



# GEORGETOWN

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## REHABILITATION SERVICES

1138 Lexington Road, Suite 100  
Georgetown, Kentucky 40324  
Phone: 502-570-3732  
Fax: 502-570-3735

### COVER SHEET

TO: DR. McGrath

FAX NO.: \_\_\_\_\_

FROM: Georgetown Comm Hospital Therapy Dept

PHONE NO.: 502 570-3732

DATE: \_\_\_\_\_

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## GEORGETOWN COMMUNITY HOSPITAL

1140 Lexington Road • Georgetown, Kentucky 40324  
Telephone Number: (502) 868-1100

ADV DIR: N

ADMIT BY: BRB

## PATIENT INFORMATION

ACCOUNT NUMBER 1179082	ADMISSION DATE & TIME 09/30/25 00:00	FINANCIAL CLASS 12	ROOM / BED /	HSV PHY	DISCHARGE DATE	SOCIAL SECURITY NO. 403-66-7211	MEDICAL RECORD NUMBER 000349182				
PATIENT NAME GRIFFITH	(FIRST) JUDY	(INITIAL) J	BIRTHDATE 07/13/1946	AGE 79	RACE W	SEX F	MS W	MAIDEN/PREV NAME SCOTT	REL U	ACC R	
PATIENT ADDRESS 2619 FRANKFORT RD GEORGETOWN KY 40324					COUNTY	OCCURRENCE CODE / DATE 35 2025-09-30					
EMPLOYER (Name, Address)											

ACCIDENT DATE	ACCIDENT HOUR 00	ACCIDENT STATE CODE	ACCIDENT DESCRIPTION					PATIENT TELEPHONE NUMBER (513) 728-9569
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CONTACT INFORMATION CONTACT ONE (Name, Telephone Number, Work Telephone Number, Relationship) FLOOD MICHELLE (513) 728-9569					POWER OF ATTORNEY				
CONTACT TWO (Name, Telephone Number, Work Telephone Number, Relationship)									

GUARANTOR INFORMATION GUARANTOR NAME (Name, Address)									
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GRIFFITH JUDY J GUARANTOR TELEPHONE NUMBER (513) 728-9569	2619 FRANKFORT RD GUARANTOR SOCIAL SECURITY NUMBER 403-66-7211	GEORGETOWN KY 40324 RELATIONSHIP TO PATIENT SELF
GUARANTOR EMPLOYER (Name, Address)		TELEPHONE NUMBER

INSURANCE INFORMATION PRIMARY INSURANCE MMC HUMANA					ADDRESS PO BOX 14601	LEXINGTON KY	TELEPHONE NUMBER (877) 511-5000
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INSURED'S NAME GRIFFITH JUDY G	SEX F	PAT REL 18	POLICY # H04792814	GROUP NAME KENTUCKY U	GROUP NUMBER X5545002
SECONDARY INSURANCE ADDRESS					TELEPHONE NUMBER

INSURED'S NAME	SEX	PAT REL	POLICY #	GROUP NAME	GROUP NUMBER
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TERtiARY INSURANCE	ADDRESS	TELEPHONE NUMBER
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INSURED'S NAME	SEX	PAT REL	POLICY #	GROUP NAME	GROUP NUMBER
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PHYSICIAN INFORMATION ADMITTING PHYSICIAN					
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ADMITTING PHYSICIAN HAMILTONJR DAVID A	ATTENDING PHYSICIAN HAMILTONJR DAVID A	FAMILY PHYSICIAN SMITH BRIAN DOUGLAS
ADMITTING DIAGNOSIS HEEL WOUND		PRIMARY INSURANCE TREATMENT AUTHORIZATION NUMBER NR/

COMMENTS
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606 9233284  
513 728 9569

**Kentucky Bone & Joint Surgeons**

A Division of Ortho Kentucky, PLLC

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**Kaveh R. Sajadi, M.D.**  
DEA# BS 8085816

**Sam Coy, M.D.**  
DEA# FC 0930594

**Andrew W. Ryan, M.D.**  
DEA# BR 2399447

**Daniel J. Hackett, Jr., M.D.**  
DEA# FH 6113992

**Greg L. Cowen, PA-C**  
NPI 1225094709

**David A. Hamilton, Jr., M.D.**  
DEA# FH7777913

**Kristyn Dullaghan, PA-C**    **Taylor Faulkner, PA-C**  
NPI 1093339913                            NPI 1679184410

Name Judy Griffith DOB 7/13/46  
Address \_\_\_\_\_ Date 9/15/15

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Refr. Wond (ae)

