



Healthcare at Home

FRANKFORT REGIONAL HEALTHCARE AT HOME

2041 CREATIVE DR STE 250
LEXINGTON, KY 40505-4321

Phone: (859) 269-2587
Fax: (859) 269-2731

Fax

To:	PATRICK MCGRATH	From:	BADGETT, DONNA
Fax:	(859) 399-6697	Pages:	4
Phone:	() -	Date:	07/23/2025
MR No.	LEX00068836401	Re:	PATIENT INFORMATION REPORT
Comments:	<input checked="" type="checkbox"/> Urgent	<input type="checkbox"/> Please Sign, Date and Return	<input checked="" type="checkbox"/> For Review
Please see attachment. Please let our office know if anything additional is needed :)			

IMPORTANT - PLEASE NOTE:

STATEMENT OF CONFIDENTIALITY:

THE CONTENTS OF THIS E-MAIL MESSAGE AND ANY ATTACHMENTS ARE CONFIDENTIAL AND ARE INTENDED SOLELY FOR ADDRESSEE. THE INFORMATION MAY ALSO BE LEGALLY PRIVILEGED. THIS TRANSMISSION IS SENT IN TRUST, FOR THE SOLE PURPOSE OF DELIVERY TO THE INTENDED RECIPIENT. IF YOU HAVE RECEIVED THIS TRANSMISSION IN ERROR, ANY USE, REPRODUCTION OR DISSEMINATION OF THIS TRANSMISSION IS STRICTLY PROHIBITED. IF YOU ARE NOT THE INTENDED RECIPIENT, PLEASE IMMEDIATELY NOTIFY THE SENDER BY E-MAIL, FAX OR PHONE AND DELETE THIS MESSAGE AND ITS ATTACHMENTS, IF ANY.

07/23/2025 09:50:03 AM

Printed By: BADGETT, DONNA

Patient Information Report

Patient:	RISON, NANCY F	Insured ID:	9QH6JA9PK43	Primary Payer:	PALMETTO MEDICARE PDGM
MR No:	LEX00068836401				
Legacy MR No:					

Assigned Branch	FRANKFORT REGIONAL HEALTHCARE AT HOME	Assigned Team	1	Location
Patient Nickname		Patient ID	688364	SSN 402-82-0439

Referral Info

Referral Date	12/11/2023	Referral Type	RECERTIFICATION	Referral Taken By	BAKER, APRIL
Referral Source	FACILITY	Referring Facility	LEXINGTON VAMC	Referring Facility Contact	LORENA NUNN

Care Type and Effective Dates (P=Primary)

MED SURG 06/08/2025 - (P)

Demographics**Patient Info**

Gender	FEMALE	DOB	06/24/1953	Race	WHITE
--------	--------	-----	------------	------	-------

Preferred Language

Primary Phone	Alt Phone	Email
---------------	-----------	-------

Primary Address

Street		City	State	Zip	County
926 DELAWARE AVE		LEXINGTON	KY	40505-	FAYETTE
Phone	MSA #	CBSA	Floor		Room

(859)608-6508 30460

Travel Directions**Current Service Location: CLIENT'S HOME/RESIDENCE**

Street		City	State	Zip	County
944 DAYTON AVE APT 101		LEXINGTON	KY	40505-	FAYETTE
Phone	MSA #	CBSA	Floor		Room

(859) 608-6508 30460

Travel Directions**Patient Contacts**

Contact Name	Relationship	Contact Type	Contact Relationship Type
SUE LOVELL	FRIEND	EMERGENCY	
Home Phone	Primary Phone	Alternate Phone	Address
	(859) 523-5659		1410 OAK HILL DR, LEXINGTON, KY, 40508
Contact Name	Relationship	Contact Type	Contact Relationship Type
HEATHER RISON	DAUGHTER	NEXT OF KIN	PRIMARY CAREGIVER
Home Phone	Primary Phone	Alternate Phone	Address
	(859) 368-1817		

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
9QH6JA9PK43			1 - PHYSICIAN REFERRAL
Medicaid No.	Medicaid Effective	Physician Medicaid No.	Physician Name
			FRAZER, JACQUELINE

Private Payor Type Info

Claim No.	Policy No.	Insured ID
Insured Name	Insured Relation	Insured Address

Patient Information Report

Patient:	RISON, NANCY F	Insured ID:	9QH6JA9PK43	Primary Payer:	PALMETTO MEDICARE PDGM
MR No:	LEX00068836401				
Legacy MR No:					

		Insured City	Insured State	Insured Zip
		Insured Phone		
Employer Name	Employer ID	Employer Address		
		Employer City	Employer State	Employer Zip
		Employer Phone		

Program Name	Obtained Date	Obtained By/ Authorized By	Authorization No./ <u>Active</u>	Start Date/ End Date
PPS PROGRAM	6/4/2025 10:28:02 AM	HCHB RECERTIFICATION	Y	06/08/2025 08/06/2025

