

ADMISSION RECORD

Laurels of Heath

May 10, 2024 12:48:02 ET

RESIDENT INFORMATION

Resident Name		Preferred Name		Unit	Room / Bed	Admission Date	Init. Adm. Date	Orig. Adm. Date	Resident #
Brierley, Adriann				UNIT F	F1-1	04/25/2024	02/12/2024	08/22/2023	052488
Previous address				Previous Phone #		Legal Mailing address			
169 s 6th st Apt B, Newark, OH, 43055				(740) 995-4055		United States			
Sex	Birthdate	Age	Marital Status	Religion		Race	Occupation(s)		Primary Lang.
F	02/23/1967	57	Divorced			White			English
Admitted From			Admission Location			Birth Place		Citizenship	Maiden Name
Acute care hospital			Licking Memorial Hospital						
Medicaid Case #		Medicare Secondary Insurance		OTHER INSURANCE #		Medicare Beneficiary ID			
						2AH3AG0YM83			
Social Security #		Medicare (HIC) #		Medicare A Eff Date		Medicare B Eff Date			
374-66-3334				08012019		10012021			
Medicare B Term Date		Medicaid #		Ins Auth #		Insurance Name			
		910000036127				UHCMedicare			
Insurance Policy #		Medical Record #		HMO Insurance #		Medicaid HMO #			
124786835		052488							
Medicare Alt Name		Medicare Alt Policy #		Secondary Insurance Name		BWC Claim #			
Secondary Insurance Policy #		Medicare HMO Hic#		Secondary Insurance Number		Hospice Name			

PAYER INFORMATION

Primary Payer	Medicare Replacement Per Diem-LH	Policy #	124786835	Group #		Ins. Company	(UHC) United Healthcare
Second Payer	Medicare Adv Coins Medicaid-LH	Medicaid #	910000036127				

OTHER INFORMATION

Admission Recent Hospital Stay		Allergies	
04/23/2024	04/25/2024	Dexlansoprazole, Esomeprazole, Midazolam, Omeprazole, Penicillin, Advair Diskus, Influenza Vaccines, Coconut, Bees	
Admission Type		Advance Directives	Bed Hold Authorized?
DFJB Caseworker		FL2 Effective Date	Insurance Billing Information
			Living Will
MCR A HMO only effective date		Medicaid Case #	Medicaid Effective Date
			Medicaid Leave Days Used Year to Date
Medicaid QMB?		Medicaid Waiver Termination Date	Medicare A only effective date
			Medicare B only effective date
Medicare Coverage		Medicare Part D Plan Name	Medicare Part D Policy Number
			Medicare Part D
Medicare/Medicaid Dual Y/N		Prescription Drug Plan	Prior Approval Number
Yes			QMB
READMISSION DATE		Referring Physician	Representative Payee
			Secondary Insurance Address
Secondary Insurance Name/Phone		See Client Contact Comment	Trust Fund Authorization
			Uses Walker
Veteran Y/N?		Zip Code	

CARE PROVIDERS

Provider	Phone	Address	UPIN	NPI
Attending Physician (Primary) Slaybaugh, Randall Roberts, Kirsten	Office: (833) 578-2763 Fax: (740) 522-5313	41850 W. Eleven Mile Road Ste 109 Novi, MI 48375		1609837335
USE, DO NOT		41850 W. Eleven Mile Road #207 Novi, MI 48375		1295269843
Nurse Practitioner Barrett, Amanda	Office: (833) 578-2763 Fax: (740) 522-5313	41800 W 11 Mile Road Suite 109 Michigan Novi, MI 48375		1437841368
Nurse Practitioner Dunaway, Alicia Jill	Office: (833) 578-2763 Fax: (740) 522-5313	41850 W. Eleven Mile Road Ste 207 Oakland Novi, MI 41850		1861123214

