



ADMISSION RECORD

Glenview Terrace Nursing Center

Sep 22, 2022 14:22:27 CT

RESIDENT INFORMATION

| | | | | | | | | | |
|--|------------|----------------------------|------------------------------------|-------------------------|-------------|--------------------------|-----------------|-----------------|------------|
| Resident Name | | Preferred Name | | Unit | Room / Bed | Admission Date | Init. Adm. Date | Orig. Adm. Date | Resident # |
| Nisar, Mushtari | | | | 2E | 250-2 | 08/30/2022 | 08/30/2022 | 08/30/2022 | 55567 |
| Previous address | | | | Previous Phone # | | Legal Mailing address | | | |
| 5019 Mulford St APT 403, Skokie, IL, 60077 | | | | | | Same as Previous Address | | | |
| Sex | Birthdate | Age | Marital Status | Religion | Race | Occupation(s) | Primary Lang. | | |
| F | 01/01/1957 | 65 | Divorced | Muslim | White | | English | | |
| Admitted From | | | Admission Location | | Birth Place | Citizenship | Maiden Name | | |
| Acute care hospital | | | Advocate Lutheran General Hospital | | | U.S. | | | |
| Medicaid Other Payer ID # | | Medicare (HIC) # | | Medicare Beneficiary ID | | MO Medicaid | | | |
| | | | | | | | | | |
| Medicaid # | | NC Medicaid # | | OK Medicaid | | QMB Eligible | | | |
| 348462235 | | | | | | | | | |
| Social Security # | | Insurance Name #1 | | Insurance Name #2 | | Insurance Name: | | | |
| ***-**-0303 | | | | | | BCBSMMCP | | | |
| Insurance Policy #: | | Insurance Policy #1 | | Insurance Policy #2 | | Insurance: | | | |
| XOG901558096 | | | | | | | | | |
| Medical Record # | | Policy #: | | XX DO NOT USE | | HMO/Managed Care Name: | | | |
| 55567 | | | | | | | | | |
| HMO/Managed Policy#: | | Auto Accident Claim # | | Co-Insurance Name: | | CoInsurance Policy# | | | |
| | | | | | | | | | |
| Part D Insurance Name | | Part D Policy # | | Co-Insurance Policy #: | | Worker's Comp Claim # | | | |
| | | | | | | | | | |
| Additional Insurance # | | Part D Policy Name: | | Insurance Name 2 | | Insurance Policy 2 | | | |
| | | | | | | | | | |
| Dental Policy Name: | | NEW MMIS MEDICAID#(xclaim) | | Dental Policy #: | | Date of Birth | | | |
| | | | | | | | | | |
| Insurance 3 | | Insurance 3 Policy # | | | | | | | |
| | | | | | | | | | |

PAYER INFORMATION

| | | | | | | | |
|---------------|----------------------------|------------|-----------|---------|--|--------------|---|
| Primary Payer | BlueCross BlueShield - ICP | Medicaid # | 348462235 | Group # | | Ins. Company | Blue Cross Blue Shield - Medicaid HMO - Illinois |
| Second Payer | Patient Liability | | | | | | |

OTHER INFORMATION

| | | | | |
|--|--|-----------------------------|----------------------------|---------------------------------|
| Most Recent Hospital Stay | | Allergies | | |
| | | No Known Allergies | | |
| Admission Type | | Collection Agency | Contact # | Convicted of a Sexual Offense |
| Short Term | | | | |
| Enteral Tube | | Family does Laundry? | Father's name | General Notes |
| | | | | |
| Ins. Authorization Number and Days covered | | Insurance #2 Effective Date | Insurance Address | Insurance Case Manager |
| | | | | |
| Insurance Name #1 | | Insurance Name #2 | Insurance Phone Number | MA Effective Date |
| | | | | |
| Medicaid Recertification Date | | Medicare Coverage | Miscellaneous Information: | Mother's name |
| 05/01/2023 | | No coverage | | |
| Other UDF | | PAN Program? | Part D Carrier | Part D Policy # |
| | | | | |
| PASRR Number | | Primary Ins Group # | Primary Ins Policy # | Primary Payor |
| | | | | |
| QMB Eligible | | Qualifying Hosp Stay | Rehab Program | Resident Receives Business Mail |
| No | | | | |
| Secondary Ins Policy # | | Tertiary Ins Policy # | Tertiary Insurance | Veteran? |
| | | | | |

CARE PROVIDERS

| | | | | |
|---|---|--|------|------------|
| Provider | Phone | Address | UPIN | NPI |
| Attending Physician (Primary) Jaffery, Maliha | Office:(773) 413-3893 | 1441 Branding Avenue # 310 Downers Grove, IL 60515 | | 1174780159 |
| Nurse Practitioner Duey, Deborah | Office:(773) 413-3893 Fax:(630) 829-1080 | 1441 Branding Ave #310 Downers Grove, IL 60515 | | 1780849059 |

CARE PROVIDERS

| | | | | |
|---------------------------------------|---|--|--|------------|
| Nurse Practitioner Glou, Raymond | | 1441 Branding Ave Ste 310 Downers Grove, IL 60515 | | 1629435102 |
| Nurse Practitioner Mendez, Carolyn | Office:(773) 413-3893 | 1441 Branding Avenue Suite 310 Downers Grove, IL 60515 | | 1154631422 |
| Nurse Practitioner Wilens, Nancy | Office:(847) 832-4672 Fax:(847) 729-9135 | 1511 Greenwood Rd Glenview, IL 60026 | | 1275580953 |

PHARMACY

| Pharmacy | Phone/Fax | Address |
|---|--|---|
| OMNICARE OF NORTHERN IL (Primary) Primary Contact: Chris Frederick | Phone: (800) 245-3784 Fax: (877) 566-9387 | 2313 S. Mount Prospect Rd Des Plaines, IL, 60018 |

EXTERNAL FACILITIES (No Data Found)

| Facility Name | Phone | Facility Type |
|---------------|-------|---------------|
| | | |

CONTACTS

| Name | Contact Type | Relationship | Address | Phone/Email |
|-----------------|-------------------------------------|--------------|---|---------------------|
| Nisar, Mushtari | Responsible Party | Self | 5019 Mulford St APT 403 Skokie, IL, 60077 | |
| Ahmed, Fathima | Emergency Contact # 1 Care Giver | Daughter | 5019 Mulford St APT # 403 Skokie, IL, 60077 | Cell:(312) 929-9786 |

