Number:

Name: Shannon Gonnion PA-C
 Gonnion, Shannon
Address: 270 Main St N#300
 Stillwater, MN 55082 USA
Work Phone: (651) 342-1039
Fax Number: (855) 771-6683

Pharmacy

Name:	Medication Management Partners	Work Phone:	7087528000
Email:		Fax Number:	(855) 793-8197
Address:	11350 Cicero Ave#C Alsip, IL 60803 USA		
Name:	VA Meds	Work Phone:	8668087471
Email:		Fax Number:	
Address:	Unknown Woodbury, MN 55125 USA		

Hospital

Name:	VA Hospital	Work Phone:	6127252000
Email:		Fax Number:	
Address:	One Veterans Dr Minneapolis, MN 55417 USA		

Insurance

Name:	UCare	Work Phone:	
Email:		Fax Number:	
Address:	,	Plan ID:	325796100 U00002-006
Name:	VA	Work Phone:	
Email:		Fax Number:	
Address:	,	Plan ID:	1571545086 7346243588
Name:	Medicare Health Insurance	Work Phone:	
Email:		Fax Number:	
Address:	,	Plan ID:	7UE4-M14-TJ79



Edward Kaiser

Resident ID: 11632091
Address: 2195 Century Ave S
 Woodbury, MN 55125
Room: 247B

Move In Date: 8/4/2023
Home Phone:
Cell Phone:

Gender:	M
Date of Birth:	11/5/1930
Marital:	Married
Previous Work History:	
Religion:	Catholic
Anniversary:	
Veteran:	No

Advanced Directives:	Yes
Living Will:	Not Known
Code Status:	DNR
Has Power of Attorney:	Yes
Has Durable Power of Attorney:	No
Legal Guardian:	No
Organ Donor:	Not Known
Is Resident Ambulatory:	Yes
Medicare Number:	8YR0-Y10-ER25

Allergy	
Drug Allergies	No Known Allergies (NKA)
Food Allergies	No Known Allergies (NKA)
General Allergies	No Known Allergies (NKA)
Diagnoses	
General Health	Allergic rhinitis due to pollen, Chest Pain Unspecified, Constipation, Migraine unspecified not intractable without status migrainosus, Pain Unspecified
Mental Health	Anxiety Disorder

Responsible Party

Name:	Kaiser, Edward	Relation to Resident:	Self
Address:	2195 Century Avenue South Unit #247B Woodbury, MN 55125 USA	Email:	
Home Phone:	(651) 739-8693	Power of Attorney:	No
Cell Phone:		Durable Power of Attorney:	No
Work Phone:		Medical Power of Attorney:	No

Emergency Contact

Name:	Kaiser, Mike	Relation to Resident:	Son
Address:	1390 Roosevelt Rd Hastings, MN 55033	Email:	
Home Phone:		Power of Attorney:	Yes
Cell Phone:	(651) 373-0800	Durable Power of Attorney:	No
Work Phone:		Medical Power of Attorney:	Yes
Name:	Kaiser, Marge	Relation to Resident:	
Address:		Email:	
Home Phone:	(612) 399-9483	Power of Attorney:	No
Cell Phone:		Durable Power of Attorney:	No
Work Phone:		Medical Power of Attorney:	No
Name:	Alt, Mary	Relation to Resident:	Daughter
Address:	2445 14th Ave N St Paul, MN 55109	Email:	
Home Phone:		Power of Attorney:	Yes
Cell Phone:	(612) 718-0110	Durable Power of Attorney:	No
Work Phone:		Medical Power of Attorney:	Yes

Physician

Name:	Hospice of the Midwest - Woodbury MN	Work Phone:	(651) 344-1040
Email:	..	Fax Number:	
Address:	7616 Currell Blvd Woodbury, MN 55125 USA		
Name:	Bluestone Physician Services	Work Phone:	(651) 342-1039
Email:	Physician Services, Bluestone	Fax Number:	(855) 771-6683
Address:	270 Main St N#300 Stillwater, MN 55082 USA		

Pharmacy

Name:	Medication Management Partners	Work Phone:	7087528000
Email:		Fax Number:	(855) 793-8197
Address:	11350 Cicero Ave#C Alsip, IL 60803 USA		

Hospital

Name:	Woodwinds Hospital	Work Phone:	6512320100
Email:		Fax Number:	
Address:	1925 Woodwinds Dr St Paul, MN 55125 USA		

Insurance

Name:	Health Partners	Work Phone:	
Email:		Fax Number:	
Address:	,	Plan ID:	30660658

Name:	Medicare Part A and B	Work Phone:	
Email:		Fax Number:	
Address:	,	Plan ID:	8YR0-Y10-ER25



Margaret Kaiser

Resident ID: 11632092
Address: 2195 Century Ave S
 Woodbury, MN 55125
Room: 247A

Move In Date: 8/4/2023
Home Phone:
Cell Phone:

Gender:	F
Date of Birth:	12/12/1934
Marital:	Married
Previous Work History:	
Religion:	Catholic
Anniversary:	
Veteran:	No

Advanced Directives:	Yes
Living Will:	Not Known
Code Status:	DNR
Has Power of Attorney:	No
Has Durable Power of Attorney:	No
Legal Guardian:	No
Organ Donor:	Not Known
Is Resident Ambulatory:	Yes
Medicare Number:	2DH5-CU5-VK63

Allergy	
Drug Allergies	Colchicine, IV Dye, Lisinopril, Penicillin
Food Allergies	No Known Allergies (NKA)
General Allergies	No Known Allergies (NKA)
Diagnoses	
Arthritis	Osteoarthritis, Rheumatoid Arthritis
Gastrointestinal (GI)	Irritable bowel syndrome with diarrhea, Peptic ulcer site unspecified
General Health	Abnormalities Of Gait And Mobility, Body mass index [BMI] 25.0-25.9 adult, Constipation, Constipation Unspecified, Diarrhea Unspecified, Fatigue fracture of vertebra site unspecified, Gait abnormality, History Of Falling, Insomnia, Irritable bowel syndrome without diarrhea, Low back pain unspecified, Lumbago with sciatica, Obesity, Other intervertebral disc degeneration lumbosacral region, Overweight, Sleep Apnea, Unspecified fracture of T11-T12 vertebra
Heart	Hyperlipidemia, Hypertension (High Blood Pressure), Presence of cardiac pacemaker
Lungs	Chronic Obstructive Pulmonary Disease (COPD)
Mental Health	Anxiety Disorder, Dysthymia
Metabolic	Gout

Responsible Party

Name:	Kaiser, Margaret	Relation to Resident:	Other – Related
Address:	2195 Century Avenue South Woodbury, MN 55125 USA	Email:	
Home Phone:	(651) 739-6693	Power of Attorney:	No
Cell Phone:		Durable Power of Attorney:	No
Work Phone:		Medical Power of Attorney:	No

Emergency Contact

Name:	Kaiser, Mike	Relation to Resident:	Son
Address:	,	Email:	
Home Phone:		Power of Attorney:	No
Cell Phone:	(651) 373-0800	Durable Power of Attorney:	No
Work Phone:		Medical Power of Attorney:	No
Name:	Kaiser, Marge	Relation to Resident:	Self
Address:	,	Email:	
Home Phone:	(612) 399-9483	Power of Attorney:	No
Cell Phone:		Durable Power of Attorney:	No
Work Phone:		Medical Power of Attorney:	No
Name:	Keiser, Edward	Relation to Resident:	
Address:	,	Email:	
Home Phone:	(651) 739-8693	Power of Attorney:	No
Cell Phone:		Durable Power of Attorney:	No
Work Phone:		Medical Power of Attorney:	No
Name:	Alt, Mary	Relation to Resident:	Daughter
Address:	,	Email:	
Home Phone:		Power of Attorney:	No
Cell Phone:	(612) 718-0110	Durable Power of Attorney:	No
Work Phone:		Medical Power of Attorney:	No

Physician

Name:	Bluestone Physician Services Physician Services, Bluestone	Work Phone:	(651) 342-1039
Email:		Fax Number:	(855) 771-6683
Address:	270 Main St N#300 Stillwater, MN 55082 USA		

Pharmacy

Name:	Medication Management Partners	Work Phone:	7087528000
Email:		Fax Number:	(855) 793-8197
Address:	11350 Cicero Ave#C Alsip, IL 60803 USA		

Hospital

Name:	Woodwinds Hospital	Work Phone:	6512320100
Email:		Fax Number:	
Address:	1925 Woodwinds Dr St Paul, MN 55125 USA		

Insurance

Name:	United Healthcare	Work Phone:	
Email:		Fax Number:	
Address:	,	Plan ID:	911-87726-04 13495 ID 984282093-00

Name:	Medicare Part A and B	Work Phone:	
Email:		Fax Number:	
Address:	,	Plan ID:	2DH5-CU5-VK63



Margaret Kaufhold

Resident ID: 11632093
Address: 2195 Century Ave S
 Woodbury, MN 55125
Room: 127A

Move In Date: 12/8/2023
Home Phone:
Cell Phone:

Gender:	F
Date of Birth:	2/3/1937
Marital:	Widowed
Previous Work History:	
Religion:	Lutheran
Anniversary:	
Veteran:	No

Advanced Directives:	Yes
Living Will:	Not Known
Code Status:	DNR
Has Power of Attorney:	Yes
Has Durable Power of Attorney:	No
Legal Guardian:	No
Organ Donor:	Not Known
Is Resident Ambulatory:	Yes
Medicare Number:	

Allergy

Drug Allergies	Lexapro, Remeron, Sertraline, Trazodone
Food Allergies	No Known Allergies (NKA)
General Allergies	No Known Allergies (NKA)

Diagnoses

Blood	Hypercalcemia
General Health	Hypercholesterolemia, Macular Degeneration, Polyp of cervix uteri, Tinnitus left ear
Heart	Hyperlipidemia, Hypertension (High Blood Pressure), Peripheral vascular disease unspecified, Rheumatic Aortic Stenosis With Insufficiency
Mental Health	Anxiety Disorder
Metabolic	Diabetes Mellitus (DM)(High Blood Sugar)

Responsible Party

Name:	Kaufhold, Steve	Relation to Resident:	Other - Related
Address:	8811 Inman Ave S Cottage Grove, MN 55016 USA	Email:	
Home Phone:	(651) 739-0760	Power of Attorney:	No
Cell Phone:		Durable Power of Attorney:	No
Work Phone:		Medical Power of Attorney:	No

Emergency Contact

Name:	Kaufhold, Steven	Relation to Resident:	Son
Address:	8811 Inman Ave S Cottage Grove, MN 55016	Email:	skaufhol@gmail.com
Home Phone:		Power of Attorney:	Yes
Cell Phone:	(612) 250-2839	Durable Power of Attorney:	No
Work Phone:		Medical Power of Attorney:	Yes
Name:	Kaufhold, Debbie	Relation to Resident:	
Address:	,	Email:	
Home Phone:		Power of Attorney:	No
Cell Phone:	(651) 458-1849	Durable Power of Attorney:	No
Work Phone:		Medical Power of Attorney:	No
Name:	Kaufhold, Jeremy	Relation to Resident:	Son
Address:	1111 Korina AveUnit B Grand FOrk AFB, ND 58204	Email:	
Home Phone:	(123) 456-7899	Power of Attorney:	Yes
Cell Phone:		Durable Power of Attorney:	No
Work Phone:		Medical Power of Attorney:	No

Physician

Name:	Hannah O'Leary CNP O'Leary, Hannah	Work Phone:	(612) 254-9456
Email:		Fax Number:	(878) 201-5322
Address:	2730 County Rd E White Bear Lake, MN 55110 USA		
Name:	Hospice of the Midwest - Woodbury MN ,, Crystal	Work Phone:	(651) 344-1040
Email:		Fax Number:	
Address:	7616 Currell Blvd Woodbury, MN 55125 USA		

Pharmacy

Name:	Medication Management Partners	Work Phone:	7087528000
Email:		Fax Number:	(855) 793-8197
Address:	11350 Cicero Ave#C Alsip, IL 60803 USA		



Resident - Face Sheet
Woodbury (12012)

Hospital

Name:	Woodwinds Hospital	Work Phone:	6512320100
Email:		Fax Number:	
Address:	1925 Woodwinds Dr St Paul, MN 55125 USA		

Insurance

Name:	Blue Cross Blue Shield	Work Phone:	
Email:		Fax Number:	
Address:	,	Plan ID:	JZT124162866001B 10200583
Name:	Humana	Work Phone:	
Email:		Fax Number:	
Address:	,	Plan ID:	H46815648



Richard King

Resident ID: 11632094
Address: 2195 Century Ave S
 Woodbury, MN 55125
Room: 202A

Move In Date: 10/18/2022
Home Phone:
Cell Phone:

Gender: M
Date of Birth: 6/5/1923
Marital: Widowed
Previous Work History:
Religion: Catholic
Anniversary:
Veteran: No

Advanced Directives: Yes
Living Will: Not Known
Code Status: DNR
Has Power of Attorney: Yes
Has Durable Power of Attorney: No
Legal Guardian: No
Organ Donor: Not Known
Is Resident Ambulatory: Yes
Medicare Number: 9X58-YM7-WE37

Allergy

Drug Allergies No Known Allergies (NKA)
Food Allergies No Known Allergies (NKA)
General Allergies No Known Allergies (NKA)

Diagnoses

Blood Anemia
Gastrointestinal (GI) Gastroesophageal Reflux Disease (GERD)
 Allergic Rhinitis Unspecified, Benign prostatic hyperplasia with lower urinary tract symptoms, Chronic kidney disease stage 3 unspecified, Constipation Unspecified, Covid-19, Displ intertroch fx l femur subs for clos fx w routn heal, Fx unsp part of nk of l femr subs for clos fx w routn heal, Insomnia, Nontraumatic subarachnoid hemorrhage unspecified, Pain Not Elsewhere Classified, Presence of left artificial knee joint, Sleep Apnea, Urinary Tract Infections (UTI)
General Health Hypertension (High Blood Pressure)
Heart Dementia, Other Amnesia
Mental Health Hypothyroidism, Other specified hypothyroidism
Metabolic Dermatitis
Skin

Responsible Party

Name: King, Christine
Address: 8878 Stonebrooke Trail
 Woodbury, MN 55125 USA
Home Phone: (651) 270-9997
Cell Phone:
Work Phone:

Relation to Resident: Other - Related
Email: kris.king.09@gmail.com
Power of Attorney: No
Durable Power of Attorney: No
Medical Power of Attorney: No

Emergency Contact

Name: King, Christine
Address: 8878 Stonebrook Trial
 Woodbury, MN 55125
Home Phone: (651) 731-1255
Cell Phone: (651) 270-9997
Work Phone:

Relation to Resident: Daughter
Email: kris.king.09@gmail.com
Power of Attorney: Yes
Durable Power of Attorney: No
Medical Power of Attorney: Yes

Name: King, Bradley
Address: .
 ., MN . USA
Home Phone:
Cell Phone: (507) 259-3141
Work Phone:

Relation to Resident: Son
Email:
Power of Attorney: No
Durable Power of Attorney: No
Medical Power of Attorney: Yes

Name: Warren, Nanette
Address: .
 ., MN . USA
Home Phone:
Cell Phone: (612) 400-2137
Work Phone:

Relation to Resident:
Email:
Power of Attorney: Yes
Durable Power of Attorney: No
Medical Power of Attorney: Yes

Physician

Name: Hannah O'Leary CNP
 O'Leary, Hannah
Email:
Address: 2730 County Rd E
 White Bear Lake, MN 55110 USA

Work Phone: (612) 254-9456
Fax Number: (878) 201-5322

Pharmacy

Name: VA Minneapolis
Email:
Address: Unknown
 Woodbury, MN 55125 USA

Work Phone: 8555601721
Fax Number:

Name: Medication Management Partners
Email:
Address: 11350 Cicero Ave#C
 Alsip, IL 60803 USA

Work Phone: 7087528000
Fax Number: (855) 793-8197

Hospital

Name:	Woodwinds Hospital	Work Phone:	6512320100
Email:		Fax Number:	
Address:	1925 Woodwinds Dr St Paul, MN 55125 USA		

Insurance

Name:	Blue Cross Blue Shield of Minnesota	Work Phone:	
Email:		Fax Number:	
Address:	,	Plan ID:	XZ1124551889001 10412337

Name:	Medicare Part A and B	Work Phone:	
Email:		Fax Number:	
Address:	,	Plan ID:	9X58-YM7-WE37



Mrs. Joanne P. Larson

Resident ID: 11632171
Address: 2195 Century Ave S
Woodbury, MN 55125
Room: 156A

Move In Date: 2/24/2024
Home Phone: (651) 459-1400
Cell Phone:

Gender:	F
Date of Birth:	1/27/1935
Marital:	Widowed
Previous Work History:	
Religion:	Lutheran
Anniversary:	
Veteran:	No

Advanced Directives:	Yes
Living Will:	Not Known
Code Status:	DNR
Has Power of Attorney:	Yes
Has Durable Power of Attorney:	No
Legal Guardian:	No
Organ Donor:	Not Known
Is Resident Ambulatory:	Yes
Medicare Number:	