Unit Type	Budget Type	Billing Code	Qty Per Period	Qty Per Day	Qty Per Week	Qty Per Month	Qty Per Year	Active
VISITS	DISCIPLINES	SN	26					Y

Physician Info

Primary Physician	NPI #	Date Last Seen	
FRAZER, JACQUELINE	1457387813		
Address	City	State	
1101 VETERANS DR	LEXINGTON	KY	
Phone	Fax	Pager	
(859)281-3889	(859)281-4080		
Secondary Physician	Perform Add-On Evaluation Prior to Approval of the Plan of Care associated with the Completed SOC Visit?		
GRAY, ADRIAN			
Requested Date of Evaluation	Admitting Discipline	Completed SOC Visit?	
06/08/2025	SN	N	
Requested Date of Add-On Evaluation	Add-On Discipline		

Clinical Info

Case Manager	Team Member(s)
LESLIE HULETTE, RN	BARBARA BARNETT, RN COURTNEY SUMNER, RN HEATHER HOLDER, LPN KRISTIN BALLARD-KIETZEROW, RN MARGIE ALLEN, RN SHARITA MEADOWS, RN TAMMY MELVIN, LPN TANSY WHALEY, PT

Weight	Height	Pregnant	Paperwork Received By Patient
		N	Y

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	CHAIRBOUND W/ ASSIST	FRIENDS HOME

Patient Information Report

Patient:	RISON, NANCY F	Insured ID:	9QH6JA9PK43	Primary Payer:	PALMETTO MEDICARE PDGM
MR No:	LEX00068836401				
Legacy MR No:					

Type	Location	Contents	Contact Name	Contact Phone	Was Adv Dir Info Left With Caregiver?
NONE					N
NONE					N
NONE					N
NONE					N

Inpatient Events (Unaffiliated with your Agency)

Inpatient Facility	Hospital Admit Date	Hospital Discharge Date	Surgery Date	Inpatient MR No.	Reason for Admission
LEXINGTON VAMC	11/09/2023	12/11/2023			VENOUS STASIS ULCER

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

ICD-10 Diagnoses/Procedures

Order	Code	Description	Onset / Exac.	O/E Date	Type	Sym. Ctrl. Rtg.	OASIS Item
1	E11.51	TYPE 2 DIABETES W DIABETIC PERIPHERAL ANGIOPATH W/O GANGRENE	E	11/15/2024	D	3 - Symptoms poorly controlled, patient needs frequent adjustments in treatment and dose monitoring.	M1021
2	I87.2	VENOUS INSUFFICIENCY (CHRONIC) (PERIPHERAL)	E	11/15/2024	D	3 - Symptoms poorly controlled, patient needs frequent adjustments in treatment and dose monitoring.	M1023
3	L97.829	NON-PRESSURE CHRONIC ULCER OTH PRT L LOW LEG W UNSP SEVERITY	E	11/15/2024	D	3 - Symptoms poorly controlled, patient needs frequent adjustments in treatment and dose monitoring.	M1023
4	I10	ESSENTIAL (PRIMARY) HYPERTENSION	E	01/01/2023	D	2 - Symptoms controlled with difficulty, affecting daily functioning; patient needs ongoing monitoring.	M1023
5	E11.42	TYPE 2 DIABETES MELLITUS WITH DIABETIC POLYNEUROPATHY	E	11/15/2024	D	2 - Symptoms controlled with difficulty, affecting daily functioning; patient needs ongoing monitoring.	M1023
6	G89.29	OTHER CHRONIC PAIN	E	01/01/2023	D	2 - Symptoms controlled with difficulty, affecting daily functioning; patient needs ongoing monitoring.	M1023
7	F43.10	POST-TRAUMATIC STRESS DISORDER, UNSPECIFIED	E	11/15/2024	D	1 - Symptoms well controlled with current therapy.	M1023
8	F41.9	ANXIETY DISORDER, UNSPECIFIED	E	01/01/2023	D	1 - Symptoms well controlled with current therapy.	M1023
9	F32.A	DEPRESSION, UNSPECIFIED	E	01/01/2023	D	1 - Symptoms well controlled with current therapy.	M1023
10	Z87.39	PERSONAL HISTORY OF DISEASES OF THE MS SYS AND CONN TISS	O	11/27/2023	D		M1023
11	Z86.718	PERSONAL HISTORY OF OTHER VENOUS THROMBOSIS AND EMBOLISM	O	01/01/2023	D		M1023
12	Z79.84	LONG TERM (CURRENT) USE OF ORAL HYPOGLYCEMIC DRUGS	O	01/01/2023	D		M1023
13	Z79.01	LONG TERM (CURRENT) USE OF ANTICOAGULANTS	O	01/01/2023	D		M1023
14	Z91.81	HISTORY OF FALLING	O	12/12/2023	D		M1023
15	Z79.4	LONG TERM (CURRENT) USE OF INSULIN	O	05/28/2025	D		M1023

Allergies

Description	Date Entered
STATIN	12/16/2023 1:20:40 PM

* denotes Non-Visit QI Reporting Collection