DIAGNOSIS INFORMATION

| Code | Description | Onset Date | Rank | Classification |
|--------------|---|------------|-----------|----------------|
| S72. 401D | UNSPECIFIED FRACTURE OF LOWER END OF RIGHT FEMUR, SUBSEQUENT ENCOUNTER FOR CLOSED FRACTURE WITH ROUTINE HEALING | 08/30/2022 | Primary | Admitting Dx |
| C50.919 | MALIGNANT NEOPLASM OF UNSPECIFIED SITE OF UNSPECIFIED FEMALE BREAST | 08/31/2022 | Secondary | Admission |
| E03.9 | HYPOTHYROIDISM, UNSPECIFIED | 08/30/2022 | Secondary | Admission |
| E11.9 | TYPE 2 DIABETES MELLITUS WITHOUT COMPLICATIONS | 08/30/2022 | Secondary | Admission |
| E78.5 | HYPERLIPIDEMIA, UNSPECIFIED | 08/30/2022 | Secondary | Admission |
| I10 | ESSENTIAL (PRIMARY) HYPERTENSION | 08/30/2022 | Secondary | Admission |
| I25.10 | ATHEROSCLEROTIC HEART DISEASE OF NATIVE CORONARY ARTERY WITHOUT ANGINA PECTORIS | 08/30/2022 | Secondary | Admission |
| I25.5 | ISCHEMIC CARDIOMYOPATHY | 08/30/2022 | Secondary | Admission |
| I50.9 | HEART FAILURE, UNSPECIFIED | 08/30/2022 | Secondary | Admission |
| R26.2 | DIFFICULTY IN WALKING, NOT ELSEWHERE CLASSIFIED | 08/30/2022 | Secondary | Admission |
| S43. 081D | OTHER SUBLUXATION OF RIGHT SHOULDER JOINT, SUBSEQUENT ENCOUNTER | 08/30/2022 | Secondary | Admission |
| S82. 001D | UNSPECIFIED FRACTURE OF RIGHT PATELLA, SUBSEQUENT ENCOUNTER FOR CLOSED FRACTURE WITH ROUTINE HEALING | 08/30/2022 | Secondary | Admission |
| Z20.822 | CONTACT WITH AND (SUSPECTED) EXPOSURE TO COVID-19 | 08/30/2022 | Secondary | Admission |
| Z48.89 | ENCOUNTER FOR OTHER SPECIFIED SURGICAL AFTERCARE | 08/30/2022 | Secondary | Admission |
| Z51.89 | ENCOUNTER FOR OTHER SPECIFIED AFTERCARE | 08/30/2022 | Secondary | Admission |
| Z91.81 | HISTORY OF FALLING | 08/30/2022 | Secondary | Admission |

ADVANCE DIRECTIVE

| |
|-----------|
| Full Code |
|-----------|

MISCELLANEOUS INFORMATION

| Date of Discharge | Time | Length of Stay | Discharged to (Mortician Name and Licence No.) |
|----------------------------|------|----------------|--|
| | | 23 | |
| Signature | | | Date |
| | | | |
| Personal Effects Sent With | | Relationship | Time |
| | | | |

Nisar, Mushtari (MRN 6883696) DOB: 01/01/1957

Encounter Date: 09/08/2022

Nisar, Mushtari**MRN: 6883696**

Nursing Home Visit 9/8/2022
 GLENVIEW TERRACE
 SKILLED NURSING

Provider: Maliha J Jaffery, MD (Internal Medicine)
 Primary diagnosis: Status post open reduction and internal fixation (ORIF) of fracture
 Reason for Visit: Skilled Nursing Home Visit

Maliha J Jaffery, MD (Physician)
 Internal Medicine

Progress Notes**Post Acute Skilled Nursing Home follow-up visit Note****Date of Service:** 9/8/2022**Location seen at:** Glenview Terrace**Subacute / Skilled Need:** Rehabilitation**PCP:** Farah M Chaus, MD

Patient Care Team:

Farah M Chaus, MD as PCP - General

Mark S Dikopf, MD as Ophthalmology (Ophthalmology)

Hina A Omar, MD (Gastroenterology)

Sudha Kurien, CNP as Nurse Practitioner (Nurse Practitioner - Adult Health)

Parag Patel V, DO (Cardiovascular Disease)

Michelle Hapanovich, APNP as Nurse Practitioner (Nurse Practitioner - Family)

Attending SNF MD: jaffery**Seen by Maliha J Jaffery, MD today**

LGH 8/24-8/30

Mushtari Nisar is a 65 year old female presenting to Post Acute Skilled Nursing for: Admission H&P diagnosis rehab status post fall with right shoulder dislocation and right femur fracture.

History of Present Illness:

65-year-old female with past medical history of hypertension, hyperlipidemia, hypothyroidism, type 2 diabetes on insulin, history of CAD status post CABG in 8/2017, diastolic heart failure with EF of 60% last echo 2/2021, history of breast cancer status postmastectomy 2001 presented to Lutheran General Hospital after she sustained a fall leaving her doctor's office. Patient was found to have a commuted fracture of the right distal femur and subluxation of the right shoulder. Patient's shoulder was reduced in the ER as per hospital records and patient she fell in the lobby of the Parkside building when she was returning from her clinic appointment. She did not hit her head and did not lose consciousness. CT head, cervical spine and facial bones were normal. X-ray of the right shoulder demonstrated anterior subluxation and fracture of the shoulder at the greater tuberosity. X-ray of the right hip at the pelvis was unremarkable. X-ray of the right femur and right knee demonstrated displaced fracture of distal femur and nondisplaced fracture inferior aspect of the patella. CT scan of the shoulder and femur were done and orthopedic surgery was consulted. Her right shoulder was manually reduced and has been maintained in the sling since. Patient went to the OR on 8/25 for I&D and ORIF of the right distal femur fracture. Patient received tobramycin and vancomycin in the OR.. Patient's hemoglobin dropped to 6.9 requiring 1 unit of packed RBC after which patient's hemoglobin came up to 8.4. On the second postop day patient's hemoglobin dropped again to 7.4 and another unit of packed RBC was given. Posttransfusion patient's hemoglobin came up to 9.7 and remained stable.

Patient's diabetic medications were continued from home initially metformin was placed on hold and then later started on half a dose of basal glargine and mealtime insulin with high-dose sliding scale

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Encounter Date: 09/08/2022
Maliha J Jaffery, MD (Physician)
Internal Medicine

Progress Notes (continued)

and nighttime sliding scale. Patient's insulin was held. Up and blood sugars did go up to 304 100s. Patient was seen by rehab and recommended subacute therapy. Once stabilized patient was transferred to Glenview Terrace. Patient needs a DEXA scan as outpatient and needs to start bisphosphonates 2 weeks.. Per Ortho patient will also continue vitamin D 4000 units for 12 weeks and Xarelto 10 mg daily for 6 weeks.

