



2041 Creative Drive, Suite 250
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Fax

Attention:

From: Shawn Whitlock

Fax: (859) 399-6697

Date: 9/10/2025 3:14 PM EST

Phone:

Pages: 5

(including cover)

Re: ATTN: TODD MCGRATH

Comments:

The caregiver is the one you need to contact. Her name is Kelly and her number is 859-433-6494.

Confidentiality Notice:

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09/10/2025 03:12:27 PM
Printed By: WHITLOCK, SHAWN

Patient Information Report

| | | | | | |
|----------------------|------------------|--------------------|-------------|-----------------------|------------------------|
| Patient: | BRANCH, LESLIE B | Insured ID: | 7HM8FM1PH24 | Primary Payor: | PALMETTO MEDICARE PDGM |
| MR No: | LEX00069420801 | | | | |
| Legacy MR No: | | | | | |

| | | | | | |
|-------------------------|------------------------------------------|----------------------|--------|-----------------|-------------|
| Assigned Branch | FRANKFORT REGIONAL HEALTHCARE AT HOME | Assigned Team | 2 | Location | |
| Patient Nickname | | Patient ID | 694208 | SSN | 244-56-5944 |

Referral Info

| | | | | | |
|------------------------|------------|----------------------------|-----------------|------------------------------------|--------------|
| Referral Date | 04/11/2025 | Referral Type | RECERTIFICATION | Referral Taken By | INTERFACE |
| Referral Source | PHYSICIAN | Referring Physician | BORDERS, JOHN | Referring Physician Contact | LESLIE BAKER |

Care Type and Effective Dates (P=Primary)

MED SURG 08/30/2025 - (P)

Demographics

Patient Info

| | | | | | | |
|---------------------------|--------------|------------------|------------|--------------|------------|---------------|
| Gender | MALE | DOB | 08/12/1939 | Race | WHITE | |
| Preferred Language | ENGLISH | | | | | |
| Primary Phone | | Alt Phone | | Email | LESLIE | |
| Primary Address | | | | | | |
| Street | | City | LEXINGTON | State | Zip | County |
| 3217 TATES CREEK RD | | | | KY | 40502-3405 | FAYETTE |
| Phone | MSA # | CBSA | | Floor | | Room |
| (859) 576-2881 | | 30460 | | | | |
| Travel Directions | | | | | | |

Current Service Location: CLIENT'S HOME/RESIDENCE

| | | | | | | |
|--------------------------|--------------|-------------|-----------|--------------|------------|---------------|
| Street | | City | LEXINGTON | State | Zip | County |
| 3217 TATES CREEK RD | | | | KY | 40502-3405 | FAYETTE |
| Phone | MSA # | CBSA | | Floor | | Room |
| (859) 576-2881 | | 30460 | | | | |
| Travel Directions | | | | | | |

Patient Contacts

| | | | |
|---------------------|----------------------|------------------------|----------------------------------|
| Contact Name | Relationship | Contact Type | Contact Relationship Type |
| BARBARA BENNETT | SPOUSE | DPOA | PRIMARY CAREGIVER |
| Home Phone | Primary Phone | Alternate Phone | Address |
| | (859) 421-5399 | | |

Payor Source Info

| | | | |
|--------------------------|-----------------------------|-------------------------------|----------------------------------------|
| Payor Source Type | Payor Type | Payor Source | Is patient in an HMO (HHCAHPS)? |
| PRIMARY | MEDICARE | PALMETTO MEDICARE PDGM | |
| Medicare No. | Medicare A Effective | Medicare B Effective | Admission Source |
| 7HM8FM1PH24 | | | 1 - PHYSICIAN REFERRAL |
| Medicaid No. | Medicaid Effective | Physician Medicaid No. | Physician Name |
| | | | BORDERS, JOHN |

Private Payor Type Info

| | | | | | |
|---------------------|-------------------------|------------------------|----------------------|--------------------|--|
| Claim No. | Policy No. | Insured ID | | | |
| | | | | | |
| Insured Name | Insured Relation | Insured Address | | | |
| | | | | | |
| | | Insured City | Insured State | Insured Zip | |
| | | | | | |
| | | Insured Phone | | | |