Georgetown Ky

Eval/Hr Osteel wad

Refill #1\*\*2\*\*3\*\*4\*\*5\*\* NR

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# GEORGETOWN COMMUNITY HOSPITAL

Name	GRIFFITH JUDY J	Admitted	Sep-30-2025	DOB	Jul-13-1946 (F)
Attending	HAMILTONJR DAVID A	Discharged	-	Encounter	1179082
Primary	SMITH BRIAN DOUGLAS	Chief Complaint	HEEL WOUND	MRN	349182
Allergies LISINOPRIL, NAPROXEN					

## PT Wound Evaluation and Treatment Note \* Sep-30-2025 1652 (Signed)

Electronically signed by Meagan Wilson PT on 2025-09-30 1737

Question	Response	User
Inpatient or Outpatient?	Outpatient	KBI3953
Was the Infectious Disease Screening Completed?  1. Have you or someone in your household tested positive for COVID-19 or are currently awaiting lab results for COVID-19?  2. Have you had a fever and cough, or a new rash in the past week?  3. Has the patient traveled outside the US in the last 30 days or had contact with someone that has traveled outside the US and is sick in the past 30 days?	No - Screening not performed	KBI3953
Evaluation Type	Initial Evaluation  wound treatment	KBI3953
<b>Outpatient Suicide Screening Initial</b>		
In the past 12 months, have you wished you were dead or wished you could go to sleep and not wake up?  If yes, notify House Supervisor for further assessment unless the patient has been assessed at a previous visit and has no new thoughts or wishes of suicide with a safety plan.	No	KBI3953
In the past 12 months, have you actually had thoughts of killing yourself?  If yes, notify House Supervisor for further assessment unless the patient has been assessed at a previous visit and has no new thoughts or wishes of suicide with a safety plan.	No	KBI3953
Does patient feel safe at home?	Yes	KBI3953
Is the patient a possible victim of Physical, Psychological, Sexual, Financial or Emotional Abuse or Neglect?	DENIES he/she is a victim of Abuse or Neglect	KBI3953
Has your safety or thoughts of harming yourself changed since your last visit?	No	KBI3953
<b>Rehab Outpatient Summary List</b>		
Diagnosis and Precautions	Heel wound	KBI3953
Medical and Surgical History	Pmhpsh- breast cancer, B masectomies with L UE lymph	KBI3953

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Attending Primary	HAMILTONJR DAVID A SMITH BRIAN DOUGLAS	Discharged	-	Encounter	1179082
		Chief Complaint	HEEL WOUND	MRN	349182
Allergies	LISINOPRIL, NAPROXEN				

Medical and Surgical History		removal april 2020 , charcot marie, hysterectomy 1979, gallbladder 2003, finger amputations 2011, 2017, 2018, 2019, oct 2020, cataracts, colonoscopy 2021. B foot drop.	KBI3953
Medications		See full list in chart.	KBI3953
Allergies		Denies allergies to latex and tape adhesives.	KBI3953
Subjective		Patient arrives with daughter who is also her CG. She has had a reoccurring heel wound for 2 years. The wound has healed up on several occasion and opened after fully healing. Recently the wound re-opened a few weeks ago and their home efforts to healing have not worked. The patient has CMT disease and wears B AFO's. She relies on a WC for mobility. Per daughter/CG they have had issues with certain types of bandages, maintaining dryness of wound, and maintaining wound closure for longer than a few weeks.	KBI3953
Occupation		Disabled*	KBI3953
Functional Status		Dependent WC for mobility B AFO's	KBI3953
Do you want to document pain details?		No	KBI3953
Type of Wound		Pressure Ulcer  L heel	KBI3953
Stage of Wound - Please describe in Comments		Stage 3	KBI3953
<b>*PUSH Tool 3.0 (Standard)</b>			
Length x Width (in cm <sup>2</sup> ) 3 (Corresponds with Site on the Anatomical Man)		(05) 2.1 to 3.0  Length 3.2 cm Width- wider at lateral edge 1.2 -0.5 cm Depth 0.2 cm	KBI3953
Exudate Amount 3		(01) Light	KBI3953
Tissue Type 3		(02) Granulation Tissue; (01) Epithelial Tissue; (04) Necrotic Tissue	KBI3953
PUSH Score Total 3		Score Total: 8	KBI3953
PUSH Score Total - Site 1		Score Total: 13	KBI3953
Culture Obtained		No	KBI3953
Is there granulation of the wound?		Yes*	KBI3953