Patient seen and examined today for admission visit seen lying in bed comfortable in no distress patient's husband and son at bedside. Patient states that she is not sure what she tripped on her hip but she was coming out of her doctor's appointment came down the elevator and fell in the lobby was unable to get up and was brought to the ER immediately. Prior to this patient lives with her husband in an apartment with an elevator on the fourth floor normally is completely independent with walking and all her ADLs still doing all the housework cooking and cleaning as well. Patient currently nonweightbearing to the right upper extremity with sling and toe-touch weightbearing to the right lower extremity. Did discuss with the family patient has a long recovery rolled Ativan. Patient does complain of some pain in her leg and arm. Denies any other complaints denies any nausea vomiting diarrhea constipation denies any fever or chills. Patient noted to have some bruising on the right side of the neck surgical incision examined with the wound nurse has a long incision above the knee with 42 staples along with a smaller incision of the right hip and for smaller incisions around the knee. We will continue local wound care. We will continue PT OT and fall precaution goal is to rehab and return home. Patient's POA is her daughter CODE STATUS discussed wishes to remain full code depression screen done denies any depression

9/8

Patient seen and examined today for follow-up visit seen lying in bed comfortable in no distress. Seen working with therapy. Continues to have decreased range of motion in the right arm and right leg. Remains nonweightbearing to the right upper extremity and toe-touch weightbearing to the right lower extremity. Needs follow-up with Ortho for upgrade and weightbearing status. Did speak to patient's son over the phone and gave my number to for the daughter to call me if they have any questions. Patient's labs and vitals all remained stable. Aspirin therapy patient's bed mobility is min assist of 1 able to sit at the edge of the bed without support transfers are moderate to. We will continue PT OT and fall precaution. Surgical incision well approximated with staples in place no signs of infection or bleeding. Covered with gauze and Ace wrap

HISTORY

Past Medical History:

| Diagnosis | Date |
|---|------|
| CAD (coronary artery disease) | |
| Chronic diastolic heart failure (CMS/HCC) | |
| DM (diabetes mellitus) (CMS/HCC) | |
| High cholesterol | |
| Hypertension | |
| Malignant neoplasm of breast (CMS/HCC) | |

- CAD (coronary artery disease)
 - Chronic diastolic heart failure (CMS/HCC)
 - DM (diabetes mellitus) (CMS/HCC)
 - High cholesterol
 - Hypertension
 - Malignant neoplasm of breast (CMS/HCC)
- right

reports that she has never smoked. She has never used smokeless tobacco. She reports that she does not drink alcohol and does not use drugs.

Past Surgical History:

| Procedure | Laterality | Date |
|------------------------------|------------|------|
| Breast surgery | | |
| Coronary artery bypass graft | | |

- Breast surgery
- Coronary artery bypass graft

2018

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Maliha J Jaffery, MD (Physician)
Internal Medicine

Progress Notes (continued)

- | | | |
|--------------|-------|------|
| • Mastectomy | Right | 2002 |
|--------------|-------|------|

Family History

| Problem | Relation | Age of Onset |
|--|----------|--------------|
| • Other jondis died at age 85 | Father | |
| • Myocardial Infarction | Mother | |
| • Patient is unaware of any medical problems | Sister | |

History

Not marked as reviewed during this visit.

PROBLEM LIST:

Specialty Problems

None

DEPRESSION SCREENING:

PHQ 2/9 Test Results

0: Not at all

1: Several days

2: More than half the days

3: Nearly every day

Recent Review Flowsheet Data

| Date | 1/26/2022 |
|--|-----------------------------|
| Adult PHQ 2 Score | 0 |
| Adult PHQ 2 Interpretation | No further screening needed |
| Little interest or pleasure in activity? | Not at all |
| Feeling down, depressed or hopeless? | Not at all |

DEPRESSION ASSESSMENT/PLAN:

Depression screening is negative no further plan needed.

ALLERGIES:

| |
|----------------------------|
| Allergies as of 09/08/2022 |
| • (No Known Allergies) |

CURRENT MEDICATIONS:

Current Outpatient Medications

| Medication | Sig | Dispense | Refill |
|------------|-----|----------|--------|
|------------|-----|----------|--------|

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Encounter Date: 09/08/2022
Maliha J Jaffery, MD (Physician)
Internal Medicine

Progress Notes (continued)

| | | | |
|---|--|------------|---|
| • insulin lispro 100 UNIT/ML injectable solution | Inject into the skin 3 times daily (before meals). if 180 - 220 = 2 units; 221 - 260 = 4 units; 261 - 300 = 6 units CALL MD if blood sugar <70 or >301, subcutaneously before meals related to TYPE 2 DIABETES MELLITUS WITHOUT COMPLICATIONS (E11.9) | | |
| • omeprazole (PrilOSEC) 20 MG capsule | Take 20 mg by mouth daily. | | |
| • Cholecalciferol 50 mcg (2,000 units) tablet | Take 2 tablets by mouth daily. | 60 tablet | 2 |
| • HYDROcodone-acetaminophen (NORCO) 10-325 MG per tablet | Take 1 tablet by mouth every 6 hours as needed for Pain. | 120 tablet | 0 |
| • rivaroxaban (XARELTO) 10 MG Tab | Take 1 tablet by mouth daily (with dinner). | 50 tablet | 0 |
| • naLOXone (NARCAN) 4 MG/0.1ML nasal spray | Spray the content of 1 device into 1 nostril. Call 911. May repeat with 2nd device in alternate nostril if no response in 2-3 minutes. | 2 each | 1 |
| • metoPROLOL succinate (TOPROL-XL) 50 MG 24 hr tablet | TAKE 1 TABLET BY MOUTH DAILY | 90 tablet | 3 |
| • Insulin Lispro, 1 Unit Dial, (HumaLOG KwikPen) 100 UNIT/ML pen-injector | Inject 16 Units into the skin in the morning and 16 Units in the evening. Prime 2 units before each dose. | | |
| • metFORMIN (GLUCOPHAGE-XR) 500 | Take 1,000 mg by mouth daily (with | | |

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Encounter Date: 09/08/2022
Maliha J Jaffery, MD (Physician)
Internal Medicine

Progress Notes (continued)

| | | | |
|---|--|------------|---|
| MG 24 hr tablet | dinner). | | |
| • metFORMIN (GLUCOPHAGE-XR) 500 MG 24 hr tablet | TAKE 1 TABLET BY MOUTH WITH BREAKFAST, 1 TABLET BY MOUTH WITH LUNCH AND 2 TABLETS WITH DINNER (Patient taking differently: Take 500 mg by mouth in the morning and 500 mg in the evening.) | 360 tablet | 1 |
| • losartan (COZAAR) 25 MG tablet | Take 1 tablet by mouth daily. (Patient taking differently: Take 25 mg by mouth every morning.) | 90 tablet | 3 |
| • OneTouch Ultra test strip | TEST BLOOD SUGAR FOUR TIMES DAILY AS DIRECTED | 400 strip | 3 |
| • FeroSul 325 (65 Fe) MG tablet | TAKE 1 TABLET BY MOUTH TWICE DAILY WITH MEALS (Patient taking differently: Take 325 mg by mouth 2 (two) times a day.) | 180 tablet | 3 |
| • atorvastatin (LIPITOR) 40 MG tablet | TAKE 1 TABLET BY MOUTH DAILY (Patient taking differently: Take 40 mg by mouth at bedtime.) | 90 tablet | 3 |
| • furosemide (LASIX) 20 MG tablet | Take 1 tablet by mouth daily. (Patient taking differently: Take 20 mg by mouth every morning.) | 90 tablet | 3 |
| • levothyroxine 50 MCG tablet | TAKE 1 TABLET BY MOUTH DAILY (Patient taking | 90 tablet | 3 |

