



City of Milwaukee

City Hall
200 East Wells Street
Milwaukee, WI 53202

Meeting Agenda JUDICIARY & LEGISLATION COMMITTEE

ALD. ASHANTI HAMILTON, CHAIR
Ald. Terry Witkowski, Vice-Chair
Ald. Joe Davis, Sr., Ald. Robert Puente, and Ald. Robert
Donovan
Staff Assistant, Joanna Polanco, 286-2366
Fax: 286-3456, jpolan@milwaukee.gov
Legislative Liaison, Richard Withers, 286-8532,
rwithe@milwaukee.gov

Monday, May 14, 2012

1:30 PM

Room 301-B, City Hall

The Judiciary and Legislation Committee may convene into closed session at 1:30 P.M. on Monday, May 14, 2012 in Room 301-B, City Hall, 200 E. Wells St., Milwaukee, Wisconsin, pursuant to s. 19.85(1)(g), Wis. Stats., for the purpose of conferring with the City Attorney who will render oral or written advice with respect to litigation in which the city is or is likely to become involved and then will go into open session for the regular agenda.

1. [111736](#) Communication from the City Attorney relating to semiannual reports as to the determination and disposition of all claims pending and closed and litigation matters closed through December 31, 2011.
Sponsors: THE CHAIR
2. [111729](#) Substitute resolution authorizing the proper City officers to enter into a contract for the collection of overdue Municipal Court judgments
Sponsors: THE CHAIR
3. [120077](#) Communication from the City Attorney relative to expenditures from the Outside Counsel/Expert Witness Fund Special Purpose Account.
Sponsors: THE CHAIR
4. [111653](#) Communication relating to the equitable assessment of all properties in the City of Milwaukee.
Sponsors: Ald. Donovan
5. [111747](#) Appointment of Carrie Davis to the Ethics Board by the Mayor. (13th Aldermanic District)
Sponsors: THE CHAIR
6. [111429](#) Resolution relating to an appeal from Elena Kontorova for property damage. (4th Aldermanic District)
Sponsors: THE CHAIR
---\$250.00
7. [110294](#) Resolution relating to an appeal from Francisco Guerrido for property

damage. (8th Aldermanic District)

Sponsors: THE CHAIR

---\$33.00

8. [111354](#) Resolution relating to an appeal from Clarence Kailin, Jr. for property damage. (6th Aldermanic District)

Sponsors: THE CHAIR

---\$473.51

9. [111364](#) Resolution relating to an appeal from Darnisha Davenport for property damage.

Sponsors: THE CHAIR

---\$738.45

10. [111239](#) Resolution relating to an appeal from Jeff Wilhelm for property damage. (10th Aldermanic District)

Sponsors: THE CHAIR

---\$525.89

11. [111253](#) Resolution relating to an appeal from Tamara Pacada for property damage.

Sponsors: THE CHAIR

---\$228.15

12. [111345](#) Resolution relating to the claim of MaryAnn Brannon for personal injuries.

Sponsors: THE CHAIR

---\$50,000.00

13. [111238](#) Resolution relating to an appeal from Barbara Orban for property damage. (10th Aldermanic District)

Sponsors: THE CHAIR

---\$264.00

14. [111548](#) Resolution relating to the claim of Cherisse Bozovic for personal injuries. (14th Aldermanic District)

Sponsors: THE CHAIR

---\$14,895.31

15. [111670](#) Substitute resolution authorizing the return of real estate located at 2235 W. Middlemass Street, in the 8th Aldermanic District to its former owner. (Jeffrey Doepke)

Sponsors: THE CHAIR

16. [111671](#) Substitute resolution authorizing the return of real estate located at 2126 W Forest Home Ave, in the 8th Aldermanic District to its former owner. (Jeffrey Doepke)

Sponsors: THE CHAIR

17. [111672](#) Substitute resolution authorizing the return of real estate located at 4102 N 7th Street, in the 6th Aldermanic District to its former owner. (Strouse Law Office on behalf of Kevin Baublitz and Shelley Baublitz Kindred)
Sponsors: THE CHAIR
18. [110995](#) Substitute resolution authorizing the return of real estate located at 3002 W Juneau Ave, in the 4th Aldermanic District to its former owner. (Deidre Cox)
Sponsors: THE CHAIR
19. [111450](#) Substitute resolution authorizing the return of real estate located at 116-116A W. Keefe Ave., in the 6th Aldermanic District to its former owner. (Cheryl Pope)
Sponsors: THE CHAIR
20. [111678](#) An ordinance relating to revision of the code for purposes of correcting errors, clarifying language and eliminating obsolete provisions.
Sponsors: THE CHAIR
21. [111734](#) Resolution urging the U.S. Congress to amend the Clean Air Act to eliminate the requirement for use of reformulated gasoline in 6 counties in southeastern Wisconsin.
Sponsors: Ald. Bohl
22. [111271](#) Resolution relating to legislative bills.
Sponsors: THE CHAIR
2011-12 Legislative Session Wrap-Up

This meeting will be webcast live at www.milwaukee.gov/channel25.

Common Council members who are not members of this committee may attend this meeting to participate or to gather information. This meeting may constitute a meeting of the Common Council or any of its standing committees although no formal action will be taken at this meeting.

Upon reasonable notice, efforts will be made to accommodate the needs of persons with disabilities through sign language interpreters or auxiliary aids. For assistance contact the Legislative Services ADA Coordinator at 286-2998, (FAX)286-3456, (TDD)286-2025 or by writing to Room 205, City Hall, 200 E. Wells Street, Milwaukee, WI 53202.

Parking for persons attending City Hall meetings is available at reduced rates (5 hour limit) at the Milwaukee Center (southwest corner of E. Kilbourn Ave. and N. Water St.) Parking tickets must be validated in Room 205, (City Clerk's Office) or the first floor Information Booth in City Hall.



Legislation Details (With Text)

File #: 111736 **Version:** 0

Type: Communication-Report **Status:** In Committee

File created: 4/11/2012 **In control:** JUDICIARY & LEGISLATION COMMITTEE

On agenda: **Final action:**

Effective date:

Title: Communication from the City Attorney relating to semiannual reports as to the determination and disposition of all claims pending and closed and litigation matters closed through December 31, 2011.

Sponsors: THE CHAIR

Indexes: CLAIMS, REPORTS AND STUDIES

Attachments: Claims and Litigation Report Letter.pdf, Claims and Litigation Report.pdf, Hearing Notice List

Date	Ver.	Action By	Action	Result	Tally
4/11/2012	0	COMMON COUNCIL	ASSIGNED TO		
5/7/2012	0	JUDICIARY & LEGISLATION COMMITTEE	HEARING NOTICES SENT		
5/7/2012	0	JUDICIARY & LEGISLATION COMMITTEE	HEARING NOTICES SENT		

Number

111736

Version

ORIGINAL

Reference

110907

Sponsor

THE CHAIR

Title

Communication from the City Attorney relating to semiannual reports as to the determination and disposition of all claims pending and closed and litigation matters closed through December 31, 2011.

Requestor

Drafter

City Attorney

bw

4/5/2012

GRANT F. LANGLEY
City Attorney

RUDOLPH M. KONRAD
LINDA ULISS BURKE
VINCENT D. MOSCHELLA
Deputy City Attorneys



THOMAS O. GARTNER
SUSAN D. BICKERT
STUART S. MUKAMAL
THOMAS J. BEAMISH
MAURITA F. HOUREN
JOHN J. HEINEN
SUSAN E. LAPPEN
JAN A. SMOKOWICZ
PATRICIA A. FRICKER
HEIDI WICK SPOERL
KURT A. BEHLING
GREGG C. HAGOPIAN
ELLEN H. TANGEN
MELANIE R. SWANK
JAY A. UNORA
DONALD L. SCHRIEFER
EDWARD M. EHRlich
LEONARD A. TOKUS
MIRIAM R. HORWITZ
MARYNELL REGAN
G. O'SULLIVAN-CROWLEY
KATHRYN Z. BLOCK
ELOISA DE LEÓN
ADAM B. STEPHENS
KEVIN P. SULLIVAN
BETH CONRADSON CLEARY
THOMAS D. MILLER
JARELY M. RUIZ
ROBIN A. PEDERSON
CHRISTINE M. QUINN
MARGARET C. DAUN
JEREMY R. MCKENZIE
MARY L. SCHANNING
PETER J. BLOCK
Assistant City Attorneys

April 17, 2012

Alderman, Ashanti Hamilton, Chair
Judiciary and Legislation Committee
City Hall – Room 205

Re: Semi-Annual Claims & Litigation Reports

Dear Alderman Hamilton:

Pursuant to your letter of June 9, 2005 and Section 304-7, Milw. Code of Ordinances, ss. 2(f) requesting the submission of semi-annual reports as to the determination and disposition of all claims filed during the preceding period, the following reports are being submitted for the Committee's review. The second report *Semi-Annual Report of Claims Closed and Pending from July 1, 2011 through December 31, 2011* lists the following information:

Total number of claims pending - 870
Total number of claims closed - 290
Total amount of claims denied - 137
Total amount of settlements - \$288,431.99

Also, attached is the *Semi-Annual Report of Litigation Closed and Pending from January 1, 2011 through June 30, 2011* that lists the following information:

Total number of cases pending - 317
Total number of cases closed - 143
Total number of cases closed without payment - 111
Total number of cases settled - 25
Total amount of settlements - \$693,177.49
Total amount of settlements against the City - \$522,478.14
Total number of settlements against the City - 22
Total amount of settlements for the City - \$170,699.35
Total number of settlements for the City - 3

OFFICE OF THE CITY ATTORNEY

Milwaukee City Hall Suite 800 • 200 East Wells Street • Milwaukee, Wisconsin 53202-3551 • Telephone: 414.286.2601 • TDD: 414.286.2025 • Fax: 414.286.8550

Ald. Hamilton

4/17/2012

2

Total number of cases resulting in judgments - 10

Total amount of judgments - \$61,439.83

Total amount of judgments against the City - \$49,727.87

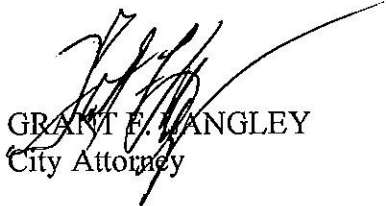
Total number of judgments against the City - 2

Total amount of judgments for the City - \$11,711.96

Total number of judgments for the City - 8

Please feel free to contact me if you have any questions.

Very truly yours,



GRANT F. LANGLEY
City Attorney

GFL:bw

#179913

Litigation Judgments & Settlements - July 1 thru December 31, 2011

(Area of Law: "Litigation", "Litigation - Appeal", "Litigation - Real Estate Tax Collection", "Administrative Proceedings") and (NetWiseQdamagesDate Paid >= 7/1/11 and NetWiseQdamagesDate Paid <= 12/31/11 or Judgment date >= 7/1/2011 and Judgment date <= 12/31/2011) and (JudgmentAward Amount > 0 or Settlement Amount > 0)

<u>Matter Description</u>	<u>Date Paid</u>	<u>Settlement Amount</u>	<u>Settlement Against City/Cient?</u>	<u>Settlement for City/Cient?</u>	<u>Judgment Amount</u>	<u>Judgment Against City/Cient?</u>	<u>Judgment for City/Cient?</u>
Smith, Marcus v. City of Milwaukee	12/15/2011	1,750.00	Y / N	N / N	0.00	N / N	N / N
Vehicle Accident - Bodily Injury							
Henry, Mary v. City of Milwaukee	12/8/2011	5,000.00	Y / N	N / N	0.00	N / N	N / N
Vehicle Accident - Bodily Injury							
Lopez, Vanessa v. Lees, Michael; City of Milwaukee; et al.	12/8/2011	2,286.96	Y / N	N / N	0.00	N / N	N / N
Vehicle Accident - Bodily Injury							
Vehicle Accident - Property Damage							
State Farm Mutual Automobile Insurance Company (Henry, Mary J., Insured) v. City of Milwaukee	7/22/2011	6,657.69	Y / N	N / N	0.00	N / N	N / N
Vehicle Accident - Property Damage							
Allstate Insurance Company (Edwards, Carolyn - Insured) v. City of Milwaukee	11/14/2011	3,883.49	Y / N	N / N	0.00	N / N	N / N
Vehicle Accident - Property Damage							
Harris, Charles (Sr.)		0.00	N / N	N / N	1,486.05	N / N	N / Y
Collection - Rent							
Wingo, Andre v. City of Milwaukee; Bowers, Christopher		0.00	N / N	N / N	350.00	N / N	Y / N
Search & Seizure/Unlawful-Unreasonable							
Ezell, Terrell; Ezell, Serena; et al. v. Maio, Jeffrey; City of Milwaukee	10/14/2011	10,000.00	Y / N	N / N	0.00	N / N	N / N
Police - Excessive Force							
Indries, Deanna & John v. City of Milwaukee Board of Review		0.00	N / N	N / N	471.00	N / N	Y / N
3144 South 33rd Street - 2009 Tax Assessment							

Litigation Judgments & Settlements - July 1 thru December 31, 2011

(Area of Law: "Litigation", "Appeal", "Litigation - Real Estate Tax Collection", "Administrative proceedings") and (Matters: Damages, Date Paid >= 7/1/11 and Matters: Damages, Date Paid <= 12/31/11 or Judgment date >= 7/1/2011 and Judgment date <= 12/31/2011) and (Judgment/Award Amount > 0 or Settlement Amount > 0)

<u>Matter Description</u>	<u>Date Paid</u>	<u>Settlement Amount</u>	<u>Settlement Against City/Client?</u>	<u>Settlement for City/Client?</u>	<u>Judgment Amount</u>	<u>Judgment Against City/Client?</u>	<u>Judgment for City/Client?</u>
Tax Assessment							
Certiorari Review							
Garza, Rinalda v. City of Milwaukee, Schynick, Erik	6/20/2011	6,500.00	Y / N	N / N	0.00	N / N	N / N
Vehicle Accident - Bodily Injury							
Vehicle Accident - Property Damage							
Lane, Danettea v. Milw Co Dept of Social Services Children & Family Services Division; Reitz, Laura; Barkei, Johanna; Ehrick, Rebecca; Gonzales-Zayas, Isai; Norton, Brenda; Ortiz, Robin		0.00	N / N	N / N	492.45	N / N	Y / N
Search & Seizure/Unlawful-Unreasonable Due Process							
Braun, Robert C. v. Barrett, Thomas; City of Milwaukee; Tobin, Michael G.; et al.	10/6/2011	25,000.00	N / N	N / N	0.00	N / N	N / N
Police - Excessive Force							
Police - Other							
Zsido, Barbara E.; Wheaton Franciscan Services, Inc.; American Family Mutual Ins. Co. v. City of Milwaukee; Casey, Margaret A.	8/1/2011	28,000.00	Y / N	N / N	0.00	N / N	N / N
Vehicle Accident - Bodily Injury							
Phrakousonh, Phon v. City of Milwaukee; Barndt, Timothy; Dodds, Wardell; Bell, Andrew; Bohlen, Todd; Mischoski, Brett; Brown, Chris	8/22/2011	1,000.00	Y / N	N / N	0.00	N / N	N / N
Police - Excessive Force							
Police - False Arrest							
Chaney, Deborah L.; DHFS v. Nelson, Edward K.; City of Milwaukee	7/22/2011	12,000.00	Y / N	N / N	0.00	N / N	N / N