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Primary	SMITH BRIAN DOUGLAS	Chief Complaint	HEEL WOUND	MRN	349182

Allergies LISINOPRIL, NAPROXEN

Granulation %	100 after debridement	KBI3953
Patient Goals	heal wound completely	KBI3953
Problem List	CMT disease DM Decreased mobility Decreased skin integrity/tensile strength due to multiple wound trauma to same area	KBI3953
Comments	Length 3.2 cm Width- wider at lateral edge 1.2 -0.5 cm Depth 0.2 cm	KBI3953
Is the Patient Being Seen for Non-Wound Physical Therapy?	No	KBI3953
Short Term Goals	1) Patient will have 100% granulation tissue in open wound 2) Decrease of wound surface area by at least 50%. 3) Patient will maintain clean environment to promote wound healing 4) Patient's CG will require only Min A for wound dressing changes in preparation for independent changes at home.	KBI3953
Long Term Goals	1) Patient will demonstrate full wound closure 2) CG will be independent with dressing changes in preparation for discharge home. 3) Patient will be able to complete AROM of ankle in 4-way x 6 reps for improved functional mobility.	KBI3953
Assessment Patient Would Benefit from Skilled Physical Therapy to address-(Check all that Apply)	Non Selective Debridement; Selective Debridement; Wound Cleansing; Dressing Changes; Other*; Physical Agents Modalities  unna boots	KBI3953
Patients Response to Treatment	Pain is not the focus of Treatment session	KBI3953
Planned Treatment Frequency	1-3 times per week	KBI3953
Planned Treatment Duration	Until Goals Achieved	KBI3953
Describe any treatment that was separate and distinct from the Evaluation_Re-assessment.	Patient dependently wheeled to room in WC. Daughter/CG present for entire treatment. Daughter/CG dependently removed patients' shoes/AFO. Previous bandages removed with minimal exudate present on gauze. Wound exhibits eschar around perimeter. No slough in middle of wound bed only red granulation tissue. No macerated tissue or odor this date. Sterile q-tip used to explore edges of wound no tunneling noted at this time, PT will continue to monitor weekly. Heel cleansed with saline. Sterile scalpel and forceps used to	KBI3953

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Allergies LISINOPRIL, NAPROXEN

<p>Describe any treatment that was separate and distinct from the Evaluation_Re-assessment.</p>	<p>debride eschar from edges of wound. Wound rinsed a second time with saline and patted dry. Silvabsorb applied liberally to wound. Prisma pieced into wound to assist with granulation tissue growth and help decrease depth. Topped with single patch of gauze. Entire heel loosely wrapped in kerlix and coban. PROM applied to ankle; DF, PF, Inv eve x 5 reps. CG educated on application of dressings and indications for each material. Sent home with extra supplies for changes needed at home. Educated on signs of infection. Educated to keep wound covered and not allow to air dry for option wound healing environment. Sent home with heel mepilex to trial for nighttime covering while sleeping. Will follow up with patient this Friday 10/2/25.</p> <p>Patient is extremely limited in mobility from her CMT disease as well as her missing fingers from previous amputations. Her wounds require CG assistance, and the wound is affecting the fit of her AFO's and shoes. She would benefit from PT to assist with gentle ROM as well as wound care/wound care training or her daughter/CG. PT will explore other home health options if patient is eligible.</p>	<p>KBI3953</p>
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## Rehabilitation Fall Risk Assessment

<p>Rehabilitation Fall Risk Assessment (Check all that apply)</p>	<p>Unsteady Gait (With or Without Assistive Device); Current Complaint of Weakness</p>	<p>KBI3953</p>
<p>Fall Risk Interventions</p>	<p>Recommend Use of Assistive Device (Wheelchair, Walker, etc.); Supervision will be provided during Treatment</p>	<p>KBI3953</p>
<p>Thank you for the referral. Should you have questions, please do not hesitate to contact us at 502-570-3732.</p>	<p>Thank You</p>	<p>KBI3953</p>
<p>Thank you for the referral. For any questions or concerns please call (502) 570-3732 Physician Signature indicates Review and Agreement with Plan of Care and Need for Skilled Therapy Services.</p>	<p>Physician Signature _____ Date _____ David Hamilton, MD</p>	<p>KBI3953</p>

*Meagan Wilson PT, OPT 9/30/25*