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Encounter Date: 09/08/2022
Maliha J Jaffery, MD (Physician)
Internal Medicine

Progress Notes (continued)

| | | | | |
|---|---|-----------|---|--|
| | differently: Take 50 mcg by mouth every morning.) | | | |
| • Aspirin Low Dose 81 MG EC tablet | Take 1 tablet by mouth daily. (Patient taking differently: Take 81 mg by mouth every morning.) | 90 tablet | 3 | |
| • Continuous Blood Gluc Sensor (Dexcom G6 Sensor) Misc | Insert new sensor every 10 days. Change sensor every 10 days. (3 sensors per box) | 9 each | 3 | |
| • Continuous Blood Gluc Transmit (Dexcom G6 Transmitter) Misc | 1 Units every 3 months. | 1 each | 3 | |
| • insulin glargine (Basaglar KwikPen) 100 UNIT/ML pen-injector | Inject 21 units at night. (Patient taking differently: Inject 21 Units into the skin at bedtime.) | 30 mL | 3 | |
| • Admelog SoloStar 100 UNIT/ML pen-injector | 18 units at breakfast, 16 units at lunch and 16 units at dinner plus sliding scale. (Patient taking differently: Inject 18 Units into the skin daily (with breakfast).) | 50 mL | 3 | |
| • Blood Glucose Monitoring Suppl (ONE TOUCH ULTRA 2) w/Device Kit | CHECK BLOOD SUGARS FOUR TIMES DAILY | | | |
| • Continuous Blood Gluc Receiver (Dexcom G6 Receiver) Device | 1 DEVICE EVERY 12 MONTHS | 1 each | 0 | |
| • Lancets (freestyle) Misc | Test 4 times daily (Patient taking differently: Test 3 times daily) | 400 each | 3 | |
| • Blood Pressure Monitoring (BLOOD PRESSURE KIT) Device | 1 Device daily. | 1 Device | 3 | |
| • Insulin Pen Needle 31G X 8 | Use to inject | | | |

Progress Notes (continued)

| | |
|---------|--|
| MM Misc | insulin 4 times daily. Remove needle cover(s) to expose needle before injecting. |
|---------|--|

No current facility-administered medications for this visit.

Medications reviewed / reconciled: Yes

BASELINE FUNCTIONAL STATUS:

Independent

CURRENT FUNCTIONAL STATUS:

Nonweightbearing to the right upper extremity in sling, toe-touch weightbearing to the right lower extremity

DIET:

Consistency: General

Type: DM diet, cardiac diet

Appetite: Normal

REVIEW OF SYSTEMS:

Review of Systems

Constitutional: Negative for activity change, appetite change, chills, fatigue, fever and unexpected weight change.

HENT: Negative for congestion, dental problem, drooling, ear discharge, ear pain, facial swelling, hearing loss, mouth sores, nosebleeds, postnasal drip, rhinorrhea, sinus pressure, sinus pain, sneezing, sore throat, tinnitus, trouble swallowing and voice change.

Eyes: Negative for photophobia, pain, discharge, redness, itching and visual disturbance.

Respiratory: Negative for apnea, cough, choking, chest tightness, shortness of breath, wheezing and stridor.

Cardiovascular: Negative for chest pain, palpitations and leg swelling.

Gastrointestinal: Negative for abdominal distention, abdominal pain, anal bleeding, blood in stool, constipation, diarrhea, nausea, rectal pain and vomiting.

Endocrine: Negative for cold intolerance, heat intolerance, polydipsia, polyphagia and polyuria.

Genitourinary: Negative for decreased urine volume, difficulty urinating, dyspareunia, dysuria, enuresis, flank pain, frequency, genital sores, hematuria, menstrual problem, pelvic pain, urgency, vaginal bleeding, vaginal discharge and vaginal pain.

Musculoskeletal: Negative for arthralgias, back pain, gait problem, joint swelling, myalgias, neck pain and neck stiffness.

Pain in the arm and right leg

Skin: Negative for color change, pallor, rash and wound.

Allergic/Immunologic: Negative for environmental allergies and food allergies.

Neurological: Negative for dizziness, tremors, seizures, syncope, facial asymmetry, speech difficulty, weakness, light-headedness, numbness and headaches.

Hematological: Negative for adenopathy. Does not bruise/bleed easily.

Psychiatric/Behavioral: Negative for agitation, behavioral problems, confusion, decreased

Progress Notes (continued)

concentration, dysphoric mood, hallucinations, self-injury, sleep disturbance and suicidal ideas. The patient is not nervous/anxious and is not hyperactive.

PHYSICAL ASSESSMENT:

Physical Exam

Vitals and nursing note reviewed.

Constitutional:

General: She is not in acute distress.

Appearance: Normal appearance. She is well-developed. She is obese. She is not diaphoretic.

HENT:

Head: Normocephalic and atraumatic.

Right Ear: External ear normal.

Left Ear: External ear normal.

Nose: Nose normal.

Mouth/Throat:

Mouth: Mucous membranes are moist.

Pharynx: No oropharyngeal exudate.

Neck: Normal range of motion and neck supple.

Eyes:

General: No scleral icterus.

Right eye: No discharge.

Left eye: No discharge.

Extraocular Movements: Extraocular movements intact.

Conjunctiva/sclera: Conjunctivae normal.

Pupils: Pupils are equal, round, and reactive to light.

Neck:

Vascular: No JVD.

Cardiovascular:

Rate and Rhythm: Normal rate and regular rhythm.

Heart sounds: Normal heart sounds. No murmur heard.

Pulmonary:

Effort: Pulmonary effort is normal. No respiratory distress.

Breath sounds: Normal breath sounds. No stridor. No wheezing or rales.

Chest:

Chest wall: No tenderness.

Abdominal:

General: Bowel sounds are normal. There is no distension.

Palpations: Abdomen is soft. There is no mass.

Tenderness: There is no abdominal tenderness. There is no guarding or rebound.

Hernia: No hernia is present.

Genitourinary:

Labia:

Right: No rash, tenderness, lesion or injury.

Left: No rash, tenderness, lesion or injury.

Musculoskeletal:

General: No tenderness or deformity. Normal range of motion.

Comments: **Right arm in sling**

Nisar, Mushtari (MRN 6883696) DOB: 01/01/1957

Encounter Date: 09/08/2022
Maliha J Jaffery, MD (Physician)
Internal Medicine

Progress Notes (continued)

Decreased range of motion in the right leg with difficulty lifting off the bed

Lymphadenopathy:

Cervical: No cervical adenopathy.

Lower Body: No right inguinal adenopathy. No left inguinal adenopathy.

Skin:

General: Skin is warm and dry.

Coloration: Skin is not pale.

Findings: No erythema or rash.

Comments: **Surgical incision well approximated with staples in place**

Bruising noted on the right side of the neck and shoulder area

Neurological:

General: No focal deficit present.

