

Home Health ReferralReferral date: 10/13/22We will see your patient within hours unless a specific start of care date is provided here: 10/14/22Patient name: [REDACTED]

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ DOB: _____ ☐ Male ☐ Female

Alternate contact: _____ Contact #: _____ Relationship: _____

Payer: ☒ Medicare ☐ Insurance (insurance contact #): _____☐ Other: _____HIC/ID#: _____ Policy #: [REDACTED] Group #: _____

Referring Primary Care Provider: _____ Phone: _____

Referring facility: _____

Primary Care Provider for home health orders: _____ Phone: _____

Diagnoses: _____

Face-To-Face EncounterVisit within past 90 days: ☒ Yes ☐ No Face-to-Face Encounter date: _____

Please send the completed referral form and attach a copy of the Primary Care Provider's most recent signed and dated encounter with this patient which supports the reason for the ordered Home Health services. Examples may include: Primary Care Provider progress note, history and physical, discharge summary.

OrdersSkilled Nursing for: ☒ Medication management and teaching ☐ Disease management and teaching☒ Observation and assessment of: _____☐ Wound care (specify below or attach orders): location: _____ Frequency: _____

Clean w/: _____ Dress w/: _____

Pack w/: _____ Cover w/: _____

☐ Other (specify): _____Physical Therapy for: ☒ Evaluation and treatment ☐ Other (specify): _____Occupational Therapy for: ☒ Evaluation and treatment ☐ Other (specify): _____Speech Therapy for: ☐ Evaluation and treatment ☐ Other (specify): _____Home Health Aide for: ☐ Personal care/assist with ADLsMedical Social Worker for: ☐ Community resources ☐ Long-term planning ☐ Other (specify) _____**Specialty Programs**☐ Cardiopulmonary/Keeping Hearts at Home ☐ Safe Strides☐ MyNICaS☐ OrthopedicPrimary Care Provider's signature: [REDACTED]Date: 10/13/22

OR signature/credential of clinician taking verbal order: _____

Name of contact person: _____ On behalf of: _____

Date: _____ Time: _____

Home health services are available for all eligible patients with a healthcare provider referral.

ADMISSION RECORD

The Citadel at Mooresville - SNF

Oct 13, 2022 11:59:56 ET

RESIDENT INFORMATION

Resident Name	Preferred Name	Unit	Room / Bed	Admission Date	Init Adm. Date	Orig Adm. Date	Resident #
				09/26/2022	09/26/2022	09/26/2022	
Previous address		Previous Phone #		Legal Mailing address			
Same as Previous Address							
Sex	Birthdate	Age	Marital Status	Religion	Race	Occupation(s)	Primary Lang.
F		80	Married	No Religious Preference	White	Graphic Designer/Yarn shop	English
Admitted From		Admission Location		Birth Place		Citizenship	Maiden Name
Acute care hospital							
Authorization		Golsong		Managed Medicaid		Medicare (HIC) #	
Medicare Beneficiary ID		Medicare Replacement #		Medicaid #		Medicare Advantage Ins Name	
Medicare Advantage Policy #		Medicaid MCO Ins Name		Medicaid MCO Policy #		Social Security #	
Alt Insurance 1 ID#		HMO/Managed Care Name		Insurance Policy #		Insurance Policy #1	
PASRR		PASRR Expiration		Alt Insurance 2		Family Care	
HMO/Managed Policy #		Insurance Policy #2		Other Insurance Name		Other Insurance Policy #	
Other Insurance Policy Type		Part D Policy #		Auto Accident Claim #		Co-Insurance Name	
Group #		Part D Insurance Name		Co-Insurance Policy #		Worker's Comp Claim #	
Additional Insurance #		Part D Policy Name		Dental Policy Name		Dental Policy #	