Allergy	
Drug Allergies	No Known Allergies (NKA)
Food Allergies	No Known Allergies (NKA)
General Allergies	No Known Allergies (NKA)
Diagnoses	
No Known Diagnoses	

Responsible Party

Name:	Larson, Doug	Relation to Resident:	Son
Address:	461 Deer Run Trail West St. Paul, MN 55118 USA	Email:	doug.mn@comcast.net
Home Phone:	(651) 890-6258	Power of Attorney:	No
Cell Phone:		Durable Power of Attorney:	No
Work Phone:		Medical Power of Attorney:	No

Emergency Contact

Name:	Larson, Doug	Relation to Resident:	Son
Address:	461 Deer Run Trail St Paul, MN 55118 USA	Email:	doug.mn@comcast.net
Home Phone:		Power of Attorney:	Yes
Cell Phone:	(651) 890-6258	Durable Power of Attorney:	No
Work Phone:		Medical Power of Attorney:	No
Name:	Kussy, Diane	Relation to Resident:	Daughter
Address:	2063 Inca Ln New Brighton, MN 55112 USA	Email:	dkussy@comcast.net
Home Phone:		Power of Attorney:	No
Cell Phone:	(651) 343-5715	Durable Power of Attorney:	No
Work Phone:		Medical Power of Attorney:	Yes

Physician

Name:	Stillwater Salvatore, Kathryn	Work Phone:	(651) 439-1234
Email:		Fax Number:	
Address:	Curve Crest Blvd Stillwater, MN 55082 USA		

Pharmacy

Name:	Medication Management Partners	Work Phone:	(877) 752-8046
Email:		Fax Number:	
Address:	13601 Kenton Ave Crestwood, IL 60445 USA		

Hospital

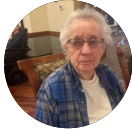
Name:	Lakeview Hospital	Work Phone:	6514395330
Email:		Fax Number:	
Address:	927 Churchill St W Stillwater, MN 55082 USA		



Insurance

Name:	Humana	Work Phone:	
Email:		Fax Number:	
Address:		Plan ID:	H52196402
	,		

Name:	BlueCross BlueShield Minnesota	Work Phone:	
Email:		Fax Number:	
Address:		Plan ID:	JZT124143784001B
	,		



Julie Lassegard

Resident ID: 11632095
Address: 2195 Century Ave S
 Woodbury, MN 55125
Room: 241A

Move In Date: 8/2/2022
Home Phone:
Cell Phone:

Gender: F
Date of Birth: 9/10/1930
Marital: Married
Previous Work History:
Religion: Catholic
Anniversary:
Veteran: No

Advanced Directives: Yes
Living Will: Not Known
Code Status: DNR
Has Power of Attorney: Yes
Has Durable Power of Attorney: No
Legal Guardian: No
Organ Donor: Not Known
Is Resident Ambulatory: Yes
Medicare Number:

Allergy

Drug Allergies No Known Allergies (NKA)
Food Allergies No Known Allergies (NKA)
General Allergies No Known Allergies (NKA)

Diagnoses

General Health

Heart

Lungs Metabolic

ACP Advance Care Planning, Acquired absence of left breast and nipple, Dizziness and giddiness, Estrogen receptor status, Glaucoma, Malignant neoplasm of unspecified site of left female breast, Monoplegia of lower limb affecting unspecified side, Nail dystrophy, Other long term (current) drug therapy, Other specified disorders of bone density and structure unspecified site, Other symptoms and signs involving the musculoskeletal system, Personal history of colonic polyps, Personal history of malignant neoplasm of breast, Personal history of other diseases of the nervous system and sense organs Cardiac murmur unspecified, Hypertension (High Blood Pressure), Other Nonrheumatic Aortic Valve Disorders, Transient Cerebral Ischemic Attack Unspecified Pleural effusion not elsewhere classified, Solitary Pulmonary Nodule Diabetes Mellitus (DM)(High Blood Sugar)

Responsible Party

Name: Lassegard, Julie
Address: 2195 Century Avenue South Unit #241
 Woodbury, MN 55125 USA
Home Phone:
Cell Phone:
Work Phone:

Relation to Resident: Self
Email:
Power of Attorney: No
Durable Power of Attorney: No
Medical Power of Attorney: No

Emergency Contact

Name: Ogren, Ann
Address: 4694 Mcdonald Dr Pl.
 Stillwater, MN 55082
 (612) 508-8664
Home Phone:
Cell Phone:
Work Phone:

Relation to Resident: Daughter
Email: annogren@gmail.com
Power of Attorney: Yes
Durable Power of Attorney: No
Medical Power of Attorney: Yes

Name: ., Paul
Address: .
 ., MN . USA
Home Phone:
Cell Phone: (612) 594-2942
Work Phone:

Relation to Resident: Son
Email:
Power of Attorney: No
Durable Power of Attorney: No
Medical Power of Attorney: No

Physician

Name: Angela Score
 Score, Angela
Email:
Address: 1415 Lilac Dr N#190
 Golden Valley, MN 55422 USA

Work Phone: (763) 267-8701
Fax Number: (763) 231-9602

Name: AdaptHealth Minnesota LLC
 ""
Email:
Address: 1055 Westgate Dr
 St Paul, MN 55114 USA

Work Phone: (651) 628-4800
Fax Number:

Mortuary

Name: Sturm Funeral Home
Email:
Address: 407 N Jackson Ave
 Springfield, MN 56087 USA

Work Phone: (507) 723-4298
Fax Number:

Hospital

Name: Woodwinds Hospital
Email:
Address: 1925 Woodwinds Dr
 St Paul, MN 55125 USA

Work Phone: 6512320100
Fax Number:



Insurance

Name:	Blue Cross Blue Shield Platinum Blue	Work Phone:	
Email:		Fax Number:	
Address:	,	Plan ID:	xzh124434701001 10194298

Name:	Blue Cross Blue Shielf MedicareBlue RX Standard	Work Phone:	
Email:		Fax Number:	
Address:	,	Plan ID:	803659731 rx8633



Joseph Lepsche

Resident ID: 11632096
Address: 2195 Century Ave S
 Woodbury, MN 55125
Room: 256A

Move In Date: 4/29/2023
Home Phone:
Cell Phone:

Gender: M
Date of Birth: 11/8/1949
Marital: Divorced
Previous Work History:
Religion: Catholic
Anniversary:
Veteran: No

Advanced Directives: Yes
Living Will: Not Known
Code Status: Full Code
Has Power of Attorney: No
Has Durable Power of Attorney: No
Legal Guardian: No
Organ Donor: Not Known
Is Resident Ambulatory: Yes
Medicare Number: 9GM4-K74-RW74

Allergy

Drug Allergies No Known Allergies (NKA)
Food Allergies No Known Allergies (NKA)
General Allergies Hayfever

Diagnoses

Gastrointestinal (GI) Duodenal Ulcer, Gastroesophageal Reflux Disease (GERD)
 Acute kidney failure unspecified, Acute Kidney Injury, Alcoholism, Alcohol dependence, Barrett's esophagus with dysplasia unspecified, Benign neoplasm of colon unspecified, Calculus of kidney, Confusion, Constipation Unspecified, Cyst of pancreas, Disorientation Unspecified, Fracture of nasal bones, Fracture of nasal bones initial encounter for closed fracture, Insomnia, kidney stones, Pancreatic Cyst, Retention of urine unspecified, Urinary Retention, Urinary Tract Infections (UTI)
General Health Destruction of Thoracic Aorta Descending Percutaneous Endoscopic Approach, Hyperlipidemia, Hypertension (High Blood Pressure)
Heart
Metabolic Diabetes Mellitus (DM)(High Blood Sugar)

Responsible Party

Name: Lepsche, Joseph R
Address: 1377 Silverwood Road
 Woodbury, MN 55125 USA
Home Phone:
Cell Phone:
Work Phone:

Relation to Resident: Self
Email:
Power of Attorney: No
Durable Power of Attorney: No
Medical Power of Attorney: No

Emergency Contact

Name: Lepsche, Joseph R
Address: 1277 Silverwood Rd
 Woodbury, MN 55125
Home Phone:
Cell Phone: (612) 991-6483
Work Phone:

Relation to Resident:
Email: JLepsche@bell.insurance
Power of Attorney: No
Durable Power of Attorney: No
Medical Power of Attorney: No

Name: Lepsche, Michael
Address: 5185 Sundial Ct
 Woodbury, MN 55129 USA
Home Phone: (651) 991-6483
Cell Phone: (651) 334-9550
Work Phone:

Relation to Resident: Other – Related
Email:
Power of Attorney: No
Durable Power of Attorney: No
Medical Power of Attorney: No

Name: Lepsche, Sharon
Address: 5185 Sundial Ct
 Woodbury, MN 55129 USA
Home Phone: (651) 991-6483
Cell Phone: (651) 324-3191
Work Phone:

Relation to Resident: Other – Related
Email: lepsche@aol.com
Power of Attorney: No
Durable Power of Attorney: No
Medical Power of Attorney: No

Physician

Name: Bluestone Physician Services
 Physician Services, Bluestone
Work Phone: (651) 342-1039
Email:
Address: 270 Main St N#300
 Stillwater, MN 55082 USA
Fax Number: (855) 771-6683

Name: HealthPartners Urology St. Paul
 Lukafewycz, Dr. Stephen
Work Phone: (651) 254-8500
Email:
Address: 435 Phalen Blvd
 St Paul, MN 55130 USA
Fax Number:

Pharmacy

Name:	Medication Management Partners	Work Phone:	7087528000
Email:		Fax Number:	(855) 793-8197
Address:	11350 Cicero Ave#C Alsip, IL 60803 USA		

Name:	Medication Management Partners	Work Phone:	7087528000
Email:		Fax Number:	(855) 793-8197
Address:	11350 Cicero Ave#C Alsip, IL 60803 USA		

Hospital

Name:	Woodwinds Hospital	Work Phone:	6512320100
Email:		Fax Number:	
Address:	1925 Woodwinds Dr St Paul, MN 55125 USA		

Insurance

Name:	Health Partners	Work Phone:	
Email:		Fax Number:	
Address:	,	Plan ID:	30963188 Supplemental Dash plan

Name:	Medicare Part A and B	Work Phone:	
Email:		Fax Number:	
Address:	,	Plan ID:	9GM4-K74-RW74



Dorothy Letourneau

Resident ID: 11632097
Address: 2195 Century Ave S
 Woodbury, MN 55125
Room: 105A

Move In Date: 8/1/2023
Home Phone:
Cell Phone:

Gender: F
Date of Birth: 6/8/1930
Marital: Widowed
Previous Work History:
Religion: Roman Catholic
Anniversary:
Veteran: No

Advanced Directives: Yes
Living Will: Not Known
Code Status: DNR
Has Power of Attorney: Yes
Has Durable Power of Attorney: No
Legal Guardian: No
Organ Donor: Not Known
Is Resident Ambulatory: Yes
Medicare Number:

Allergy

Drug Allergies Prednisone
Food Allergies No Known Allergies (NKA)
General Allergies No Known Allergies (NKA)

Diagnoses

Arthritis Osteoarthritis
Cancer Squamous cell carcinoma of skin of unspecified lower limb including hip
Gastrointestinal (GI) Gastroesophageal Reflux Disease (GERD), Ulcer of esophagus without bleeding
General Health Astigmatism, Cataracts, Chronic low back pain, Constipation Unspecified, Dysphagia pharyngeal phase, History of right hip replacement, Pseudophakia, Pure Hypercholesterolemia Unspecified
Heart Edema, Hyperlipidemia, Hypertension (High Blood Pressure)

Responsible Party

Name: Letourneau, Dorothy
Address: 2195 Century Avenue South Unit #105
 Woodbury, MN 55125 USA
Home Phone:
Cell Phone:
Work Phone:
Relation to Resident: Self
Email:
Power of Attorney: No
Durable Power of Attorney: No
Medical Power of Attorney: No

Emergency Contact

Name: Lackner, Julie
Address: 2194 Clark St
 Maplewood, MN 55117
Home Phone:
Cell Phone: (651) 890-7283
Work Phone:
Relation to Resident:
Email: jllackner@yahoo.com
Power of Attorney: Yes
Durable Power of Attorney: No
Medical Power of Attorney: Yes

Name: Letourneau, Robert
Address: 564 Plantation Drive
 Columbus, MO 39705 USA
Home Phone:
Cell Phone:
Work Phone:
Relation to Resident: Son
Email:
Power of Attorney: No
Durable Power of Attorney: No
Medical Power of Attorney: No

Physician

Name: Dr Michelle Burright MD
 Burright, Michelle
Email:
Address: 8675 Valley Creek Rd
 Woodbury, MN 55125 USA
Work Phone: (651) 241-3000
Fax Number:

Name: Curana Health
 OLeary CNP, Hannah
Email: hannah.oleary@curanahealth.com
Address: 8911 N Capital of Texas Hwy
 Austin, TX 78759 USA
Work Phone: (712) 541-2047
Fax Number: (878) 201-5322

Hospital

Name: Woodwinds Hospital
Email:
Address: 1925 Woodwinds Dr
 St Paul, MN 55125 USA
Work Phone: 6512320100
Fax Number:



Insurance

Name:	Blue Cross Blue Shield Senior Gold	Work Phone:	
Email:		Fax Number:	
Address:	,	Plan ID:	JZT124176214001B 10200583

Name:	Humana (RX)	Work Phone:	
Email:		Fax Number:	
Address:	,	Plan ID:	H54743328 9140461101



Suzanne Lloyd

Resident ID: 11632098
Address: 2195 Century Ave S
 Woodbury, MN 55125
Room: 243A

Move In Date: 4/8/2022
Home Phone:
Cell Phone:

Gender: F
Date of Birth: 7/26/1952
Marital: Widowed
Previous Work History:
Religion: Lutheran
Anniversary:
Veteran: No

Advanced Directives: Yes
Living Will: Not Known
Code Status: Full Code
Has Power of Attorney: Yes
Has Durable Power of Attorney: No
Legal Guardian: No
Organ Donor: Not Known
Is Resident Ambulatory: Yes
Medicare Number: 2P51-G49-XR07

Allergy

Drug Allergies Morphine, Penicillin
Food Allergies No Known Allergies (NKA)
General Allergies No Known Allergies (NKA)

Diagnoses

Gastrointestinal (GI) Acidosis, Peptic ulcer site unspecified
 Dysphagia Unspecified, Encephalopathy Unspecified, Insomnia, Lymphocytopenia, Muscle Weakness (generalized), Personal History Of Other Diseases Of The Circulatory System, Sepsis unspecified organism, Unsteadiness On Feet, Urinary Tract Infections (UTI)
General Health
Heart Hyperlipidemia, Hypertension (High Blood Pressure)
Lungs Acute respiratory failure with hypercapnia
Mental Health Anxiety Disorder, Cognitive communication deficit, Depression, Major Depression
Metabolic Diabetes Mellitus (DM)(High Blood Sugar), Hypothyroidism, Long term (current) use of insulin, Presence of insulin pump (external) (internal)

Responsible Party

Name: Bettendorf, Paula
Address: 6828 Lydia Lane
 Woodbury, MN 55125 USA
Home Phone:
Cell Phone:
Work Phone:

Relation to Resident: Other – Not Related
Email:
Power of Attorney: No
Durable Power of Attorney: No
Medical Power of Attorney: No

Emergency Contact

Name: Bettendorf, Paula
Address: 6828 Lydia Lane
 Woodbury, MN 55125
 (651) 775-4105
Home Phone:
Cell Phone:
Work Phone:

Relation to Resident:
Email: paulahockey24@gmail.com
Power of Attorney: Yes
Durable Power of Attorney: No
Medical Power of Attorney: Yes

Physician

Name: Bluestone Physician Services
 Physician Services, Bluestone
Work Phone: (651) 342-1039
Email:
Fax Number: (855) 771-6683
Address: 270 Main St N#300
 Stillwater, MN 55082 USA

Name: Health Partner Endocrinology
 Chadha, Cchavi
Work Phone: (651) 254-7870
Email:
Fax Number: (651) 254-7876
Address: 401 Phalen Blvd
 Stillwater, MN 55082 USA

Pharmacy

Name: Medication Management Partners
Work Phone: 7087528000
Email:
Fax Number: (855) 793-8197
Address: 11350 Cicero Ave#C
 Alsip, IL 60803 USA

Hospital

Name: Regions Hospital
Work Phone: 6512543456
Email:
Fax Number:
Address: 640 Jackson St
 St Paul, MN 55101 USA



Insurance

Name:	Blue Cross Blue Shield of Minnesota	Work Phone:	
Email:		Fax Number:	
Address:		Plan ID:	JZT122927735001B 10199219
	,		
Name:	Blue Cross Blue Shield MedicareBlue RX Standard	Work Phone:	
Email:		Fax Number:	
Address:		Plan ID:	803777227 RX8633
	,		
Name:	Medicare Part A and B	Work Phone:	
Email:		Fax Number:	
Address:		Plan ID:	2P51-G49-XR07
	,		