Litigation Judgments & Settlements - July 1 thru December 31, 2011

(Area of Law = "Litigation", "Litigation - appeal", "Litigation - Real Estate Tax Collection", "Administrative proceedings") and (MattersOfImages.Date Paid >= 7/1/11 and MattersOfImages.Date Paid <= 12/31/11 or Judgment date >= 7/1/2011 and Judgment date <= 12/31/2011) and (Judgment/Unpaid Amount > 0 or Settlement Amount > 0)

<u>Matter Description</u>	<u>Date Paid</u>	<u>Settlement Amount</u>	<u>Settlement Against City/Client?</u>	<u>Settlement for City/Client?</u>	<u>Judgment Amount</u>	<u>Judgment Against City/Client?</u>	<u>Judgment for City/Client?</u>
Vehicle Accident - Bodily Injury							
Vehicle Accident - Property Damage							
Phrakousonh, Whon by his GAL Stawski, Christopher J.; Estrada, Dolores v. City of Milwaukee et al.	10/14/2011	25,000.00	Y / N	N / N	0.00	N / N	N / N
Police - Excessive Force							
Police - Unlawful Detainment							
Montgomery, Cynthia M. v. Griffin, Lataura S.; City of Milwaukee	11/18/2011	17,000.00	Y / N	N / N	0.00	N / N	N / N
Vehicle Accident - Uninsured Motorist							
Walker, April T.; Walker, Marrien v. Ilemann, Erin; City of Milwaukee	10/21/2011	0.00	N / N	N / N	8,248.29	Y / N	N / N
Vehicle Accident - Bodily Injury							
Lofy, Jennifer K. v. City of Milwaukee	10/11/2011	5,700.00	Y / N	N / N	0.00	N / N	N / N
Vehicle Accident - Uninsured Motorist							
Browne, Gregory B.; Felzer, Daniel J.; Gross, Dennis J.; Rodriguez, Ricardo; Stoner, Debra J. v. Maryland Casualty Company; Jesus' Soul Saving Traveling Mission, Inc.; City of Milwaukee		3,827.65	N / N	N / Y	0.00	N / N	N / N
Workers Compensation - Subrogation							
Grabowski, Mark; Grabowski, Cheri; Sebellus, Kathleen; Secretary of the United States Department of Human and Health Services; Allstate Property & Casualty Company v. Volkert, Donald P.; City of Milwaukee	11/14/2011	15,000.00	Y / N	N / N	0.00	N / N	N / N
Vehicle Accident - Property Damage							
Wysocki, James E.; Wysocki, Ann R. v. The Standard Fire Insurance Company; Moran,		16,871.70	N / N	Y / N	0.00	N / N	N / N

Litigation Judgments & Settlements - July 1 thru December 31, 2011

(Area of Law - "Litigation", "Litigation - appeal", "Litigation - Real Estate Tax Collection", "Administrative proceedings") and (MattersOutcomeSet Date Paid >= 7/1/11 and MattersOutcomeSet Date Paid <= 12/31/11 or Judgment date >= 7/1/2011 and Judgment date <= 12/31/2011) and (JudgmentAward Amount > 0 or Settlement Amount > 0)

<u>Matter Description</u>	<u>Date Paid</u>	<u>Settlement Amount</u>	<u>Settlement Against City/Client?</u>	<u>Settlement for City/Client?</u>	<u>Judgment Amount</u>	<u>Judgment Against City/Client?</u>	<u>Judgment for City/Client?</u>
Michael S.; City of Milwaukee							
Workers Compensation - Subrogation							
Wisconsin Carry; Bernson, David v, City of Milwaukee; Kezeske, Kurt	10/13/2011	6,500.00	Y / N	N / N	0.00	N / N	N / N
Constitutionality of the Wisconsin Gun Free School Zone Act							
Search & Seizure/Unlawful-Unreasonable							
Civil Rights Violation							
Declaratory Relief							
Injunctive Relief							
Wilkinson, Destiny L.; United Healthcare Insurance Company v. Williams, Phillip G.; City of Milwaukee	8/11/2011	7,000.00	Y / N	N / N	0.00	N / N	N / N
Vehicle Accident - Property Damage							
Powell, Dominique S.; Powell, Damone M. v. MBSB, Neale, Kevin F.		10,000.00	N / Y	N / N	0.00	N / N	N / N
Bodily Injury by Employee							
Raines, Neil T.; Liberty Mutual Insurance Company v. City of Milwaukee; Henry, Elsha Jr.	4/28/2011	39,000.00	Y / N	N / N	0.00	N / N	N / N
Vehicle Accident - Bodily Injury							
Newbon, De'Angelo v. Milwaukee Police Department; Flynn, Edward; et al.		0.00	N / N	N / N	488.30	N / N	Y / N
Police - Civil Rights							
Due Process							
Caballero, Miguel; Aetna Life Insurance Co.; American Family Mutual Insurance Co. v. City of Milwaukee; Karwoski, Michael	10/10/2011	0.00	N / N	N / N	41,479.58	Y / N	N / N
Vehicle Accident - Bodily Injury							

Litigation Judgments & Settlements - July 1 thru December 31, 2011

(Area of Law: 'Litigation', 'Litigation - appeal', 'Litigation - Real Estate Tax Collection', 'administrative proceedings') and (Mattersdamages.Date Paid <= 7/31/11 and Mattersdamages.Date Paid <= 12/31/11 or judgment date <= 7/31/11 and judgment date <= 12/31/11) and (JudgmentAmount > 0 or Settlement Amount > 0)

<u>Matter Description</u>	<u>Date Paid</u>	<u>Settlement Amount</u>	<u>Settlement Against</u> <u>for</u> <u>City/Client?</u>	<u>Settlement for</u> <u>City/Client?</u>	<u>Judgment Amount</u>	<u>Judgment Against</u> <u>for</u> <u>City/Client?</u>	<u>Judgment for</u> <u>City/Client?</u>
Tate, Charlie Jr. v. Officer Lemke, Officer Perry, Officer Erving, Officer C. Nimmer, Officer J. Kubicek		0.00	N / N	N / N	1,665.87	N / N	Y / N
Police - Excessive Force							
Ayala, Hernandez Manuel v. Ticcioni, Rick; Anderer, Douglas E		0.00	N / N	N / N	1,263.31	N / N	Y / N
Police - Excessive Force							
Metropolitan Associates on behalf of itself and all Members of the Class v. City of Milwaukee	8/4/2011	250,000.00	Y / N	N / N	0.00	N / N	N / N
Class Members are not eligible to file or maintain a claim or action for excessive assessment against the City for 2008 or any future year.							
Declaratory Relief Injunctive Relief							
Reaves, Meredith K. v. MESSD		25,000.00	N / Y	N / N	0.00	N / N	N / N
Parr, Zheika R. v. City of Milwaukee	7/22/2011	20,000.00	Y / N	N / N	0.00	N / N	N / N
Bliss, Valcos v. Chu, Christopher; Foster, Kimberly; City of Milwaukee		0.00	N / N	N / N	5,794.88	N / N	Y / N
Police - Shooting							
Police - Excessive Force							
MESD v. BITEC, Inc.; GRS Wisconsin, Inc.; Continental Casualty Company; et al.	8/11/2011	150,000.00	N / N	N / Y	0.00	N / N	N / N
Contract							
Total Cases: 35		Total Settlement Amount: 693,177.49			Total Judgment Amount: 61,439.83		

All Claims Closed Jan 1, 2011 thru June 30, 2011 and Disposition

Status = 'Closed' and Status Date >= Ask User ('Status Date') and Status Date <= Ask User ('Status Date') and Area of Law = 'Claims' and (do not include Client Spt = 'Milwaukee Board of School Directors', 'Milwaukee Public Schools') and (do not include claim subject = 'assessment problems', 'assessment problems-7435', 'assessment problems-7437')

Claimant	Department	Subject	Money Demand	Claim Denied	Settlement Amount	Claim Tendered	No Proper Claim	Claim to Litigation
Services Division								
Joyce, Lauren	Water Works	Water Main Break	6,033.95	Y	0.00	N	N	N
Kreuziger, Brian and Suzanne	Infrastructure Services Division	Sewer Backup - Maintenance	6,193.12	Y	0.00	N	N	N
Lewis, Jr., Jake	Water Works	Other	45,000.00	Y	0.00	N	N	N
McDonald, Shannon	Towing Operations - DPW	Towing - Property Damage	4,664.14	Y	0.00	N	N	N
McKinley, Ruth	Infrastructure Services Division	Slip and Fall - Sidewalk/Road Defect	0.00	N	0.00	N	N	Y
Megna, Sharon	Water Works	Property Damage - Other	13,455.00	Y	0.00	N	N	N
Meier, Scott and Margo	Forestry Division	Vehicle Damage - Tree	0.00	Y	0.00	N	N	N
Robinson, Ronald	Infrastructure Services Division	Vehicle Damage - Road Defect	0.00	N	0.00	Y	N	N
Roth, Christopher	Infrastructure Services Division	Sewer Backup - Maintenance	16,205.12	N	0.00	Y	N	N
Rowe, Cornell	Milwaukee Fire Department	Other	50,000.00	Y	0.00	N	N	N
Shaw, Dionne	Police Department	Police - Hit By Fleeing Suspect	250,000.00	Y	0.00	N	N	N
Shaw, Stephanie	Police Department	Police - Hit By Fleeing Suspect	250,000.00	Y	0.00	N	N	N

All Claims Closed Jan 1, 2011 thru June 30, 2011 and Disposition

Status = 'Closed' and Status Date >= Ask User ('Status Date'?) and Status Date <= Ask User ('Status Date'?) and Area of Law = 'Claims' and (do not include Client Sort = 'Milwaukee Board of School Directors', 'Milwaukee Public Schools') and (do not include claim subject = 'assessment problems', 'assessment problems-74/33', 'assessment problems-74/37')

<u>Claimant</u>	<u>Department</u>	<u>Claim Subject</u>	<u>Money Demand</u>	<u>Claim Denied</u>	<u>Settlement Amount</u>	<u>Claim Tendered</u>	<u>No Proper Claim</u>	<u>Claim to Litigation</u>
Sisson, Matt	Infrastructure Services Division	Vehicle Damage - Road Defect	150,000.00	Y	0.00	N	N	N
Skudlarczyk, Elizabeth	Infrastructure Services Division	Trip and Fall - Sidewalk Defect	0.00	N	0.00	N	N	Y
Smith, Kathryn	Police Department	Vehicle Accident City - Uninsured Motori	25,000.00	N	24,000.00	N	N	N
Stevens, Justine	Water Works	Water Main Break	5,625.58	Y	0.00	N	N	N
Ward, Curtis	Support Services Division - Fleet	Vehicle Accident City - Uninsured Motori	0.00	N	0.00	N	N	N
Wesley, Carlata	Towing Operations - DPW	Towing - Property Damage	20,000.00	Y	5,900.00	Y	N	N
Wilcox, James	Infrastructure Services Division	Bodily Injury - Other	50,000.00	Y	0.00	N	N	N
Wosinski, Amy	Department of Neighborhood Services	Bodily Injury - Other	10,000,000.00	N	0.00	N	N	Y
Wosinski, Eric	Department of Neighborhood Services	Bodily Injury - Other	5,000,000.00	N	0.00	N	N	Y
Wosinski, Steve	Department of Neighborhood Services	Bodily Injury - Other	5,000,000.00	N	0.00	N	N	Y
Wrought Washer Mfg Inc	Infrastructure	Property Damage - Other	0.00	Y	0.00	N	N	N

All Claims Closed Jan 1, 2011 thru June 30, 2011 and Disposition

Status = 'Closed' and Status Date >= Ask User ('Status Date') and Status Date <= Ask User ('Status Date') and Area of Law = 'Claims' and (do not include Client Sort = 'Milwaukee Board of School Directors', 'Milwaukee Public Schools') and (do not include claim subject = 'assessment problems', 'assessment problems-72,35', 'assessment problems-74,37')

<u>Claimant</u>	<u>Department</u>	<u>Claim Subject</u>	<u>Money Demand</u>	<u>Claim Denied</u>	<u>Settlement Amount</u>	<u>Claim Tendered</u>	<u>No Proper Claim</u>	<u>Claim to Litigation</u>
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Totals: 35

21,960,855.48

40,124.79

All Claims Closed Jan 1, 2011 thru June 30, 2011 and Disposition

Status = Closed and Status Date = Ask User ('Status Date') and Status Date = Ask User ('Status Date') and Area of Law = 'Claims' and (do not include Client Sort = 'Milwaukee Board of School Directors', 'Milwaukee Public Schools') and (do not include claim subject = 'assessment problems', 'assessment problems', 'assessment problems', '74.35', 'assessment problems', '74.37')

Claimant

Department

Claim Subject

Money Demand

Claim Denied

Settlement Amount

Claim Tendered

No Proper Claim

Litigation

Category: Small Claim

Angove, Kathleen A.	Forestry Division	Vehicle Damage - Tree	489.77	Y	0.00	N	N	N
Ashley, Kyle	Infrastructure Services Division	Vehicle Damage - Road Defect	187.12	Y	0.00	N	N	N
AT&T (25201008-50-0049)	Infrastructure Services Division	Property Damage - Other	46,488.43	N	30,000.00	N	N	N
Atterbury, Toska	Towing Operations - DPW	Towing - Property Damage	0.00	N	0.00	Y	N	N
Avers, Kenneth	Police Department	Police - Medical Bills	1,163.32	Y	0.00	N	N	N
Badillo, Pablo	Towing Operations - DPW	Towing - Property Damage	693.30	N	0.00	Y	N	N
Bailey, Loratta	Infrastructure Services Division	Vehicle Damage - Other	0.00	Y	0.00	N	N	N
Baker, Dino	Infrastructure Services Division	Vehicle Damage - Road Defect	821.45	Y	0.00	N	N	N
Bennett, Judy	Towing Operations - DPW	Other	125.00	Y	0.00	N	N	N
Bentley, Jovan	Infrastructure Services Division	Vehicle Damage - Road Defect	500.00	Y	0.00	N	N	N
Bielecki, John	Water Works	Property Damage - Other	136.00	N	136.00	N	N	N
Borek, JoAnn	Infrastructure Services Division	Bodily Injury - Other	124.00	Y	0.00	N	N	N

