

GEORGETOWN

REHABILITATION SERVICES

1138 Lexington Road, Suite 100

Georgetown, Kentucky 40324

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COVER SHEET

TO: McGrath

FAX NO.: _____

FROM: Georgetown Comm Hospital Therapy Dept

PHONE NO.: 502 570-3732

DATE: _____

NO. OF PAGES FOLLOWING: _____

Comments:

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MREA: Y

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

VRE:

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		REL U	ACC R
PATIENT ADDRESS 2619 FRANKFORT RD GEORGETOWN KY 40324						COUNTRY SCOTT		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		
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) GRIFFITH JUDY J 2619 FRANKFORT RD GEORGETOWN KY 40324												
GUARANTOR TELEPHONE NUMBER (513) 728-9569				GUARANTOR SOCIAL SECURITY NUMBER 403-66-7211				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						
INSURED'S NAME GRIFFITH JUDY G		SEX F	PAT REL 18	POLICY # H04792814		GROUP NAME 40512 KENTUCKY U		GROUP NUMBER X5545002				
SECONDARY INSURANCE		ADDRESS				TELEPHONE NUMBER						
INSURED'S NAME		SEX	PAT REL	POLICY #		GROUP NAME		GROUP NUMBER				
TERTIARY INSURANCE		ADDRESS				TELEPHONE NUMBER						
INSURED'S NAME		SEX	PAT REL	POLICY #		GROUP NAME		GROUP NUMBER				
PHYSICIAN INFORMATION												
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												

09/30/25

06:57

GC1000/081513



FACESHET

606 9233284
513 728 9569 **Kentucky Bone & Joint Surgeons**
A Division of Ortho Kentucky, PLLC

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DEA# FH7777913

Kristyn Dullaghan, PA-C
NPI 1093339913

Taylor Faulkner, PA-C
NPI 1679184410

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

R

Ref- Wound Care

Georgetown Ky

Eval / Rx (Wound)

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

☐ Label

D. J. Hackett

MD

TO ENSURE BRAND NAME DISPENSING, PRESCRIBER MUST WRITE
"BRAND NECESSARY" OR "BRAND MEDICALLY NECESSARY" ON THE PRESCRIPTION

GEORGETOWN COMMUNITY HOSPITAL

Name GRIFFITH JUDY J
 Attending HAMILTONJR DAVID A
 Primary SMITH BRIAN DOUGLAS

Admitted Sep-30-2025
 Discharged -
 Chief Complaint HEEL WOUND

DOB Jul-13-1946 (F)
 Encounter 1179082
 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?	No - Screening not performed	KBI3953
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?		
Evaluation Type	Initial Evaluation wound treatment	KBI3953
Outpatient Suicide Screening Initial		
In the past 12 months, have you wished you were dead or wished you could go to sleep and not wake up?	No	KBI3953
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.		
In the past 12 months, have you actually had thoughts of killing yourself?	No	KBI3953
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.		
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
Rehab Outpatient Summary List		
Diagnosis and Precautions	Heel wound	KBI3953
Medical and Surgical History	Pmhps- breast cancer, B masectomies with L UE lymph	KBI3953

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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
*PUSH Tool 3.0 (Standard)		
Length x Width (in cm) 2 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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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 openwound 2) Decrease of woundsurface area by at least 50%. 3) Patient will maintain clean environment to promotewoundhealing 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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Describe any treatment that was separate and distinct from the Evaluation_Re-assessment.	<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>	KBI3953
Rehabilitation Fall Risk Assessment		
Rehabilitation Fall Risk Assessment (Check all that apply)	Unsteady Gait (With or Without Assistive Device); Current Complaint of Weakness	KBI3953
Fall Risk Interventions	Recommend Use of Assistive Device (Wheelchair, Walker, etc.); Supervision will be provided during Treatment	KBI3953
Thank you for the referral. Should you have questions, please do not hesitate to contact us at 502-570-3732.	Thank You	KBI3953
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.	Physician Signature _____ Date _____ David Hamilton, MD	KBI3953

Meagan Wilson PT, DPT 9/30/25