

SENIOR CARE RESOURCES

REQUISITION TO PROCESS PA-600

Kane Facility (circle):	Glen Hazel	Scott	<u>McKeesport</u>	Ross
Resident Name/#:	<u>Pisatore, Dominic</u>			
MA Need Date:	<u>7/11/16</u>			
Soc. Sec. #	<u>165-36-2846</u>			
Notes*:	<u>BC</u>			
Notes*:	<u>Adm 7/11/16</u>			

*Note if resident is deceased or discharged, if any known problems exist, etc.

<input checked="" type="checkbox"/>	LTC
	Short term - co insurance or co pays
	Short term - no insurance
	Short term - insurance coverage ended before discharge
	Short term - bed hold days
	Other (describe)

<input checked="" type="checkbox"/>	Not started
	Pending letter attached
	Rejection attached
	PDA Waiver
	Submitted prior to admission (no caseworker or pending letter)
	Other (describe)

<u>8/1/16</u>	<u>Denise Bane</u>	<u>Bloomg.</u>
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<u>8/2/16</u>	<u>Hungate</u>
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*SCR caseworkers may be reassigned due to: work load, conflict of personalities, personal knowledge of families, extended absences and any other reason that may interfere with the process of the Medical Assistance application.

FACE SHEET MR-6
08/02/2016
1:53 PM

JOHN J. KANE REGIONAL CENTER
MCKEESPORT
RESIDENT IDENTIFICATION RECORD

Resident Name : *DOMINIC PUSATERI*

Resident # : *275360*

Room : *351 D*

SSN : *165-36-2846*

Birth Date : *07/29/1947*

Marital Status : *Married*

Race : *W* Sex : *M*

Veteran Status : Yes No

IMPORTANT NOTE:

The first two Authorizations on the MR-6A must be signed upon admission if an Admission Agreement has not yet been signed. In such cases, the MR-6A must be signed by resident or legal representative upon entrance/admission to the Regional Center.

Admission Date : *07/11/2016* Case : *0*

Admitted From : *ADMIT FROM ACUTE HOSPITAL*

Attending Physician : *Dr JOSE B CABALLE*

Phone : *(412) 462-2177*

Alternate Physician : *Dr ROGER ZIONCHECK*

Phone : *(412) 672-1000*

Primary Diagnosis : Admitting Diagnosis :

Legal Competency Status :

Medicare # : *165362846A*

MA Recipient # :

Rec#/Cat/Line : *02*

MA Eff Date :

Insurance Co : *BLUE CROSS OF WPA*

Policy # : *YYM102865987001*

Group # : *01714900*

End Date

Phone # : *(877) 258-3123*

Insurance Co :

Policy # :

Group # :

End Date

Phone # :

Insurance Co :

Policy # :

Group # :

End Date

Phone # :

Original Kane Admit Date : *07/11/2016*

MOST RECENT HOSPITAL STAY

Hospital Name : *MCKEESPORT*

Admit Date : *07/17/2016*

Disch Date : *07/19/2016*

Preferred Hospital :

Funeral Home :
Phone :

Church :
Phone :
Religion :

Resident Current Kane Phone # :

RESIDENT HOME ADDRESS

*2627 BANKER STREET
MCKEESPORT PA 15132*

Resident Birthplace :

Lifetime Occupation :

EMERGENCY CONTACTS

*MARIAN PUSATERI
2627 BANKER STREET
MCKEESPORT PA 15132
(412) 277-4715*

MARIE EDWARDS

(412) 927-7870

WIFE

SISTER

ADDITIONAL NOTES :