All Claims Closed Jan 1, 2011 thru June 30, 2011 and Disposition

Status = 'Closed' and Status Date = Ask User ('Status Date' ?) and Status Date <= Ask User ('Status Date' ?) and Area of Law = 'Claims' and (do not include Client Sort = 'Milwaukee Board of School Directors', 'Milwaukee Public Schools') and (do not include claim subject = 'assessment problems', 'assessment problems-74.35', 'assessment problems-74.37')

Claimant	Department	Claim Subject	Money Demand	Claim Denied	Settlement Amount	Claim Tendered	No Proper Claim	Claim to Litigation
Boye, Matthew	Forestry Division	Vehicle Damage - Tree	1,171.66	Y	0.00	N	N	N
Bozeman, Kevin	Towing Operations - DPV	Towing - Items Stolen	70.00	Y	0.00	N	N	N
Brosseau, Patrick	Sanitation Division	Property Damage - Other	80.00	N	80.00	N	N	N
Brown, Calvin	Water Works	Property Damage - Other	211.00	N	211.00	N	N	N
Brown, III, Howard	Infrastructure Services Division	Vehicle Damage - Road Defect	1,528.00	Y	0.00	N	N	N
Brown, Lonnie Lee	Infrastructure Services Division	Vehicle Damage - Road Defect	575.52	N	0.00	Y	N	N
Bryant, Clint	Infrastructure Services Division	Vehicle Damage - Road Defect	427.58	Y	0.00	N	N	N
Burditt, Leonard E.	Water Works	Vehicle Damage - Other	369.60	N	0.00	Y	N	N
Carl, Jeff	Sanitation Division	Property Damage - Other	345.00	Y	345.00	N	N	N
Carney, Latasha	Infrastructure Services Division	Sewer Backup - Maintenance	103.45	N	103.45	N	N	N
Carter, Katherine L.	Infrastructure Services Division	Bodily Injury - Other	0.00	N	0.00	Y	N	N
Cherek, Lisa	Infrastructure Services Division	Vehicle Damage - Road Defect	701.00	Y	0.00	N	N	N
Cole, John	Police Department	Police - Property Damage	2,311.90	Y	0.00	N	N	N

All Claims Closed Jan 1, 2011 thru June 30, 2011 and Disposition

Status = 'Closed' and Status Date = Ask User ('Status Date' ?) and Status Date = Ask User ('Status Date' ?) and Area of Law = 'Claims' and (do not include Client Sort = 'Wilmington Board of School Directors', 'Wilmington Public Schools') and (do not include claim subject = assessment problems, assessment problems-74.35, assessment problems-74.35)

Claimant	Department	Claim Subject	Money Demand	Claim Denied	Settlement Amount	Claim Tendered	No Proper Claim	Claim to Litigation
Coleman, Corne	Forestry Division	Vehicle Damage - Tree	145.00	Y	0.00	N	N	N
Coleman, Gail	Infrastructure Services Division	Vehicle Damage - Road Defect	197.10	Y	0.00	N	N	N
Comyne, Kim	Forestry Division	Property Damage - Tree	590.00	Y	0.00	N	N	N
Cottrell, Janis	Infrastructure Services Division	Vehicle Damage - Road Defect	517.62	Y	0.00	N	N	N
Crawford, Demetrius	Infrastructure Services Division	Vehicle Damage - Road Defect	92.89	N	92.89	N	N	N
Crosley, Stephanie	Towing Operations - DPW	Towing - Car Stolen/Refund Tow Fee	105.00	N	105.00	N	N	N
Crowley, Margaret	Water Works	Property Damage - Other	339.98	N	339.98	N	N	N
Cruz Chico, Jesus	Towing Operations - DPW	Towing - Car Stolen/Refund Tow Fee	525.00	N	105.00	N	N	N
Danielson, Douglas H.	Infrastructure Services Division	Vehicle Damage - Road Defect	174.24	Y	0.00	N	N	N
Davis, Debber	Infrastructure Services Division	Vehicle Damage - Road Defect	1,480.49	Y	0.00	N	N	N
Davis, Gary & Linnea	Police Department	Police - Property Damage	795.67	N	825.67	N	N	N
Delarco, Lauren	Infrastructure Services Division	Vehicle Damage - Road Defect	553.09	Y	0.00	N	N	N
Dennel, Tira	Towing Operations -	Towing - Property Damage	1,326.51	N	0.00	Y	N	N

All Claims Closed Jan 1, 2011 thru June 30, 2011 and Disposition

Status = Closed and Status Date >= AskUser ('Status Date') and Status Date < AskUser ('Status Date') and Area of Law = 'Claims' and (do not include Client Sort = Milwaukee Board of School Directors', 'Milwaukee Public Schools') and (do not include claim.subject = 'assessment problems', 'assessment problems-74,35', 'assessment problems-74,37')

Claimant	Department	Claim Subject	Money Demand	Claim Denied	Settlement Amount	Claim Tendered	No Proper Claim	Claim to Litigation
Deslandes, Lavonda	DPW	Towing Operations - DPW	Towing - Property Damage 0.00	Y	0.00	N	N	N
Dietrich, Sharon	Infrastructure Services Division	Vehicle Damage - Road Defect	169.30	Y	0.00	N	N	N
Drewek, Benedict	Water Works	Vehicle Damage - Other	612.48	N	0.00	Y	N	N
Dugas, Jr., James N.	Towing Operations - DPW	Towing - Property Damage	1,310.00	N	0.00	Y	N	N
Echols, Cindy	Infrastructure Services Division	Vehicle Damage - Road Defect	500.00	N	250.00	N	N	N
Ewert, Gregory R.	Water Works	Property Damage - Other	750.94	N	750.94	N	N	N
Fields, Bonita	Police Department	Police-Other	1,109.99	Y	0.00	N	N	N
Finzel, Michele M.	Police Department	Police - Property Damage	425.00	Y	0.00	N	N	N
Franz, Keith	Department of Public Works - General	Other	0.00	N	0.00	N	N	N
Franzen, Amanda	Towing Operations - DPW	Towing - Property Damage	0.00	N	0.00	Y	N	N
Frausto, Sal	Infrastructure Services Division	Vehicle Damage - Road Defect	240.00	N	0.00	Y	N	N
Fuentes-Rivera, Aura	Infrastructure Services Division	Vehicle Damage - Road Defect	451.85	Y	0.00	N	N	N

All Claims Closed Jan 1, 2011 thru June 30, 2011 and Disposition

Status = 'Closed' and Status Date >= Ask User / Status Date ?) and Status Date <= Ask User / Status Date ?) and Area of Law = 'Claims' and (do not include Client Sort = 'Milwaukee Board of School Directors', 'Milwaukee Public Schools') and (do not include claim subject = 'assessment problems', 'assessment problems-74.35', 'assessment problems-74.37')

Claimant	Department	Claim Subject	Money Demand	Claim Denied	Settlement Amount	Claim Tendered	No Proper Claim	Claim to Litigation
Garcia Gutierrez, Gabriel	Milwaukee Fire Department	Vehicle Accident City - Property Damage	1,034.60	N	1,034.60	N	N	N
Garrett, Jerry	Police Department	Police - Dog Shot	1,600.00	Y	0.00	N	N	N
Gatson, Daniel	Towing Operations - DPW	Towing - Property Damage	1,944.09	Y	0.00	N	N	N
Glantz, Sheila M.	Infrastructure Services Division	Trip and Fall - Sidewalk Defect	1,500.00	Y	0.00	N	N	N
Goodwin, Danielle	Police Department	Vehicle Damage - Other	114.05	Y	114.05	N	N	N
Gottschalk, Katie	Forestry Division	Vehicle Damage - Tree	750.00	Y	0.00	N	N	N
Greene, Lucindy	Police Department	Police - Property Damage	450.00	N	0.00	N	N	N
Greenup, Keiora	Infrastructure Services Division	Vehicle Damage - Road Defect	278.59	Y	0.00	N	N	N
Greenup, Keiora	Infrastructure Services Division	Vehicle Damage - Road Defect	278.59	Y	0.00	N	N	N
Guevara, Julio	Towing Operations - DPW	Towing - Property Damage	569.98	N	0.00	Y	N	N
Hall, James W.	Towing Operations - DPW	Towing - Other	2,225.00	Y	0.00	N	N	N
Halpin, John	Towing Operations - DPW	Towing - Car Stolen/Refund Tow Fee	125.00	N	0.00	N	N	N
Harris, Aisa		Vehicle Damage - Road	330.00	Y	0.00	N	N	N

All Claims Closed Jan 1, 2011 thru June 30, 2011 and Disposition

State = 'Closed' and Status Date = Ask User ('Status Date'?) and Status Date = Ask User ('Status Date'?) and Area of Law = 'Claims' and (do not include Client Sort = 'Milwaukee Board of School Directors', 'Milwaukee Public Schools') and (do not include claim subject = 'assessment problems - 4,35', 'assessment problems-74,37')

Claimant	Department	Claim Subject	Money Demand	Claim Denied	Settlement Amount	Claim Tendered	No Proper Claim	Claim to Litigation
	Infrastructure Services Division	Defect						
Harris, Ronisha	Infrastructure Services Division	Bodily Injury - Other	500.00	Y	0.00	N	N	N
Hamson, Brad	Port of Milwaukee	Slip and Fall - Sidewalk/Road Defect	329.44	Y	0.00	N	N	N
Haywood, Halina	Towing Operations - DPW	Towing - Property Damage	1,435.14	N	0.00	Y	N	N
Hibb, Douglas	Support Services Division - Fleet	Vehicle Damage - Road Defect	205.39	Y	0.00	N	N	N
Holloway, Ella L.	Infrastructure Services Division	Bodily Injury - Other	5,000.00	Y	0.00	N	N	N
Hudson, Margaret	Towing Operations - DPW	Towing - Property Damage	909.55	Y	0.00	N	N	N
Iven, Monica	Infrastructure Services Division	Vehicle Damage - Road Defect	500.00	N	500.00	N	N	N
Ivory, Willie	Towing Operations - DPW	Towing - Property Damage	0.00	N	0.00	Y	N	N
J.L.R. Properties	Police Department	Police - Property Damage	1,180.70	Y	0.00	N	N	N
Jackson, Brian	Forestry Division	Vehicle Damage - Tree	320.00	Y	0.00	N	N	N
Jackson, Danielle	Towing Operations - DPW	Towing - Property Damage	396.00	N	0.00	Y	N	N

All Claims Closed Jan 1, 2011 thru June 30, 2011 and Disposition

Status = 'Closed' and Status Date = Ask User ('Status Date' and Area of Law = 'Claims' and (do not include Client Sort = Milwaukee Board of School Directors', Milwaukee Public Schools) and (do not include claim subject = assessment problems', assessment problems-74,55', assessment problems-74,57')

Claimant	Department	Claim Subject	Money Demand	Claim Denied	Settlement Amount	Claim Tendered	No Proper Claim	Claim to Litigation
Jamison, Joanna	Towing Operations - DPW	Towing - Property Damage	0.00	N	0.00	Y	N	N
Jareau, Lyrette	Infrastructure Services Division	Vehicle Damage - Road Defect	521.13	Y	0.00	N	N	N
Johnnies, Kiesha	Towing Operations - DPW	Towing - Property Damage	0.00	N	0.00	Y	N	N
Jones, Gerald	Towing Operations - DPW	Towing - Property Damage	829.08	Y	829.08	N	N	N
Jordan, Pamela	Police Department	Police - Dog Shot	750.00	Y	0.00	N	N	N
Kennis, Samuel	Infrastructure Services Division	Vehicle Damage - Road Defect	701.28	Y	0.00	N	N	N
Kleinert, Rosemary	Milwaukee Public Library	Trip and Fall - Sidewalk Defect	380.00	Y	0.00	N	N	N
Kloiber, Constance	Infrastructure Services Division	Vehicle Damage - Road Defect	220.38	Y	0.00	N	N	N
Konow, Chad A.	Milwaukee Public Library	Other	180.12	Y	0.00	N	N	N
Kotkov, Inessa	Infrastructure Services Division	Vehicle Damage - Road Defect	2,000.00	Y	0.00	N	N	N
Kowalski, Charles	Forestry Division	Vehicle Damage - Tree	539.78	Y	0.00	N	N	N
LaCoursier, Jason	Infrastructure Services Division	Vehicle Damage - Road Defect	3,244.30	Y	0.00	Y	N	N

All Claims Closed Jan 1, 2011 thru June 30, 2011 and Disposition

Search a "Closed" and Status Date >= Ask User ("Status Date") and Status Date <= Ask User ("Status Date") and Area of Law = "Claims" and (do not include Client Sort = "Milwaukee Board of School Directors", "Milwaukee Public Schools") and (do not include claim and act = "assessment problems", "assessment problems-74,35", "assessment problems-74,37")

Claimant	Department	Claim Subject	Money Demand	Claim Denied	Settlement Amount	Claim Tendered	No Proper Claim	Claim to Litigation
Lamberton, Eric	Forestry Division	Property Damage - Tree	590.00	Y	0.00	N	N	N
Leach, Cedric	Infrastructure Services Division	Vehicle Damage - Road Defect	165.00	Y	0.00	N	N	N
Lewis, Gwendolyn	Towing Operations - DPW	Towing - Property Damage	0.00	N	0.00	Y	N	N
Martin, John	Towing Operations - DPW	Towing - Property Damage	0.00	Y	0.00	Y	N	N
Mascari, Carlo G.	Infrastructure Services Division	Vehicle Damage - Road Defect	444.21	N	0.00	Y	N	N
McCann, Katherine	Infrastructure Services Division	Vehicle Damage - Road Defect	633.50	Y	0.00	N	N	N
McCollom-Gathing, Deborah	Towing Operations - DPW	Towing - Property Damage	670.88	N	0.00	Y	N	N
McElowney, Ryan	Infrastructure Services Division	Vehicle Damage - Road Defect	537.45	Y	0.00	N	N	N
McNaughton, Marjorie	Infrastructure Services Division	Vehicle Damage - Other	1,104.75	Y	0.00	N	N	N
Merath, Jennifer	Infrastructure Services Division	Vehicle Damage - Road Defect	0.00	Y	0.00	N	N	N
Mercer, Sally	Infrastructure Services Division	Vehicle Damage - Road Defect	91.65	Y	0.00	N	N	N
Moore, Gloria	Forestry Division	Property Damage - Tree	885.00	Y	0.00	N	N	N

All Claims Closed Jan 1, 2011 thru June 30, 2011 and Disposition

Status = 'Closed and Status Date >= Ask User ('Status Date'?) and Award Date = 'Claims' and do not include Client Sort = 'Milwaukee Board of School Directors', 'Milwaukee Public Schools' and (do not include claim subject = 'assessment problems', 'assessment problems-74,85', 'assessment problems-74,86', 'assessment problems-74,87')