Mental Status: She is alert and oriented to person, place, and time. Mental status is at baseline.

Cranial Nerves: No cranial nerve deficit.

Sensory: No sensory deficit.

Motor: No abnormal muscle tone.

Coordination: Coordination normal.

Deep Tendon Reflexes: Reflexes normal.

Psychiatric:

Mood and Affect: Mood normal.

Speech: Speech normal.

Behavior: Behavior normal.

Thought Content: Thought content normal.

Judgment: Judgment normal.

VITALS:

Visit Vitals

| | |
|-------|-------------------------|
| BP | 125/50 |
| Pulse | 88 |
| Temp | 98 °F (36.7 °C) |
| Resp | 18 |
| Wt | 90.7 kg (200 lb) |
| SpO2 | 97% |
| BMI | 36.58 kg/m ² |

Pain Level 2 /10

LABS:

WBC 7.45 hemoglobin 9 hematocrit 29 platelets 172 sodium 139 potassium 4.7 chloride 102 bicarb 28 BUN 25 creatinine 0.78 glucose 170 magnesium 2 phosphorus 3.1

Advance Care Planning Discussion

Advance Care Planning

Location: GLENVIEW TERRACE SKILLED NURSING

Nisar, Mushtari (MRN 6883696) DOB: 01/01/1957

Encounter Date: 09/08/2022
Maliha J Jaffery, MD (Physician)
Internal Medicine

Progress Notes (continued)

Participants: Maliha J Jaffery, MD, patient consented to discussion.

Advance Directives filed? No Patient was encouraged to bring in completed advance directives as soon as possible

GOALS OF CARE NOTE

A Goals of Care discussion was held for the following reasons: goals of care discussion requested. Those present have a good understanding of the patient's situation.

Patient-Centered Goals: Rehabilitate and prolong survival, only if quality of life is meaningful.

Prognostication:

- Will likely return to baseline function? Yes. Needs after hospital: is expected to be at home. Would you be surprised if patient died within a year from now?: Yes.

Recommendations (treatments, consults, etc):

- PT OT some assistance at home

Plan for Future Deterioration:

- Will accept return to hospital for care? Yes
- Will accept return to ICU for care? Yes

Recommendations for reassessing goals of care:

Summary of Discussion: Goals of care discussed with the patient wishes to remain full code goals to rehab and return home prior level of function was completely independent

Code status after discussion: Full Resuscitation

Not applicable, patient is full code

In the event of cardiac arrest, attempting CPR: may have medical benefit.

Time spent: 20 minutes

ASSESSMENT AND PLAN

Assessment

No problem-specific Assessment & Plan notes found for this encounter.

Closed commuted intra-articular fracture of the distal femur

Status post mechanical fall

Patient status post surgical repair

Toe-touch weightbearing to the right lower extremity

Surgical incision examined well approximated with staples healing well

Continue PT OT and fall precautions

Continue current pain management

Follow-up with orthopedics

Xarelto 10 mg daily for 6 weeks

Nisar, Mushtari (MRN 6883696) DOB: 01/01/1957

Encounter Date: 09/08/2022
Maliha J Jaffery, MD (Physician)
Internal Medicine

Progress Notes (continued)

Vitamin D for 12 weeks

Patient needs to start bisphosphonates in 2 weeks after surgery 9/8

DEXA scan as outpatient

9/8 continue PT OT and fall precautions

Will continue current pain management

Patient remains nonweightbearing to right upper extremity and toe-touch weightbearing to the right lower extremity

Continue to monitor surgical site

We will start patient bisphosphonates today

And anterior dislocation of the right shoulder

Reduced with sling in place

Nonweightbearing to the right upper extremity

Continue PT OT and pain management

Follow-up with orthopedics

9/8 continues to be nonweightbearing to the right upper extremity

Continue PT OT and pain management

Follow-up with orthopedics

Hyperlipidemia

Continue statins

9/8 continue statins

Type 2 diabetes

Insulin dose adjusted in the hospital

We will continue to monitor

Accu-Cheks 4 times daily

Will adjust dose if needed

9/8 blood glucose 200 today

However previously has been lower

Will continue to monitor if consistently high will increase medications

Hypertension

Vitals every shift

Blood pressure well controlled

Will continue current medications

-As needed

9/8 blood pressure remains well controlled continue current medications

Hypothyroidism

Continue levothyroxine

9/8 continue levothyroxine

History of CAD with CABG

Continue medical management

Currently asymptomatic

9/8 continue medical management

Remained stable

Nisar, Mushtari (MRN 6883696) DOB: 01/01/1957

Encounter Date: 09/08/2022
Maliha J Jaffery, MD (Physician)
Internal Medicine

Progress Notes (continued)

Asymptomatic

Acute blood loss anemia
Status post 2 packed RBC transfusion
We will continue to monitor
Currently with no signs of active bleeding
Will transfuse if needed
Continue on iron
9/8 hemoglobin remained stable at 9
No signs of active bleeding
Continue on iron

CHF

We will monitor daily weights
Monitor for fluid overload
Continue medical management
Continue Lasix daily
Will adjust if needed
9/8 remains euvolemic
Continue daily and daily Lasix
Weights have remained stable

Chronic kidney disease stage II

Monitor renal function
Avoid nephrotoxic medications
9/8 continue to monitor renal function
Remained stable
Avoid nephrotoxic medications

FOLLOW UP APPOINTMENTS:

- 1 Call Farah M Chaus, MD (Family Practice)
- 2 Follow up with Charles M Lieder, DO (Orthopedic Surgery) in 3 weeks (9/20/2022)
- 3 Schedule an appointment with Michelle Hapanovich, APNP (Nurse Practitioner - Family) in 1 month (9/29/2022)

DISCHARGE PLANNING: Rehab and return home

Discussed with: RN / Nursing, Family, Patient and Reviewed old records

Prognosis: good

Total time spent is more than 45 minutes, with more than 50% of the time spent in coordination of care, counseling, review of records and discussion of plan of care with the patient /staff /family.

Nisar, Mushtari (MRN 6883696) DOB: 01/01/1957

Encounter Date: 09/08/2022
Maliha J Jaffery, MD (Physician)
Internal Medicine

Progress Notes (continued)

Maliha J Jaffery, MD

HOME HEALTH FACE TO FACE DOCUMENTATION AND CERTIFICATION CMS Rules: Certifying Patients for the Medicare Home Health Benefit

Home Health Eligibility Summary

Name: Mushtari Nisar
DOB: 1/1/1957
MRN: 6883696

Service to Home Care order content:

There are no questions and answers to display.

I certify this patient is under my care and I, or a nurse practitioner, clinical nurse specialist or physician assistant working with me, had a face-to-face encounter with this patient on the date listed.