Patient Information Report

| | | |
|------------------------------------------------------------------------------------------|--------------------------------|----------------------------------------------|
| Patient: BRANCH, LESLIE B MR No: LEX00069420801 Legacy MR No: | Insured ID: 7HM8FM1PH24 | Primary Payor: PALMETTO MEDICARE PDGM |
|------------------------------------------------------------------------------------------|--------------------------------|----------------------------------------------|

| | | |
|----------------------|--------------------|-------------------------|
| Employer Name | Employer ID | Employer Address |
| | | Employer City |
| | | Employer State |
| | | Employer Zip |
| | | Employer Phone |

| | | | | |
|---------------------|-----------------------|---------------------------------------|--------------------------------------|---------------------------------|
| Program Name | Obtained Date | Obtained By/ Authorized By | Authorization No./ Active | Start Date/ End Date |
| PPS PROGRAM | 8/27/2025 11:43:14 AM | HCHB RECERTIFICATION | Y | 08/30/2025 10/28/2025 |

| Unit Type | Budget Type | Billing Code | Qty Per Period | Qty Per Day | Qty Per Week | Qty Per Month | Qty Per Year | Active |
|-----------|-------------|--------------|-------------------|----------------|-----------------|------------------|-----------------|--------|
| VISITS | DISCIPLINES | PT | 8 | | | | | Y |
| VISITS | DISCIPLINES | SN | 4 | | | | | Y |

Physician Info

| | | |
|---------------------------------|---------------|-----------------------|
| Primary Physician | NPI # | Date Last Seen |
| BORDERS, JOHN | 1962401026 | |
| Address | City | State |
| 2101 NICHOLASVILLE RD SUITE 106 | LEXINGTON | KY |
| Phone | Fax | Zip |
| (859)278-5926 | (859)276-3189 | 40503 |

Secondary Physician

| | | |
|--------------------------------------------|-----------------------------|-------------------------------------------------------------------------------------------------------------------------|
| Requested Date of Evaluation | Admitting Discipline | Perform Add-On Evaluation Prior to Approval of the Plan of Care associated with the Completed SOC Visit? |
| 08/30/2025 | SN | N |
| Requested Date of Add-On Evaluation | Add-On Discipline | |

Clinical Info

| | |
|---------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Case Manager | Team Member(s) |
| HEATHER FERRERO, PT | BOBBY BROWN, PTA BRYON COOPER, PTA CARLEY MARCUM, OT COURTNEY BROCK, PT ELIZABETH BUELIS, RN HEATHER HOLDER, LPN KELLY CURRY, ST KRISTIN BOWEN, OT LESLIE HULETTE, RN LISA WEST, OT MARGIE ALLEN, RN NAKELA CLEVELAND, MSW SCOTT LESLIE, PTA SONDRA THAYN, RN TANSY WHALEY, PT TONYA LEECH, RN VALERIE SMITH, OT |

Patient Information Report

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| Patient: BRANCH, LESLIE B MR No: LEX00069420801 Legacy MR No: | Insured ID: 7HM8FM1PH24 Primary Payor: PALMETTO MEDICARE PDGM |
|------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------|

| | | | |
|---------------|---------------|-----------------|--------------------------------------|
| Weight | Height | Pregnant | Paperwork Received By Patient |
| | | N | N |

Medical Release Code
 YES, PROVIDER HAS A SIGNED STATEMENT PERMITTING RELEASE OF MEDICAL BILLING DATA RELATED TO A CLAIM

| | | |
|----------------------|------------------------|----------------------------|
| Acuity Status | Disaster Status | Evacuation Location |
| 2 - WITHIN 24-48 HRS | AMBULATORY W/ ASSIST | FAMILY |

| Type | Location | Contents | Contact Name | Contact Phone | Was Adv Dir Info Left With Caregiver? |
|----------------------------------|----------|----------|-----------------|---------------|---------------------------------------|
| LIVING WILL | SAFE | | | | N |
| DUR. PWR. OF ATTY FOR HEALTHCARE | IN SAFE | | BARBARA BENNETT | 859-421-5399 | N |

Inpatient Events (Unaffiliated with your Agency)

| Inpatient Facility | Hospital Admit Date | Hospital Discharge Date | Surgery Date | Inpatient MR No. | Reason for Admission |
|--------------------------|---------------------|-------------------------|--------------|------------------|----------------------|
| BAPTIST HEALTH LEXINGTON | 06/03/2025 | 06/14/2025 | | | |

Home Health Care Survey

| | | |
|-----------------------------------------------|---------------------------------------------------|-------------------------------------------------------------|
| Is care related to surgical discharge? | Does patient have end-stage renal disease? | Number of ADLs for which patient is not independent? |
|-----------------------------------------------|---------------------------------------------------|-------------------------------------------------------------|

| | | |
|-----------------------------------------------------|-------------------------------------------------------------------|--------------------------------|
| Has patient requested "No Publicity" status? | Is maternity care the primary reason for home health care? | Primary Spoken Language |
| N | N | ENGLISH |

