



ADMISSION RECORD

Arbors at Carroll
3680 Dolson Ct NW
Carroll, OH 43112-9721
TEL: (740) 654-0641
FAX: (740) 654-3896

Apr 4, 2024 11:45:37 ET

RESIDENT INFORMATION

Resident Name			Preferred Name	Unit	Room / Bed	Admission Date	Init. Adm. Date	Orig.Adm.Date	Resident #
Dunfee, Allen L.				North Short	157-2	03/21/2024	03/21/2024	03/21/2024	72422
Previous address					Previous Phone #	Legal Mailing address			
847 4th St, Lancaster, OH, 43130					(740) 785-6286	Same as Previous Address			
Sex	Birthdate	Age	Marital Status	Religion		Race		Occupation(s)	Primary Lang.
M	03/29/1959	65	Never married	None		White			English
Admitted From			Admission Location			Birth Place		Citizenship	Maiden Name
Acute care hospital			FAIRFIELD MEDICAL CENTER					U.S.	
Medicare (HIC) #			Medicare Beneficiary ID			Medicaid #		Medicaid MCO/HMO	
			8C62M20TF19			109580331699			
Medicaid MCO/HMO Policy#			Social Security #			Insurance Name:		Insurance Policy #:	
			270-73-8897			Humana		H55563479	
Medical Record #			Insurance Name Secondary			Insurance Policy# Secondary		Insurance Name Tertiary	
Insurance Policy # Tertiary			Long Term Care Policy Name			Long Term Policy Number		Part D Policy #	

PAYER INFORMATION

Primary Payer	Humana Medicare Advantage-4 Levels	Policy #	H55563479	Group #		Ins. Company	HUMANA MEDICARE ADVANTAGE
Second Payer	Coinsurance INS due from Medicaid	Medicaid #	109580331699	Group #		Ins. Company	MEDICAID - OH
Third Payer	Patient Liability						

OTHER INFORMATION

Most Recent Hospital Stay		Allergies	
03/14/2024	03/21/2024	Penicillins	
Admission Type		Advance Directives	Advanced Directives
		Refer to Medical Record	
Citizens Security Life Insurance Company		Code Status	Community Physician
Family Supplies		Funeral Home	Hearing Aides
Insurance Carrier Name		Medicaid Recertification Date	Medicare Coverage
Medicare Replacement Ins Name		Part D Carrier	Photographic Release
Planned Date of Discharge		Preferred Pronouns	Prepaid Cemetery Arrangements?
Resident Receives personal Mail		Secondary Ins Name	Spouse's Name
Uses Facility Wheelchair?		Uses Walker?	Veteran

CARE PROVIDERS

Provider	Phone	Address	UPIN	NPI
Primary Physician (Primary) LLOYD, JOHN 1604004	Office:(740) 687-5722 Fax:(740) 687-5898	1941 West Fair Ave Lancaster, OH 43130	A77512	1740252923
Physicians Assistant Montgomery, Jason	Office:(740) 687-5722 Fax:(740) 687-5898	2405 N Columbus St Ste 200 Lancaster, OH 43130		1447410980

PHARMACY

Pharmacy	Phone/Fax	Address
Pharmerica - Worthington (Primary)	Phone: (888) 836-8920 Fax: (888) 836-8921	720 Lakeview Plaza Blvd Suite H Worthington, OH, 43085

EXTERNAL FACILITIES (No Data Found)

Facility Name	Phone	Facility Type

CONTACTS

Name	Contact Type	Relationship	Address	Phone/Email
Dunfee, Allen	Responsible Party-Financial Responsible Party - Clinical	Self	847 4th St Lancaster, OH, 43130	Cell:(740) 785-6286 Home:(740) 785-6286

CONTACTS

Name	Contact Type	Relationship	Address	Phone/Email
Sheppard, Debbie	Emergency Contact # 1	Friend		Cell:(220) 219-0916
Dunfee, David		Brother		Cell:(386) 410-9844

DIAGNOSIS INFORMATION

Code	Description	Onset Date	Rank	Classification
E11.649	TYPE 2 DIABETES MELLITUS WITH HYPOGLYCEMIA WITHOUT COMA	03/21/2024	Primary Diagnosis (#67)	
J44.9	CHRONIC OBSTRUCTIVE PULMONARY DISEASE, UNSPECIFIED	07/21/2020	Secondary Diagnosis	
G40.909	EPILEPSY, UNSPECIFIED, NOT INTRACTABLE, WITHOUT STATUS EPILEPTICUS	07/20/2020	Dx 3	
I10	ESSENTIAL (PRIMARY) HYPERTENSION	12/30/2022	Dx 4	
E43	UNSPECIFIED SEVERE PROTEIN-CALORIE MALNUTRITION	03/21/2024	Dx 5	
A31.2	DISSEMINATED MYCOBACTERIUM AVIUM-INTRACELLULARE COMPLEX (DMAC)	03/21/2024	Dx 6	
L97.919	NON-PRESSURE CHRONIC ULCER OF UNSPECIFIED PART OF RIGHT LOWER LEG WITH UNSPECIFIED SEVERITY	03/21/2024	Dx 7	
L97.929	NON-PRESSURE CHRONIC ULCER OF UNSPECIFIED PART OF LEFT LOWER LEG WITH UNSPECIFIED SEVERITY	03/21/2024	Dx 8	
R26.9	UNSPECIFIED ABNORMALITIES OF GAIT AND MOBILITY	03/22/2024	Dx 9+	
R27.9	UNSPECIFIED LACK OF COORDINATION	03/22/2024	Dx 9+	
R41.841	COGNITIVE COMMUNICATION DEFICIT	03/22/2024	Dx 9+	
Z74.1	NEED FOR ASSISTANCE WITH PERSONAL CARE	03/22/2024	Dx 9+	
Z11.52	ENCOUNTER FOR SCREENING FOR COVID-19	03/21/2024	Dx 9+	
Z20.822	CONTACT WITH AND (SUSPECTED) EXPOSURE TO COVID-19	03/21/2024	Dx 9+	
E78.5	HYPERLIPIDEMIA, UNSPECIFIED	12/30/2022	Dx 9+	
E16.2	HYPOGLYCEMIA, UNSPECIFIED	03/21/2024		
E55.9	VITAMIN D DEFICIENCY, UNSPECIFIED	03/21/2024		
E83.119	HEMOCHROMATOSIS, UNSPECIFIED	03/21/2024		
J98.4	OTHER DISORDERS OF LUNG	03/21/2024		

ADVANCE DIRECTIVE

Full Resuscitate

MISCELLANEOUS INFORMATION

Date of Discharge	Time	Length of Stay	Discharged to (Mortician Name and Licence No.)
		14	
Signature			Date
Personal Effects Sent With		Relationship	Date