Ms. Patricia Lorentz

Resident ID: 11632207
Address: 2195 Century Ave S
Woodbury, MN 55125
Room: 215A

Move In Date: 5/9/2024
Home Phone: 5555555

Cell Phone:

Gender:	F
Date of Birth:	11/28/1935
Marital:	
Previous Work History:	
Religion:	
Anniversary:	
Veteran:	No

Advanced Directives:	Not Known
Living Will:	Not Known
Code Status:	DNR
Has Power of Attorney:	No
Has Durable Power of Attorney:	No
Legal Guardian:	No
Organ Donor:	Not Known
Is Resident Ambulatory:	Yes
Medicare Number:	

Allergy	
Drug Allergies	No Known Allergies (NKA)
Food Allergies	No Known Allergies (NKA)
General Allergies	No Known Allergies (NKA)
Diagnoses	
Arthritis	Rheumatoid Arthritis
Gastrointestinal (GI)	Gastroparesis, IBS
General Health	Glaucoma, Osteoporosis
Metabolic	Hypothyroidism

Responsible Party

Name:	Lorentz, Tom	Relation to Resident:	Son
Address:	2653 Promontory Pl E Maplewood, MN 55119 USA	Email:	tom.lorentz16@comcast.net
Home Phone:	(612) 345-0078	Power of Attorney:	No
Cell Phone:		Durable Power of Attorney:	No
Work Phone:	(612) 345-0078	Medical Power of Attorney:	No

Emergency Contact

Name:	Lorentz, Tom	Relation to Resident:	Son
Address:	2653 Promontory Pl E Maplewood, MN 55119 USA	Email:	tom.lorentz16@comcast.net
Home Phone:		Power of Attorney:	No
Cell Phone:	(612) 345-0078	Durable Power of Attorney:	No
Work Phone:		Medical Power of Attorney:	No

Physician

Name:	Curana Health Clinic	Work Phone:	(816) 648-7426
Email:		Fax Number:	
Address:	5123 W 98th St #2082, Bloomington, MN 55437 USA		
Name:	Curana Health Clinic O'Leary, Hannah	Work Phone:	(816) 648-7426
Email:		Fax Number:	
Address:	5123 W 98th St #2082, Bloomington, MN 55437 USA		

Insurance

Name:	Humana Choice	Work Phone:	(502) 440-7330
Email:		Fax Number:	
Address:	11108 Radleigh Ln Louisville, KY 40291 USA	Plan ID:	9140461101



Mary Ellen Mathwig

Resident ID: 11632100
Address: 2195 Century Ave S
 Woodbury, MN 55125
Room: 150A

Move In Date: 12/1/2023
Home Phone:
Cell Phone:

Gender: F
Date of Birth: 5/27/1939
Marital: Widowed
Previous Work History:
Religion:
Anniversary:
Veteran: No

Advanced Directives: Yes
Living Will: Not Known
Code Status: DNR
Has Power of Attorney: Yes
Has Durable Power of Attorney: No
Legal Guardian: No
Organ Donor: Not Known
Is Resident Ambulatory: Yes
Medicare Number: 1C15-YP4-WQ62

Allergy

Drug Allergies No Known Allergies (NKA)
Food Allergies No Known Allergies (NKA)
General Allergies No Known Allergies (NKA)

Diagnoses

Arthritis Osteoarthritis
Blood Hypokalemia
 Chronic kidney disease stage 3 unspecified, Femur fracture right, Fracture of femur, History Of Falling, Other Symptoms And Signs Involving Cognitive Functions And Awareness, Overactive bladder, Pain Not Elsewhere Classified, Parkinsons disease, Tremor Unspecified
General Health Hyperlipidemia, Hypertension (High Blood Pressure)
Heart Age-related cognitive decline
Mental Health

Responsible Party

Name: Mathwig, Rick
Address: 1075 Heather Drive
 Woodbury, MN 55129 USA
Home Phone: (507) 235-940
Cell Phone:
Work Phone:

Relation to Resident: Other – Related
Email: mathwig@comcast.net
Power of Attorney: No
Durable Power of Attorney: No
Medical Power of Attorney: No

Emergency Contact

Name: Mathwig, Rick
Address: 1075 Heather Drive
 Woodbury, MN 55129
Home Phone:
Cell Phone: (612) 723-6271
Work Phone:

Relation to Resident: Son
Email: mathwig@comcast.net
Power of Attorney: Yes
Durable Power of Attorney: No
Medical Power of Attorney: No

Name: Mathwig, Kim
Address: ,
Home Phone:
Cell Phone: (651) 308-3032
Work Phone:

Relation to Resident:
Email:
Power of Attorney: No
Durable Power of Attorney: No
Medical Power of Attorney: No

Name: Mathwig, Scott
Address: ,
Home Phone:
Cell Phone: (651) 485-4878
Work Phone:

Relation to Resident: Son
Email:
Power of Attorney: No
Durable Power of Attorney: No
Medical Power of Attorney: No

Physician

Name: Hospice of the Midwest - Woodbury MN
Address: ..
Email:
Address: 7616 Currell Blvd
 Woodbury, MN 55125 USA
Work Phone: (651) 344-1040
Fax Number:

Name: Hannah O'Leary CNP
 O'Leary, Hannah
Address: 2730 County Rd E
 White Bear Lake, MN 55110 USA
Work Phone: (612) 254-9456
Fax Number: (878) 201-5322

Pharmacy

Name: Medication Management Partners
Address: 11350 Cicero Ave#C
 Alsip, IL 60803 USA
Work Phone: 7087528000
Fax Number: (855) 793-8197



Resident - Face Sheet
Woodbury (12012)

Hospital

Name:	Woodwinds Hospital	Work Phone:	6512320100
Email:		Fax Number:	
Address:	1925 Woodwinds Dr St Paul, MN 55125 USA		

Insurance

Name:	State Farm	Work Phone:	
Email:		Fax Number:	
Address:	,	Plan ID:	HE969410 2323 STATE FARM SUPPLEMENT
Name:	Medicare Part A and B	Work Phone:	
Email:		Fax Number:	
Address:	,	Plan ID:	1C15-YP4-WQ62

**Martha McDermott**

Resident ID: 11632102
Address: 2195 Century Ave S
Woodbury, MN 55125
Room: 253A

Move In Date: 10/20/2023
Home Phone:
Cell Phone:

Gender: F
Date of Birth: 1/1/1902
Marital:
Previous Work History:
Religion:
Anniversary:
Veteran: No

Allergy

Drug Allergies No Known Allergies (NKA)
Food Allergies No Known Allergies (NKA)
General Allergies No Known Allergies (NKA)

Diagnoses

No Known Diagnoses

Advanced Directives: Not Known
Living Will: Not Known
Code Status: FullCode
Has Power of Attorney: No
Has Durable Power of Attorney: No
Legal Guardian: No
Organ Donor: Not Known
Is Resident Ambulatory: Yes
Medicare Number:

Responsible Party

Name:	McDermott, James	Relation to Resident:	Other – Related
Address:	2195 Century Avenue SouthUnit #253 Woodbury, MN 55125 USA	Email:	
Home Phone:		Power of Attorney:	No
Cell Phone:		Durable Power of Attorney:	No
Work Phone:		Medical Power of Attorney:	No

Emergency Contact

Name:	McDermott, Phil	Relation to Resident:	Son
Address:	3225 Countryside CourtUnit A Woodbury, MN 55129	Email:	pjmcdermott@comcast.net
Home Phone:		Power of Attorney:	No
Cell Phone:	(612) 205-7022	Durable Power of Attorney:	No
Work Phone:		Medical Power of Attorney:	No

Physician

Name:	Hannah O'Leary CNP O'Leary, Hannah	Work Phone:	(612) 254-9456
Email:		Fax Number:	(878) 201-5322
Address:	2730 County Rd E White Bear Lake, MN 55110 USA		

Hospital

Name:	Regions Hospital	Work Phone:	6512543456
Email:		Fax Number:	
Address:	640 Jackson St St Paul, MN 55101 USA		



Katherine McGuire

Resident ID: 11632103
Address: 2195 Century Ave S
 Woodbury, MN 55125
Room: 216A

Move In Date: 4/25/2023
Home Phone:
Cell Phone:

Gender: F
Date of Birth: 9/8/1949
Marital: Single
Previous Work History:
Religion:
Anniversary:
Veteran: No

Advanced Directives: Yes
Living Will: Not Known
Code Status: Full Code
Has Power of Attorney: No
Has Durable Power of Attorney: No
Legal Guardian: No
Organ Donor: Not Known
Is Resident Ambulatory: Yes
Medicare Number: 9M16-QC5-FP81

Allergy

Drug Allergies No Known Allergies (NKA)
Food Allergies No Known Allergies (NKA)
General Allergies No Known Allergies (NKA)

Diagnoses

Gastrointestinal (GI) Gastroesophageal Reflux Disease (GERD)
 Abdominal aortic aneurysm without rupture unspecified, Cellulitis unspecified, Muscle Weakness (generalized), Myasthenia Gravis, Obesity, Other fracture of first lumbar vertebra, Other specified sepsis, Pain Unspecified, Sepsis due to streptococcus group A, Severe sepsis without septic shock, Unsteadiness On Feet
General Health
Heart A fib, Dissection of unspecified site of aorta, Edema, Hyperlipidemia, Hypertension (High Blood Pressure), Non-ST elevation (NSTEMI) myocardial infarction, Syphilitic aneurysm of aorta
Lungs Acute respiratory failure, Acute respiratory failure with hypoxia, Chronic Obstructive Pulmonary Disease (COPD)
Mental Health Depression

Responsible Party

Name: McGuire, Katherine
Address: 2195 Century Avenue South Unit #216
 Woodbury, MN 55125 USA
Home Phone:
Cell Phone:
Work Phone:
Relation to Resident: Self
Email:
Power of Attorney: No
Durable Power of Attorney: No
Medical Power of Attorney: No

Emergency Contact

Name: Dupont, Doug
Address: ,
Home Phone:
Cell Phone: (651) 246-9250
Work Phone:
Relation to Resident:
Email:
Power of Attorney: No
Durable Power of Attorney: No
Medical Power of Attorney: No

Name: Dupont, Therese
Address: 1867 Bush Ave E
 St Paul, MN 55119 USA
Home Phone:
Cell Phone: (651) 246-9254
Work Phone:
Relation to Resident:
Email: theresadupont106@gmail.com
Power of Attorney: No
Durable Power of Attorney: No
Medical Power of Attorney: No

Name: Rud, Tammy
Address: ,
Home Phone:
Cell Phone: (651) 308-4175
Work Phone:
Relation to Resident:
Email:
Power of Attorney: No
Durable Power of Attorney: No
Medical Power of Attorney: No

Physician

Name: Shannon Gonnion PA-C
 Gonnion, Shannon
Work Phone: (651) 342-1039
Email:
Address: 270 Main St N#300
 Stillwater, MN 55082 USA
Fax Number: (855) 771-6683

Name: Handi Medical Supply
 ..
Work Phone: (651) 644-9770
Email:
Address: 2505 University Ave W
 St Paul, MN 55114 USA
Fax Number:

Pharmacy

Name: Medication Management Partners
Work Phone: 7087528000
Email:
Address: 11350 Cicero Ave#C
 Alsip, IL 60803 USA
Fax Number: (855) 793-8197



Insurance

Name:	Health Partners MSHO	Work Phone:	
Email:		Fax Number:	
Address:		Plan ID:	30900022 4182
	,		

Name:	Medicare Part A and B	Work Phone:	
Email:		Fax Number:	
Address:		Plan ID:	9M16-QC5-FP81
	,		



Johanna Miller

Resident ID: 11632104
Address: 2195 Century Ave S
 Woodbury, MN 55125
Room: 229A

Move In Date: 1/11/2019
Home Phone:
Cell Phone:

Gender: F
Date of Birth: 11/17/1940
Marital: Widowed
Previous Work History:
Religion:
Anniversary:
Veteran: No

Advanced Directives: Yes
Living Will: Not Known
Code Status: DNR
Has Power of Attorney: Yes
Has Durable Power of Attorney: No
Legal Guardian: No
Organ Donor: Not Known
Is Resident Ambulatory: Yes
Medicare Number: 8CT1-R94-RU98

Allergy

Drug Allergies Nickel
Food Allergies No Known Allergies (NKA)
General Allergies No Known Allergies (NKA)

Diagnoses

Blood Dyslipidemia
Gastrointestinal (GI) Gastroesophageal Reflux Disease (GERD)
 Effusion left hip, Effusion unspecified joint, Left bundle-branch block unspecified, Long term (current) use of anticoagulants, Other forms of dyspnea, Pain in left hip, Personal History of Covid-19, Presence of unspecified artificial knee joint, Unsp fx unsp metacarpal bone subs for fx w routn heal
General Health
Heart A fib, Bradycardia unspecified, Cardiomyopathy, Chronic systolic heart failure, Congestive Heart Failure (CHF), Hypertension (High Blood Pressure), Pacemaker, Presence of cardiac pacemaker

Responsible Party

Name: Miller, Johanna
Address: 2195 Century Avenue South Unit #229
 Woodbury, MN 55125 USA
Home Phone:
Cell Phone:
Work Phone:
Relation to Resident: Self
Email:
Power of Attorney: No
Durable Power of Attorney: No
Medical Power of Attorney: No

Emergency Contact

Name: Miller, Jim
Address: 1487 Blair Ave
 St. Paul, MN 55104
Home Phone: (651) 647-1818
Cell Phone: (651) 373-9478
Work Phone:
Relation to Resident: Son
Email: djklmiller@comcast.net
Power of Attorney: Yes
Durable Power of Attorney: No
Medical Power of Attorney: Yes

Name: Miller, Dave
Address: ,
Home Phone: (651) 260-9892
Cell Phone:
Work Phone:
Relation to Resident: Son
Email:
Power of Attorney: No
Durable Power of Attorney: No
Medical Power of Attorney: No

Physician

Name: Hannah Oleary
 Oleary, Hannah
Email: hannah.oleary@curanahealth.com
Address: 8911 N Capital of Texas Hwy
 Austin, TX 78759 USA
Work Phone: (877) 279-5960
Fax Number: (878) 201-5322

Name: Fariview Heart Clinic River Falls
 ,,
Email:
Address: 319 S Main St
 River Falls, WI 54022 USA
Work Phone: (651) 326-4327
Fax Number: (651) 326-8171

Name: David A Ness
 Ness, David
Email:
Address: 721 Snelling Ave S
 St Paul, MN 55116 USA
Work Phone: (651) 690-1311
Fax Number: (651) 690-5274

Hospital

Name: Woodwinds Hospital
Email:
Address: 1925 Woodwinds Dr
 St Paul, MN 55125 USA
Work Phone: 6512320100
Fax Number:



Insurance

Name:	Medicare Part A&B	Work Phone:	
Email:		Fax Number:	
Address:	,	Plan ID:	8CT1-R94-RU98

Name:	Blue Cross Blue Shield	Work Phone:	
Email:		Fax Number:	
Address:	,	Plan ID:	R00979718 65006500



Mary Monson

Resident ID: 11632105
Address: 2195 Century Ave S
 Woodbury, MN 55125
Room: 205A

Move In Date: 5/12/2023
Home Phone:
Cell Phone:

Gender:	F
Date of Birth:	6/3/1941
Marital:	Widowed
Previous Work History:	
Religion:	
Anniversary:	
Veteran:	No

Advanced Directives:	Yes
Living Will:	Not Known
Code Status:	DNR
Has Power of Attorney:	No
Has Durable Power of Attorney:	No
Legal Guardian:	No
Organ Donor:	Not Known
Is Resident Ambulatory:	Yes
Medicare Number:	318238300 80840

Allergy	
Drug Allergies	No Known Allergies (NKA)
Food Allergies	No Known Allergies (NKA)
General Allergies	No Known Allergies (NKA)
Diagnoses	
Arthritis	Osteoarthritis Blindness one eye unspecified eye, Conjunctival Xerosis Unspecified, Glaucoma, Osteoporosis, Other chronic pain, Pain In Right Knee, Pain Not Elsewhere Classified, Secondary malignant neoplasm of brain, Unqualified visual loss both eyes
General Health	
Lungs	Malignant neoplasm of lower lobe left bronchus or lung

Responsible Party			
Name:	Monson, Mary	Relation to Resident:	Self
Address:	2195 Century Avenue SouthUnit #205 Woodbury, MN 55125 USA	Email:	
Home Phone:	(651) 738-1536	Power of Attorney:	No
Cell Phone:		Durable Power of Attorney:	No
Work Phone:		Medical Power of Attorney:	No

Emergency Contact			
Name:	Kerschner, Kelly	Relation to Resident:	Daughter
Address:	10421 Stony Creek Drive Woodbury, MN 55129	Email:	
Home Phone:		Power of Attorney:	No
Cell Phone:	(651) 295-1202	Durable Power of Attorney:	No
Work Phone:		Medical Power of Attorney:	Yes