Claimant	Department	Claim Subject	Money Demand	Claim Denied	Settlement Amount	Claim Tendered	No Proper Claim	Claim to Litigation
Moore, Rashedi	Infrastructure Services Division	Vehicle Damage - Road Defect	2,529.12	N	0.00	Y	N	N
Muri, Craig A.	Milwaukee Public Library	Other	180.12	Y	0.00	N	N	N
Neal, Michael	Forestry Division	Property Damage - Tree	2,020.99	Y	0.00	N	N	N
Neelisky, Bohdan V.	Towing Operations - DPW	Towing - Property Damage	2,231.00	N	0.00	Y	N	N
Oakbrook Village Condo Association	Water Works	Water Main Break	9,155.23	Y	0.00	N	N	N
Orban, Barbara	Infrastructure Services Division	Vehicle Damage - Road Defect	264.00	Y	0.00	N	N	N
Pacada, Tamara L.	Infrastructure Services Division	Vehicle Damage - Road Defect	228.15	Y	0.00	N	N	N
Paige, Patricia	Infrastructure Services Division	Vehicle Damage - Road Defect	862.30	Y	0.00	N	N	N
Parish, John	Forestry Division	Vehicle Damage - Tree	4,095.38	N	2,047.69	N	N	N
Pellegrino, Gary and Jeanette Forestry Division	Property Damage - Tree	1,309.00	Y	0.00	N	N	N	N
Peterson, Lucele	Infrastructure Services Division	Trip and Fall - Sidewalk Defect	623.30	Y	0.00	N	N	N
Pettigrew, Richard	City of Milwaukee	Vehicle Accident City - Property Damage	3,294.21	N	3,182.03	N	N	N

All Claims Closed Jan 1, 2011 thru June 30, 2011 and Disposition

Status = 'Closed' and Status Date = ActUser (Status Date ?) and Status Date <= ActUser (Status Date ?) and Area of Law = 'Claims' and (do not include Client Sort = Milwaukee Board of School Directors', Milwaukee Public Schools') and (do not include claim subject = assessment problems', assessment problems', 74.35', assessment problems', 74.37')

Claimant	Department	Claim Subject	Money Demand	Claim Denied	Settlement Amount	Claim Tendered	No Proper Claim	Claim to Litigation
Piscione, Jack	Infrastructure Services Division	Vehicle Damage - Other	531.80	Y	0.00	N	N	N
Preston, Joshua	Towing Operations - DPW	Towing - Property Damage	373.65	Y	0.00	N	N	N
Price, Rose	Infrastructure Services Division	Vehicle Damage - Road Defect	0.00	Y	0.00	N	N	N
Rachel, Johnny	Police Department	Police - Property Damage	1,180.70	Y	0.00	N	N	N
Ramirez, Luis	Infrastructure Services Division	Vehicle Damage - Road Defect	1,621.85	Y	0.00	N	N	N
Reed, Camisha L.	Towing Operations - DPW	Towing - Items Stolen	0.00	N	0.00	Y	N	N
Reese, Charles	Infrastructure Services Division	Vehicle Damage - Road Defect	136.02	Y	0.00	N	N	N
Richlen, Yvonne	Forestry Division	Vehicle Damage - Tree	2,849.54	Y	0.00	N	N	N
Rivera, Norma	Infrastructure Services Division	Vehicle Damage - Road Defect	1,030.65	Y	0.00	N	N	N
Robertson, James L.	Department of City Development	Other	90,000.00	Y	0.00	N	N	N
Robertson, Terry L.	Department of City Development	Other	90,000.00	Y	0.00	N	N	N
Rodee, Todd L.	Towing Operations - DPW	Towing - Property Damage	2,507.48	N	0.00	Y	N	N

All Claims Closed Jan 1, 2011 thru June 30, 2011 and Disposition

State = 'Closed' and Status Date >= ARX User ('Status Date') and Status Date <= ARX User ('Status Date') and Area of Law = 'Claims' and (do not include Client Sort = 'Illwaukee Board of School Directors', 'Illwaukee Public Schools') and (do not include claim subject = 'assessment problems', 'assessment problems-74.55', 'assessment problems-74.57')

Claimant	Department	Claim Subject	Money Demand	Claim Denied	Settlement Amount	Claim Tendered	No Proper Claim	Claim to Litigation
Rodriguez, Guadalupe	Forestry Division	Property Damage - Tree	1,991.99	Y	0.00	N	N	N
Ruona, Kim	Infrastructure Services Division	Vehicle Damage - Road Defect	96.43	N	96.43	N	N	N
Salmins, Val	Infrastructure Services Division	Vehicle Damage - Road Defect	431.01	Y	0.00	N	N	N
Sanchez, Jose Luis	Police Department	Police - Property Damage	466.87	Y	0.00	N	N	N
Schaefer, Marcus	Water Works	Vehicle Damage - Road Defect	1,122.94	Y	0.00	N	N	N
Schmidt, Susan M.	Sanitation Division	Vehicle Damage - Other	457.72	N	457.72	N	N	N
Shapiro, Shalom	Police Department	Police - Lost Property	949.00	Y	0.00	N	N	N
Shelton, Robert L.	Forestry Division	Vehicle Damage - Tree	500.00	Y	0.00	N	N	N
Sherman, Sam	Infrastructure Services Division	Vehicle Damage - Road Defect	998.90	Y	0.00	N	N	N
Shorts, Marita	Forestry Division	Property Damage - Tree	78.00	N	78.00	N	N	N
Smith, Pearl	Infrastructure Services Division	Vehicle Damage - Road Defect	675.73	Y	0.00	N	N	N
Steinhorst, Annette	Towing Operations - DPW	Towing - Property Damage	0.00	N	0.00	Y	N	N
Stephan, Madison	Water Works	Property Damage - Other	306.22	Y	0.00	N	N	N
	Towing Operations -	Towing - Property Damage	520.98	N	0.00	Y	N	N

All Claims Closed Jan 1, 2011 thru June 30, 2011 and Disposition

Status = Closed and Status Date = Ask User (Status Date ?) and Status Date = Ask User (Status Date ?) and Area of Law = Claims and (do not include Client Sort = Milwaukee Board of School Directors, Milwaukee Public Schools) and (do not include claim subject = assessment problems, assessment problems-74.35, assessment problems-74.37)

Claimant	Department	Claim Subject	Money Demand	Claim Denied	Settlement Amount	Claim Tended	No Proper Claim	Claim to Litigation
DPW								
Stojanovic, Nikola	Municipal Court	Other	143.00	Y	0.00	N	N	N
Strom, Daniel R.	Water Works	Water Main Break	381.22	Y	0.00	N	N	N
Strzelecki, Jason	Infrastructure Services Division	Vehicle Damage - Other	1,319.21	N	1,319.21	N	N	N
Stulber, Nancy	Forestry Division	Property Damage - Other	750.00	N	750.00	N	N	N
Thierner, Todd	Towing Operations - DPW	Towing - Property Damage	872.26	N	0.00	Y	N	N
Torres, Rafael and Fernando	Water Works	Property Damage - Other	3,000.00	Y	0.00	N	N	N
Townsend, Marion	Towing Operations - DPW	Towing - Property Damage	899.87	Y	0.00	N	N	N
Transwestern	Department of Neighborhood Services	Other	560.00	Y	0.00	N	N	N
Tusler, Nathan	Towing Operations - DPW	Towing - Items Stolen	458.00	Y	0.00	N	N	N
VanCamperhout, Cory	Towing Operations - DPW	Towing - Property Damage	503.36	N	0.00	Y	N	N
Vankampen, Ann	Water Works	Vehicle Damage - Other	4,312.37	Y	0.00	N	N	N
Velez, Eliut	Infrastructure Services Division	Vehicle Damage - Other	195.35	Y	0.00	N	N	N

All Claims Closed Jan 1, 2011 thru June 30, 2011 and Disposition

Status = 'Closed and Status Date' = Ask User 'Status Date' and Status Date = Ask User 'Status Date' and Area of Law = 'Claims' and (do not include Client Sort = 'Initiative Board of School Directors'; 'Initiative Public Schools'; and (do not include claim subject = 'assessment products'; 'assessment products'; '74.35'; 'assessment products'; '74.37'))

Claimant	Department	Claim Subject	Money Demand	Claim Denied	Settlement Amount	Claim Tendered	No Proper Claim	Claim to Litigation
Wagner, Michael J. & Sandra A.	Infrastructure Services Division	Sewer Backup - Maintenance	4,032.06	Y	0.00	N	N	N
Walter, Susan	Infrastructure Services Division	Vehicle Damage - Road Defect	675.75	N	675.75	N	N	N
Washington, Maurice	Infrastructure Services Division	Vehicle Damage - Road Defect	222.62	Y	0.00	N	N	N
Watkins, Brenda Mickey	Towing Operations - DPW	Towing - Items Stolen	4,200.00	N	2,000.00	N	N	N
Watson, Bartholomew	Police Department	Police - Lost Property	190.00	Y	0.00	N	N	N
WE Energies (2010226178)	Infrastructure Services Division	Property Damage - Other	9,748.63	Y	0.00	N	N	N
WE Energies (2011227648)	Infrastructure Services Division	Property Damage - Other	679.02	N	679.02	N	N	N
WE Energies (2011232202)	Infrastructure Services Division	Property Damage - Other	1,765.05	N	1,765.05	N	N	N
WE Energies (2011236499)	Infrastructure Services Division	Property Damage - Other	787.56	N	787.56	N	N	N
Wilhelm, Jeff	Police Department	Police - Property Damage	565.89	Y	0.00	N	N	N
Woods, Ethel	Infrastructure Services Division	Vehicle Damage - Road Defect	1,466.32	Y	0.00	N	N	N
Totals: 159			370,867.70		49,661.12			

All Claims Closed Jan 1, 2011 thru June 30, 2011 and Disposition

Status = Closed and Status Date = Ask User (Status Date ?) and Status Date = Ask User (Status Date ?) and Amend User = Claims and (do not include Client Sort = Milwaukee Board of School Directors, Milwaukee Public Schools) and (do not include claim subject = assessment problems, assessment problems-74.35, assessment problems-74.37)

<u>Claimant</u>	<u>Department</u>	<u>Claim</u>	<u>Subject</u>	<u>Money</u>	<u>Demand</u>	<u>Claim</u>	<u>Settlement</u>	<u>Claim</u>	<u>No Proper</u>	<u>Claim to</u>
						<u>Denied</u>	<u>Amount</u>	<u>Tendered</u>	<u>Claim</u>	<u>Litigation</u>

All Claims Closed Jan 1, 2011 thru June 30, 2011 and Disposition

State = 'Closed' and Status Date >= Ask User 'Status Date' and Status Date < Ask User 'Status Date' and/or a valid claim = 'Claims' and (do not include Client Sort = 'Willsfree Board of School Directors', 'Willsfree Public Schools') and (do not include claim subject = 'assessment problems', 'assessment problems-7/23', 'assessment problems-7/23')

Claimant

Department

Claim Subject

Money Demand

Claim Denied

Settlement Amount

Claim Tendered

No Proper Claim

Litigation

Category: Vehicle Claim

Abulawi, Salam	Police Department	Vehicle Accident City - Bodily Injury	202,814.89	N	0.00	N	N	Y
Adams, Atara	Support Services Division - Fleet	Vehicle Accident City - Bodily Injury	18,000.00	N	0.00	N	N	Y
Aguilar, Bertha	Police Department	Vehicle Accident City - Property Damage	3,184.25	N	3,345.00	N	N	N
Aguilar, Maricela	Police Department	Vehicle Accident City - Property Damage	3,184.25	N	0.00	N	N	N
Aguilera, Agustin	Support Services Division - Fleet	Vehicle Accident City - Property Damage	9,349.93	Y	0.00	N	N	N
Ali, Khawar S.	Support Services Division - Fleet	Vehicle Accident City - Property Damage	1,655.09	N	1,655.09	N	N	N
Alzubeidi, Wael	Support Services Division - Fleet	Vehicle Damage - Other	153.38	N	75.00	N	N	N
Ames, Edward	Support Services Division - Fleet	Vehicle Accident City - Property Damage	3,600.00	N	3,150.00	N	N	N
Anderson, William	Support Services Division - Fleet	Vehicle Accident City - Property Damage	3,413.63	N	3,413.63	N	N	N
AT&T (25201103-50-0001)	Support Services Division - Fleet	Property Damage By City Vehicle	579.12	N	579.12	N	N	N
AT&T (25201106-50-0135)	Support Services Division - Fleet	Property Damage By City Vehicle	359.63	Y	0.00	N	N	N

All Claims Closed Jan 1, 2011 thru June 30, 2011 and Disposition

State = 'Closed' and State Date >= Ask User ('State Date') and State Date <= Ask User ('State Date') and Area of Law = 'Claims' and (do not include Client Scr = 'Winnipeg Board of School Directors', 'Winnipeg Public Schools') and (do not include claim subject = 'assessment problems', 'assessment problems-7425', 'assessment problems-7437')

<u>Claimant</u>	<u>Department</u>	<u>Claim Subject</u>	<u>Money Demand</u>	<u>Claim Denied</u>	<u>Settlement Amount</u>	<u>Claim Tendered</u>	<u>No Proper Claim</u>	<u>Claim to Litigation</u>
Bateman, James	Support Services Division - Fleet	Vehicle Accident City - Bodily Injury	66,441.85	N	8,500.00	N	N	N
Beniles, Ana	Support Services Division - Fleet	Vehicle Accident City - Property Damage	1,707.26	Y	0.00	N	N	N
Benka, Lori	Support Services Division - Fleet	Vehicle Accident City - Property Damage	1,086.78	N	1,086.78	N	N	N
Benz, Heidi	Support Services Division - Fleet	Property Damage By City Vehicle	251.24	N	251.24	N	N	N
Bleck Management, Inc.	Support Services Division - Fleet	Property Damage By City Vehicle	147.75	N	147.75	N	N	N
Boyden, Jr., Damien	Support Services Division - Fleet	Vehicle Accident City - Bodily Injury	12,000.00	N	1,000.00	N	N	N
Caldwell, Chante	Police Department	Vehicle Accident City - Property Damage	6,975.00	N	2,810.00	N	N	N
Christensen, Jeff	Support Services Division - Fleet	Vehicle Accident City - Property Damage	2,381.54	N	2,381.54	N	N	N
Coffaro, Matt	Support Services Division - Fleet	Property Damage By City Vehicle	1,844.00	Y	1,844.00	N	N	N
Constable, David	Support Services Division - Fleet	Vehicle Accident City - Property Damage	10,644.05	N	0.00	N	N	Y
Cousins, Kimberly	Support Services Division - Fleet	Vehicle Accident City - Property Damage	2,449.63	N	1,224.82	N	N	N