PAYER INFORMATION

Primary Payer: MCA-Medicare A Medicare #

OTHER INFORMATION

Most Recent Hospital Stay		Allergies	
09/13/2022	09/26/2022	Doxycycline	
Admission Type	Admitting Diagnosis	Advanced Directive	Arbitration Agreement Status
	Sepsis		Signed
Arbitration Agreement	Authorization Number	Code Status	County for Medicaid Reporting
County of Origin	Dest. LSP	Family/Dose Resident Laundry	Father's name
Influenza Immunization	Insurance Card Received Date	MA Effective Date	Med D Plan Effective Date
Med D Plan Number	Medicaid State	Medicaid	Medicare A
			YES
Medicare B	Medicare Coverage	Medicare D RDP	Medicare D Plan
YES			
Medicare Part A Effective Date	Medicare Part B Effective Date	Military Branch	Mother's Maiden Name
		N/A	
Mother's name	Navihealth Authorization	Other Advanced Directives	Part D Carrier
Part D Insurance	Part D Policy	PASRR Date	PASRR Number
PASRR	Place of Birth	Pneumococcal Vaccine	Preferred Language
			English
Previous Zip Code	Primary Ins Group #	Primary Ins Policy #	Primary Insurance
OMB L code	Receives Personal Mail	Resident's Phone Number	Secondary Ins Policy #
	Yes		
Secondary Insurance Notes	Secondary Insurance	SSI Disability Pending	Tertiary Ins Policy #
Tertiary Insurance	Veteran?		
	No		

CARE PROVIDERS

- Continued on Page 2

CARE PROVIDERS

Provider	Phone	Address	UPIN	NPI
Medical Director (Primary) Omodele				
Nurse Practitioner Meltssa				
Nurse Practitioner Danielle				

PHARMACY

Pharmacy	Phone/Fax	Address
Polaris Pharmacy of NC (Primary) Primary Contact: Molly		

EXTERNAL FACILITIES (No Data Found)

Facility Name	Phone	Facility Type

CONTACTS

Name	Contact Type	Relationship	Address	Phone/Email
	Emergency Contact # 1 Responsible Party			
	Emergency Contact # 2	Son		
	Emergency Contact # 3	Daughter		
		Self		

DIAGNOSIS INFORMATION

Code	Description	Onset Date	Rank	Classification
J96.01	ACUTE RESPIRATORY FAILURE WITH HYPOXIA	09/26/2022	Principle	Present on Admission
K82.2	GASTROINTESTINAL HEMORRHAGE, UNSPECIFIED	09/26/2022	Secondary 1	History of
R13.12	DYSPHAGIA, OROPHARYNGEAL PHASE	09/27/2022	Secondary 2	
K21.9	GASTRO-ESOPHAGEAL REFLUX DISEASE WITHOUT ESOPHAGITIS	09/26/2022	Secondary 3	Present on Admission
K70.30	ALCOHOLIC CIRRHOSIS OF LIVER WITHOUT ASCITES	09/26/2022	Secondary 4	Present on Admission
D64.9	ANEMIA, UNSPECIFIED	09/26/2022	Secondary 5	Present on Admission
I10	ESSENTIAL (PRIMARY) HYPERTENSION	09/26/2022	Secondary 6	Present on Admission
I48.91	UNSPECIFIED ATRIAL FIBRILLATION	09/26/2022	Secondary 7	Present on Admission
M62.81	MUSCLE WEAKNESS (GENERALIZED)	09/27/2022	Diagnosis 9	
R26.2	DIFFICULTY IN WALKING, NOT ELSEWHERE CLASSIFIED	09/27/2022	Secondary 10	
R27.9	UNSPECIFIED LACK OF COORDINATION	09/27/2022	Secondary 11	
R41.841	COGNITIVE COMMUNICATION DEFICIT	09/27/2022	Secondary Diagnosis (12)	

ADVANCE DIRECTIVE

ADC: Do Not Resuscitate - DNR

MISCELLANEOUS INFORMATION

Date of Discharge	Time	Length of Stay	Discharged to (Medicare Name and License No.)
		17	
Signature	Date	Time	
Personal Effects Sent With	Relationship	Date	Time