ICD-10 Diagnoses/Procedures

| Order | Code | Description | Onset / Exac. | O/E Date | Type | Sym. Ctrl. Rtg. | OASIS Item |
|-------|---------|--------------------------------------------------------------|---------------|------------|------|---------------------------------------------------------------------------------------------------------|------------|
| 1 | N39.0 | URINARY TRACT INFECTION, SITE NOT SPECIFIED | O | 06/23/2025 | D | 3 - Symptoms poorly controlled, patient needs frequent adjustments in treatment and dose monitoring. | M1021 |
| 2 | I48.91 | UNSPECIFIED ATRIAL FIBRILLATION | E | 06/03/2025 | D | 3 - Symptoms poorly controlled, patient needs frequent adjustments in treatment and dose monitoring. | M1023 |
| 3 | I95.9 | HYPOTENSION, UNSPECIFIED | O | 06/03/2025 | D | 2 - Symptoms controlled with difficulty, affecting daily functioning; patient needs ongoing monitoring. | M1023 |
| 4 | I13.0 | HYP HRT & CHR KDNY DIS W HRT FAIL AND STG 1-4/UNSP CHR KDNY | E | 06/03/2025 | D | 3 - Symptoms poorly controlled, patient needs frequent adjustments in treatment and dose monitoring. | M1023 |
| 5 | I50.30 | UNSPECIFIED DIASTOLIC (CONGESTIVE) HEART FAILURE | E | 06/03/2025 | D | 3 - Symptoms poorly controlled, patient needs frequent adjustments in treatment and dose monitoring. | M1023 |
| 6 | N18.4 | CHRONIC KIDNEY DISEASE, STAGE 4 (SEVERE) | E | 06/03/2025 | D | 2 - Symptoms controlled with difficulty, affecting daily functioning; patient needs ongoing monitoring. | M1023 |
| 7 | E03.9 | HYPOTHYROIDISM, UNSPECIFIED | O | 01/01/2025 | D | 1 - Symptoms well controlled with current therapy. | M1023 |
| 8 | F02.A0 | DEM IN OTHER DIS CLASSD ELSWHR, MILD, W/O BEH/PSYCH/MOOD/ANX | E | 06/03/2025 | D | 2 - Symptoms controlled with difficulty, affecting daily functioning; patient needs ongoing monitoring. | M1023 |
| 9 | I25.119 | ATHSCL HEART DISEASE OF NATIVE COR ART W UNSP ANG PCTRS | O | 01/01/2025 | D | 2 - Symptoms controlled with difficulty, affecting daily functioning; patient needs ongoing monitoring. | M1023 |
| 10 | H35.039 | HYPERTENSIVE RETINOPATHY, UNSPECIFIED EYE | E | 05/02/2025 | D | 3 - Symptoms poorly controlled, patient needs frequent adjustments in treatment and dose monitoring. | M1023 |
| 11 | G47.33 | OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC) | O | 01/01/2025 | D | 1 - Symptoms well controlled with current therapy. | M1023 |
| 12 | Z87.440 | PERSONAL HISTORY OF URINARY (TRACT) INFECTIONS | O | 06/03/2025 | D | | M1023 |
| 13 | Z79.01 | LONG TERM (CURRENT) USE OF ANTICOAGULANTS | O | 01/01/2025 | D | | M1023 |

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| Legacy MR No: | | | | | |

ICD-10 Diagnoses/Procedures

| Order | Code | Description | Onset / Exac. | O/E Date | Type | Sym. Ctrl. Rtg. | OASIS Item |
|-------|--------|---------------------------------------------------|---------------|------------|------|-----------------|------------|
| 14 | Z99.89 | DEPENDENCE ON OTHER ENABLING MACHINES AND DEVICES | O | 01/01/2025 | D | | M1023 |
| 15 | Z51.A | Encounter for sepsis aftercare | O | 06/23/2025 | D | | M1023 |

Allergies

| Description | Date Entered |
|----------------|---------------------|
| AVELOX | 5/4/2025 4:41:06 PM |
| CEPHALOSPORINS | 5/4/2025 4:42:02 PM |
| HORSE EQUINE | 5/4/2025 4:43:55 PM |
| LATEX | 5/4/2025 4:41:15 PM |
| LEVOQUIN | 5/4/2025 4:41:25 PM |
| PENICILLIN | 5/4/2025 4:42:40 PM |

* denotes Non-Visit QI Reporting Collection