All Claims Closed Jan 1, 2011 thru June 30, 2011 and Disposition

Status a 'Closed' and Status Date >= Ask User ('Status Date' ?) and Status Date <= Ask User ('Status Date' ?) and a row of Law = 'Claims' and (do not include Client Sort = 'Milwaukee Board of School Directors', 'Milwaukee Public Schools') and (do not include claim subject = 'assessment problems', 'assessment problems-74-35', 'assessment problems-74-35')

Claimant	Department	Claim Subject	Money Demand	Claim Denied	Settlement Amount	Claim Tendered	No Proper Claim	Claim to Litigation
Dalzin, Christina	Support Services Division - Fleet	Vehicle Accident City - Property Damage	6,157.20	N	3,500.00	N	N	N
Daub, Jeffrey L.	Support Services Division - Fleet	Property Damage By City Vehicle	225.32	N	225.32	N	N	N
Deadwyler, Kimmean	Police Department	Vehicle Accident City - Property Damage	4,713.55	N	4,713.55	N	N	N
DeBraska, Lori	Support Services Division - Fleet	Property Damage By City Vehicle	6,780.00	N	6,002.13	N	N	N
Dineen Park Town Homes	Support Services Division - Fleet	Property Damage By City Vehicle	12,771.63	N	12,771.63	N	N	N
Drewek, Richard	Support Services Division - Fleet	Vehicle Damage - Other	1,000.00	Y	0.00	N	N	N
Enterprise Rent-A-Car	Support Services Division - Fleet	Vehicle Accident City - Property Damage	0.00	N	0.00	N	N	N
Felton, Richard T.	Support Services Division - Fleet	Vehicle Accident City - Property Damage	2,342.79	N	2,342.79	N	N	N
Flowers, Gail	Support Services Division - Fleet	Vehicle Accident City - Property Damage	0.00	N	0.00	N	N	N
Fregoso, Fausto	Police Department	Vehicle Accident City - Bodily Injury	4,365.20	N	3,875.28	N	N	N
God's Kidz in the Hood	Police Department	Vehicle Accident City - Property Damage	3,070.58	N	3,070.58	N	N	N

Status = 'Closed and Status Date' or Ask User 'Status Date' and Status Date or Ask User 'Status Date' and Area of Law = 'Claims' and (do not include Client Sort = Milwaukee Board of School Directors
 Milwaukee Public Schools) and (do not include claim subject = 'assessment problems', 'assessment problems-74.35', 'assessment problems-74.37')

All Claims Closed Jan 1, 2011 thru June 30, 2011 and Disposition

Claimant	Department	Claim Subject	Money Demand	Claim Denied	Settlement Amount	Claim Tendered	No Proper Claim	Claim to Litigation
Gokey, Judith	Support Services Division - Fleet	Vehicle Accident City - Property Damage	32,397.10	N	18,594.73	N	N	N
Gonzalez-Arias, Benjamin	Support Services Division - Fleet	Vehicle Accident City - Property Damage	2,569.88	N	2,569.88	N	N	N
Harwell, Nathaniel	Support Services Division - Fleet	Vehicle Accident City - Property Damage	2,500.00	N	0.00	N	N	N
Hill, Andrea	Support Services Division - Fleet	Vehicle Accident City - Property Damage	1,758.55	N	1,500.00	N	N	N
Hom, Peggy	Support Services Division - Fleet	Vehicle Accident City - Property Damage	2,001.44	Y	0.00	N	N	N
House, Dondras	Support Services Division - Fleet	Vehicle Accident City - Bodily Injury	502,000.00	N	0.00	Y	N	N
James, Keyara	Infrastructure Services Division	Vehicle Damage - Road Defect	0.00	Y	0.00	N	N	N
Jeffries, Bessie	Support Services Division - Fleet	Vehicle Accident City - Property Damage	2,772.37	N	2,772.37	N	N	N
Johnson, Eric	Police Department	Vehicle Accident City - Bodily Injury	0.00	Y	0.00	N	N	Y
Kilgore, Johnnie	Police Department	Vehicle Accident City - Property Damage	6,000.00	N	2,420.20	N	N	N
Knitter, James	Support Services Division - Fleet	Vehicle Accident City - Property Damage	1,022.64	N	1,022.64	N	N	N

All Claims Closed Jan 1, 2011 thru June 30, 2011 and Disposition

Status = Closed and Status Date >= Ask User (Status Date <= Ask User (Status Date ?) and Area of Law = 'Claims' and (do not include Client Sort = Milwaukee Board of School Directors', 'Milwaukee Public Schools') and (do not include claim subject = 'assessment problems', 'assessment problems-74.52', 'assessment problems-74.57')
Claimant Department Claim Subject Money Demand Claim Denied Settlement Amount Claim Tendered No Proper Claim Claim to Litigation

Koceja, James	Support Services Division - Fleet	Property Damage By City Vehicle	2,730.00	N	2,730.00	N	N	N
Kodrich, Teri L.	Support Services Division - Fleet	Vehicle Accident City - Bodily Injury	61,021.07	N	12,405.54	N	N	N
Kwiecinski, Richard	Support Services Division - Fleet	Property Damage By City Vehicle	1,950.00	N	1,950.00	N	N	N
Mathis, Reshunda	Support Services Division - Fleet	Vehicle Accident City - Property Damage	2,240.31	N	2,240.31	N	N	N
Mayfair Rent-A-Car	Support Services Division - Fleet	Vehicle Damage - Other	1,386.45	N	1,386.45	N	N	N
MCC Financial Service Centers	Police Department	Vehicle Accident City - Property Damage	566.00	N	566.00	N	N	N
McElroy, Megan	Police Department	Vehicle Accident City - Property Damage	9,169.35	N	5,222.08	N	N	N
McGonigle, Julie	Support Services Division - Fleet	Vehicle Accident City - Property Damage	30,878.69	N	1,500.00	N	N	N
Mitt, Craig	Support Services Division - Fleet	Vehicle Accident City - Property Damage	1,429.25	N	1,429.25	N	N	N
Mitchell, Laura	Support Services Division - Fleet	Vehicle Accident City - Property Damage	688.96	N	688.96	N	N	N
Mullen, Deandre	City of Milwaukee	Vehicle Accident City - Property Damage	2,699.56	N	2,699.56	N	N	N

All Claims Closed Jan 1, 2011 thru June 30, 2011 and Disposition

Status = Closed and Status Date = Ask User (Status Date ?) and Status Date = Ask User (Status Date ?) and Amount of Law = Claims and (do not include Client Sort = Milwaukee Board of School Directors, Milwaukee Public Schools) and (do not include claim subject = assessment problems, assessment problems-74.35, assessment problems-74.37)

Claimant	Department	Claim Subject	Money Demand	Claim Denied	Settlement Amount	Claim Tendered	No Proper Claim	Claim to Litigation
Mullen, Patricia	City of Milwaukee	Vehicle Accident City - Property Damage	2,699.56	N	2,699.56	N	N	N
Nash, Gerald C. & Barbara	Support Services Division - Fleet	Vehicle Accident City - Property Damage	4,703.15	N	4,703.15	N	N	N
Neal, Audrey	Police Department	Vehicle Accident City - Property Damage	476.62	N	476.62	N	N	N
Oleary, Barbara	Police Department	Vehicle Accident City - Property Damage	3,006.79	N	2,930.22	N	N	N
Oshkenaniew, Michael	Support Services Division - Fleet	Vehicle Accident City - Property Damage	0.00	Y	264.00	N	N	N
Palmore, Theodore	Milwaukee Fire Department	Vehicle Accident City - Property Damage	1,922.71	N	1,922.71	N	N	N
Paul, Phillip	Support Services Division - Fleet	Vehicle Accident City - Property Damage	3,982.90	Y	0.00	N	N	N
Pelisek, Kristin	Police Department	Vehicle Accident City - Property Damage	2,644.61	N	2,394.61	N	N	N
Pogodzinski, Melvin J. & Susan K.	Support Services Division - Fleet	Vehicle Accident City - Property Damage	2,296.81	N	2,296.81	N	N	N
Popoutsis, Chrystal	Support Services Division - Fleet	Vehicle Accident City - Property Damage	15,000.00	Y	0.00	N	N	N
Poshepny, Jay	Support Services Division - Fleet	Vehicle Accident City - Property Damage	7,378.45	N	5,998.75	N	N	N

All Claims Closed Jan 1, 2011 thru June 30, 2011 and Disposition

State = 'Closed' and Status Date >= AskUser ('Status Date ?' and Status Date <= AskUser ('Status Date ?' and Area of 'Jan = 'Claims' and (do not include Client Sort = 'Milwaukee Board of School Directors', 'Milwaukee Public Schools') and (do not include claim subject = 'assessment problems-74.35', 'assessment problems-74.35', 'assessment problems-74.35')
Claimant **Department** **Claim Subject** **Money Demand** **Claim Denied** **Settlement Amount** **Claim Tendered** **No Proper Claim** **Claim to Litigation**

Quin, Preston	Support Services Division - Fleet	Vehicle Accident City - Property Damage	971.85	N	971.85	N	N	N
Ramirez, Alma Linda	Support Services Division - Fleet	Vehicle Accident City - Property Damage	2,569.88	N	2,569.88	N	N	N
Reurn, Ronald	Police Department	Vehicle Accident City - Property Damage	0.00	N	0.00	N	N	Y
Rhodes, Nancy	Police Department	Vehicle Accident City - Property Damage	1,342.15	Y	0.00	N	N	N
Robinson, Mary Antoinette	Support Services Division - Fleet	Vehicle Accident City - Property Damage	7,243.76	Y	0.00	N	N	N
Rosero, Francisco	Support Services Division - Fleet	Vehicle Accident City - Property Damage	1,977.76	N	1,977.76	N	N	N
Saglin, Michael and Coll	Support Services Division - Fleet	Vehicle Accident City - Property Damage	2,700.00	Y	0.00	N	N	N
Salman, Ali	Support Services Division - Fleet	Vehicle Accident City - Property Damage	1,303.74	N	1,303.74	N	N	N
Samplaski, Bernice	Milwaukee Fire Department	Vehicle Accident City - Property Damage	475.83	N	475.83	N	N	N
Satyanathan, Jaadi	Support Services Division - Fleet	Vehicle Accident City - Property Damage	3,112.14	N	3,112.14	N	N	N
Schmidt, Geri	Support Services Division - Fleet	Property Damage By City Vehicle	515.00	N	515.00	N	N	N

All Claims Closed Jan 1, 2011 thru June 30, 2011 and Disposition

Status = Closed and Status Data = Ask User (Status Data 7) and Status Data 7 and Area of Law = Claims and (do not include Client Sort = Milwaukee Board of School Directors, Milwaukee Public Schools) and (do not include claim subject = assessment problems, assessment problems-74.35, assessment problems-74.35)

Claimant	Department	Claim Subject	Monney Demand	Claim Denied	Settlement Amount	Claim Tendered	No Proper Claim	Claim to Litigation
Schram, Lester	Support Services Division - Fleet	Vehicle Damage - Other	21.07	N	21.07	N	N	N
Smith, Billy	Support Services Division - Fleet	Vehicle Accident City - Property Damage	73.31	N	73.31	N	N	N
Starks, Barry	Support Services Division - Fleet	Vehicle Accident City - Property Damage	836.72	N	836.72	N	N	N
Thomas, Hazel	Support Services Division - Fleet	Vehicle Accident City - Property Damage	13,897.57	Y	0.00	N	N	N
Towns, Shonda	Support Services Division - Fleet	Vehicle Accident City - Property Damage	802.28	N	802.28	N	N	N
Triplett, LaDonna	Support Services Division - Fleet	Vehicle Accident City - Bodily Injury	20,500.00	N	8,000.00	N	N	N
Vinent, Jennifer	Support Services Division - Fleet	Vehicle Accident City - Property Damage	1,143.16	N	1,143.16	N	N	N
Vollmer, Tara	Support Services Division - Fleet	Vehicle Accident City - Property Damage	18,268.85	N	11,716.30	N	N	N
Walusay, Betty	Support Services Division - Fleet	Vehicle Accident City - Property Damage	10,644.05	N	0.00	N	N	N
WE Energies (2011227706)	Support Services Division - Fleet	Property Damage By City Vehicle	361.47	N	361.47	N	N	N
Weber, Todd	Support Services Division - Fleet	Vehicle Damage - Other	220.10	N	220.10	N	N	N

All Claims Closed Jan 1, 2011 thru June 30, 2011 and Disposition

Status = 'Closed' and Status Date = Ask User ('Status Date') and Status Date = Ask User ('Status Date') and Area of Law = 'Claims' and (do not include Client Sort = 'Milwaukee Board of School Directors', 'Milwaukee Public Schools') and (do not include claim subject = 'assessment problems-74,35', 'assessment problems-74,37')

Claimant	Department	Claim Subject	Money Demand	Claim Denied	Settlement Amount	Claim Tendered	No Proper Claim	Claim to Litigation
White, Sade	Support Services Division - Fleet	Vehicle Accident City - Property Damage	13,897.57	Y	0.00	N	N	N
Williams, Aaliyah	Support Services Division - Fleet	Vehicle Accident City - Bodily Injury	9,155.00	N	3,155.00	N	N	N
Williams, Aman	Support Services Division - Fleet	Vehicle Accident City - Bodily Injury	7,000.00	N	1,000.00	N	N	N
Williams, Jr., Wilbert	Support Services Division - Fleet	Vehicle Accident City - Bodily Injury	2,700.00	Y	0.00	N	N	N
Windermere Properties, Inc.	Support Services Division - Fleet	Property Damage By City Vehicle	5,600.00	N	5,600.00	N	N	N
Witmanen, Andrew	Support Services Division - Fleet	Vehicle Accident City - Property Damage	774.53	N	500.00	N	N	N
Wright, Tremell	Support Services Division - Fleet	Vehicle Accident City - Bodily Injury	8,000.00	N	0.00	N	N	Y
Xiong, Steven	Support Services Division - Fleet	Property Damage By City Vehicle	940.82	N	940.82	N	N	N
Totals: 96			1,242,591.37		198,646.08			
Totals: 290			23,574,314.55		288,431.99			

NOTICES SENT TO FOR FILE 111736:

[illegible]



Legislation Details (With Text)

File #: 111729 **Version:** 1

Type: Resolution **Status:** In Committee

File created: 4/11/2012 **In control:** JUDICIARY & LEGISLATION COMMITTEE

On agenda: **Final action:**

Effective date:

Title: Substitute resolution authorizing the proper City officers to enter into a contract for the collection of overdue Municipal Court judgments

Sponsors: THE CHAIR

Indexes: AGREEMENTS, MUNICIPAL COURT

Attachments: City Attorney Letter.pdf, Letter to Common Council re Overdue Municipal Court judgments.pdf, CONTRACT FOR COLLECTION SERVICES FOR OVERDUE MUNICIPAL COURT.pdf, Hearing Notice List

Date	Ver.	Action By	Action	Result	Tally
4/11/2012	0	COMMON COUNCIL	ASSIGNED TO		
5/7/2012	1	JUDICIARY & LEGISLATION COMMITTEE	HEARING NOTICES SENT		
5/7/2012	1	JUDICIARY & LEGISLATION COMMITTEE	HEARING NOTICES SENT		
5/7/2012	1	JUDICIARY & LEGISLATION COMMITTEE	HEARING NOTICES SENT		

Number

111729

Version

SUBSTITUTE 1

Reference

Sponsor

THE CHAIR

Title

Substitute resolution authorizing the proper City officers to enter into a contract for the collection of overdue Municipal Court judgments

Analysis

This resolution authorizes the proper City officers to enter into a contract with Harris & Harris, LTD for the collection of overdue Municipal Court judgments.