Facility # [REDACTED]
Date: Oct 13, 2022
Time: 12:00:22 ET

The Citadel at Mooresville - SNF
Order Summary Report

Facility Code [REDACTED]
User: Gazella [REDACTED]

Resident: [REDACTED] Active Orders As Of: 10/13/2022

Resident: [REDACTED] **Location:** [REDACTED] **Admission:** 09/26/2022
Client Id Number: [REDACTED] **Gender:** F **Date of Birth:** [REDACTED]
Physician: [REDACTED] **Pharmacy:** Polaris Pharmacy
Allergies: Doxycycline
Diagnoses: GASTROINTESTINAL HEMORRHAGE, UNSPECIFIED(K92.2), GASTRO-ESOPHAGEAL REFLUX DISEASE WITHOUT ESOPHAGITIS(K21.9), ALCOHOLIC CIRRHOSIS OF LIVER WITHOUT ASCITES(K70.30), ANEMIA, UNSPECIFIED(D64.9), ESSENTIAL (PRIMARY) HYPERTENSION(I10), UNSPECIFIED ATRIAL FIBRILLATION(I48.91), ACUTE RESPIRATORY FAILURE WITH HYPOXIA(J96.01), MUSCLE WEAKNESS (GENERALIZED)(M62.81), DIFFICULTY IN WALKING, NOT ELSEWHERE CLASSIFIED(R26.2), UNSPECIFIED LACK OF COORDINATION(R27.9), COGNITIVE COMMUNICATION DEFICIT(R41.841), DYSPHAGIA, OROPHARYNGEAL PHASE(R13.12)

Dietary - Diet

Order Summary	Communication Method	Order Status	Order Date	Start Date	End Date
AHR-Regular diet AHR-Mechanical Soft texture, AHR- Phone Regular/Thin Liquids consistency, for No salt packets	Phone	Active	09/29/2022	09/29/2022	

Laboratory

Order Summary	Communication Method	Order Status	Order Date	Start Date	End Date
Participate in Covid (SAR-CVO-2) Testing Protocol with Swabs per regulations for the duration of the Covid Pandemic as needed for Covid S/S or f/u Participate in Covid (SAR-CVO-2) Testing Protocol with Swabs per regulations for the duration of the Covid Pandemic	Phone	Active	09/26/2022	09/26/2022	

Other

Order Summary	Communication Method	Order Status	Order Date	Start Date	End Date
ADC: Do Not Resuscitate - DNR	Prescriber Entered	Active	09/28/2022		

Facility # [REDACTED]

The Citadel at Mooresville - SNF

Facility Code: [REDACTED]

Date: Oct 13, 2022

Order Summary Report

User: Gazella [REDACTED]

Time: 12:00:22 ET

Resident: [REDACTED] Active Orders As Of: 10/13/2022

Resident: [REDACTED] Location: 106 A Admission: 09/26/2022

Order Summary	Communication Method	Order Status	Order Date	Start Date	End Date
Admission: Admit for "Skilled Services".	Phone	Active	09/26/2022		
Behavior monitoring Anti-Anxiety Q Shift 0.None 1. Afraid 2.Agitated 3.Angry 4.Anxious 5.Mood Change 6.Noisy 7.Restless 8.Withdrawn/depressed 9.Crying 10.Combative 11.other- specify in progress note every shift	Verbal	Active	09/27/2022	09/27/2022	
Complete Respiratory Assessment (in UDA's) every shift	Verbal	Active	09/27/2022	09/27/2022	
Consult and Treat Psychiatry as needed	Phone	Active	09/26/2022		
Document lung sounds 1 = clear 2 = rales 3 = rhonchi 4 = wheezing every shift for Monitoring For Covid-19 monitoring Document lung sounds 1 = clear 2 = rales 3 = rhonchi 4 = wheezing	Verbal	Active	09/27/2022	09/27/2022	
Generic equivalents may be used unless otherwise specified.	Phone	Active	09/26/2022		
I certify this resident to require SNF placement.	Phone	Active	09/26/2022		
If necessary all meds may be opened or crushed and mixed with applesauce, pudding, etc., except those that cannot be crushed.	Phone	Active	09/26/2022		
left knee cleansa with wound cleanser, pat dry, apply xeroform and dry dressing until healed qod and pm every day shift every other day for skin tear	Verbal	Active	10/06/2022	10/08/2022	
May change medication form as condition warrants (solid, liquid, crush	Phone	Active	09/26/2022		
May D/C "PRN" meds after 60 days of non-use excluding bowel medications and/or medications for elevated temperature.	Phone	Active	09/26/2022		

