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| Medicare Meeting Documentation | Admission Date: 2/2/2022 |
| Resident Name: Gloria | MRN: |

## General Information

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| Date: \_\_\_\_\_\_\_\_\_\_\_ Diagnosis: Has the Flu \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Today is day #\_\_\_\_\_\_\_ since admission, day #\_\_\_\_\_\_\_\_ of the benefit period ARD is \_\_\_\_\_\_\_\_\_\_\_\_\_\_ for a:  Date scheduled Current RUGS score: \_\_\_\_\_\_\_\_\_\_\_\_ LCD: \_\_\_\_\_\_\_\_\_\_\_\_\_ |

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| **** | **Therapy** |  |  | **Nursing** |
|  | Physical  Therapy |  |  |  |
|  | Occupational  Therapy |  |  |  |
|  | Speech  Therapy |  |  |  |

## Discharge Plan/Long Term Goals

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| Previous LoF:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Discharge Plan: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Discharge Concerns: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­­­­­­­­­­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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Weekly Review

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| Therapy: *Continuation or Changes* |
| Nursing: *Skilled services* |

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