Body

Whereas, In July of 2011, the Common Council passed Resolution File No. 110270 authorizing the City Attorney to request proposals for the collection contract for overdue Municipal Court judgments; and

Whereas, The City Attorney advertised for proposals three times each in the Daily Reporter, the Milwaukee Journal Sentinel, the Milwaukee Business Journal, and the Milwaukee Community Journal; and

Whereas, The City Attorney received 52 requests for the RFP and eight proposals, one of which was withdrawn before oral presentations; and

Whereas, The evaluation team, consisting of the Presiding Judge of the Municipal Court, the Court's Chief Administrator and its IT director, and two representatives of the City Attorney's office reviewed the proposals, conducted oral presentations and interviews, and recommends that the City enter into the attached contract with Harris & Harris, LTD for the collection of City receivables, to commence July 1, 2012; now therefore, be it

Resolved, By the Common Council of the City of Milwaukee that a contract with Harris & Harris in substantially the same form as is attached to this file is approved, and the proper City officers are hereby authorized to execute said contract

Requestor
City Attorney
Drafter
Linda Uliss Burke
LUB:179570
4/12/12
1049-2011-1608

GRANT F. LANGLEY
City Attorney

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PETER J. BLOCK
Assistant City Attorneys

April 5, 2012

Mr. Ronald D. Leonhardt
City Clerk
Room 205 – City Hall

Attn: Jim Owczarski

Re: Collection of Overdue Municipal Court Judgments

Dear Mr. Leonhardt:

Attached is a resolution by title only authorizing the proper City officers to enter into a contract for the collection of overdue Municipal Court Judgments.

We ask that you please introduce this into the Common Council for referral to the appropriate council committee. We will fill the file well in advance of the committee meeting.

Thank you for your assistance.

Very truly yours,

LINDA ULISS BURKE
Deputy City Attorney

LUB:bl
Enc.
1049-2011-1608/179906

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City Attorney

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JEREMY R. MCKENZIE
MARY L. SCHANNING
PETER J. BLOCK
Assistant City Attorneys

April 13, 2012

The Honorable Common Council
of the City of Milwaukee
Room 205, City Hall

Re: Common Council File No. 111729/Resolution authorizing
the proper City officers to enter into a contract for the
collection of overdue Municipal Court judgments

Dear Council Members:

In July of 2011, by Common Council File No. 110270, the Common Council authorized the City Attorney to request proposals for the collection contract for overdue Municipal Court judgments. The current contract expires on June 30, 2012.

The City Attorney's office advertised for proposals in four newspapers, three times in each, contacted every firm that had expressed an interest in prior collection procurements, and arranged for the City purchasing director to place an announcement on her department's website.

We received 52 requests for the RFP. Eight firms submitted proposals, one of which was withdrawn before oral presentations.

A team of evaluators consisting of the Presiding Judge of the Municipal Court, the Court's Chief Administrator and its IT director, and two representatives of the City Attorney's Office, reviewed all the proposals and conducted oral interviews with each proposer. The Comptroller's office provided assistance by assessing the financial strength and costs of each proposal. The highest ranked proposer is Harris & Harris LTD, the current contractor, based on: fees; expertise; experience; the extent to which the proposer can accommodate the City's methodology, need for access to information, and SBE capabilities; and service delivery capabilities. No member of the panel ranked any proposer higher.

The Honorable Common Council

April 13, 2012

Page 2

Therefore, we have negotiated a contract for Common Council approval with Harris & Harris. During the negotiations, Harris & Harris agreed to certain new provisions advantageous to the City, including fees that are considerably lower than those contained in the current contract. Harris & Harris will provide a location in downtown Milwaukee for payments.

Attached to this letter is a copy of the negotiated contract, and a proposed resolution approving it and authorizing its execution.

Very truly yours,

GRANT F. LANGLEY
City Attorney

LINDA ULISS BURKE
Deputy City Attorney

LUB:bl
Encs.

c: Mr. Ronald Leonhardt
Ms. Kristine Hinrichs
1049-2011-1608/180013

**CONTRACT FOR COLLECTION SERVICES FOR
OVERDUE MUNICIPAL COURT JUDGMENTS
OF THE CITY OF MILWAUKEE
2012**

AGREEMENT

Agreement by and between the City of Milwaukee, a municipal corporation organized and existing under the laws of the State of Wisconsin, and Harris & Harris, LTD, 222 Merchandise Mart Plaza, Suite 1900, Chicago, IL 60654 (Contractor).

I.

DEFINITIONS

A. “Account” means a defendant who has one or more past due judgments assigned to the Contractor for collection services.

B. “Alternative Sentence” means a penalty imposed by the Court for failure to pay a fine, such as suspension of driving privileges or incarceration.

C. “Case” means a record created by the Court for a municipal ordinance violation.

D. “City” means City of Milwaukee, acting through the City Attorney’s Office and Municipal Court.

E. “Contractor” means Harris & Harris.

F. “Court” means the Municipal Court of the City of Milwaukee.

G. “Court Costs” means statutory filing fees, service fees and commissioner fees.

H. “Defendant” means an individual charged with a municipal ordinance violation in Municipal Court. In this document, the term also applies to individuals found guilty and against whom a judgment has been rendered.

I. “Docketed Judgment” means a judgment that has been docketed with the Circuit Court for civil proceedings.

J. “Judgment” means a formal decision given by the Court, as a consequence of a finding of guilt or innocence. It is normally made in the form of a monetary forfeiture (fine) on a guilty finding.

K. “Open Judgment” means any unpaid fines owed to the Court where the alternative sentence has not been satisfied.

L. “Overdue Judgments” means any fine that is not paid on the date that the judge gave the defendant as the due date. The due date is normally 60 days after the date the judgment was rendered. Any unpaid judgment is considered overdue the day after the due date.

M. “Prejudgment Collection” includes, but is not limited to telephone contacts, collection letters, summons and complaints, trials, depositions, interrogatories, entry of judgment and prejudgment payment arrangements and bankruptcy filings.

N. “Post-Judgment Collection” includes, but is not limited to garnishment, execution, body attachments, supplementary orders, contempt, proceedings and post-judgment payment arrangements and bankruptcy filings.

II.

RECITALS

A. The Municipal Court has exclusive jurisdiction over offenses against City ordinances. After the assessment of fines and forfeitures by the court, the cases will be referred to the Contractor.

B. Contractor specializes in commercial collections. Skip tracing is a standard operating procedure of the Contractor. Contractor has direct access to Trans Union. Contractor maintains large client and debtor data bases that permit cross-referencing accounts within Contractor's computer system.

C. Both parties understand and acknowledge that it is the intent of this Contract to actively and diligently pursue collection of debts owed to the City. The City may periodically review the performance of the Contractor in accordance with performance benchmarks developed with the input of the contractor. As a result of such reviews, the City may utilize its rights under the termination provision, or seek renegotiation of this Contract to utilize other collection methods, including multiple contractors.

III.

SCOPE OF SERVICE

A. Contractor agrees to accept on a referral basis cases from the Municipal Court, City of Milwaukee, for collection, pursuant to the Standard Operating Procedures.

B. Contractor shall not compromise the cases.

C. The obligations under this Contract shall not be assigned by the Contractor without approval of the Common Council of the City of Milwaukee.

D. The Standard Operating Procedures as annexed hereto are incorporated and made a part of this contract. The Request for Proposals, except as inconsistent with this Contract and the Standard Operating Procedures, is incorporated and made a part of this Contract.

IV.

RECORD KEEPING

A. The Contractor shall maintain complete and accurate books and records of its operations in a form consistent with generally accepted accounting principles and practices. Such books and records shall be available for inspection by the City or its authorized agent at any time during reasonable business hours and shall be available for inspection for a period of no less than seven years from the end of the Contract term, or portion thereof in the event of termination.

B. All collection records made during the performance of the Contract shall be the exclusive property of the City and the City shall have the right to use the same for any purpose without permission of the Contractor or compensation to the Contractor. All collection records are strictly confidential and Contractor agrees that Contractor will not make them available to any other person without prior written approval from the City.

C. Both parties understand that the City is bound by the Wisconsin Public Records Law, Wis. Stats. §§19.31-39 (“Public Records Law”), and as such, all terms of this Agreement are subject to and conditioned on that law. Under the Public Records Law, the City’s records (as they related to this Agreement) are subject to public disclosure unless there is a statutory, common law, or public policy reason for nondisclosure (e.g., trade secrets exception).

The Contractor acknowledges and agrees that it is obligated to assist the City in retaining and producing records that are subject to the Wisconsin Public Records Law, specifically the production of records that are maintained by the Contractor, and that failure to do so shall constitute a material breach of this Agreement. Contractor agrees that it shall assist the City in complying with the Public Records Law and in defending actions under that law. In the event

the City receives a public records request for records relating to the Contract, any information designated by the Contractor as its confidential and proprietary information will be considered in conjunction with the City's response to the public records request. Decisions to withhold public disclosure of records subject to this law must be supported by a statement of the public-policy basis for denial. The Contractor agrees to cooperate with any reasonable request for assistance by the City and the Milwaukee City Attorney's Office to support nondisclosure decisions.

V.

REPORTING

A. At the City's request, Contractor shall generate a listing of all active accounts with current balances due and payments to date. In any event, Contractor shall generate such reports for the City at the close of each calendar month.

B. At the request of the City, Contractor shall generate a report documenting collection activity with respect to any particular claim for collection. The Contractor shall provide authorized City personnel with access to its electronic data base to view City accounts.

C. The Contractor shall generate monthly reports of all collection claims which Contractor has designated as uncollectible. Such reports shall indicate for each claim so designated collection activity to date together with an explanation of why a claim is considered uncollectible.

D. The Contractor shall in all respects generate reports required pursuant to the Standard Operating Procedures.

E. The Contractor shall provide monthly, a report to the City Attorney including gross collections, net collections, costs, disbursements, and fees expended.

F. The Contractor shall provide yearly a report to the City Attorney including gross collections, net collections, costs, disbursements, and fees expended indicating totals for the calendar year.

G. Failure to submit reports required under this Contract and the Standard Operating Procedures may be considered a material breach of this Contract.

VI.

COLLECTIONS

Contractor shall post City collections daily. Such collections shall be deposited in a trust account for remittance to the City daily and electronically pursuant to the Standard Operating Procedures and in any event when the balance held on behalf of the City exceeds \$100,000. Contractor shall provide billing and remittance statements of accounts monthly pursuant to the Standard Operating Procedures.

VII.

FEES

1. In consideration of its services under this Contract, Contractor shall be paid fees at the rate of 14.95% of the amount it collects for claims referred to it under this Contract, with the exception of amounts it collects through the State of Wisconsin Tax Refund Intercept Program (TRIP), for which the Contractor shall be paid 4.9% of the amounts collected.
2. The Contractor shall pay any TRIP fee imposed on the Court by the State of Wisconsin.
3. The Contractor shall pay all attorney fees incurred as a result of its referral of judgments for legal action pursuant to the Standard Operating Procedures. The Contractor shall be paid 21.95% of the amount collected as a result of non-litigation legal services, and 25% of the amount collected as a result of litigation.

VIII.

PERFORMANCE

A. The services to be performed by the Contractor under the terms of this Contract shall commence upon written notice from the City to proceed.

B. Contractor agrees that performance of the Contractor's work, services and results therefrom pursuant to the terms and conditions and agreements of this Contract shall conform to the requirements of law and the professional standards as are prevalent in this field of endeavor.

C. Contractor shall provide a location in downtown Milwaukee where in-person payments can be made and collected.

D. This Contract shall extend for a period of five years from July 1, 2012 to June 30, 2017. Thereafter, there maybe one optional extension of three years, and one subsequent optional extension of two years. Any extension must be mutually agreed upon in writing.

E. The City may terminate this Contract at any time by giving at least 60 days notice in writing from the City to the Contractor, unless the Contractor violates a material provision of this Contract, whereupon the City may terminate with 10 days notice to the Contractor.

F. Contractor agrees to comply with the requirements of all applicable federal, state, and local laws, as may be amended from time-to-time.

G. Contractor shall perform as an independent contractor, and not as an agent or employee of the City.

H. Venue for any disputes, judicial or administrative, shall be the State of Wisconsin.

IX.

INDEMNIFICATION

A. In case any action in court or proceeding before an administrative agency is brought against the City or any of its officers, agents or employees arising out of the activities of the Contractor under this Contract in whole or in part, the Contractor shall indemnify and save harmless the City and its officers, agents and employees from any losses, damages, costs, expenses, judgments or decrees arising out of such action. The City shall tender the defense of any claim or action at law or in equity to the Contractor or Contractor's insurer and upon such tender, it shall be the duty of the Contractor and Contractor's insurer to defend such claim or action without costs or expenses to the City or its officers, agents or employees. The Contractor shall be solely responsible for the conduct and performance of the services required under the terms and conditions of this Contract and for the results therefrom and agrees to indemnify the City irrespective of any applicable insurance.

B. Contractor agrees to indemnify and save harmless the City for any loss or damage the City sustains by reason of an unauthorized execution of a transaction by the Contractor on any of the City's computer systems.

X.

INSURANCE

A. The Contractor is to confirm that it has the types and amounts of insurance protection as required by the contract, for the duration of this agreement.