Physician			
Name:	Bluestone Physician Services Physician Services, Bluestone	Work Phone:	(651) 342-1039
Email:		Fax Number:	(855) 771-6683
Address:	270 Main St N#300 Stillwater, MN 55082 USA		

Pharmacy			
Name:	Medication Management Partners	Work Phone:	7087528000
Email:		Fax Number:	(855) 793-8197
Address:	11350 Cicero Ave#C Alsip, IL 60803 USA		

Hospital			
Name:	Woodwinds Hospital	Work Phone:	6512320100
Email:		Fax Number:	
Address:	1925 Woodwinds Dr St Paul, MN 55125 USA		

Insurance			
Name:	UCare Medicare	Work Phone:	
Email:		Fax Number:	
Address:		Plan ID:	318238300 80840



Darlene Morris

Resident ID: 11632106
Address: 2195 Century Ave S
 Woodbury, MN 55125
Room: 143A

Move In Date: 8/14/2023
Home Phone:
Cell Phone:

Gender: F
Date of Birth: 3/29/1945
Marital: Widowed
Previous Work History:
Religion:
Anniversary:
Veteran: No

Advanced Directives: Yes
Living Will: Not Known
Code Status: Full Code
Has Power of Attorney: No
Has Durable Power of Attorney: No
Legal Guardian: No
Organ Donor: Not Known
Is Resident Ambulatory: Yes
Medicare Number: 05394151 610459

Allergy

Drug Allergies No Known Allergies (NKA)
Food Allergies No Known Allergies (NKA)
General Allergies No Known Allergies (NKA)

Diagnoses

Cancer Cancer Endometrial
 Abnormalities Of Gait And Mobility, Acute cystitis without hematuria, Enterocolitis due to Clostridium difficile not specified as recurrent, Incontinence Urinary, Malaise And Fatigue, Muscle Weakness (generalized), Obesity, Postpolio syndrome, Rhabdomyolysis, Unspecified Abnormalities Of Gait And Mobility
General Health Congestive Heart Failure (CHF), Edema, Hypertension (High Blood Pressure)
Heart Anxiety Disorder
Mental Health Malignant neoplasm of endometrium
Skin

Responsible Party

Name: Morris, Jeff
Address: 4260 Miller View Road
 Elko New Market, MN 55020 USA
Home Phone: (612) 987-3197
Cell Phone:
Work Phone:

Relation to Resident: Other – Related
Email: morris.jeff14@gmail.com
Power of Attorney: No
Durable Power of Attorney: No
Medical Power of Attorney: No

Emergency Contact

Name: Morris, Jeff
Address: 4260 Miller View Dr
 New Market, MN 55020
Home Phone:
Cell Phone: (612) 987-3197
Work Phone:

Relation to Resident: Son
Email: morris.jeff14@gmail.com
Power of Attorney: No
Durable Power of Attorney: No
Medical Power of Attorney: Yes

Name: Morris, Shelly
Address: ,
Home Phone:
Cell Phone: (952) 457-4157
Work Phone:

Relation to Resident:
Email:
Power of Attorney: No
Durable Power of Attorney: No
Medical Power of Attorney: No

Physician

Name: Hannah O'Leary CNP
 O'Leary, Hannah
Email:
Address: 2730 County Rd E
 White Bear Lake, MN 55110 USA
Work Phone: (612) 254-9456
Fax Number: (878) 201-5322

Name: M Health Fairview Clinic - Rice Street
 Ulstad - Warkentien, Dr. Charlene
Email:
Address: 980 Rice St
 St Paul, MN 55117 USA
Work Phone: (651) 326-9020
Fax Number: (651) 326-8060

Hospital

Name: St. Johns (HealthEast)
Email:
Address: 1575 Beam Ave
 Maplewood, MN 55109 USA
Work Phone: 6512327000
Fax Number:



Insurance

Name:	Medicare	Work Phone:	
Email:		Fax Number:	
Address:		Plan ID:	7WM3-NN4-TF72
	,		

Name:	Medicaid	Work Phone:	
Email:		Fax Number:	
Address:		Plan ID:	05394151 610459
	,		



Ms. Cheryl Nordstrom

Resident ID:

11632211

Address:

2195 Century Ave S
Woodbury, MN 55125

Room:

208A

Move In Date:

5/18/2024

Home Phone:

5555555

Cell Phone:

Gender:

F

Date of Birth:

7/26/1946

Marital:

Previous Work History:

Religion:

Anniversary:

Veteran:

No

Advanced Directives:

Not Known

Living Will:

Not Known

Code Status:

Full Code

Has Power of Attorney:

No

Has Durable Power of Attorney:

No

Legal Guardian:

No

Organ Donor:

Not Known

Is Resident Ambulatory:

Yes

Medicare Number:

Allergy

Drug Allergies

No Known Allergies (NKA)

Food Allergies

No Known Allergies (NKA)

General Allergies

Adhesive Tape-Silicones-Rash

Diagnoses

Blood

Anemia
Acute midline low back pain without sciatica, Closed stable burst fracture of fourth lumbar vertebra, Compression fracture of L4 vertebra, Diastolic dysfunction, H/O total knee replacement, Left, Long term current use of anticoagulant therapy, lumbar dysfunction, Obesity, obstructive sleep apnea, OSA, Osteoporosis, prediabetes

General Health

Heart

A fib, Hyperlipidemia, Hypertension (High Blood Pressure)

Responsible Party

Name:

Nordstrom, Cheryl

Address:

2195 Century Ave S
Woodbury, MN 55125 USA

Home Phone:

5555555

Cell Phone:

Work Phone:

Relation to Resident:

Self

Email:

journey39k@gmail.com

Power of Attorney:

No

Durable Power of Attorney:

No

Medical Power of Attorney:

No

Emergency Contact

Name:

Aase, Kristine

Address:

3853 Oxford Dr
Woodbury, MN 55125 USA
(651) 307-4244

Home Phone:

Cell Phone:

Work Phone:

Relation to Resident:

Email:

aasemkaase@comcast.net

Power of Attorney:

No

Durable Power of Attorney:

No

Medical Power of Attorney:

No

Name:

Aase, Matthew

Address:

3853 Oxford Dr
W, MN 55125 USA
(651) 734-5861

Home Phone:

Cell Phone:

Work Phone:

Relation to Resident:

Email:

Power of Attorney:

No

Durable Power of Attorney:

No

Medical Power of Attorney:

No

Physician

Name:

Curana Health Clinic
O'Leary, Hannah

Email:

Address:

1001 NW Chipman Rd
Lee's Summit, MO 64081 USA

Work Phone:

(816) 648-7426

Fax Number:

Name:

LINCARE
., oxygen provider
cmadsen@lincare.com

Address:

1800 Como Ave
St Paul, MN 55108 USA

Work Phone:

(763) 545-1590

Fax Number:

(866) 406-0105

Mortuary

Name:

Washburn-McReavy Crystal Lake Funeral Chapel and Cemetery

Email:

Address:

3816 N Penn Ave
Minneapolis, MN 55412 USA

Work Phone:

(612) 521-3677

Fax Number:

Hospital

Name:

Regions Hospital

Email:

Address:

640 Jackson St
St Paul, MN 55101 USA

Work Phone:

6512543456

Fax Number:



Insurance

Name:	Medicare	Work Phone:	
Email:		Fax Number:	
Address:		Plan ID:	8006334227
	,		
Name:	Medica	Work Phone:	
Email:		Fax Number:	
Address:		Plan ID:	2039323833
	,		
Name:	Medicare	Work Phone:	
Email:		Fax Number:	
Address:		Plan ID:	4KJ6-UR3-RQ48
	,		



Emelia Patten

Resident ID: 11632109
Address: 2195 Century Ave S
 Woodbury, MN 55125
Room: 254A

Move In Date: 3/16/2022
Home Phone:
Cell Phone:

Gender: F
Date of Birth: 8/28/1936
Marital: Widowed
Previous Work History:
Religion: Catholic
Anniversary:
Veteran: No

Advanced Directives: Yes
Living Will: Not Known
Code Status: DNR
Has Power of Attorney: Yes
Has Durable Power of Attorney: No
Legal Guardian: No
Organ Donor: Not Known
Is Resident Ambulatory: Yes
Medicare Number: 9KM4-VT6-JN60

Allergy

Drug Allergies Benadryl, Diphenhydramine, Erythromycin, Estrogens, Hydrochlorothiazide, Lisinopril, Macroclantin, Nitrofurantoin, Sulfa Drugs
Food Allergies No Known Allergies (NKA)
General Allergies Ampicillin

Diagnoses

Arthritis Osteoarthritis
Gastrointestinal (GI) Gastroesophageal Reflux Disease (GERD)
 Acute sinusitis unspecified, Aphakia bilateral, Chronic maxillary sinusitis, Constipation, Encounter for screening for osteoporosis, Insomnia, Other fecal abnormalities, Other peripheral vertigo, Pain Not Elsewhere Classified, Presence of intraocular lens, Pseudophakia, Pure Hypercholesterolemia Unspecified, Restless legs syndrome, Urinary Tract Infections (UTI)
General Health
Heart Hypertension (High Blood Pressure)
Mental Health Alzheimer's, Anxiety Disorder, Dementia
Metabolic Diabetes Mellitus (DM)(High Blood Sugar), Diabetes Type II, Hypothyroidism

Responsible Party

Name: Patten, Emelia
Address: 2195 Century Avenue South Unit #254
 Woodbury, MN 55125 USA
Home Phone:
Cell Phone:
Work Phone:
Relation to Resident: Self
Email:
Power of Attorney: No
Durable Power of Attorney: No
Medical Power of Attorney: No

Emergency Contact

Name: Nitti, Kris
Address: 856 23rd Ave N
 So St. Paul, MN 55075
Home Phone:
Cell Phone: (651) 455-2306
Work Phone:
Relation to Resident: Daughter
Email:
Power of Attorney: Yes
Durable Power of Attorney: No
Medical Power of Attorney: Yes

Name: Schwarts, Rita
Address: 7608 Newbury Road
 Woodbury, MN 55125
Home Phone:
Cell Phone: (651) 675-6259
Work Phone:
Relation to Resident: Daughter
Email:
Power of Attorney: Yes
Durable Power of Attorney: No
Medical Power of Attorney: Yes

Physician

Name: Bluestone Physician Services
 Physician Services, Bluestone
Work Phone: (651) 342-1039
Email:
Fax Number: (855) 771-6683
Address: 270 Main St N#300
 Stillwater, MN 55082 USA

Pharmacy

Name: Medication Management Partners
Work Phone: 7087528000
Email:
Fax Number: (855) 793-8197
Address: 11350 Cicero Ave#C
 Alsip, IL 60803 USA

Hospital

Name: United Hospital St. Paul
Work Phone: 6512418000
Email:
Fax Number:
Address: 333 Smith Ave N
 St Paul, MN 55102 USA



Insurance

Name:	Medicare	Work Phone:	
Email:		Fax Number:	
Address:		Plan ID:	9KM4-VT6-JN60
	,		

Name:	Blue Cross Blue Shield of Minnesota	Work Phone:	
Email:		Fax Number:	
Address:		Plan ID:	XZL124594547001 10412347
	,		



Mary Pearson

Resident ID: 11632110
Address: 2195 Century Ave S
 Woodbury, MN 55125
Room: 136A

Move In Date: 4/27/2022
Home Phone:
Cell Phone:

Gender: F
Date of Birth: 5/23/1946
Marital: Widowed
Previous Work History:
Religion:
Anniversary:
Veteran: No

Advanced Directives: Yes
Living Will: Not Known
Code Status: DNR
Has Power of Attorney: Yes
Has Durable Power of Attorney: No
Legal Guardian: No
Organ Donor: Not Known
Is Resident Ambulatory: Yes
Medicare Number: 2VQ9-D87-VQ33

Allergy

Drug Allergies No Known Allergies (NKA)
Food Allergies No Known Allergies (NKA)
General Allergies No Known Allergies (NKA)

Diagnoses

General Health Corns and callosities, Deep phlebothrombosis in the puerperium, Deficiency Of Other Specified B Group Vitamins, Insomnia, Low back pain unspecified, Memory Loss, Osteopenia, Osteoporosis, Pain Not Elsewhere Classified, Syncope and collapse, Unspecified Protein-calorie Malnutrition, Zoster without complications
Heart Cardiac murmur unspecified, Cerebral Infarction Unspecified, Hyperlipidemia, Hypertension (High Blood Pressure)
Mental Health Anxiety Disorder, Dementia
Metabolic Cachexia
Skin Paresthesia of skin

Responsible Party

Name: Pearson, Jeff
Address: 6916 Logan Ave S
 Richfield, MN 55423 USA
Home Phone:
Cell Phone:
Work Phone:
Relation to Resident: Other - Related
Email:
Power of Attorney: No
Durable Power of Attorney: No
Medical Power of Attorney: No

Emergency Contact

Name: Pearson, Jeff
Address: 6916 Logan Ave S
 Richfield, MN 55423
Home Phone:
Cell Phone: (651) 208-4078
Work Phone:
Relation to Resident: Son
Email: jeffpearson01@gmail.com
Power of Attorney: Yes
Durable Power of Attorney: No
Medical Power of Attorney: Yes

Name: Pearson, John
Address: ,
Home Phone:
Cell Phone: (952) 217-6335
Work Phone:
Relation to Resident: Son
Email:
Power of Attorney: No
Durable Power of Attorney: No
Medical Power of Attorney: No

Physician

Name: Hannah O'Leary CNP
 O'Leary, Hannah
Work Phone: (612) 254-9456
Email:
Fax Number: (878) 201-5322
Address: 2730 County Rd E
 White Bear Lake, MN 55110 USA

Pharmacy

Name: Medication Management Partners
Work Phone: 7087528000
Email:
Fax Number: (855) 793-8197
Address: 11350 Cicero Ave#C
 Alsip, IL 60803 USA

Hospital

Name: United Hospital St. Paul
Work Phone: 6512418000
Email:
Fax Number:
Address: 333 Smith Ave N
 St Paul, MN 55102 USA



Insurance

Name:	UCare	Work Phone:	
Email:		Fax Number:	
Address:		Plan ID:	317719800 U00092_001
	,		

Name:	Medicare Part A and B	Work Phone:	
Email:		Fax Number:	
Address:		Plan ID:	2VQ9-D87-VQ33
	,		



Theodore Peters

Resident ID: 11632111
Address: 2195 Century Ave S
 Woodbury, MN 55125
Room: 255A

Move In Date: 8/1/2015
Home Phone:
Cell Phone:

Gender: M
Date of Birth: 9/14/1929
Marital: Widowed
Previous Work History:
Religion:
Anniversary:
Veteran: No

Advanced Directives: Yes
Living Will: Not Known
Code Status: DNR
Has Power of Attorney: Yes
Has Durable Power of Attorney: No
Legal Guardian: No
Organ Donor: Not Known
Is Resident Ambulatory: Yes
Medicare Number: 4Q80-CW7-RW14

Allergy

Drug Allergies No Known Allergies (NKA)
Food Allergies No Known Allergies (NKA)
General Allergies No Known Allergies (NKA)

Diagnoses

Arthritis Osteoarthritis
General Health Covid-19, Personal History of Covid-19, Urgency of urination
Heart Edema, Hyperlipidemia, Hypertension (High Blood Pressure)

Responsible Party

Name:	Peters, Ted	Relation to Resident:	Other – Related
Address:	2195 Century Ave S Unit #255 Woodbury, MN 55125 USA	Email:	
Home Phone:	651428229	Power of Attorney:	No
Cell Phone:		Durable Power of Attorney:	No
Work Phone:		Medical Power of Attorney:	No

Emergency Contact

Name:	Peters, Eric	Relation to Resident:	Son
Address:	603 West Elm St River Falls, WI 54022 (715) 410-6959	Email:	eric.peters@rfsd.k12.wi.us
Home Phone:		Power of Attorney:	Yes
Cell Phone:		Durable Power of Attorney:	No
Work Phone:		Medical Power of Attorney:	Yes

Name:	Peters, Charles	Relation to Resident:	Son
Address:	844 Newton St Monterey, CA 93940 USA	Email:	
Home Phone:		Power of Attorney:	No
Cell Phone:	(831) 251-2120	Durable Power of Attorney:	No
Work Phone:		Medical Power of Attorney:	No

Name:	Peters, Douglas	Relation to Resident:	Son
Address:	1307 Mautenne Dr Ballwin, MO 63021 USA	Email:	
Home Phone:		Power of Attorney:	No
Cell Phone:	(314) 315-1029	Durable Power of Attorney:	No
Work Phone:		Medical Power of Attorney:	No

Physician

Name:	Dr Philip Stoyke MD Stoyke, Philip	Work Phone:	(651) 232-6700
Email:		Fax Number:	(651) 471-5801
Address:	9900 Tamarack Rd Woodbury, MN 55125 USA		