Medical Condition Related to Home Health Services

The encounter with the patient was in whole, or in part, for the following medical condition(s), which are the reasons for home health care:

1. **Status post open reduction and internal fixation (ORIF) of fracture**
2. Dislocation of right shoulder joint, subsequent encounter
3. Type 2 diabetes mellitus without complication, with long-term current use of insulin (CMS/HCC)
4. Chronic diastolic heart failure (CMS/HCC)
5. S/P CABG (coronary artery bypass graft)
6. Benign essential hypertension
7. Chronic kidney disease (CKD), stage II (mild)
8. Coronary artery disease involving native coronary artery of native heart without angina pectoris
9. Closed displaced fracture of right patella with routine healing, unspecified fracture morphology, subsequent encounter
10. Gait abnormality
11. Pure hypercholesterolemia

Certification of Medical Necessity (Certification is required for select Home Health beneficiaries only)
I certify based on my clinical findings, the services ordered in the referral are medically necessary home health services.

Homebound Status and Living Situation

I certify my clinical findings support this patient is homebound due to the homebound reason(s) listed in the Service to Home Care order content link above. If reason for homebound status is not specified, this document does not certify the patient as homebound.

Progress Notes (continued)

I have authorized these skilled home health services and the "Physician to follow" listed above will accept and assume care for this patient and sign the Home Health Plan of Care.

Date of completion of form: 9/8/2022

HOME HEALTH FACE TO FACE DOCUMENTATION AND CERTIFICATION
CMS Rules: Certifying Patients for the Medicare Home Health Benefit

Home Health Eligibility Summary

Name: Mushtari Nisar
DOB: 1/1/1957
MRN: 6883696

Service to Home Care order content:

There are no questions and answers to display.

I certify this patient is under my care and I, or a nurse practitioner, clinical nurse specialist or physician assistant working with me, had a face-to-face encounter with this patient on the date listed.

Medical Condition Related to Home Health Services

The encounter with the patient was in whole, or in part, for the following medical condition(s), which are the reasons for home health care:

1. **Status post open reduction and internal fixation (ORIF) of fracture**
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4. Chronic diastolic heart failure (CMS/HCC)
5. S/P CABG (coronary artery bypass graft)
6. Benign essential hypertension
7. Chronic kidney disease (CKD), stage II (mild)
8. Coronary artery disease involving native coronary artery of native heart without angina pectoris
9. Closed displaced fracture of right patella with routine healing, unspecified fracture morphology, subsequent encounter
10. Gait abnormality
11. Pure hypercholesterolemia

Certification of Medical Necessity(Certification is required for select Home Health beneficiaries only)
I certify based on my clinical findings, the services ordered in the referral are medically necessary home health services.

Homebound Status and Living Situation

I certify my clinical findings support this patient is homebound due to the homebound reason(s) listed in the Service to Home Care order content link above. If reason for homebound status is not

Nisar, Mushtari (MRN 6883696) DOB: 01/01/1957

Encounter Date: 09/08/2022
Maliha J Jaffery, MD (Physician)
Internal Medicine

Progress Notes (continued)

specified, this document does not certify the patient as homebound.

I have authorized these skilled home health services and the "Physician to follow" listed above will accept and assume care for this patient and sign the Home Health Plan of Care.

Date of completion of form: 9/8/2022

Instructions

AMB After Visit Summary (Automatic SnapShot taken 9/8/2022)

Additional Documentation

Vitals: BP 125/50
Pulse 88
Temp 98 °F (36.7 °C)
Resp 18
Wt 90.7 kg (200 lb)
SpO2 97%
BMI 36.58 kg/m²
BSA 1.91 m²
Pain Sc 0

Orders Placed

None

Medication Changes As of 9/8/2022 12:25 PM

None

Medication List at End of Visit As of 9/8/2022 12:25 PM

| | Refills | Start Date | End Date |
|---|---------|------------|----------|
| Aspirin Low Dose 81 MG EC tablet Take 1 tablet by mouth daily. - Oral Patient taking differently: Take 81 mg by mouth every morning. Notes to Pharmacy: Resending due to failed transmission, not a duplicate. | 3 | 11/9/2021 | |
| atorvastatin (LIPITOR) 40 MG tablet TAKE 1 TABLET BY MOUTH DAILY - Oral Patient taking differently: Take 40 mg by mouth at bedtime. | 3 | 2/9/2022 | |
| Cholecalciferol 50 mcg (2,000 units) tablet Take 2 tablets by mouth daily. - Oral Notes to Pharmacy: 50 mcg = 2,000 units Renewals Renewal requests to authorizing provider (Jayna Patel, DO) prohibited Renewal provider: Farah M Chaus, MD | 2 | 8/30/2022 | |
| FeroSul 325 (65 Fe) MG tablet TAKE 1 TABLET BY MOUTH TWICE DAILY WITH MEALS Patient taking differently: Take 325 mg by mouth 2 (two) times a day. | 3 | 2/22/2022 | |
| furosemide (LASIX) 20 MG tablet Take 1 tablet by mouth daily. - Oral Patient taking differently: Take 20 mg by mouth every | 3 | 1/31/2022 | |

Nisar, Mushtari (MRN 6883696) DOB: 01/01/1957

Encounter Date: 09/08/2022

Medication List at End of Visit (continued) As of 9/8/2022 12:25 PM

| | Refills | Start Date | End Date |
|--|---------|------------|----------|
| morning. | | | |
| HYDROcodone-acetaminophen (NORCO) 10-325 MG per tablet | 0 | 8/30/2022 | |
| Take 1 tablet by mouth every 6 hours as needed for Pain. - Oral | | | |
| Renewals | | | |
| Renewal requests to authorizing provider (Lauren Dinh, MD) prohibited | | | |
| Renewal provider: Farah M Chaus, MD | | | |
| insulin glargine (Basaglar KwikPen) 100 UNIT/ML pen-injector | 3 | 7/22/2021 | |
| Inject 21 units at night. | | | |
| Patient taking differently: Inject 21 Units into the skin at bedtime. | | | |
| Insulin Lispro | | | |
| Admelog SoloStar 100 UNIT/ML pen-injector | 3 | 7/7/2021 | |
| 18 units at breakfast, 16 units at lunch and 16 units at dinner plus sliding scale. | | | |
| Patient taking differently: Inject 18 Units into the skin daily (with breakfast). | | | |
| Insulin Lispro, 1 Unit Dial, (HumaLOG KwikPen) 100 UNIT/ML pen-injector | | | |
| Inject 16 Units into the skin in the morning and 16 Units in the evening. Prime 2 units before each dose. - Subcutaneous | | | |
| Patient-reported medication | | | |
| insulin lispro 100 UNIT/ML injectable solution | | | |
| Inject into the skin 3 times daily (before meals). if 180 - 220 = 2 units; 221 - 260 = 4 units; 261 - 300 = 6 units | | | |
| CALL MD if blood sugar <70 or >301, subcutaneously before meals related to TYPE 2 DIABETES MELLITUS WITHOUT COMPLICATIONS (E11.9) - Subcutaneous | | | |
| Patient-reported medication | | | |
| levothyroxine 50 MCG tablet | 3 | 12/27/2021 | |
| TAKE 1 TABLET BY MOUTH DAILY - Oral | | | |
| Patient taking differently: Take 50 mcg by mouth every morning. | | | |
| losartan (COZAAR) 25 MG tablet | 3 | 5/9/2022 | |
| Take 1 tablet by mouth daily. - Oral | | | |
| Patient taking differently: Take 25.mg by mouth every morning. | | | |
| metFORMIN HCl | | | |
| metFORMIN (GLUCOPHAGE-XR) 500 MG 24 hr tablet | 1 | 7/11/2022 | |
| TAKE 1 TABLET BY MOUTH WITH BREAKFAST, 1 TABLET BY MOUTH WITH LUNCH AND 2 TABLETS WITH DINNER | | | |
| Patient taking differently: Take 500 mg by mouth in the morning and 500 mg in the evening. | | | |
| metFORMIN (GLUCOPHAGE-XR) 500 MG 24 hr tablet | | | |
| Take 1,000 mg by mouth daily (with dinner). - Oral | | | |
| Patient-reported medication | | | |
| metoPROLOL succinate (TOPROL-XL) 50 MG 24 hr tablet | 3 | 8/24/2022 | |
| TAKE 1 TABLET BY MOUTH DAILY - Oral | | | |
| naLOXone (NARCAN) 4 MG/0.1ML nasal spray | 1 | 8/29/2022 | |
| Spray the content of 1 device into 1 nostril. Call 911. May repeat with 2nd device in alternate nostril if no response in 2-3 minutes. | | | |
| Renewals | | | |
| Renewal requests to authorizing provider (Lauren Dinh, MD) prohibited | | | |