The Contractor shall procure and maintain for the duration of this Agreement the following issuance:

1. Crime

Employee Dishonesty	per occurrence	Limit equal to the maximum amount of City funds the Contractor accumulates in its office or in an account in a depository.
---------------------	----------------	--

To Include:

Expanded definition of property to include
City/Municipal Court owned property and monies

2. General Liability

Bodily Injury		
Property Damage	per occurrence	\$1,000,000
	general aggregate	\$1,000,000
	products/completed operations aggregate	\$1,000,000
Personal Injury	aggregate	\$1,000,000

To Include:

Commercial General Liability Insurance Agreement

Independent Contractors protection

Contractual liability for risk assumed in this Agreement, including

Personal Injury

Personal Injury definition to address:

Libel

Slander

Harassment

Emotional distress

Mental anguish

False arrest, detention or imprisonment

Malicious prosecution

Wrongful entry, eviction or invasion of right of privacy

Discrimination

3.	Automobile		
	Bodily Injury/ Property Damage	each accident	\$1,000,000
	<u>To Include:</u>		
	Liability for any owned, non-owned and hired vehicle		
4.	Umbrella		
	Bodily Injury/ Property Damage/ Personal Injury	each occurrence aggregate	\$5,000,000 \$5,000,000
5.	Workers' Compensation and Employers Liability		
	Workers' Compensation		Statutory
	Employers Liability		
	Bodily Injury by Accident	each accident	\$100,000
	Bodily Injury by Disease	each employee policy limit	\$100,000 \$500,000
6.	Professional Liability		
	Wrongful Act	each claim aggregate	\$5,000,000 \$5,000,000

B. The Contractor shall furnish the City with current Certificates of Insurance setting forth the insurance policies in force along with coverage limits required for each coverage item listed above. The Certificates of Insurance shall also state any deductibles or self-insured retentions that apply on the policy.

C. The Contractor shall place insurance with insurers with a Best's rating no less than A, or equivalent, and a financial size no less than Class XIII. In the event of cancellation or non-renewal by the professional liability insurer, the Contractor shall either ensure that continuity of coverage will be maintained by preserving the retroactive date or shall notify the

City and at the option of the City exercise the extended reporting provision of the professional liability policy in order to ensure extension of coverage for one year beyond expiration of the policy for claims which occur between the date of execution of this Agreement and the date of the expiration of the policy which are made during the extended reporting term.

D. The City of Milwaukee is to be an additional insured on the policies referenced in Sections A.2, A.3, and A.4, above.

E. If any portion of the Contract requires the use of subcontractors, the Contractor must ensure that the subcontractor certifies to the identical insurance coverage types and amounts.

F. Certificates of Insurance must be provided to the City Attorney prior to the effective date of the Contract.

G. All Certificates of Insurance are to stipulate that 30 days written notice of non-renewal/termination will be provided to the City.

H. Automobile coverage verification is required only if vehicles will be used by the Contractor in providing the required service to the City.

I. In the event of a change of professional liability carriers during the term of Contract, coverage is to be provided retroactive to the date of the Contract.

J. At the expiration or termination of the Contract, City is to be provided with options at its expense to purchase an extended discovery period of up to 24 months.

XI.

INDEPENDENT CONTRACTOR

The Contractor is an independent contractor. All collection activities on behalf of the City shall be conducted under the exclusive supervision and control of the Contractor. Contractor

represents that Contractor will secure at Contractor's own expense all personnel required in performing the services under this Contract. Contractor and all subcontractors, if any, shall provide to the City an affidavit or other satisfactory proof which the City may require evidencing the Contractor and all subcontractors that may be utilized under this Contract have obtained worker's compensation insurance for all persons performing work or service under the Contract or subcontract as is required by the Worker's Compensation Act of the State of Wisconsin.

XII.

DISCRIMINATION PROHIBITED

A. In all hiring or employment made possible by or resulting from this Contract there: (1) will not be any discrimination against any employee or applicant for employment because of sex, race, religion, color, national origin or ancestry, age, disability, lawful source of income, marital status, sexual orientation, gender identity or expression, past or present membership in the military service, familial status, or based upon affiliation with, or perceived affiliation with any of these protected categories, and (2) affirmative action will be taken to ensure that applicants are employed and that employees are treated during employment without regard to their sex, race, religion, color, national origin or ancestry, age, disability, lawful source of income, marital status, sexual orientation, gender identity or expression, past or present membership in the military service, familial status, or based upon affiliation with, or perceived affiliation with any of these protected categories.

This requirement shall apply to, but not be limited to, the following: employment, upgrading, demotion or transfer, recruitment or recruitment advertising, lay-off or termination, rates of pay or other forms of compensation, and selection for training, including apprenticeship. There shall be posted in conspicuous places available to employees and applicants for

employment, notices required or to be provided by federal or state agencies involved setting forth the provisions of the clause. All solicitations or advertisements for employees shall state that all qualified applicants will receive consideration for employment without regard to sex, race, religion, color, national origin or ancestry, age, disability, lawful source of income, marital status, sexual orientation, gender identity or expression, past or present membership in the military service, familial status, or based upon affiliation with, or perceived affiliation with any of these protected categories.

B. No person in the United States shall, on the ground of sex, race, religion, color, national origin or ancestry, age, disability, lawful source of income, marital status, sexual orientation, gender identity or expression, past or present membership in the military service, familial status, or based upon affiliation with, or perceived affiliation with any of these protected categories, be excluded from participation in, be denied the benefits of, or be subject to discrimination under any program or activity made possible by or resulting from this Contract. The City and each employer will comply with all requirements imposed by or pursuant to the regulations of the appropriate federal agency effectuating Title VI of the Civil Rights Act of 1964.

C. The Contractor will cause the foregoing provisions to be inserted in all subcontracts, if any, for any work covered by this Contract so that such provisions will be binding upon each subcontractor, provided that the foregoing provisions shall not apply to contracts or subcontracts for standard commercial supplies or raw materials.

D. Contractor agrees that it will comply with all applicable requirements of the Americans With Disability Act of 1990, 42 U.S.C. § 12101, *et seq.*

XIII.

CONFLICTS OF INTEREST

A. Interest in Contract. No officer, employee or agent of the City who exercises any functions or responsibilities in connection with the carrying out of any services or requirements to which this Contract pertains shall have any personal interest, direct or indirect, in this Contract.

B. Interest of Other Local Public Officials. No member of the governing body of a locality and no other public official of such locality who exercises any functions or responsibilities in the review or approval of the carrying out of this Contract shall have any personal interest, direct or indirect, in this Contract.

C. Contractor covenants that he presently has no interest and shall not acquire any interest, direct or indirect, which would conflict in any manner or degree with the performance of services under this Contract. Any conflict of interest on the part of the Contractor shall be disclosed to the City. In the event the Contractor has a conflict of interest which does not permit Contractor to represent the City in connection with any claim for collection, Contractor shall notify the City and shall provide the City with all records and reports relating to same.

D. Contractor shall, in the event of a conflict of interest, subcontract the City's claim and the Contractor and the subcontractor shall be responsible under the same terms and conditions of this Contract and the Standard Operating Procedures.

E. Contractor covenants that Contractor shall not undertake representation of any person in connection with any claim, proceeding, lawsuit or other matter against the City during the term of this Agreement.

XIV.

AUDITS AND INSPECTIONS

A. At any time during normal business hours and as often as the City may deem necessary, there shall be made to the City for examination all of Contractor's records with respect to all matters covered by this Contract. Contractor will permit representatives of the City's Comptroller to audit, examine and make excerpts or transcripts from such records and to make audits of all data relating to matters covered by this Contract.

B. The Contractor shall commission an annual independent audit of the collection activity applicable to the Contractor's performance under this Contract, in accordance with the requirements established by the City Comptroller. The audit report shall include at a minimum a statement of collector activity, summary of financial policies, notes to the financial statement, an independent auditor's report, and recommendations. The City shall share on an equal basis annual audit costs in excess of \$25,000.00 to a maximum of \$12,500.00. If the Contractor subcontracts, the audit shall include the subcontractor. Copies of all audits shall be provided by the Contractor to City Comptroller and the City Attorney.

XV.

SMALL BUSINESS ENTERPRISE REQUIREMENT

1. The Contractor agrees to assign 25% of the claims referred by the City to the Contractor to a small business enterprise, either through subcontracts or by utilizing collection personnel supplied by an SBE agency, in satisfaction of the small business enterprise participation goals described in Chapter 370, Milwaukee Code of Ordinances.

2. During the course of this contract, upon request of the City, the Contractor will contact City-certified small business enterprises that provide legal and/or paralegal services, in

order to assist the Contractor to increase its small business enterprise participation. The Contractor is aware that the goal of this contract is 18% small business enterprise participation and will use its best efforts to obtain the target participation goal.

XVI.

NOTICES, APPROVALS AND REFERENCES

A. Any and all notices shall be in writing and deemed served upon depositing the same with the United States Postal Services as “Certified Mail, Return Receipt Requested,” addressed to the Contractor at:

Harris & Harris, LTD
222 Merchandise Mart Plaza, Suite. 1900
Chicago, IL 60654

Attn: Arnold S. Harris

and to the City at:

City of Milwaukee
Office of the City Attorney
800 City Hall
200 East Wells Street
Milwaukee, WI 53202

Attn: Linda Uliss Burke

All other correspondence shall be addressed as above, but may be sent “Regular Mail” and deemed delivered upon receipt by the addressee.

B. Except as otherwise specifically stated herein, all notices, approvals and references on behalf of the City shall be given by the Office of the City Attorney.

XVII.

PROMPT PAYMENT

A. It is the City’s policy to pay all invoices within 30 days. If the City does not make payment within 45 days after receipt of a properly completed invoice supporting payment

and other required documentation, the City shall pay simple interest beginning with the 31st calendar day at the rate of 1% per month, (unless the amount is subject to a good-faith dispute, and before the 45th day after receipt of such invoice, notice of the dispute is sent to the Contractor in accordance with the notice provisions in the contract). If there are subcontractors, consistent with sec. 66.0135(5), Wis. Stats., the prime contractor must pay the subcontractors for satisfactory work within seven days of the prime contractor's receipt of payment from the city, or seven days from receipt of a properly submitted and approved invoice from the subcontractor, whichever is later. If the prime contractor fails to make timely payment to a subcontractor, the prime contractor shall pay interest at the rate of 12% per year, compounded monthly, beginning with the eighth calendar day. Reference Common Council File No. 101137, adopted January 2011.

B. All contractors awarded a contract valued at \$25,000.00 or more are required to participate in training on the City of Milwaukee's contract compliance software. Contractors must complete the training no later than 30 days after the date of contract award. Throughout the contract term, contractors are required to regularly provide timely payment information in the City's contract compliance software. Please contact the Office of Small Business Development (OSBD) at 414-286-5553 should you have any questions or concerns regarding the training process.

CITY OF MILWAUKEE

Mayor

Date:_____

City Clerk

Date:_____

COUNTERSIGNED:

Comptroller

Date:_____

HARRIS & HARRIS, LTD

Date:_____

LUB:bl
4/10/12

1049-2011-1608/175951

NOTICES SENT TO FOR FILE 111729:

[illegible]



Legislation Details (With Text)

File #: 120077 **Version:** 0

Type: Communication **Status:** In Committee

File created: 5/2/2012 **In control:** JUDICIARY & LEGISLATION COMMITTEE

On agenda: **Final action:**

Effective date:

Title: Communication from the City Attorney relative to expenditures from the Outside Counsel/Expert Witness Fund Special Purpose Account.

Sponsors: THE CHAIR

Indexes:

Attachments: Hearing Notice List

Date	Ver.	Action By	Action	Result	Tally
5/2/2012	0	COMMON COUNCIL	ASSIGNED TO		
5/7/2012	0	JUDICIARY & LEGISLATION COMMITTEE	HEARING NOTICES SENT		
5/7/2012	0	JUDICIARY & LEGISLATION COMMITTEE	HEARING NOTICES SENT		

Number
120077
Version
ORIGINAL
Reference

Sponsor
THE CHAIR
Title

Communication from the City Attorney relative to expenditures from the Outside Counsel/Expert Witness Fund Special Purpose Account.

Requestor

Drafter
CC-CC
jp
5/4/12

GRANT F. LANGLEY
City Attorney

RUDOLPH M. KONRAD
LINDA ULISS BURKE
VINCENT D. MOSCHELLA
Deputy City Attorneys



THOMAS O. GARTNER
SUSAN D. BICKERT
STUART S. MUKAMAL
THOMAS J. BEAMISH
MAURITA F. HOUREN
JOHN J. HEINEN
SUSAN E. LAPPEN
JAN A. SMOKOWICZ
PATRICIA A. FRICKER
HEIDI WICK SPOERL
KURT A. BEHLING
GREGG C. HAGOPIAN
ELLEN H. TANGEN
MELANIE R. SWANK
JAY A. UNORA
DONALD L. SCHRIEFER
EDWARD M. EHRlich
LEONARD A. TOKUS
MIRIAM R. HORWITZ
MARYNELL REGAN
G. O'SULLIVAN-CROWLEY
KATHRYN Z. BLOCK
ELOISA DE LEÓN
ADAM B. STEPHENS
KEVIN P. SULLIVAN
BETH CONRADSON CLEARY
THOMAS D. MILLER
JARELY M. RUIZ
ROBIN A. PEDERSON
CHRISTINE M. QUINN
MARGARET C. DAUN
JEREMY R. MCKENZIE
MARY L. SCHANNING
PETER J. BLOCK
Assistant City Attorneys

March 9, 2012

Alderman Ashanti Hamilton, Chair
Judiciary & Legislation Committee
City Hall – Room 205

Re: Expenditures for Outside Counsel and Experts

Dear Alderman Hamilton:

Pursuant to Common Council FN 030083, I am enclosing for your information an itemization of 2012 expenditures posted year-to-date from the Outside Counsel/Expert Witness Fund Special Purpose Account. Please contact me if you have any questions.