Facility # [REDACTED]
Date: Oct 13, 2022
Time: 12:00:22 ET

The Citadel at Mooresville - SNF
Order Summary Report

Facility Code: [REDACTED]
User: Gazella [REDACTED]

Resident: [REDACTED] Active Orders As Of: 10/13/2022

Resident: [REDACTED] Location: 106 A Admission: 09/26/2022

Order Summary Communication Method Order Status Order Date Start Date End Date

May initiate eval and treatment by Podiatry/Dental/Ophthalmology/Optomety/Audiology consult/care per regulation

May use facility approved drug formulary

Nursing Daily Skilled Assessment, (document in UDA's) every shift

Observation: Pain - Observe every shift. If pain present, complete pain flow sheet and treat trying non-pharmacologic interventions prior to medicating if appropriate. Document in the PN's every shift

Occupational Therapy evaluation and treatment as indicated.

OT clarification order: Skilled OT services 5x week x 30 days for treatment to include ther act, neuro re-ed, modalities PRN, Manual Therapy, self care, and pt/fam/staff ed one time only for 30 Days

OT clarification order: Skilled OT services 5x week x 30 days for treatment to include ther act, neuro re-ed, modalities PRN, Manual Therapy, self care, and pt/fam/staff ed one time only for 30 Days

Physical Therapy evaluation and treatment as indicated.

Please apply barrier cream to area of excoriation around buttocks. three times a day for excoriation

PT Clarification: skilled PT QD 5x/week x 30 days for ther ed/act, neuro reed, massage, gait tr, p/CG education, group PRN one time only until 10/20/2022

23:59

Facility # [REDACTED]
Date: Oct 13, 2022
Time: 12:00:22 ET

The Citadel at Mooresville - SNF
Order Summary Report

Facility Code: [REDACTED]
User: Gazella [REDACTED]

Resident: [REDACTED] Active Orders As Of: 10/13/2022

Resident: [REDACTED] Location: 106 A Admission: 09/26/2022

Order Summary

Communication Order Order Start End
Method Status Date Date Date

Residents plan of care, Drug Regimen & Specific orders have been reviewed and approved for 60 Days, unless otherwise indicated.

Phone 09/26/2022

Active

Side Effects - Anticholinergics: Indicate letter if observed:
A= Sedation; B= Drowsiness; C= Ataxia; D= Dizziness; E= Nausea; F= Vomiting; G= Confusion; H= Headache; I= Blurred Vision; J= Skin Rash; NA= None every shift for Monitoring Anticholinergic Use

09/27/2022

09/27/2022

Active

Speech Therapy evaluation and treatment as Indicated.

09/26/2022

Active

Wound Consult and Treat

09/26/2022

Active

Pharmacy

Order Summary

Communication Order Order Start End
Method Status Date Date Date

Ascorbic Acid Tablet 250 MG Give 1 tablet by mouth two times a day for supplement

09/26/2022

09/26/2022

Active

Cyanocobalamin Tablet 1000 MCG Give 1 tablet by mouth one time a day for supplement.

09/26/2022

09/27/2022

Active

Ferrous Sulfate Tablet 325 (65 Fe) MG Give 1 tablet by mouth one time a day for iron supplement. TAKE WITH BREAKFAST.