Name:	Curana Health Oleary, Hannah	Work Phone:	(712) 541-2047
Email:	hannah.oleary@curanahealth.com	Fax Number:	(878) 201-5322
Address:	8911 N Capital of Texas Hwy Austin, TX 78759 USA		

Hospital

Name:	Woodwinds Hospital	Work Phone:	6512320100
Email:		Fax Number:	
Address:	1925 Woodwinds Dr St Paul, MN 55125 USA		

Insurance

Name:	Blue Cross Blue Shield	Work Phone:	
Email:		Fax Number:	
Address:		Plan ID:	R50582509 65006500
	,		

Name:	Medicare Part A and B	Work Phone:	
Email:		Fax Number:	
Address:		Plan ID:	4Q80-CW7-RW14
	,		



Mary Petrie

Resident ID: 11632112
Address: 2195 Century Ave S
 Woodbury, MN 55125
Room: 102A

Move In Date: 5/12/2023
Home Phone:
Cell Phone:

Gender: F
Date of Birth: 9/15/1944
Marital: Divorced
Previous Work History:
Religion:
Anniversary:
Veteran: No

Advanced Directives: Not Known
Living Will: Not Known
Code Status: DNR
Has Power of Attorney: No
Has Durable Power of Attorney: No
Legal Guardian: No
Organ Donor: Not Known
Is Resident Ambulatory: Yes
Medicare Number:

Allergy

Drug Allergies No Known Allergies (NKA)
Food Allergies No Known Allergies (NKA)
General Allergies No Known Allergies (NKA)

Diagnoses

General Health Dyslipidemia, Local-rel (focal) symptc epilepsy w simple partial seizures, Malignant neoplasm of breast of unspecified site, Prolonged grief disorder
Mental Health Dementia

Diet Preferences

Does this resident require mechanically altered Food? Regular #7 (Normal)
 Does this resident require thickened Liquid? Thin #0 (Thin)

Responsible Party

Name: Olson, Andrea
Address: 1645 Century Ave
 Newport, MN 55055 USA
Home Phone: 651-399-9035
Cell Phone:
Work Phone:

Relation to Resident: Other – Not Related
Email: andreaolson@gmail.com
Power of Attorney: No
Durable Power of Attorney: No
Medical Power of Attorney: No

Emergency Contact

Name: Olson, Andrea
Address: 1645 Century Ave
 Newport, MN 55055 USA
Home Phone:
Cell Phone: (651) 399-9035
Work Phone:

Relation to Resident: Daughter
Email: andreaolson@gmail.com
Power of Attorney: No
Durable Power of Attorney: No
Medical Power of Attorney: No

Physician

Name: Curana Health
 O'Leary, Hannah
Email: hannah.oleary@curanahealth.com
Address: 8911 N Capital of Texas Hwy
 Austin, TX 78759 USA

Work Phone: (712) 541-2047
Fax Number: (878) 201-5322

Insurance

Name: Blue Cross Blue Shield of Minnesota
Email:
Address:

Work Phone:
Fax Number:
Plan ID: JZT129014992011B



Jeffrey Podoll

Resident ID: 11632113
Address: 2195 Century Ave S
 Woodbury, MN 55125
Room: 231A

Move In Date: 3/29/2022
Home Phone:
Cell Phone:

Gender: M
Date of Birth: 9/2/1954
Marital: Married
Previous Work History:
Religion: Catholic
Anniversary:
Veteran: No

Advanced Directives: Yes
Living Will: Not Known
Code Status: DNR
Has Power of Attorney: Yes
Has Durable Power of Attorney: No
Legal Guardian: No
Organ Donor: Not Known
Is Resident Ambulatory: Yes
Medicare Number: 5GK5-NF8-QV73

Allergy

Drug Allergies Penicillin
Food Allergies No Known Allergies (NKA)
General Allergies No Known Allergies (NKA)

Diagnoses

General Health Dysarthria Following Cerebral Infarction, High Fall Risk, Incontinence Urinary, Insomnia, Multiple Strokes with right sided hemiparesis
Heart Hyperlipidemia, Hypertension (High Blood Pressure), Left Cerebellar Infarction
Metabolic Gout

Responsible Party

Name: Podoll, Marianne
Address: 8818 Grospoint Ave. S
 Cottage Grove, MN 55016 USA
Home Phone:
Cell Phone:
Work Phone:

Relation to Resident: Other – Related
Email: jmpodoll@yahoo.com
Power of Attorney: No
Durable Power of Attorney: No
Medical Power of Attorney: No

Emergency Contact

Name: Podoll, Marianne
Address: 8818 Grospoint Ave S
 Cottage Grove, MN 55016
Home Phone:
Cell Phone: (612) 616-2637
Work Phone:

Relation to Resident: Spouse
Email: jmpodoll@yahoo.com
Power of Attorney: Yes
Durable Power of Attorney: No
Medical Power of Attorney: Yes

Physician

Name: Twin Cities Physicians
 Physicians, Twin Cities
Work Phone: (763) 267-8701
Email:
Fax Number: (763) 231-9602
Address: 1415 Lilac Dr N#190
 Minneapolis, MN 55422 USA

Mortuary

Name: Cremation Society of Minnesota
Work Phone: (612) 825-2435
Email:
Fax Number:
Address: 4343 Nicollet Ave
 Minneapolis, MN 55409 USA

Hospital

Name: Regions Hospital
Work Phone: 6512543456
Email:
Fax Number:
Address: 640 Jackson St
 St Paul, MN 55101 USA

Insurance

Name: UCare
Work Phone:
Email:
Fax Number:
Address: ,
Plan ID: ID 322102200

Name: Centers of Medicare
Work Phone: 1 (800) 633-4227
Email:
Fax Number:
Address: 7500 Security Blvd
 Baltimore, MD 21244 USA
Plan ID: 5GK5-NF8-QV73



Michael Richardson

Resident ID: 11632114
Address: 2195 Century Ave S
 Woodbury, MN 55125
Room: 158A

Move In Date: 5/15/2018
Home Phone:
Cell Phone:

Gender: M
Date of Birth: 12/4/1941
Marital: Widowed
Previous Work History:
Religion: Catholic
Anniversary:
Veteran: No

Advanced Directives: Yes
Living Will: Not Known
Code Status: DNR
Has Power of Attorney: Yes
Has Durable Power of Attorney: No
Legal Guardian: No
Organ Donor: Not Known
Is Resident Ambulatory: Yes
Medicare Number: 5J43-XR7-KN02

Allergy

Drug Allergies No Known Allergies (NKA)
Food Allergies Shrimp, Shrimp Flavor
General Allergies No Known Allergies (NKA)

Diagnoses

Gastrointestinal (GI) Gastroesophageal Reflux Disease (GERD)
 Alcohol abuse with intoxication uncomplicated, Alcohol use unspecified with alcohol-induced persisting dementia, Conjunctival Xerosis Unspecified, Conjunctivitis, Covid-19, Hyperosmolality and hyponatremia, Impacted cerumen unspecified ear, Muscle Weakness (generalized), Other symptoms and signs involving appearance and behavior, Pain in unspecified foot, Pain Not Elsewhere Classified, Repeated Falls, Restlessness And Agitation
General Health
Heart Atherosclerosis, Hypertension (High Blood Pressure), Other specified peripheral vascular diseases, Prsnl Hx Of TIA (TIA) And Cereb Infrc W/o Resid Deficits
Mental Health alcohol induced dementia, Major Depression
Skin Tinea unguium

Responsible Party

Name: Richardson, Rebecca
Address: 6562 23rd Ave No
 Oakdale, MN 55128 USA
Home Phone:
Cell Phone:
Work Phone:
Relation to Resident: Other - Related
Email:
Power of Attorney: No
Durable Power of Attorney: No
Medical Power of Attorney: No

Emergency Contact

Name: Richardson, Becky
Address: 6562 23rd St. No.
 Oakdale, MN 55128
Home Phone:
Cell Phone: (651) 331-6421
Work Phone:
Relation to Resident: Daughter
Email: richa109@umn.edu
Power of Attorney: Yes
Durable Power of Attorney: No
Medical Power of Attorney: Yes

Name: Richardson, Elizabeth 'Buffy'
Address: 6562 23rd Street North
 Oakdale, MN 55128
Home Phone:
Cell Phone: (651) 592-5693
Work Phone:
Relation to Resident: Daughter
Email: buffy1569@gmail.com
Power of Attorney: Yes
Durable Power of Attorney: No
Medical Power of Attorney: No

Name: Betz, Amy
Address: 371 Julep Ave
 Lake Elmo, MN 55042
Home Phone:
Cell Phone: (651) 343-8970
Work Phone:
Relation to Resident: Daughter
Email: betzfamly5@comcast.net
Power of Attorney: No
Durable Power of Attorney: No
Medical Power of Attorney: No

Physician

Name: Bluestone Physician Services
 Physician Services, Bluestone
Work Phone: (651) 342-1039
Email:
Address: 270 Main St N#300
 Stillwater, MN 55082 USA
Fax Number: (855) 771-6683

Name: Nystrom & Associates, Ltd. - Woodbury
 Burrell, Dr. Edwin
Work Phone: (651) 714-9646
Email:
Address: 1811 Weir Dr
 Woodbury, MN 55125 USA
Fax Number: (651) 739-7393

Pharmacy

Name: Medication Management Partners
Work Phone: 7087528000
Email:
Address: 11350 Cicero Ave#C
 Alsip, IL 60803 USA
Fax Number: (855) 793-8197



Resident - Face Sheet
Woodbury (12012)

Hospital

Name:	St. Johns (HealthEast)	Work Phone:	6512327000
Email:		Fax Number:	
Address:	1575 Beam Ave Maplewood, MN 55109 USA		

Insurance

Name:	Medicare Health Insurance	Work Phone:	
Email:		Fax Number:	
Address:	,	Plan ID:	5J43-XR7-KN02
Name:	MEDICA	Work Phone:	
Email:		Fax Number:	
Address:	,	Plan ID:	ID 912475585



Elizabeth Saunders

Resident ID: 11632115
Address: 2195 Century Ave S
 Woodbury, MN 55125
Room: 106A

Move In Date: 5/24/2018
Home Phone:
Cell Phone:

Gender: F
Date of Birth: 4/18/1943
Marital: Widowed
Previous Work History:
Religion:
Anniversary:
Veteran: No

Advanced Directives: Not Known
Living Will: Not Known
Code Status: DNR
Has Power of Attorney: No
Has Durable Power of Attorney: No
Legal Guardian: No
Organ Donor: Not Known
Is Resident Ambulatory: Yes
Medicare Number: 5WG8-W01-CG29

Allergy

Drug Allergies No Known Allergies (NKA)
Food Allergies No Known Allergies (NKA)
General Allergies No Known Allergies (NKA)

Diagnoses

Gastrointestinal (GI) Gastroesophageal Reflux Disease (GERD)
 Aphasia, Candidal stomatitis, Covid-19, Hemiplegia, Hemiplegia And Hemiparesis, Other abnormalities of gait and mobility, Overactive bladder, Pain Not Elsewhere Classified, Personal History Of Other Diseases Of The Circulatory System, Urinary Tract Infections (UTI)
General Health
Heart History of CVA (cerebrovascular accident), Hypertension (High Blood Pressure)
Mental Health Anxiety Disorder

Responsible Party

Name: Saunders, Elizabeth
Address: 2195 Century Avenue South Unit #106
 Woodbury, MN 55125 USA
Home Phone:
Cell Phone:
Work Phone:
Relation to Resident: Self
Email:
Power of Attorney: No
Durable Power of Attorney: No
Medical Power of Attorney: No

Emergency Contact

Name: Saunders, Jennifer
Address: 1821 Goodrich Ave
 St. Paul, MN 55105
Home Phone:
Cell Phone: (612) 327-0000
Work Phone:
Relation to Resident: Daughter
Email: jennifersaunders27@gmail.com
Power of Attorney: No
Durable Power of Attorney: No
Medical Power of Attorney: Yes

Name: Saunders-Pearce, Becky
Address: 2555 Oakridge Ct. E.
 Maplewood, MN 55119
Home Phone:
Cell Phone: (651) 271-4808
Work Phone:
Relation to Resident: Daughter
Email: saucehouse@comcast.net
Power of Attorney: No
Durable Power of Attorney: No
Medical Power of Attorney: No

Physician

Name: Angela Score
 Score, Angela
Email:
Address: 1415 Lilac Dr N#190
 Golden Valley, MN 55422 USA
Work Phone: (763) 267-8701
Fax Number: (763) 231-9602

Pharmacy

Name: Medication Management Partners
Email:
Address: 11350 Cicero Ave#C
 Alsip, IL 60803 USA
Work Phone: 7087528000
Fax Number: (855) 793-8197

Hospital

Name: Woodwinds Hospital
Email:
Address: 1925 Woodwinds Dr
 St Paul, MN 55125 USA
Work Phone: 6512320100
Fax Number:



Insurance

Name:	Medicare Part A&B	Work Phone:	
Email:		Fax Number:	
Address:		Plan ID:	5WG8-W01-CG29
	,		
Name:	UCare Delta Dental	Work Phone:	
Email:		Fax Number:	
Address:		Plan ID:	320981100
	,		
Name:	UCare	Work Phone:	
Email:		Fax Number:	
Address:		Plan ID:	320981100 U00100_001
	,		



Carol Savino-Lindell

Resident ID: 11632116
Address: 2195 Century Ave S
 Woodbury, MN 55125
Room: 217A

Move In Date: 5/20/2023
Home Phone:
Cell Phone:

Gender: F
Date of Birth: 7/10/1940
Marital: Widowed
Previous Work History:
Religion: Catholic
Anniversary:
Veteran: No

Advanced Directives: Not Known
Living Will: Not Known
Code Status: DNR
Has Power of Attorney: No
Has Durable Power of Attorney: No
Legal Guardian: No
Organ Donor: Not Known
Is Resident Ambulatory: Yes
Medicare Number: 7GR2-WC2-XX29

Allergy

Drug Allergies Albuterol, Aspirin, Azathioprine, Lipitor, Nabumetone, Olodaterol, Percocet, Rosuvastatin, Rosuvastatin Calcium, Tiotropium, Tiotropium Bromide, Trazodone, Ultram
Food Allergies No Known Allergies (NKA)
General Allergies No Known Allergies (NKA)

Diagnoses

Cancer Cancer Bladder
 Atrophy of vulva, Chronic Kidney Disease Stage 3, Chronic kidney disease stage 3 unspecified, Cystocele unspecified, Headache unspecified, Malignant neoplasm of bladder unspecified, Other specified disorders of eye and adnexa, Pain Unspecified, Spinal stenosis lumbar region with neurogenic claudication, Spinal stenosis site unspecified, Unspecified abdominal pain, Wheezing
General Health
Heart A fib, Cardiac murmur unspecified, Congestive Heart Failure (CHF), Heart Murmur, Hyperlipidemia, Hypertension (High Blood Pressure), Peripheral Vascular Disease
Lungs Chronic Obstructive Pulmonary Disease (COPD)
Mental Health Depression

Responsible Party

Name: Savino-Lindell, Carol
Address: 2195 Century Avenue South Unit #217
 Woodbury, MN 55125 USA
Home Phone: (651) 730-5383
Cell Phone:
Work Phone:
Relation to Resident: Self
Email:
Power of Attorney: No
Durable Power of Attorney: No
Medical Power of Attorney: No

Emergency Contact

Name: Boche, Vicki
Address: 8801 North 37th Street
 Lake Elmo, MN 55042
Home Phone:
Cell Phone: (651) 206-6320
Work Phone:
Relation to Resident: Daughter
Email: vickiboche@gmail.com
Power of Attorney: No
Durable Power of Attorney: No
Medical Power of Attorney: Yes

Physician

Name: Hannah O'Leary CNP
 O'Leary, Hannah
Work Phone: (612) 254-9456
Email:
Address: 2730 County Rd E
 White Bear Lake, MN 55110 USA
Fax Number: (878) 201-5322
Name: Oluseyi Fashusi
 ..
Work Phone: (651) 731-0859
Email:
Address: 8325 City Centre Dr
 Woodbury, MN 55125 USA
Fax Number:
Name: Allina Health Minneapolis Heart Institute - St. Paul
 Couri, Dr. Daniel
Work Phone: (651) 241-2780
Email:
Address: 225 Smith Ave N
 St Paul, MN 55102 USA
Fax Number:

Pharmacy

Name: Medication Management Partners
Work Phone: 7087528000
Email:
Address: 11350 Cicero Ave#C
 Alsip, IL 60803 USA
Fax Number: (855) 793-8197

Hospital

Name: Emergency Department - M Health Fairview
 Woodwinds Hospital
Work Phone: (651) 232-0100
Email:
Address: 1925 Woodwinds Dr.
 Woodbury, MN 55125 USA
Fax Number:



Insurance

Name:	United Healthcare	Work Phone:	
Email:		Fax Number:	
Address:		Plan ID:	Plan 911-87726-04
	,		
Name:	Centers of Medicare	Work Phone:	1 (800) 633-4227
Email:		Fax Number:	
Address:	7500 Security Blvd	Plan ID:	7GR2-WC2-XX29
	Baltimore, MD 21244 USA		
Name:	Health Partners	Work Phone:	
Email:		Fax Number:	
Address:		Plan ID:	ID 10187105
	,		
Name:	Minnesota Health Care Programs (MHCP)	Work Phone:	
Email:		Fax Number:	
Address:		Plan ID:	06298660
	,		



Mary Sikorski

Resident ID: 11632117
Address: 2195 Century Ave S
 Woodbury, MN 55125
Room: 145A

Move In Date: 9/7/2022
Home Phone:
Cell Phone:

Gender: F
Date of Birth: 11/14/1941
Marital: Divorced
Previous Work History:
Religion: Catholic
Anniversary:
Veteran: No

Advanced Directives: Yes
Living Will: Not Known
Code Status: DNR
Has Power of Attorney: Yes
Has Durable Power of Attorney: No
Legal Guardian: No
Organ Donor: Not Known
Is Resident Ambulatory: Yes
Medicare Number: 2WH2-U94-HA05

Allergy

Drug Allergies Penicillin
Food Allergies Lactose Intolerance (GI)
General Allergies No Known Allergies (NKA)

Diagnoses

Arthritis Arthritis, Osteoarthritis
Cancer History of colon cancer
 Cataracts, Family history of malignant neoplasm of digestive organs, macular puckering, Other and unspecified ovarian cysts, Other fecal abnormalities, Personal history of colonic polyps, Personal history of other malignant neoplasm of large intestine, Polymyalgia rheumatica, Polymyalgia rheumatica (HCC), Puckering of macula, Puckering of macula unspecified eye, Stroke
General Health
Heart Cerebral Infarction, Cerebral Infarction Unspecified, Disorder of arteries and arterioles unspecified, Edema
Mental Health Alzheimer's, Dementia, Depression, Major Depression
Metabolic Hypothyroidism

Responsible Party

Name: Sikorski, Scott
Address: 1922 Fox Ridge Road
 St. Paul, MN 55119 USA
Home Phone: (612) 419-3219
Cell Phone:
Work Phone:

Relation to Resident: Other – Related
Email: aperatureattitudes@yahoo.com
Power of Attorney: No
Durable Power of Attorney: No
Medical Power of Attorney: No

Emergency Contact

Name: Sikorski, Scott
Address: 1922 Fox Ridge Road
 St. Paul, MN 55119
Home Phone:
Cell Phone: (612) 419-3219
Work Phone:

Relation to Resident: Son
Email: aperatureattitudes@yahoo.com
Power of Attorney: Yes
Durable Power of Attorney: No
Medical Power of Attorney: Yes

Name: Sikorski, Jeff
Address: 6842 Meadow Grass Lane S
 Cottage Grove, MN 55016
Home Phone:
Cell Phone: (612) 834-1243
Work Phone:

Relation to Resident: Son
Email:
Power of Attorney: Yes
Durable Power of Attorney: No
Medical Power of Attorney: Yes

Name: Schmit, Rita
Address: 1590 Parkwood Dr#216
 Woodbury, MN 55125
Home Phone:
Cell Phone: (651) 331-1419
Work Phone:

Relation to Resident:
Email:
Power of Attorney: Yes
Durable Power of Attorney: No
Medical Power of Attorney: No

Physician

Name: JOHN-BSP MURPHY
 Murphy, John
Work Phone: (612) 210-9076
Email:
Address: 270 Main St N#300
 Stillwater, MN 55082 USA
Fax Number: (844) 878-8527

Pharmacy

Name: Medication Management Partners
Work Phone: 7087528000
Email:
Address: 11350 Cicero Ave#C
 Alsip, IL 60803 USA
Fax Number: (855) 793-8197

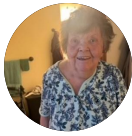
Hospital

Name: Woodwinds Hospital
Work Phone: 6512320100
Email:
Address: 1925 Woodwinds Dr
 St Paul, MN 55125 USA
Fax Number:



Insurance

Name:	UCare	Work Phone:	
Email:		Fax Number:	
Address:		Plan ID:	314721300
	,		
Name:	Centers of Medicare	Work Phone:	1 (800) 633-4227
Email:		Fax Number:	
Address:	7500 Security Blvd	Plan ID:	2WH2-U94-HA05
	Baltimore, MD 21244 USA		
Name:	Social Security Number	Work Phone:	
Email:		Fax Number:	
Address:		Plan ID:	501-44-4252
	,		



Joan Slebiska

Resident ID: 11632118
Address: 2195 Century Ave S
 Woodbury, MN 55125
Room: 252A

Move In Date: 9/4/2019
Home Phone:
Cell Phone:

Gender: F
Date of Birth: 9/14/1938
Marital:
Previous Work History:
Religion:
Anniversary:
Veteran: No

Advanced Directives: Yes
Living Will: Not Known
Code Status: DNR
Has Power of Attorney: Yes
Has Durable Power of Attorney: No
Legal Guardian: No
Organ Donor: Not Known
Is Resident Ambulatory: Yes
Medicare Number: 6UY6-YY6-RP59

Allergy

Drug Allergies Oxycodone
Food Allergies No Known Allergies (NKA)
General Allergies No Known Allergies (NKA)

Diagnoses

General Health Bilateral pseudophakia, Chronic Kidney Disease Stage 3 (moderate), Cystocele midline, Diaphragmatic hernia without mention of obstruction or gangrene, Elevated glucose, Fall from standing, Gall stones, Insomnia, Lumbago, MGD (meibomian gland dysfunction), Osteoporosis, Other chronic pain, Other Specified Disorders Of Bone Density And Structure, Other symptoms and signs involving the musculoskeletal system, Overactive bladder, Pain In Right Shoulder, Presbyopia, Rectocele, Regular astigmatism of left eye, Sleep Apnea, Spinal stenosis lumbar region with neurogenic claudication, Sternal fracture, Urge incontinence
Heart Hyperlipidemia, Hypertension (High Blood Pressure)

Responsible Party

Name: Soler, Becky
Address: 4797 Copper Circle
 Woodbury, MN 55129 USA
Home Phone:
Cell Phone:
Work Phone:

Relation to Resident: Other – Not Related
Email:
Power of Attorney: No
Durable Power of Attorney: No
Medical Power of Attorney: No

Emergency Contact

Name: Soler, Becky
Address: 4797 Copper Circle
 Woodbury, MN 55129
Home Phone:
Cell Phone: (651) 238-4514
Work Phone: (651) 280-2415

Relation to Resident: Daughter
Email: pbjnadidas@comcast.net
Power of Attorney: Yes
Durable Power of Attorney: No
Medical Power of Attorney: No

Name: Cecka, Sandy
Address: .
 ., MN . USA
Home Phone:
Cell Phone: (612) 508-1962
Work Phone:

Relation to Resident: Daughter
Email:
Power of Attorney: No
Durable Power of Attorney: No
Medical Power of Attorney: No

Name: Werner, Renee
Address: 7318 Jordon Ave S
 Cottage Grove, MN 55016 USA
Home Phone:
Cell Phone: (651) 307-8147
Work Phone: (651) 738-3866

Relation to Resident: Daughter
Email: reenehwerner@gmail.com
Power of Attorney: No
Durable Power of Attorney: No
Medical Power of Attorney: No

Physician

Name: Hannah O'leary
 O'Leary, Hannah
Email: Hannah.OLeary@curanahealth.com
Address: 8911 N Capital of Texas Hwy
 Austin, TX 78759 USA
Work Phone: (877) 279-5960
Fax Number:

Name: David Shrake
 Shrake, David
Email:
Address: 8675 Valley Creek Rd
 Woodbury, MN 55125 USA
Work Phone: (651) 241-3000
Fax Number: (651) 241-3500

Pharmacy

Name: Medication Management Partners
Email:
Address: 11350 Cicero Ave#C
 Alsip, IL 60803 USA
Work Phone: 7087528000
Fax Number: (855) 793-8197

Hospital

Name:	Woodwinds Hospital	Work Phone:	6512320100
Email:		Fax Number:	
Address:	1925 Woodwinds Dr St Paul, MN 55125 USA		

Insurance

Name:	Blue Cross Blue Shield of Minnesota	Work Phone:	
Email:		Fax Number:	
Address:	,	Plan ID:	JZT124162898001B 10200583
Name:	Medicare Part A&B	Work Phone:	
Email:		Fax Number:	
Address:	,	Plan ID:	6UY6-YY6-RP59



Loren Stahmer

Resident ID: 11632119
Address: 2195 Century Ave S
 Woodbury, MN 55125
Room: 204A

Move In Date: 6/16/2022
Home Phone:
Cell Phone:

Gender: F
Date of Birth: 3/21/1936
Marital: Widowed
Previous Work History:
Religion: Catholic
Anniversary:
Veteran: No

Advanced Directives: Yes
Living Will: Not Known
Code Status: DNR
Has Power of Attorney: No
Has Durable Power of Attorney: No
Legal Guardian: No
Organ Donor: Not Known
Is Resident Ambulatory: Yes
Medicare Number: 6Y22-K24-CQ13

Allergy

Drug Allergies Minocycline, Morphine
Food Allergies No Known Allergies (NKA)
General Allergies No Known Allergies (NKA)

Diagnoses

Blood Anemia
Cancer Cancer Prostate
Gastrointestinal (GI) Duodenal Ulcer, Gastroesophageal Reflux Disease (GERD)
 Acute atopic conjunctivitis bilateral, Allergic rhinitis due to pollen, Chronic Kidney Disease Unspecified, Constipation, Dependence on renal dialysis, Epistaxis, Long term (current) use of anticoagulants, Other abnormalities of gait and mobility, Pain Not Elsewhere Classified, Unspecified chronic conjunctivitis bilateral
General Health
Heart A fib, Congestive Heart Failure (CHF), Hyperlipidemia, Hypertension (High Blood Pressure), Presence of cardiac pacemaker
Lungs Shortness of breath
Mental Health Major Depression

Responsible Party

Name: Perry, Colleen
Address: 9313 Cambridge Rd
 Woodbury, MN 55125 USA
Home Phone:
Cell Phone:
Work Phone:
Relation to Resident: Other – Not Related
Email:
Power of Attorney: No
Durable Power of Attorney: No
Medical Power of Attorney: No

Emergency Contact

Name: Wallgren, Jane
Address: 8807 Glacier Rd
 Woodbury, MN 55125
Home Phone:
Cell Phone: (651) 270-0571
Work Phone:
Relation to Resident: Daughter
Email: janewallgren@yahoo.com
Power of Attorney: No
Durable Power of Attorney: No
Medical Power of Attorney: No

Name: Perry, Colleen
Address: 9313 Cambridge Rd
 Woodbury, MN 55125 USA
Home Phone:
Cell Phone: (651) 303-7354
Work Phone:
Relation to Resident:
Email:
Power of Attorney: Yes
Durable Power of Attorney: No
Medical Power of Attorney: No

Physician

Name: Hannah O'Leary CNP
 O'Leary, Hannah
Email:
Address: 2730 County Rd E
 White Bear Lake, MN 55110 USA
Work Phone: (612) 254-9456
Fax Number: (878) 201-5322

Name: .
 Entira, Anticoagulation
Email:
Address: .
 Saint Paul, MN 55106 USA
Work Phone: (651) 788-4444
Fax Number: (651) 738-1366

Name: DaVita Woodbury Dialysis Center
 Dialysis, Davita
Email:
Address: 1650 Weir Dr
 Woodbury, MN 55125 USA
Work Phone: (651) 730-4522
Fax Number: (651) 730-5089

Pharmacy

Name: Medication Management Partners
Email:
Address: 11350 Cicero Ave#C
 Alsip, IL 60803 USA
Work Phone: 7087528000
Fax Number: (855) 793-8197



Resident - Face Sheet
Woodbury (12012)

Mortuary

Name:	O'Halloran & Murphy Woodbury Cremation and Funeral Service	Work Phone:	(651) 702-0301
Email:		Fax Number:	
Address:	8700 Valley Creek Rd Woodbury, MN 55125 USA		

Hospital

Name:	Woodwinds Hospital	Work Phone:	6512320100
Email:		Fax Number:	
Address:	1925 Woodwinds Dr St Paul, MN 55125 USA		

Insurance

Name:	Centers of Medicare	Work Phone:	1 (800) 633-4227
Email:		Fax Number:	
Address:	7500 Security Blvd Baltimore, MD 21244 USA	Plan ID:	6Y22-K24-CQ13



JoAnn Stish

Resident ID: 11632121
Address: 2195 Century Ave S
 Woodbury, MN 55125
Room: 223A

Move In Date: 7/27/2021
Home Phone:
Cell Phone:

Gender: F
Date of Birth: 10/20/1934
Marital: Widowed
Previous Work History:
Religion: Catholic
Anniversary:
Veteran: No

Advanced Directives: Yes
Living Will: Yes
Code Status: DNR
Has Power of Attorney: No
Has Durable Power of Attorney: No
Legal Guardian: No
Organ Donor: Not Known
Is Resident Ambulatory: Yes
Medicare Number: 803580640 R8636

Allergy

Drug Allergies No Known Allergies (NKA)
Food Allergies No Known Allergies (NKA)
General Allergies No Known Allergies (NKA)

Diagnoses

Blood Hypoxemia, Left ventricular failure unspecified
Gastrointestinal (GI) Gastroesophageal Reflux Disease (GERD)
General Health Constipation, Cough, Macular Degeneration, Nausea, Pain in thoracic spine, Pain Unspecified, Personal History of Covid-19
Heart Hyperlipidemia, Hypertension (High Blood Pressure)
Lungs Acute bronchiolitis unspecified, Chronic Obstructive Pulmonary Disease (COPD), Shortness of breath, Unspecified abnormalities of breathing
Mental Health Anxiety Disorder

Responsible Party

Name: Bevacqu, Mardell
Address: 1305 10th St N
 Hudson, WI 54016 USA
Home Phone:
Cell Phone:
Work Phone:

Relation to Resident: Other – Not Related
Email:
Power of Attorney: No
Durable Power of Attorney: No
Medical Power of Attorney: No

Emergency Contact

Name: Bevacqua, Mardell
Address: 1305 10th St N
 Hudson, WI 54016
Home Phone:
Cell Phone: (218) 208-8142
Work Phone:

Relation to Resident: Daughter
Email: mardellb49@yahoo.com
Power of Attorney: No
Durable Power of Attorney: No
Medical Power of Attorney: Yes

Name: Stish, Walter
Address: .
 ., MN . USA
Home Phone:
Cell Phone:
Work Phone:

Relation to Resident: Son
Email: wstish@gmail.com
Power of Attorney: No
Durable Power of Attorney: No
Medical Power of Attorney: No

Name: Ausman, Amy
Address: 159 Christopher Rd
 Sharpsburg, GA 30277 USA
Home Phone: (208) 755-4722
Cell Phone:
Work Phone:

Relation to Resident: Daughter
Email: crystalbaylodge@gmail.com
Power of Attorney: No
Durable Power of Attorney: No
Medical Power of Attorney: Yes

Physician

Name: Bluestone Physician Services
 Physician Services, Bluestone
Work Phone: (651) 342-1039
Email:
Address: 270 Main St N#300
 Stillwater, MN 55082 USA
Fax Number: (855) 771-6683

Pharmacy

Name: Medication Management Partners
Work Phone: 7087528000
Email:
Address: 11350 Cicero Ave#C
 Alsip, IL 60803 USA
Fax Number: (855) 793-8197

Mortuary

Name: Dougherty Funeral Home
Work Phone: (218) 262-2214
Email:
Address: 2615 1st Ave
 Hibbing, MN 55746 USA
Fax Number:



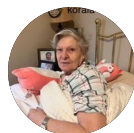
Resident - Face Sheet
Woodbury (12012)

Hospital

Name:	Woodwinds Hospital	Work Phone:	6512320100
Email:		Fax Number:	
Address:	1925 Woodwinds Dr St Paul, MN 55125 USA		

Insurance

Name:	Medicare	Work Phone:	
Email:		Fax Number:	
Address:	,	Plan ID:	6QR6J71NM61
Name:	MHCP	Work Phone:	
Email:		Fax Number:	
Address:	,	Plan ID:	06218185 610459
Name:	Blue Cross Blue Shield Blue Plus of MN	Work Phone:	
Email:		Fax Number:	
Address:	,	Plan ID:	JZT124540401001B 10199219
Name:	Medicare Rx	Work Phone:	
Email:		Fax Number:	
Address:	,	Plan ID:	803580640 R8636



Karola Sward

Resident ID: 11632122
Address: 2195 Century Ave S
 Woodbury, MN 55125
Room: 120A

Move In Date: 5/11/2022
Home Phone:
Cell Phone:

Gender: F
Date of Birth: 9/1/1943
Marital: Widowed
Previous Work History:
Religion:
Anniversary:
Veteran: No