Nisar, Mushtari (MRN 6883696) DOB: 01/01/1957

Encounter Date: 09/08/2022

Medication List at End of Visit (continued) As of 9/8/2022 12:25 PM

| | Refills | Start Date | End Date |
|--|---------|------------|------------|
| Renewal provider: Farah M Chaus, MD | | | |
| omeprazole (Prilosec) 20 MG capsule | | | |
| Take 20 mg by mouth daily. - Oral | | | |
| Patient-reported medication | | | |
| rivaroxaban (XARELTO) 10 MG Tab | 0 | 8/29/2022 | 10/18/2022 |
| Take 1 tablet by mouth daily (with dinner). - Oral | | | |
| Renewals | | | |
| Renewal requests to authorizing provider (Lauren Dinh, MD) prohibited | | | |
| Renewal provider: Farah M Chaus, MD | | | |

Visit Diagnoses

Primary: **Status post open reduction and internal fixation (ORIF) of fracture** Z98.890, Z87.81
Dislocation of right shoulder joint, subsequent encounter S43.004D
Type 2 diabetes mellitus without complication, with long-term current use of insulin (CMS/HCC) E11.9, Z79.4
Chronic diastolic heart failure (CMS/HCC) I50.32
S/P CABG (coronary artery bypass graft) Z95.1
Benign essential hypertension I10
Chronic kidney disease (CKD), stage II (mild) N18.2
Coronary artery disease involving native coronary artery of native heart without angina pectoris I25.10
Closed displaced fracture of right patella with routine healing, unspecified fracture morphology, subsequent encounter S82.001D
Gait abnormality R26.9
Pure hypercholesterolemia E78.00

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Glenview Terrace Nursing Center

1511 Greenwood Rd.,
Glenview, IL, 60026

Advanced Medical Supply**NPI 1497794564**

3322 N Milwaukee Ave,
Chicago, IL 60641

ORDER SUMMARY 1 / 1**MUSHTARI NISAR**DOB: **01/01/1957**Gender: **Female**Weight: **194lbs**Height: **5ft 2in**

Billing Address:

5019 MULFORD ST APT403
SKOKIE , IL 60077

Patient Phone:

(312) 929-9786

Insurance:

Primary - Blue Cross Blue Shield (BCBS) -
Commercial

XOG901558096

Secondary - Medicaid

348462235

Diagnosis:

M62.81 - Muscle weakness (generalized)

S72.401D - Unspecified fracture of lower end of
right femur, subsequent encounter for closed
fracture with routine healing

I50.9 - Heart failure, unspecified

S43.081D - Other subluxation of right shoulder
joint, subsequent encounter

S82.001D - Unspecified fracture of right patella,
subsequent encounter for closed fracture with
routine healing

Order Information:

K0003: Lightweight Wheelchair, 20 in x 16 in

Quantity: 1, Start Date: 09/23/2022, Length of Need: 99 months

Standard Seat Height

Quantity: 1, Start Date: 09/23/2022, Length of Need: 99 months

E2201: Width Extender, 20 in

Quantity: 1, Start Date: 09/23/2022, Length of Need: 99 months

Standard Seat Depth, 16 in

Quantity: 1, Start Date: 09/23/2022, Length of Need: 99 months

E0973: Wheelchair Armrests, Adjustable Height, Desk Length

Quantity: 2, Start Date: 09/23/2022, Length of Need: 99 months, Side:
right

E0971: Wheelchair Anti Tippers

Quantity: 2, Start Date: 09/23/2022, Length of Need: 99 months

E2611: Wheelchair Back Cushion, 20 in

Quantity: 1, Start Date: 09/23/2022, Length of Need: 99 months

K0195: Elevating Leg Rests

Quantity: 1, Start Date: 09/23/2022, Length of Need: 99 months

E2601: Wheelchair Seat Cushion, 20 in, General Use

Quantity: 1, Start Date: 09/23/2022, Length of Need: 99 months

E0978: Wheelchair Positioning Belt

Quantity: 1, Start Date: 09/23/2022, Length of Need: 99 months

E0961: Wheelchair Brake Extenders

Quantity: 2, Start Date: 09/23/2022, Length of Need: 99 months

Payment:

Insurance

Deliver to:

5019 MULFORD ST APT403, SKOKIE, IL, 60077

Discharge Date:

09/23/2022

Ordering User:

Michael DeWaele (Glenview Terrace Nursing Center)

FOR BILLING AND DISPENSING

MUSHTARI NISAR

DOB:01/01/1957

Gender:Female

Weight:194lbs

Height:5ft 2in

Billing Address:

5019 MULFORD ST APT403

SKOKIE , IL 60077

Delivery Address:

5019 MULFORD ST APT403

SKOKIE , IL 60077

(312) 929-9786

Insurance:

Primary - Blue Cross Blue Shield (BCBS) - Commercial

XOG901558096

Secondary - Medicaid

348462235

Emergency Contacts:

Diagnosis:

M62.81 - Muscle weakness (generalized)

S72.401D - Unspecified fracture of lower end of right femur, subsequent encounter for closed fracture with routine healing

I50.9 - Heart failure, unspecified

S43.081D - Other subluxation of right shoulder joint, subsequent encounter

S82.001D - Unspecified fracture of right patella, subsequent encounter for closed fracture with routine healing

Order Information:

Order Date: 09/22/2022

K0003: Lightweight Wheelchair, 20 in x 16 in

Quantity: 1, Start Date: 09/23/2022, Length of Need: 99 months

Standard Seat Height

Quantity: 1, Start Date: 09/23/2022, Length of Need: 99 months

E2201: Width Extender, 20 in

Quantity: 1, Start Date: 09/23/2022, Length of Need: 99 months

Standard Seat Depth, 16 in

Quantity: 1, Start Date: 09/23/2022, Length of Need: 99 months

E0973: Wheelchair Armrests, Adjustable Height, Desk Length

Quantity: 2, Start Date: 09/23/2022, Length of Need: 99 months, Side: right

E0971: Wheelchair Anti Tippers

Quantity: 2, Start Date: 09/23/2022, Length of Need: 99 months

E2611: Wheelchair Back Cushion, 20 in

Quantity: 1, Start Date: 09/23/2022, Length of Need: 99 months

K0195: Elevating Leg Rests

Quantity: 1, Start Date: 09/23/2022, Length of Need: 99 months

E2601: Wheelchair Seat Cushion, 20 in, General Use

Quantity: 1, Start Date: 09/23/2022, Length of Need: 99 months

E0978: Wheelchair Positioning Belt

Quantity: 1, Start Date: 09/23/2022, Length of Need: 99 months

E0961: Wheelchair Brake Extenders

FOR BILLING AND DISPENSING

MUSHTARI NISAR

DOB:01/01/1957

Gender:Female

Weight:194lbs

Height:5ft 2in

Quantity: 2, Start Date: 09/23/2022, Length of Need: 99 months

I certify that I am the treating clinician identified on this form. I reviewed the written order, and the information reflects the patient's condition and treatment plan. Any statement on my letterhead attached hereto, has been reviewed and signed by me. I certify that the medical necessity information above contained herein is true, accurate and complete, to the best of my knowledge, and is consistent with the information contained in my clinical records for the Patient and/or in the Patient's permanent medical record. I certify that the patient/caregiver is capable and has successfully completed training or will be trained on the proper use of the products prescribed on this written order. I understand that any falsification, omission, or concealment of material fact in that section with respect to any information contained herein may subject me to civil or criminal liability.

MALIHA JAFFERY / (224) 628-1257 / NPI: 1174780159 / 1441 BRANDING AVE STE 310, DOWNERS GROVE, IL 60515-5624

This document was digitally signed on 9/22/22 at 4:14PM EDT by
MALIHA JAFFERY, MD, NPI 1174780159

/

/

Clinician's Signature

Date

MUSHTARI NISAR

DOB 01/01/1957
Encounter 09/08/2022

Physician MALIHA JAFFERY
NPI: 1174780159

Face-to-Face Mobility

Patient Basic Information:

Ms. Nisar is a 65-year-old female, currently diagnosed with heart failure, unspecified, muscle weakness (generalized), other subluxation of right shoulder joint, subsequent encounter, unspecified fracture of lower end of right femur, subsequent encounter for closed fracture with routine healing, and unspecified fracture of right patella, subsequent encounter for closed fracture with routine healing. Her height is 62 inches, and her weight is 194 lbs.

The patient's hip measurement is 19.3 inches wide.

Encounter:

The patient has a mobility limitation that prevents her from fully participating in mobility-related activities of daily living (MRADLs), including walking independently, maintaining hygiene, and toileting. Without a wheelchair, she is entirely unable to complete these MRADLs.

A lightweight wheelchair is required because the patient cannot self-propel a standard wheelchair at home, but can use a lightweight wheelchair.

The patient requires an anti-tipping device to increase stability and reduce the risk of the wheelchair tipping over.

Physical Examination:

The patient's participation in MRADLs is impaired because she has a high risk of falling, has severe difficulty walking, relies on caregiver assistance, and has poor balance. A walker, cane, or crutches alone would not be sufficient at resolving the patient's mobility limitations because she has limited upper body strength, difficulty walking safely with an assistive device, poor balance, and difficulty ambulating long distances at home.

The patient has sufficient physical and mental capabilities needed to safely self-propel a wheelchair in the home.

The patient has weak upper body muscles and requires a safety belt for proper positioning. Due to her limited upper extremity range of motion, the patient requires wheel lock extensions.

The patient has fracture of right patella, a musculoskeletal condition that prevents 90 degree flexion of the knee.

Treatment Plan:

A lightweight wheelchair will significantly improve the patient's ability to participate in MRADLs. With a lightweight chair, she will have reduced fall risk, be mobile around the home for longer distances, and be able to complete MRADLs while sitting. The patient is planning to use the wheelchair on a regular basis in the home, and has not expressed an

Glenview Terrace Nursing Center

1511 Greenwood Rd.,
Glenview, IL, 60026

PROGRESS NOTES 2 / 2**MUSHTARI NISAR**

DOB **01/01/1957**
Encounter **09/08/2022**

Physician **MALIHA JAFFERY**
NPI: **1174780159**

unwillingness to do so. Her home has adequate space and level surfaces to maneuver between rooms in a wheelchair. The patient will self-propel the wheelchair.

The patient will use the adjustable height armrest for the right arm. Non-adjustable arms are not sufficient because of the patient's an upper arm injury, therefore patient will require adjustable height armrests for use with the wheelchair. She will be using the wheelchair for 2+ hours per day. A safety belt will be used to properly position the patient. Wheel lock extensions will be used to accommodate the patient's limited upper extremity range of motion.

The patient will use a wide seat frame because of her hip width. Due to the patient's musculoskeletal condition, the patient will use an elevating leg rest for her right leg. A basic cushion is required for the patient's wheelchair.

The patient will use an anti-tipping device attachment.

Additional Notes:

Current Diagnosis:

M62.81 - Muscle weakness (generalized)

S72.401D - Unspecified fracture of lower end of right femur, subsequent encounter for closed fracture with routine healing

I50.9 - Heart failure, unspecified

S43.081D - Other subluxation of right shoulder joint, subsequent encounter

S82.001D - Unspecified fracture of right patella, subsequent encounter for closed fracture with routine healing

Products:

Lightweight (LW) Wheelchair

Width Extender

Adjustable Armrests

Anti Tippers

Leg / Foot Rests

Seat Cushion

Positioning Belt

Brake Extenders

I certify that I am the treating clinician identified on this form. I reviewed the written order, and the information reflects the patient's condition and treatment plan. Any statement on my letterhead attached hereto, has been reviewed and signed by me. I certify that the medical necessity information above contained herein is true, accurate and complete, to the best of my knowledge, and is consistent with the information contained in my clinical records for the Patient and/or in the Patient's permanent medical record. I certify that the patient/caregiver is capable and has successfully completed training or will be trained on the proper use of the products prescribed on this written order. I understand that any falsification, omission, or concealment of material fact in that section with respect to any information contained herein may subject me to civil or criminal liability.

MALIHA JAFFERY / (224) 628-1257 / NPI: 1174780159 / 1441 BRANDING AVE STE 310, DOWNERS GROVE, IL 60515-5624

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MALIHA JAFFERY, MD, NPI 1174780159



Clinician's Signature

/

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Date