

State: MO
Facility Name: FOUNTAIN CITY REHABILITATION HOSPITAL
Patient Name: COLLINS, TIMOTHY
Assessment ID: 7302331

Quality Indicators

Bladder and Bowel

H0350	Bladder continence	3 - Incontinent daily
H0400	Bowel continence	0 - Always continent

Active Diagnosis

I0900A	Peripheral Vascular Disease (PVD)	
I0900B	Peripheral Arterial Disease (PAD)	
I0900	Diagnoses: Peripheral vascular disease (PVD)/PAD	0 - Not checked (No)
I2900A	Diabetes Mellitus (DM)	
I2900B	Diabetic Retinopathy	
I2900C	Diabetic Nephropathy	
I2900D	Diabetic Neuropathy	
I2900	Diagnoses: Diabetes mellitus (DM)	0 - Not checked (No)
I7900	Diagnoses: None of the Above	1 - Checked (Yes)

Health Conditions

J1750	History Of Falls	1 - Yes
J1800	Any Falls Since Admission	1 - Yes
J1900A	Num Falls Since Admission - No injury	1 - One
J1900B	Num Falls Since Admission - Injury (except major)	0 - None
J1900C	Num Falls Since Admission - Major injury	1 - One
J2000	Prior Surgery	1 - Yes

Swallowing/Nutritional Status

K0110A	Swallow/Nutrit - Regular Food	0 - Not checked (No)
K0110B	Swallow/Nutrit - Modified Food	1 - Checked (Yes)
K0110C	Swallow/Nutrit - Tube/Parenteral Feeding	0 - Not checked (No)

State: MO
Facility Name: FOUNTAIN CITY REHABILITATION HOSPITAL
Patient Name: GREEN, LINDA
Assessment ID: 7808432

Quality Indicators

Bladder and Bowel

H0350	Bladder continence	0 - Always continent
H0400	Bowel continence	0 - Always continent

Active Diagnosis

I0900A	Peripheral Vascular Disease (PVD)	
I0900B	Peripheral Arterial Disease (PAD)	
I0900	Diagnoses: Peripheral vascular disease (PVD)/PAD	1 - Checked (Yes)
I2900A	Diabetes Mellitus (DM)	
I2900B	Diabetic Retinopathy	
I2900C	Diabetic Nephropathy	
I2900D	Diabetic Neuropathy	
I2900	Diagnoses: Diabetes mellitus (DM)	0 - Not checked (No)
I7900	Diagnoses: None of the Above	0 - Not checked (No)

Health Conditions

J1750	History Of Falls	1 - Yes
J1800	Any Falls Since Admission	1 - Yes
J1900A	Num Falls Since Admission - No injury	0 - None
J1900B	Num Falls Since Admission - Injury (except major)	0 - None
J1900C	Num Falls Since Admission - Major injury	1 - One
J2000	Prior Surgery	1 - Yes

Swallowing/Nutritional Status

K0110A	Swallow/Nutrit - Regular Food	1 - Checked (Yes)
K0110B	Swallow/Nutrit - Modified Food	0 - Not checked (No)
K0110C	Swallow/Nutrit - Tube/Parenteral Feeding	0 - Not checked (No)

State: MO

Facility Name: FOUNTAIN CITY REHABILITATION HOSPITAL

Patient Name: MARTINEZ, TONYA

Assessment ID: 7967329

Quality Indicators

Bladder and Bowel

H0350	Bladder continence	0 - Always continent
H0400	Bowel continence	0 - Always continent

Active Diagnosis

I0900A	Peripheral Vascular Disease (PVD)	
I0900B	Peripheral Arterial Disease (PAD)	
I0900	Diagnoses: Peripheral vascular disease (PVD)/PAD	1 - Checked (Yes)
I2900A	Diabetes Mellitus (DM)	
I2900B	Diabetic Retinopathy	
I2900C	Diabetic Nephropathy	
I2900D	Diabetic Neuropathy	
I2900	Diagnoses: Diabetes mellitus (DM)	1 - Checked (Yes)
I7900	Diagnoses: None of the Above	0 - Not checked (No)

Health Conditions

J1750	History Of Falls	1 - Yes
J1800	Any Falls Since Admission	1 - Yes
J1900A	Num Falls Since Admission - No injury	0 - None
J1900B	Num Falls Since Admission - Injury (except major)	0 - None
J1900C	Num Falls Since Admission - Major injury	2 - Two or more
J2000	Prior Surgery	0 - No

Swallowing/Nutritional Status

K0110A	Swallow/Nutrit - Regular Food	1 - Checked (Yes)
K0110B	Swallow/Nutrit - Modified Food	0 - Not checked (No)
K0110C	Swallow/Nutrit - Tube/Parenteral Feeding	0 - Not checked (No)