Advanced Directives: Yes
Living Will: Not Known
Code Status: DNR
Has Power of Attorney: No
Has Durable Power of Attorney: No
Legal Guardian: No
Organ Donor: Not Known
Is Resident Ambulatory: Yes
Medicare Number: 4NJ6-EA6-YP47

Allergy

Drug Allergies Cephalosporins, Gabapentin, Lisinopril, meperidine, Meperidine, Metformin
Food Allergies No Known Allergies (NKA)
General Allergies No Known Allergies (NKA)

Diagnoses

Gastrointestinal (GI) Gastroesophageal Reflux Disease (GERD)
 Endocrine disorder unspecified, Idiopathic sleep related nonobstructive alveolar hypoventilation, Low back pain, Overactive bladder, Pain Not Elsewhere Classified, Sleep related hypoventilation in conditions classified elsewhere, Urinary Tract Infections (UTI)
General Health
Heart Edema, Hyperlipidemia, Hypertension (High Blood Pressure)
Lungs Pulmonary Fibrosis Unspecified
Mental Health Altered mental status unspecified, Anxiety Disorder, Hallucinations unspecified, Other Amnesia, Unsp dementia unsp severity without beh/psych/mood/anx
Metabolic Diabetes Mellitus (DM)(High Blood Sugar), Personal history of other endocrine nutritional and metabolic disease

Responsible Party

Name: Percic, Monica
Address: 1151 Scarborough Lane
 Woodbury, MN 55125 USA
Home Phone:
Cell Phone:
Work Phone:
Relation to Resident: Other – Not Related
Email:
Power of Attorney: No
Durable Power of Attorney: No
Medical Power of Attorney: No

Emergency Contact

Name: Shields, Karl
Address: 324 James Ave
 Rockford, IL 61107
Home Phone:
Cell Phone: (815) 222-3571
Work Phone:
Relation to Resident: Son
Email: karljshields@gmail.com
Power of Attorney: No
Durable Power of Attorney: No
Medical Power of Attorney: Yes

Name: Percic, Monica
Address: 1151 Scarborough Ln
 Woodbury, MN 55125 USA
Home Phone:
Cell Phone: (612) 384-1973
Work Phone:
Relation to Resident: Daughter
Email: monicapercic@gmail.com
Power of Attorney: No
Durable Power of Attorney: No
Medical Power of Attorney: No

Physician

Name: Bluestone Physician Services
 Physician Services, Bluestone
Work Phone: (651) 342-1039
Email:
Fax Number: (855) 771-6683
Address: 270 Main St N#300
 Stillwater, MN 55082 USA

Pharmacy

Name: Medication Management Partners
Work Phone: 7087528000
Email:
Fax Number: (855) 793-8197
Address: 11350 Cicero Ave#C
 Alsip, IL 60803 USA

Hospital

Name: Woodwinds Hospital
Work Phone: 6512320100
Email:
Fax Number:
Address: 1925 Woodwinds Dr
 St Paul, MN 55125 USA



Insurance

Name:	Medicare	Work Phone:	
Email:		Fax Number:	
Address:		Plan ID:	4NJ6-EA6-YP47
	,		

Name:	Cigna	Work Phone:	
Email:		Fax Number:	
Address:		Plan ID:	N32345555
	,		

ALINE

Resident - Face Sheet
Woodbury (12012)



Mrs. Karen Vander Hoeven

Resident ID: 11632174
Address: 2195 Century Ave S
Woodbury, MN 55125
Room: 207A

Move In Date: 2/29/2024
Home Phone: (651) 739-7369
Cell Phone:

Gender:	F
Date of Birth:	8/12/1938
Marital:	Widowed
Previous Work History:	
Religion:	Baptist
Anniversary:	
Veteran:	No

Advanced Directives:	Yes
Living Will:	No
Code Status:	DNR
Has Power of Attorney:	No
Has Durable Power of Attorney:	No
Legal Guardian:	No
Organ Donor:	No
Is Resident Ambulatory:	Yes
Medicare Number:	9H32-NP0-VX29

Allergy	
Drug Allergies	No Known Allergies (NKA)
Food Allergies	No Known Allergies (NKA)
General Allergies	No Known Allergies (NKA)
Diagnoses	
No Known Diagnoses	

Responsible Party

Name:	Vander Hoeven, Karen	Relation to Resident:	Self
Address:	2195 Century Ave S Woodbury, MN 55125 USA	Email:	
Home Phone:	5555555	Power of Attorney:	No
Cell Phone:		Durable Power of Attorney:	No
Work Phone:		Medical Power of Attorney:	No

Emergency Contact

Name:	Eisenrich, Beth	Relation to Resident:	Daughter
Address:	1364 Parkwood Dr Woodbury, MN 55125 USA	Email:	bethvhe@gmail.com
Home Phone:		Power of Attorney:	No
Cell Phone:	(651) 307-8861	Durable Power of Attorney:	No
Work Phone:		Medical Power of Attorney:	No
Name:	Vanderhoeven, Alan	Relation to Resident:	Son
Address:	52 W Kraft Rd St Paul, MN 55118 USA	Email:	alan_vh@msn.com
Home Phone:		Power of Attorney:	No
Cell Phone:	(651) 329-7061	Durable Power of Attorney:	No
Work Phone:		Medical Power of Attorney:	No

Physician

Name:	Dr. Elizabeth J. Goldsmith, MD Goldsmith, Elizabeth	Work Phone:	(651) 241-3000
Email:		Fax Number:	
Address:	8675 Valley Creek Rd Woodbury, MN 55125 USA		
Name:	Dr. Henry Riter Riter, Henry	Work Phone:	(651) 290-0133
Email:		Fax Number:	
Address:	225 Smith Ave N St Paul, MN 55102 USA		

Pharmacy

Name:	Medication Management Partners	Work Phone:	(877) 752-8046
Email:		Fax Number:	
Address:	13601 Kenton Ave Crestwood, IL 60445 USA		

Hospital

Name:	United Hospital St. Paul	Work Phone:	6512418000
Email:		Fax Number:	
Address:	333 Smith Ave N St Paul, MN 55102 USA		



Insurance

Name:	Centers of Medicare	Work Phone:	1 (800) 633-4227
Email:		Fax Number:	
Address:	7500 Security Blvd Baltimore, MD 21244 USA	Plan ID:	9H32-NP0-VX29

Name:	United Healthcare	Work Phone:	
Email:		Fax Number:	
Address:	,	Plan ID:	Plan 911-87726-04



Joyce Weisbrich

Resident ID: 11632127
Address: 2195 Century Ave S
 Woodbury, MN 55125
Room: 132A

Move In Date: 2/11/2020
Home Phone:
Cell Phone:

Gender: F
Date of Birth: 10/15/1927
Marital: Widowed
Previous Work History:
Religion:
Anniversary:
Veteran: No

Advanced Directives: Yes
Living Will: Not Known
Code Status: DNR
Has Power of Attorney: Yes
Has Durable Power of Attorney: No
Legal Guardian: No
Organ Donor: Not Known
Is Resident Ambulatory: Yes
Medicare Number: 2C56-P85-WK72

Allergy

Drug Allergies Ranitidine
Food Allergies No Known Allergies (NKA)
General Allergies No Known Allergies (NKA)

Diagnoses

General Health Constipation Unspecified, Dorsalgia Unspecified, Insomnia, Nontraumatic intracranial hemorrhage unspecified, Osteoporosis, Other and unspecified arthropathy, Pain Not Elsewhere Classified, Urinary Tract Infections (UTI)
Heart Hyperlipidemia, Hypertension (High Blood Pressure)
Mental Health Anxiety Disorder, Dementia, Major Depression

Responsible Party

Name: Solosky, Rachel
Address: 8387 66th St. S
 Cottage Grove, MN 55016 USA
Home Phone:
Cell Phone:
Work Phone:

Relation to Resident: Other – Not Related
Email:
Power of Attorney: No
Durable Power of Attorney: No
Medical Power of Attorney: No

Emergency Contact

Name: Solosky, Rachel
Address: 8387 66th St S
 Cottage Grove, MN 55016
Home Phone:
Cell Phone: (651) 278-4976
Work Phone:

Relation to Resident:
Email: rach.6854@gmail.com
Power of Attorney: Yes
Durable Power of Attorney: No
Medical Power of Attorney: Yes

Name: Johnson, Tom
Address: 2387 19th Ave
 North St Paul, MN 55109 USA
Home Phone:
Cell Phone: (651) 387-6781
Work Phone:

Relation to Resident: Other – Related
Email:
Power of Attorney: No
Durable Power of Attorney: No
Medical Power of Attorney: Yes

Physician

Name: Brighton Hospice - MN
 ""
Email:
Address: 4500 Park Glen Rd
 St Louis Park, MN 55416 USA
Work Phone: (651) 731-7692
Fax Number: (651) 731-7894

Name: Bluestone Physician Services
 Physician Services, Bluestone
Email:
Address: 270 Main St N#300
 Stillwater, MN 55082 USA
Work Phone: (651) 342-1039
Fax Number: (855) 771-6683

Pharmacy

Name: Medication Management Partners
Email:
Address: 11350 Cicero Ave#C
 Alsip, IL 60803 USA
Work Phone: 7087528000
Fax Number: (855) 793-8197

Hospital

Name: United Hospital St. Paul
Email:
Address: 333 Smith Ave N
 St Paul, MN 55102 USA
Work Phone: 6512418000
Fax Number:



Insurance

Name:	Humana Choice (PPO)	Work Phone:	
Email:		Fax Number:	
Address:	,	Plan ID:	H66658047

Name:	Medicare Part A&B	Work Phone:	
Email:		Fax Number:	
Address:	,	Plan ID:	2C56-P85-WK72



MaryEllen Wentzel

Resident ID: 11632128
Address: 2195 Century Ave S
 Woodbury, MN 55125
Room: 163A

Move In Date: 10/6/2023
Home Phone:
Cell Phone:

Gender: F
Date of Birth: 12/21/1943
Marital: Widowed
Previous Work History:
Religion: Lutheran
Anniversary:
Veteran: No

Advanced Directives: Yes
Living Will: Not Known
Code Status: DNR
Has Power of Attorney: Yes
Has Durable Power of Attorney: Yes
Legal Guardian: No
Organ Donor: Not Known
Is Resident Ambulatory: Yes
Medicare Number: 2J27-JC2-QT35

Allergy

Drug Allergies Codeine
Food Allergies No Known Allergies (NKA)
General Allergies No Known Allergies (NKA)

Diagnoses

Arthritis Osteoarthritis
 Calculus of gallbladder with acute cholecystitis, Calculus of gallbladder without cholecystitis without obstruction, Chronic Pain Not Elsewhere Classified, Conjunctival Xerosis Unspecified, Dorsalgia Unspecified, Fibromyalgia, Headache, Headache unspecified, Leukoplakia of vulva, Macular Degeneration, Other abdominal pain, Other biomechanical lesions of cervical region, Other constipation, Pain in unspecified shoulder, Pain Unspecified, Perforation of intestine (nontraumatic), Trochanteric bursitis left hip, Trochanteric bursitis right hip, Unspecified abdominal pain
General Health
Heart Lungs A fib, Tachycardia unspecified
 Acute respiratory failure
Mental Health Adjustment disorders, Alzheimer's, Anxiety Disorder, Dementia, Depression, Mild Cognitive Impairment (MCI), Other Amnesia

Responsible Party

Name: Wentzel, Steve
Address: 4132 Meadowlark Ln
 Eagan, MN 55122 USA
Home Phone: 612-889-0239
Cell Phone: 612-889-0239
Work Phone:
Relation to Resident: Son
Email:
Power of Attorney: Yes
Durable Power of Attorney: Yes
Medical Power of Attorney: No

Emergency Contact

Name: Wentzel, Shawn
Address: 10662 Kilbirnie Alcove
 Woodbury, MN 55129
Home Phone:
Cell Phone: (651) 334-1590
Work Phone: (651) 787-6346
Relation to Resident: Son
Email: czsw@comcast.net
Power of Attorney: Yes
Durable Power of Attorney: No
Medical Power of Attorney: Yes

Name: Denham, Gayle
Address: ,
Home Phone:
Cell Phone: (952) 847-0957
Work Phone:
Relation to Resident:
Email:
Power of Attorney: No
Durable Power of Attorney: No
Medical Power of Attorney: Yes

Name: Wentzel, Steven
Address: 4132 Meadowlark Lane
 Eagan, MN 55122
Home Phone:
Cell Phone: (612) 889-0239
Work Phone:
Relation to Resident: Son
Email:
Power of Attorney: Yes
Durable Power of Attorney: No
Medical Power of Attorney: Yes

Physician

Name: Hannah O'Leary CNP
 O'Leary, Hannah
Email:
Address: 2730 County Rd E
 White Bear Lake, MN 55110 USA
Work Phone: (612) 254-9456
Fax Number: (878) 201-5322

Pharmacy

Name: Medication Management Partners
Email:
Address: 11350 Cicero Ave#C
 Alsip, IL 60803 USA
Work Phone: 7087528000
Fax Number: (855) 793-8197

Mortuary

Name: Bradshaw Funeral and Cremation Services
Email:
Address: 3131 Minnehaha Ave
 Minneapolis, MN 55406 USA
Work Phone: (612) 724-3621
Fax Number:



Resident - Face Sheet
Woodbury (12012)

Hospital

Name:	United Hospital St. Paul	Work Phone:	6512418000
Email:		Fax Number:	
Address:	333 Smith Ave N St Paul, MN 55102 USA		

Insurance

Name:	UCare	Work Phone:	
Email:		Fax Number:	
Address:	,	Plan ID:	314499400

Name:	Centers of Medicare	Work Phone:	1 (800) 633-4227
Email:		Fax Number:	
Address:	7500 Security Blvd Baltimore, MD 21244 USA	Plan ID:	2J27-JC2-QT35



Carol Wetzel

Resident ID: 11632146
Address: 2195 Century Ave S
Woodbury, MN 55125
Room: 226A

Move In Date: 2/11/2024
Home Phone:
Cell Phone:

Gender:	F
Date of Birth:	11/18/1947
Marital:	
Previous Work History:	
Religion:	
Anniversary:	
Veteran:	No

Advanced Directives:	Not Known
Living Will:	Not Known
Code Status:	DNR
Has Power of Attorney:	No
Has Durable Power of Attorney:	No
Legal Guardian:	No
Organ Donor:	Not Known
Is Resident Ambulatory:	Yes
Medicare Number:	4YX8-G11-NP40

Allergy	
Drug Allergies	Lisinopril
Food Allergies	No Known Allergies (NKA)
General Allergies	No Known Allergies (NKA)
Diagnoses	
General Health	Lumbar stenosis, Macular Degeneration, right cervical radiculopathy
Heart	Hyperkalemia, Hypertension (High Blood Pressure)
Mental Health	Depression
Metabolic	Diabetes Type II, Stage 4 chronic kidney disease

Responsible Party

Name:	Paolucci, Dora	Relation to Resident:	Other – Related
Address:	400 Spring St.#403 St. Paul, MN 55102 USA	Email:	dorapaolucci@yahoo.com
Home Phone:	(612) 281-9781	Power of Attorney:	No
Cell Phone:		Durable Power of Attorney:	No
Work Phone:		Medical Power of Attorney:	No

Emergency Contact

Name:	Paolucci, Dora	Relation to Resident:	Other – Related
Address:	400 Spring St#403 St Paul, MN 55102 USA	Email:	dorapaolucci@yahoo.com
Home Phone:		Power of Attorney:	No
Cell Phone:	(612) 281-9781	Durable Power of Attorney:	No
Work Phone:		Medical Power of Attorney:	No

Name:	Paolucci, Marie	Relation to Resident:	Other – Related
Address:	3700 John Dr Brookhaven, PA 19015 USA	Email:	paoluccimarie@yahoo.com
Home Phone:		Power of Attorney:	No
Cell Phone:	(610) 800-7435	Durable Power of Attorney:	No
Work Phone:		Medical Power of Attorney:	No

Physician

Name:	Hannah O'leary O'Leary, Hannah	Work Phone:	(877) 279-5960
Email:	Hannah.OLeary@curanahealth.com	Fax Number:	
Address:	8911 N Capital of Texas Hwy Austin, TX 78759 USA		

Pharmacy

Name:	Medication Management Partners	Work Phone:	(877) 752-8046
Email:		Fax Number:	
Address:	13601 Kenton Ave Crestwood, IL 60445 USA		

Insurance

Name:	Centers of Medicare	Work Phone:	1 (800) 633-4227
Email:		Fax Number:	
Address:	7500 Security Blvd Baltimore, MD 21244 USA	Plan ID:	4YX8-G11-NP40

Name:	AARP Medicare Supplement	Work Phone:	
Email:		Fax Number:	
Address:		Plan ID:	0117514351

ALINE

Resident - Face Sheet
Woodbury (12012)



Mr. Ken Wiemann

Resident ID: 11632185
Address: 2195 Century Ave S
Woodbury, MN 55125
Room: 206A

Move In Date: 3/23/2024
Home Phone: (651) 698-1111
Cell Phone:

Gender: M
Date of Birth: 7/5/1941
Marital: Married
Previous Work History:
Religion:
Anniversary:
Veteran: No

Advanced Directives: Yes
Living Will: No
Code Status: Full Code
Has Power of Attorney: Yes
Has Durable Power of Attorney: No
Legal Guardian: No
Organ Donor: Not Known
Is Resident Ambulatory: No
Medicare Number: 4HR4-QP6-YM61

Allergy

Drug Allergies	No Known Allergies (NKA)
Food Allergies	No Known Allergies (NKA)
General Allergies	No Known Allergies (NKA)

Diagnoses

Cancer	Benign prostatic hyperplasia
Gastrointestinal (GI)	constipation, Gastroesophageal Reflux Disease (GERD), Heartburn, Nausea Aphasia following CVA, Displaced fracture L acetabulum, History of TIA, Hx of sepsis without septic shock, Idiopathic neuropathy, Insomnia, Neuralgia, Pain, Spinal stenosis, Unspecified muscle spasm, Vitamin B12 deficiency
General Health	Atherosclerosis, Hyperlipidemia, Hypertension (High Blood Pressure)
Heart	Acute respiratory failure, Pneumonia
Lungs	Major Depression
Mental Health	Dermatitis, Nonspecific skin eruption
Skin	

Responsible Party

Name:	Koethe, Jayne	Relation to Resident:	Daughter
Address:	7171 Innsdale Ave S Cottage Grove, MN 55016 USA	Email:	koethe@comcast.net
Home Phone:	(651) 328-9119	Power of Attorney:	No
Cell Phone:		Durable Power of Attorney:	No
Work Phone:	(651) 328-9119	Medical Power of Attorney:	No

Emergency Contact

Name:	Koethe, Jayne	Relation to Resident:	Daughter
Address:	7171 Innsdale Ave S Cottage Grove, MN 55016 USA	Email:	koethe@comcast.net
Home Phone:	(651) 459-3126	Power of Attorney:	Yes
Cell Phone:	(651) 328-9119	Durable Power of Attorney:	No
Work Phone:		Medical Power of Attorney:	No

Name:	Wiemann, Mary Jane	Relation to Resident:	Spouse
Address:	2241 MN-84 Longville, MN 56655 USA	Email:	
Home Phone:	(218) 682-2058	Power of Attorney:	No
Cell Phone:	(218) 232-3537	Durable Power of Attorney:	No
Work Phone:		Medical Power of Attorney:	Yes

Name:	Wiemann, Patty	Relation to Resident:	Daughter
Address:	1829 13th St W Hastings, MN 55033 USA	Email:	wiemannpatty@q.com
Home Phone:	(651) 769-4409	Power of Attorney:	Yes
Cell Phone:		Durable Power of Attorney:	No
Work Phone:		Medical Power of Attorney:	No

Physician

Name:	Curana Health O'Leary, Hannah	Work Phone:	(712) 541-2047
Email:	hannah.oleary@curanahealth.com	Fax Number:	(878) 201-5322
Address:	8911 N Capital of Texas Hwy Austin, TX 78759 USA		

Pharmacy

Name:	Medication Management Partners	Work Phone:	(877) 752-8046
Email:		Fax Number:	
Address:	13601 Kenton Ave Crestwood, IL 60445 USA		

Mortuary

Name:	Kok Funeral Home & Cremation Service	Work Phone:	(651) 459-2875
Email:		Fax Number:	
Address:	7676 80th St S Cottage Grove, MN 55016 USA		



Resident - Face Sheet
Woodbury (12012)

Hospital

Name:	Emergency Department - M Health Fairview Woodwinds Hospital	Work Phone:	(651) 232-0100
Email:		Fax Number:	
Address:	1925 Woodwinds Dr. Woodbury, MN 55125 USA		

Insurance

Name:	Medicare Part A and B	Work Phone:	
Email:		Fax Number:	
Address:		Plan ID:	4HR4-QP6-YM61
	,		
Name:	Humana	Work Phone:	
Email:		Fax Number:	
Address:		Plan ID:	H40177212
	,		
Name:	AARP	Work Phone:	
Email:		Fax Number:	
Address:		Plan ID:	0156027221
	,		



Ms. Mary Jane Wiemann

Resident ID: 11632184
Address: 2195 Century Ave S
Woodbury, MN 55125
Room: 206B

Move In Date: 3/26/2024
Home Phone: (651) 698-1111
Cell Phone:

Gender:	F
Date of Birth:	1/25/1942
Marital:	
Previous Work History:	
Religion:	
Anniversary:	
Veteran:	No

Advanced Directives:	Not Known
Living Will:	Not Known
Code Status:	Not Known
Has Power of Attorney:	Yes
Has Durable Power of Attorney:	No
Legal Guardian:	No
Organ Donor:	Not Known
Is Resident Ambulatory:	Yes
Medicare Number:	

Allergy	
Drug Allergies	No Known Allergies (NKA)
Food Allergies	No Known Allergies (NKA)
General Allergies	No Known Allergies (NKA)
Diagnoses	
General Health	cystitis, acute without hematuria, Kidney failure, acute, Restless leg syndrome, Urinary Tract Infections (UTI)
Heart	Hypertension (High Blood Pressure)
Mental Health	Anxiety Disorder, Dementia, Mood disturbance
Metabolic	Diabetes Type II

Responsible Party

Name:	Koethe, Jayne	Relation to Resident:	Daughter
Address:	7171 Innsdale Ave S Cottage Grove, MN 55016 USA	Email:	koethe@comcast.net
Home Phone:	(651) 328-9119	Power of Attorney:	No
Cell Phone:		Durable Power of Attorney:	No
Work Phone:		Medical Power of Attorney:	No

Emergency Contact

Name:	Koethe, Jayne	Relation to Resident:	Daughter
Address:	7171 Innsdale Ave S Cottage Grove, MN 55016 USA	Email:	koethe@comcast.net
Home Phone:	(651) 459-3126	Power of Attorney:	Yes
Cell Phone:	(651) 328-9119	Durable Power of Attorney:	No
Work Phone:		Medical Power of Attorney:	Yes
Name:	Wiemann, Patty	Relation to Resident:	Daughter
Address:		Email:	wiemannpatty@q.com
Home Phone:	(651) 769-4409	Power of Attorney:	Yes
Cell Phone:		Durable Power of Attorney:	No
Work Phone:		Medical Power of Attorney:	Yes

Physician

Name:	Curana Health O'Leary, Hannah	Work Phone:	(712) 541-2047
Email:	hannah.oleary@curanahealth.com	Fax Number:	(878) 201-5322
Address:	8911 N Capital of Texas Hwy Austin, TX 78759 USA		
Name:	Lifespark lifespark, Home care	Work Phone:	(952) 345-8770
Email:		Fax Number:	
Address:	5320 W 23rd St Minneapolis, MN 55416 USA		

Pharmacy

Name:	Medication Management Partners	Work Phone:	(877) 752-8046
Email:		Fax Number:	
Address:	13601 Kenton Ave Crestwood, IL 60445 USA		

Mortuary

Name:	Kok Funeral Home & Cremation Service	Work Phone:	(651) 459-2875
Email:		Fax Number:	
Address:	7676 80th St S Cottage Grove, MN 55016 USA		



Resident - Face Sheet
Woodbury (12012)

Hospital

Name:	Emergency Department - M Health Fairview Woodwinds Hospital	Work Phone:	(651) 232-0100
Email:		Fax Number:	
Address:	1925 Woodwinds Dr. Woodbury, MN 55125 USA		

Insurance

Name:	Humana Premier RX Plan	Work Phone:	
Email:		Fax Number:	
Address:	,	Plan ID:	(80840) 9140461101
Name:	MEDICA	Work Phone:	
Email:		Fax Number:	
Address:	,	Plan ID:	933373969

ALINE

Resident - Face Sheet
Woodbury (12012)



Larry Wubben

Resident ID: 11632147
Address: 2195 Century Ave S
Woodbury, MN 55125
Room: 230A

Move In Date: 2/19/2024
Home Phone:
Cell Phone:

Gender: M
Date of Birth: 4/26/1936
Marital:
Previous Work History:
Religion:
Anniversary:
Veteran: No

Advanced Directives: Not Known
Living Will: Not Known
Code Status: Full Code
Has Power of Attorney: No
Has Durable Power of Attorney: No
Legal Guardian: No
Organ Donor: Not Known
Is Resident Ambulatory: Yes
Medicare Number: 2VA8-ET6-KV25

Allergy

Drug Allergies	No Known Allergies (NKA)
Food Allergies	No Known Allergies (NKA)
General Allergies	No Known Allergies (NKA)

Diagnoses

Cancer	Hx bladder cancer
Heart	AAA, AV Block, Congestive Heart Failure (CHF), Hypertension (High Blood Pressure)
Lungs	Chronic Obstructive Pulmonary Disease (COPD)
Metabolic	Diabetes Type II, Stage 3b chronic kidney disease

Responsible Party

Name:	Wubben, Larry	Relation to Resident:	Self
Address:	2195 Century Avenue SouthUnit #230 Woodbury, MN 55125 USA	Email:	
Home Phone:		Power of Attorney:	No
Cell Phone:		Durable Power of Attorney:	No
Work Phone:		Medical Power of Attorney:	No

Emergency Contact

Name:	Trost, Kenya	Relation to Resident:	
Address:	620 3rd Ave NE Milaca, MN 56353 USA	Email:	kenya.trost@gmail.com
Home Phone:		Power of Attorney:	No
Cell Phone:	(612) 718-3932	Durable Power of Attorney:	No
Work Phone:		Medical Power of Attorney:	No

Physician

Name:	M Health Fairview Clinic - Woodwinds Burdge, Austin	Work Phone:	(651) 232-6700
Email:		Fax Number:	(651) 232-6711
Address:	1825 Woodwinds Dr. Woodbury, MN 55125 USA		
Name:	Curana Health Oleary, Hannah	Work Phone:	(712) 541-2047
Email:	hannah.oleary@curanahealth.com	Fax Number:	(878) 201-5322
Address:	8911 N Capital of Texas Hwy Austin, TX 78759 USA		

Pharmacy

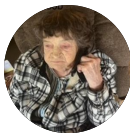
Name:	Medication Management Partners	Work Phone:	(877) 752-8046
Email:		Fax Number:	
Address:	13601 Kenton Ave Crestwood, IL 60445 USA		

Insurance

Name:	Centers of Medicare	Work Phone:	1 (800) 633-4227
Email:		Fax Number:	
Address:	7500 Security Blvd Baltimore, MD 21244 USA	Plan ID:	2VA8-ET6-KV25
Name:	BlueCross BlueShield Blue Plus	Work Phone:	
Email:		Fax Number:	
Address:		Plan ID:	MQS804641471

ALINE

Resident - Face Sheet
Woodbury (12012)



Ramona Wubben

Resident ID: 11632148
Address: 2195 Century Ave S
Woodbury, MN 55125
Room: 230B

Move In Date: 2/19/2024
Home Phone:
Cell Phone:

Gender:	F
Date of Birth:	1/29/1937
Marital:	Married
Previous Work History:	
Religion:	
Anniversary:	
Veteran:	No

Advanced Directives:	Yes
Living Will:	Not Known
Code Status:	DNR
Has Power of Attorney:	No
Has Durable Power of Attorney:	No
Legal Guardian:	No
Organ Donor:	Not Known
Is Resident Ambulatory:	Yes
Medicare Number:	2UR1-JA7-RW19

Allergy	
Drug Allergies	Budesonide, Budesonide/Formoterol, Fluticasone, Furosemide, Lasix, Lisinopril, Vilanterol
Food Allergies	No Known Allergies (NKA)
General Allergies	No Known Allergies (NKA)
Diagnoses	
No Known Diagnoses	

Responsible Party

Name:	Wubben, Ramona	Relation to Resident:	Self
Address:	2195 Century Avenue SouthUnit #230 Woodbury, MN 55125 USA	Email:	
Home Phone:		Power of Attorney:	No
Cell Phone:		Durable Power of Attorney:	No
Work Phone:		Medical Power of Attorney:	No

Emergency Contact

Name:	Trost, Kenya	Relation to Resident:	Daughter
Address:	620 3rd Ave NE Milaca, MN 56353 USA	Email:	kenya.trost@gmail.com
Home Phone:		Power of Attorney:	No
Cell Phone:	(612) 718-3932	Durable Power of Attorney:	No
Work Phone:		Medical Power of Attorney:	No

Physician

Name:	Curana Health O'leary, Hannah	Work Phone:	(712) 541-2047
Email:	hannah.oleary@curanahealth.com	Fax Number:	(878) 201-5322
Address:	8911 N Capital of Texas Hwy Austin, TX 78759 USA		
Name:	M Health Fairview Clinic - Princeton Matushin, Dr. Clifford	Work Phone:	(855) 324-7843
Email:		Fax Number:	
Address:	911 Northland Dr Princeton, MN 55371 USA		

Pharmacy

Name:	Medication Management Partners	Work Phone:	(877) 752-8046
Email:		Fax Number:	
Address:	13601 Kenton Ave Crestwood, IL 60445 USA		

Insurance

Name:	Centers of Medicare	Work Phone:	1 (800) 633-4227
Email:		Fax Number:	
Address:	7500 Security Blvd Baltimore, MD 21244 USA	Plan ID:	2UR1-JA7-RW19
Name:	BlueCross BlueShield Blue Plus	Work Phone:	
Email:		Fax Number:	
Address:		Plan ID:	MQS804641483



Marie "Rita" Ytzen

Resident ID: 11632129
Address: 2195 Century Ave S
 Woodbury, MN 55125
Room: 232A

Move In Date: 7/31/2023
Home Phone:
Cell Phone:

Gender: F
Date of Birth: 12/22/1931
Marital: Widowed
Previous Work History:
Religion:
Anniversary:
Veteran: No

Advanced Directives: Not Known
Living Will: Not Known
Code Status: Full Code
Has Power of Attorney: No
Has Durable Power of Attorney: No
Legal Guardian: No
Organ Donor: Not Known
Is Resident Ambulatory: Yes
Medicare Number: 6MJ2-MP4-GH21

Allergy

Drug Allergies Amoxicillin, Furosemide, Ozempic
Food Allergies No Known Allergies (NKA)
General Allergies No Known Allergies (NKA)

Diagnoses

Blood Dyslipidemia
Gastrointestinal (GI) Gastroesophageal Reflux Disease (GERD)
 Acute respiratory failure with hypoxia, Chronic Kidney Disease Stage 3, Chronic kidney disease stage 3 unspecified, Hx of carotid endarterectomy, Long term (current) use of anticoagulants, Other specified postprocedural states
General Health A fib, Atherosclerosis, bilateral carotid artery stenosis, Congestive Heart Failure (CHF), Heart Failure Unspecified, Heart Failure w preserved ejection fraction unspecified HF chronicity (H), Hyperlipidemia, Hypertension (High Blood Pressure), MITRAL VALVE REGURG, Nonrheumatic Mitral (valve) Insufficiency, Non-ST elevation (NSTEMI) myocardial infarction, Peripheral Artery Disease (PAD), Presence of cardiac pacemaker, Stricture of artery
Heart
Lungs Pneumonia, Pulmonary hypertension unspecified
Metabolic Diabetes Mellitus (DM)(High Blood Sugar), Diabetes Type II, Disorder Of Lipoprotein Metabolism Unspecified, Hypothyroidism

Responsible Party

Name: Ytzen, Marie "Rita"
Address: 2195 Century Avenue South Unit #232
 Woodbury, MN 55125 USA
Home Phone:
Cell Phone:
Work Phone:
Relation to Resident: Self
Email:
Power of Attorney: No
Durable Power of Attorney: No
Medical Power of Attorney: No

Emergency Contact

Name: Beety, Pat
Address: 5439 Highlands Trail
 Lake Elmo, MN 55042
Home Phone:
Cell Phone: (651) 402-6509
Work Phone:
Relation to Resident: Daughter
Email: pbeety@comcast.net
Power of Attorney: No
Durable Power of Attorney: No
Medical Power of Attorney: No

Physician

Name: .
Address: Oleary, Hannah
 hannah.oleary@curanahealth.com
 2730 Co Rd E East
 White Bear Lake, MN 55110 USA
Work Phone: (612) 254-9456
Fax Number: (878) 201-5322

Pharmacy

Name: Medication Management Partners
Address: 11350 Cicero Ave#C
 Alsip, IL 60803 USA
Work Phone: 7087528000
Fax Number: (855) 793-8197

Hospital

Name: Woodwinds Hospital
Address: 1925 Woodwinds Dr
 St Paul, MN 55125 USA
Work Phone: 6512320100
Fax Number:

Insurance

Name: Centers of Medicare
Address: 7500 Security Blvd
 Baltimore, MD 21244 USA
Work Phone: 1 (800) 633-4227
Fax Number:
Plan ID: 6MJ2-MP4-GH21
Name: United Healthcare
Address:
Work Phone:
Fax Number:
Plan ID: 989454504-00