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CARE PROVIDERS

Nurse Practitioner Irizarry, Molly	Office:(833) 578-2763 Fax:(248) 218-9996	41800 W 11 Mile Road Suite 109 Novi, MI 48375	1790140283
Nurse Practitioner Martin, Toni	Office:(937) 386-3400 Fax:(937) 386-3019	657 S. Washington St. Greenfield, OH 45123	1588183255
Nurse Practitioner Pothast, Jordan	Office:(833) 578-2763 Fax:(740) 522-5313	41800 W. 11 Mile Road Suite 109 Oakland Novi, MI 48375	1194125120
Nurse Practitioner Reidy, Natalie	Office:(833) 578-2763 Fax:(740) 522-5313	41800 W 11 Mile Road Suite 109 Novi Novi, MI 48375	1992388383
Nurse Practitioner Sellers, Amanda	Office:(833) 578-2763	41850 W. Eleven Mile Road #207 Novi, MI 48375	1831633692
Nurse Practitioner Shao, Guohong	Office:(833) 578-2763 Fax:(248) 218-9996	41800 W 11 Mile Road Suite 109 Novi, MI 48375	1689194870

PHARMACY

Pharmacy	Phone/Fax	Address
Omnicare of Central Ohio (Primary) Primary Contact: Jennifer Gabriel	Phone: (800) 837-2908 Fax: (800) 837-0224	2305 Westbrooke Drive Columbus, OH, 43228

EXTERNAL FACILITIES (No Data Found)

Facility Name	Phone	Facility Type

CONTACTS

Name	Contact Type	Relationship	Address	Phone/Email
Brirley, Adriann	Responsible Party A/R Guarantor	Self	169 s 6th st Apt B Newark, OH, 43055	Home:(740) 995-4055
Ashcraft, Elizabeth	Emergency Contact # 1	Daughter		Home:(740) 281-4614
Smith, Jacqueline	Emergency Contact # 2	Daughter		Home:(220) 216-5074

DIAGNOSIS INFORMATION

Code	Description	Onset Date	Rank	Classification
S32.601D	UNSPECIFIED FRACTURE OF RIGHT ISCHIUM, SUBSEQUENT ENCOUNTER FOR FRACTURE WITH ROUTINE HEALING	04/28/2024	Primary	Admitting Dx
G82.9	POLYNEUROPATHY, UNSPECIFIED	02/13/2024	Secondary	
M62.81	MUSCLE WEAKNESS (GENERALIZED)	02/12/2024	Third	Admission
E87.6	HYPOKALEMIA	04/25/2024	Fourth	
E83.42	HYPOMAGNESEMIA	04/26/2024	Fifth	
J45.20	MILD INTERMITTENT ASTHMA, UNCOMPLICATED	02/12/2024	Sixth	
F43.10	POST-TRAUMATIC STRESS DISORDER, UNSPECIFIED	08/22/2023	Seventh	Admission
I11.0	HYPERTENSIVE HEART DISEASE WITH HEART FAILURE	08/22/2023	Eighth	Admission
I50.9	HEART FAILURE, UNSPECIFIED	08/22/2023	Ninth	Admission
F32.A	DEPRESSION, UNSPECIFIED	08/22/2023	Tenth	Admission
F41.9	ANXIETY DISORDER, UNSPECIFIED	08/22/2023	Eleventh	Admission
G47.33	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	08/22/2023	Twelfth	Admission
K21.9	GASTRO-ESOPHAGEAL REFLUX DISEASE WITHOUT ESOPHAGITIS	08/22/2023	Thirteenth	Admission
F17.210	NICOTINE DEPENDENCE, CIGARETTES, UNCOMPLICATED	08/22/2023	Fourteenth	Admission
F10.20	ALCOHOL DEPENDENCE, UNCOMPLICATED	08/22/2023	Fifteenth	Admission
G47.00	INSOMNIA, UNSPECIFIED	08/22/2023	Sixteenth	Admission
E44.1	MILD PROTEIN-CALORIE MALNUTRITION	04/29/2024	Twentieth or greater	Admission
R26.81	UNSTEADINESS ON FEET	04/25/2024	Twentieth or greater	Admission
F34.1	DYSTHYMIC DISORDER	02/12/2024	Twentieth or greater	
R01.1	CARDIAC MURMUR, UNSPECIFIED	02/12/2024	Twentieth or greater	
Z91.51	PERSONAL HISTORY OF SUICIDAL BEHAVIOR	08/22/2023	Twentieth or greater	Admission
Z92.3	PERSONAL HISTORY OF IRRADIATION	08/22/2023	Twentieth or greater	Admission

ADVANCE DIRECTIVE

Full Code

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MISCELLANEOUS INFORMATION

Date of Discharge	Time	Length of Stay	Discharged to (Mortician Name and Licence No.)
		15	
Signature			Date
Personal Effects Sent With		Relationship	Date