09/26/2022

09/27/2022

Active

Furosemide Tablet 40 MG Give 1 tablet by mouth one time a day for diuretic

09/26/2022

09/27/2022

Active

hydroxyzine HCl Tablet 25 MG Give 25 mg by mouth as needed for insomnia give at bedtime prn insomnia

09/28/2022

09/28/2022

Active

Lactulose Solution 20 GM/30ML Give 15 ml by mouth three times a day for cirrhosis of liver.

10/04/2022

10/04/2022

Active

Facility # [REDACTED]
Date: Oct 13, 2022
Time: 12:00:22 ET

The Citadel at Mooresville - SNF
Order Summary Report

Facility Code: [REDACTED]
User: Gazela [REDACTED]

Resident: [REDACTED] Active Orders As Of: 10/13/2022

Resident: [REDACTED] Location: 106 A Admission: 09/26/2022

Order Summary

Order Summary	Communication Method	Order Status	Order Date	Start Date	End Date
Levetiracetam Sodium Tablet 50 MCG Give 1 tablet by mouth one time a day for hypothyroidism.	Phone	Active	09/26/2022	09/27/2022	
Maslox Plus Suspension 225-200-25 MG/5ML (Alum & Mag Hydroxide-Simethi) Give 30 milliliter by mouth before meals for mouth sores for 20 Days Mix with viscous lidocaine. Swish and swallow	Prescriber Entered	Active	09/28/2022	09/28/2022	10/18/2022
Melatonin Tablet 5 MG Give 5 mg by mouth at bedtime for insomnia	Prescriber Entered	Active	09/28/2022	09/28/2022	
Ondansetron HCl Tablet 4 MG Give 1 tablet by mouth Verbal every 6 hours as needed for nausea/vomiting	Verbal	Active	10/02/2022	10/02/2022	
Protonix Tablet Delayed Release 40 MG (Pantoprazole Sodium) Give 1 tablet by mouth one time a day for GERD	Phone	Active	09/26/2022	09/27/2022	
rifaximin Tablet 550 MG Give 1 tablet by mouth two times a day for diarrhea	Phone	Active	09/26/2022	09/26/2022	
Spirondolactone Tablet 100 MG Give 1 tablet by mouth Phone one time a day for HTN	Phone	Active	09/26/2022	09/27/2022	
Thiamine HCl Tablet 100 MG Give 1 tablet by mouth Phone one time a day for supplement	Phone	Active	09/26/2022	09/27/2022	

I have approved these orders for [REDACTED] Total pages 5.

Physician: _____

Signature: _____

Date: _____

DOB: (80 yo F) Acc No. DOS: 10/12/2022



80 Y old Female, DOB:
Account Number:

Guarantor: Insurance: MEDICARE NC

PCP: OMODELE

Appointment Facility: The Citadel at Mooresville

10/12/2022

Progress Note: DANIELLE FNP

Review of Systems

All Other Systems

Review of Systems (ROS) See HPI
for details. All others
negative except those
mentioned in HPI.

Reason for Appointment

1. Follow up visit NP

Assessments

1. Blood loss anemia - D50.0 (Primary)
2. Encephalopathy, hepatic - K72.90
3. Cirrhosis of liver - K74.60
4. Hypothyroidism - E03.9

Treatment

1. Blood loss anemia

Notes: Multiple episode of melena at outside hospital status post multiple endoscopies and flex sig which was significant for rectal artery bleeding which was cauterized Seen by GI, status post Endo Clip as above CT scan of abdominal pelvis without any acute evidence of bleeding 9/23. Continue Ferrous Sulfate Tablet 325 daily. Monitor for bleeding
CBC (9/28/22) H/H 9.9/30
10/6/22: CBC (10/5/22) H/H 11.2/32.4, stable increased.
10/11/2022: CBC from 10/10/2022, H&H 10.4/29.7. Stable

