

Case Sheet

Patient ID 54827837-0 **Run Date** 10/07/25 **Time** 14:57 **Referral Date** 09/12/25 **Time** 07:20

PATIENT

Name Ms. Vicky A Haas **Room #** 230-C **Age** 79 **Gender** F **Marital Status** W
Address 1 1301 Kansas Ave. **DOB** 01/03/1946 **Ethnic** White
Address 2 **Business** **Home** 407-892-5121
County Osceola **City** Saint Cloud **State** FL **Zip** 34769 **Fax**
Directions
Living Status Congregate home **Adv Dir** **Religion** UNKNOWN
Pharmacy Name **Mapcode** **Pharmacy Tel** **Brand?**

SOB, Agitation, Signed DNR

Mask
required
when patient/
family is
coughing

DME Name VITAS

DME Tel

PROGRAM INFORMATION

Program 17 **Team** 1733 **LOC** Continuous Home Care **FC** MXD
Location Avante at St. Cloud Inc. NH **Protocol** **Room** 222-2 **Tile #**
Managed Care No Managed Care Affil **Admit Date** 09/13/25 **Admit Time** 00:05
Pharmacy ID 888054827837 **Status** Active **Status Date** 09/13/25 **Status Time** 00:05
Effective Dates (A) 01/01/11 **(B)** 01/01/11
Effective Dates 10/01/25
Case # **Effective Dates**
Case # **HHA** Gloria Fernandez-Mata **LVN/LPN**
RN Yanela M Estremera Medina
TMG Cedejia Fudge **SW** Kacie Macdonald **CHAP** Ghukhuli Milakovich
Volunteers
Vitas Rep Shamica Jones **AC** Deborah Lopez **No Pets, No Smoke**
LTCL David Camacho **PCL** Mark Sojka

PRIMARY CAREGIVER

Name Sheryl Miller **DOB** **Age**
Address 1 2660 Boat Cove Circle **Hrs Home**
Address 2 **Relation to Patient** Daughter
City Kissimmee **State** FL **Zip** 34746 **Health**
Tel. (Home) 937-541-5329 **(Business)** **(FAX)** **(Cell)**
Comments

Other Caregivers

Other Caregivers

ATTENDING PHYSICIAN

Name SHAWN CHOPRA **Telephone** 904-493-3390
Address 1 8613 Old Kings Rd S **Office Fax** 904-493-3395
Address 2 Sutie 602 **Specialty** Hospitalist
City Jacksonville **State** FL **Zip** 32217 **Upin #**
Following Physician Vitas/Team Telecare **Telephone** 800-746-7742
Other Physician TODD CUTLER **Other Phys Phone** 407-875-0028
Patient's Last Hospitalization **Date of Discharge**

DIAGNOSIS/TREATMENTS

AC Diag Description

Terminal Diagnosis I50.20 Unspecified systolic (congestive) heart failure **Date of Dx** 09/17/25
Comments **Prognosis**
Secondary Diagnosis J96.01 Acute respiratory failure with hypoxia

Treatment Plans

Chief Problems

Patient/Family Goals & Expectations

Treatment History

Agency Name

Contact

Telephone

Funeral Home

Contact

Telephone

Medications

Allergies NO KNOWN ALLERGIES