2. Encephalopathy, hepatic

Notes: Appears to be multifactorial, delirium versus UTI. Continue lactulose TID and rifaximin. Will obtain ammonia level.
09/29/22: Ammonia Level from 9/28/22 was 19 WNL
10/04/2022: Last ammonia level on 10/02/2022 was 9. Will repeat ammonia level tomorrow. Continue lactulose 15 mL t.i.d
10/6/22: Ammonia level on 10/5/22 was 66, husband reports patient was refusing a few doses. Discussed importance of taking as prescribed. Will keep same dose. Repeat in 2 days. Monitor mental status.
10/10/2022: Ammonia level from 10/10/2022 is 22. Stable. Continue current regimen

3. Cirrhosis of liver

Notes: Per hospital report, patient with Moderate ascites, lasix and spironolactone restarted 09/25 INR within normal limits Continue lactulose and rifaximin. F/U Ammonia level
09/28/22 Ammonia level 19
10/6/22: Ammonia level 66, continue lactulose 15 ml TID.

Progress Note: DANIELLE FNP 10/12/2022

Note generated by eClinicalWorks EMR/PM Software (www.eClinicalWorks.com)

DOB: [REDACTED] (80 yo F) Acc No. [REDACTED] DOS: 10/12/2022

4. Hypothyroidism

Notes: Continue Levothyroxine MCG daily, f/u TSH.

5. Others

Notes: Time spent on patient: minutes: 30 at bedside, reviewing labs and radiology, updating family, discussing with healthcare team.

History of Present Illness**HISTORY OF PRESENT ILLNESS:**

Ms. [REDACTED] is a 80-year-old female with past medical history of cirrhosis complicated by variceal bleeding status post TIPS in 2019 abdominal aortic aneurysm, potentially acute celiac artery aneurysm, A. fib who presented initially to outside hospital with hematemesis and melena also with impression of DIC, diagnosed with COVID now has metabolic encephalopathy likely from UTI. Multiple episode of melena at outside hospital status post multiple endoscopies and flex sig which was significant for rectal artery bleeding which was cauterized Seen by GI here, status post Endo Clip as above CT scan of abdominal pelvis without any acute evidence of bleeding 9/23. Per husband report patient also with elevated ammonia in the hospital as high as 200 on admission. She was admitted to Citadel Mooresville on 9/26/22 for rehab.

Today she is seen sitting up in bed, she appears comfortable, no acute distress noted. She reports she did not sleep well last night. Currently alert and oriented x3. She denies chest pain, SOB, abdominal pain, nausea, vomiting, diarrhea, constipation, dysuria. No acute nursing concerns at this time. VSS/MAR/Chart reviewed.

09/29/2022: Patient seen today for follow up new patient visit. She is seen sitting up in bed. Her husband is visiting at bedside. She is much more alert today and per husband mental status back to baseline. She was very confused yesterday only alert to self. Today alert and oriented x3 and able to communicate appropriately. Husband and staff report she slept very well last night. Her ammonia level came back at 19 so WNL. She has no acute complaints or concerns today. She denies chest pain, SOB, abdominal pain, nausea, vomiting, diarrhea, constipation, dysuria. VSS/MAR/Chart reviewed

10/03/2022: The patient is seen today for new patient followup visit. She is seen sitting up in her chair in her room. Her husband is visiting at bedside. She appears comfortable. No acute distress noted. Her ammonia level has been within normal limits and less than 9. Will decrease lactulose from 30 mL four times a day to three times a day. Her sodium was noted to be 130 on her labs. Discussed case with Dr. [REDACTED] Will hold her diuretics for two days including spironolactone and furosemide and encourage oral hydration. Her hyponatremia likely due to hypovolemia due to diarrhea from lactulose. The patient remains alert and oriented x3 today. She denies chest pain, shortness of breath, abdominal pain, nausea, vomiting, diarrhea, constipation, or dysuria. Vital signs are stable. MAR and chart reviewed.

10/04/2022: The patient is seen today for new patient followup visit. She is seen seated in her wheelchair in her room. Her husband is visiting at

Progress Note: DANIELLE [REDACTED] FNP 10/12/2022

Note generated by eClinicalWorks EMR/PM Software (www.eClinicalWorks.com)