Very truly yours,


GRANT F. LANGLEY
City Attorney

Enclosures
GFL:bgw

#180803

OFFICE OF THE CITY ATTORNEY

Milwaukee City Hall Suite 800 • 200 East Wells Street • Milwaukee, Wisconsin 53202-3551 • Telephone: 414.286.2601 • TDD: 414.286.2025 • Fax: 414.286.8550

2012 OUTSIDE COUNSEL/EXPERT SPECIAL PURPOSE ACCOUNT EXPENDITURES

May 9, 2012

Account	Class	Amount	Vendor Name	Case or Matter	Bud Ref	Year
634005	S157	1,986.00	BLOCK PETE	JUDE v. CITY	2011	2012
634005	S157	1,710.00	BLOCK PETE	JUDE v. CITY	2011	2012
634005	S157	3,495.00	BLOCK PETE	JUDE v. CITY	2011	2012
634005	S157	1,986.00	BLOCK PETE	JUDE v. CITY	2012	2012
634005	S157	1,710.00	BLOCK PETE	JUDE v. CITY	2012	2012
634005	S157	-1,986.00	BLOCK PETE	ADJ TO PO 0000145495	2012	2012
634005	S157	-1,710.00	BLOCK PETE	ADJ TO PO 0000145495	2012	2012
634005	S157	-3,495.00	BLOCK PETE	ADJ TO PO 0000145495	2012	2012
634005	S157	3,495.00	BLOCK PETE	JUDE v. CITY	2012	2012
		7,191.00	Total			
634005	S157	8,559.51	BOARDMAN SUHR	OUTSIDE COUNSEL - MILW STREET	2011	2012
634005	S157	10,788.16	BOARDMAN SUHR	OUTSIDE COUNSEL - MILW STREET	2011	2012
634005	S157	2,332.95	BOARDMAN SUHR	OUTSIDE COUNSEL - MILW STREET	2011	2012
634005	S157	8,559.51	BOARDMAN SUHR	OUTSIDE COUNSEL - STREET CAR	2012	2012
634005	S157	10,788.16	BOARDMAN SUHR	OUTSIDE COUNSEL - STREET CAR	2012	2012
634005	S157	-8,559.51	BOARDMAN SUHR	ADJ TO PO 0000153800	2012	2012
634005	S157	-10,788.16	BOARDMAN SUHR	ADJ TO PO 0000153800	2012	2012
634005	S157	14,080.76	BOARDMAN SUHR	OUTSIDE COUNSEL - MILW STREET	2012	2012
		35,761.38	Total			
634005	S157	324.00	CHERELLA, CHRISTOPHER	SPECIAL PROSEC FOR OED	2012	2012
		324.00	Total			
634005	S157	651.00	GUNTA REAK	Jude v. City	2011	2012
634005	S157	1,854.25	GUNTA REAK	JACOBY v. DUDLEY	2011	2012
634005	S157	1,292.50	GUNTA REAK	JACOBY v. DUDLEY	2011	2012
634005	S157	690.00	GUNTA REAK	Jude v. City	2011	2012
634005	S157	140.00	GUNTA REAK	JACOBY v. DUDLEY	2011	2012
634005	S157	1,818.95	GUNTA REAK	JACOBY v. DUDLEY	2011	2012
634005	S157	171.00	GUNTA REAK	Jude v. City	2011	2012

2012 OUTSIDE COUNSEL/EXPERT SPECIAL PURPOSE ACCOUNT EXPENDITURES

May 9, 2012

Account	Class	Amount	Vendor Name	Case of Matter	Bud Ref	Year
634005	S157	690.00	GUNTA REAK	JUDE v. CITY	2012	2012
634005	S157	140.00	GUNTA REAK	JACOBY v. DUDLEY	2012	2012
634005	S157	-690.00	GUNTA REAK	ADJ TO PO 000149051	2012	2012
634005	S157	-140.00	GUNTA REAK	ADJ TO PO 0000149050	2012	2012
		6,617.70	Total			22132
634005	S157	8,800.00	HAMITTON, THOMAS	EXPERT OPINION SERVICES	2012	2012
634005	S157	3,600.00	HAMITTON, THOMAS	EXPERT OPINION SERVICES	2012	2012
		12,400.00	Total			4024
634005	S157	3,542.60	HAYES THOMAS	OUTSIDE CONSULTANT	2012	2012
		3,542.60	Total			2012
634005	S157	1,278.00	PERSONNEL SPECIALISTS	TEMP SERVICES - D. LYONSDOVE	2012	2012
634005	S157	622.00	PERSONNEL SPECIALISTS	TEMP SERVICES - D. LYONSDOVE	2012	2012
634005	S157	1,170.00	PERSONNEL SPECIALISTS	TEMP SERVICES - D. LYONSDOVE	2012	2012
634005	S157	1,260.00	PERSONNEL SPECIALISTS	TEMP SERVICES - D. LYONSDOVE	2012	2012
634005	S157	1,008.00	PERSONNEL SPECIALISTS	TEMP SVCS - D. LYONSDOVE	2012	2012
634005	S157	936.00	PERSONNEL SPECIALISTS	TEMP SVCS-D. LYONSDOVE	2012	2012
634005	S157	1,008.00	PERSONNEL SPECIALISTS	TEMP SERVICES-D. LYONSDOVE	2012	2012
634005	S157	1,314.00	PERSONNEL SPECIALISTS	TEMP SERVICES-D. LYONSDOVE	2012	2012
634005	S157	504.00	PERSONNEL SPECIALISTS	TEMP SERVICES - D. LYONSDOVE	2012	2012
		9,000.00	Total			
634005	S157	16,500.00	RAWSKY, ROBERT	EXPERT WITNESS CARTER v. MERRILL	2011	2012
634005	S157	-16,500.00	RAWSKY, ROBERT	ADJ TO PO 0000153432	2012	2012
634005	S157	16,500.00	RAWSKY, ROBERT	CARTER v. MERRILL	2012	2012
		16,500.00	Total			6036
634005	S157	6,142.50	SEIBEL LAW GROUP	U.S. OIL v. CITY Appeal	2011	2012
		6,142.50	Total			2012

2012 OUTSIDE COUNSEL/EXPERT SPECIAL PURPOSE ACCOUNT EXPENDITURES

May 9, 2012

Account	Class	Amount	Vendor Name	Case or Matter	BudRef	Year
		97,479.18	Grand Total			
2011 Expenditures		39,347.36				
2012 Expenditures		58,131.82				
Accrual Adjustments		56,916.67				
Encumbered Bal.		24,519.24				

NOTICES SENT TO FOR FILE : 120077

[illegible]



Legislation Details (With Text)

File #: 111653 **Version:** 0
Type: Communication **Status:** In Committee
File created: 3/20/2012 **In control:** JUDICIARY & LEGISLATION COMMITTEE
On agenda: **Final action:**
Effective date:

Title: Communication relating to the equitable assessment of all properties in the City of Milwaukee.

Sponsors: ALD. DONOVAN

Indexes: ASSESSMENTS, TAXATION

Attachments: FW Assessments down citywide but are Southside owners still being cheated, FW Assessments down citywide but are Southside owners still being cheated-2, FW Assessments down citywide but are Southside owners still being cheated-3, Hearing Notice List

Date	Ver.	Action By	Action	Result	Tally
3/20/2012	0	COMMON COUNCIL	ASSIGNED TO		
5/7/2012	0	JUDICIARY & LEGISLATION COMMITTEE	HEARING NOTICES SENT		
5/7/2012	0	JUDICIARY & LEGISLATION COMMITTEE	HEARING NOTICES SENT		
5/8/2012	0	JUDICIARY & LEGISLATION COMMITTEE	HEARING NOTICES SENT		

Number
111653
Version
ORIGINAL
Reference

Sponsor
ALD. DONOVAN
Title

Communication relating to the equitable assessment of all properties in the City of Milwaukee.

Requestor

Drafter
CC-CC
jro
3/23/12

Polanco, Joanna

From: Donovan, Robert
Sent: Monday, April 30, 2012 3:16 PM
To: Owczarski, Jim
Subject: FW: Assessments down citywide but are Southside owners still being cheated?

Patty Doherty
Legislative Aide
Alderman Donovan
8th District
(414) 286-3533

From: Steve Fendt [mailto:sfendt@socmilwaukee.org]
Sent: Monday, April 30, 2012 11:35 AM
To: 'Jason Cleereman'; 'Dagoberto Ibarra'
Cc: 'DORA MONTOYA'; 'Jose Perez'; 'Angel Sanchez'; 'jeff C.'; 'tim ballering'; 'Graciela Hernandez'; Donovan, Robert; 'David Samuel'; 'Carmen Cabrera'; 'hgiese giese'; 'Pat Prudlow'; 'tim ballering'; marta@wi.rr.com; 'Tristan Pettit'; 'Gladys Gonzalez'
Subject: RE: Assessments down citywide but are Southside owners still being cheated?

Thank you all for your bluntness, your support and your analyses, not necessarily in that order!

I have not studied values enough to know whether the Assessors office got the proportions correct or not this time around, did values really go down 9% in the 3rd District, 16.3% in the 8th, 13.6% in the 12th? If they “really” went down less in my area (3rd District) and more in your area (8th or 12th) that’s where the unfairness comes in. The tax burden is greater and unfair for those whose properties are over-assessed, or not as under-assessed as others.

What they did in 2011 was punt it down road, didn’t change nearly anyone’s valuation, even though all the signs said the market went down, and as is always the case, some neighborhoods were hit harder than other neighborhoods. Our argument with the Assessors’ decision to stand pat in 2011 was that Near South Side neighborhoods were hit harder, so when you leave everyone the same, the NSS tax burden increased versus other neighborhoods that weren’t as hard hit. But to be “fair”, the NSS collective tax burden in 2011 may not have increased as much as other neighborhoods – we only checked vs. D3.

I think it would be interesting to ask what changed in 2011 to lead the Assessor to drop values by different amounts in different neighborhoods. Remember, last year they left everything 90% of props the same. Were there more “legit” sales in 2011? On the Assessors web page there are even less sales in 2011 than 2010 on the Near South Side. Again, I haven’t looked at D7 and D15 which this time experienced the biggest drops in assessed values. I think there certainly should be more transparency. When we questioned the fairness of 2011 “no-revaluation”, they asked what was our data. At a minimum we should be asking for the data they used to come up with the new valuations they came up with.

Also, certainly, we can try to help people appeal, but my sense is that those who are most open to appeal are also most likely to take care of and improve their property(ies). Any harm and unfair treatment that is happening in the City is affecting an entire class of people in certain neighborhoods, styles of housing, or other such category, not the individual. In the recent survey

we sent out to property owners, very few people are feeling over-assessed, and that was before the re-valuations came out. That doesn't mean it isn't true, just saying people aren't feeling it.

Going forward, what do we do? The assessors agreed to come out to our event on May 5 and to talk to individual owners with questions. What about meeting after that, say Monday May 7th at SOC at 6:00pm to see where we are?

On a personal note, my assessment went down 15%, more than the average 3rd District residential prop.

On top of that, I think, or at least, hope, my assessment was low to begin with. So it does seem to me that the City got it wrong and that they probably have been getting it wrong for some time.

Under-assessed neighborhoods are never going to complain. Those who are over-assessed, with all of you being exceptions, either don't know it, or have more pressing concerns, or have been feeling ripped off their who life so what's new, or want the assessment to be equal to expected value, or its not readily apparent like a \$50 parking fine, etc.

Steve Fendt



**1300 South Layton Boulevard
Milwaukee, Wisconsin 53215
414-672-8090**

From: Jason Cleereman [mailto:jason.cleereman@gmail.com]

Sent: Sunday, April 29, 2012 11:26 AM

To: Dagoberto Ibarra

Cc: DORA MONTOYA; Jose Perez; Angel Sanchez; jeff C.; tim ballering; Graciela Hernandez; Robert Donovan; David Samuel; Steve Fendt; Carmen Cabrera; hgiese giese; Pat Prudlow; tim ballering; martaa@wi.rr.com; Tristan Pettit; Gladys Gonzalez

Subject: Re: Assessments down citywide but are Southside owners still being cheated?

In Steve's defense, he is struggling to craft together the next phase of attack. He has kissed no one's ass and has not quit. In the spirit of continuing this conversation, what would you suggest Dago? We are open to all ideas.

Jason

On Apr 29, 2012 9:52 AM, "Dagoberto Ibarra" <dagoibarra5@gmail.com> wrote:

I belive we found a good issue: Steve, ass kisser, Fendt chicken out.

The "Thieves" took and will continue to take, as long as we sit idle.

Acording to my math \$ 3,.5 million dollars are taken by City hall. Tom Barret.

F them all.

Dago

5/8/2012

On Sat, Apr 28, 2012 at 7:53 AM, tim ballering <affordable@wi-rentals.com> wrote:
Residential assessments are down an average of 13.4%. On the Southside the drop was 13.6%, an insignificant difference.

So this would appear to mean Southside owners will not see their tax burden change. The Northside will see a 7% decrease, the Eastside will see increases of 4%. Yet in the market housing in our neighborhoods has dropped to below half of 2010-11 assessed values. Don't take my word for it call a real estate broker and ask them what you could get for your home today.

The only ray of hope is a few newer properties, such as condos, are buoying the Southside assessments and the older neighborhoods will see a drop to actual values, but that of course is unlikely.

To steal the words of Dago 'Thieves I tell you, Thieves!'

Journal article here:

<http://www.jsonline.com/news/milwaukee/milwaukee-property-values-see-biggest-drop-in-30-years-v556or2-149315155.html>

Tim Ballering

Tim@ApartmentsMilwaukee.com

Polanco, Joanna

From: Donovan, Robert
Sent: Monday, April 30, 2012 3:16 PM
To: Owczarski, Jim
Subject: FW: Assessments down citywide but are Southside owners still being cheated?

Hi Jim,

The Alderman is going to be calling you in regards to scheduling a file pertaining to current property assessments. He asked that I forward a series of e-mails to you for your perusal ☺

Thanks,
Patty

Patty Doherty
Legislative Aide
Alderman Donovan
8th District
(414) 286-3533

From: tim ballering [mailto:affordable@wi-rentals.com]
Sent: Monday, April 30, 2012 2:57 PM
To: Jason Cleereman
Cc: Dagoberto Ibarra; DORA MONTOYA; Jose Perez; Angel Sanchez; jeff C.; Graciela Hernandez; Donovan, Robert; David Samuel; Steve Fendt; Carmen Cabrera; hgiese giese; Pat Prudlow; martaa@wi.rr.com; Tristan Pettit; Gladys Gonzalez
Subject: Re: Assessments down citywide but are Southside owners still being cheated?

Of course the more properties you own, the greater the gross effect of assessments. But homeowners really should be as concerned as over assessments probably has a greater net affect on them in percentage of household income.

My overall Milwaukee assessments went down 14.5%. I have bought a number of properties in the past six months that meet the tests of being exposed to the market (All were MLS listings) with a knowledgeable seller and a buyer that I feel is knowledgeable.

One example of a non-bank seller of a property that was on MLS for 100+ days is assessed at 14.5 times my purchase price. While that was an extreme one, all the recent purchases are assessed at 3-6 times assessed.

Tim Ballering
affordable@wi-rentals.com

On Apr 30, 2012, at 11:48 AM, Jason Cleereman wrote:

I think one of the main problems is that individual homeowners are unlikely or at least have been hesitant to protest. Those who stand to gain the most are landlords who own multiple properties. I have yet to speak to any individual homeowner who believes his/her property is

5/8/2012

overvalued, especially if they are planning on moving out of the area. I think that SOC will be hard pressed to get a significant turnout of "aggrieved" homeowners at any public event.

Jason

On Mon, Apr 30, 2012 at 11:43 AM, Dagoberto Ibarra <dagoibarra5@gmail.com> wrote:

I belive the overtaking of the southside is a very good issue.

SOC had asked for a meeting: The city wanted the meeting on their turf and conditions.

SOC went along with it. Per my math \$ 3,500,000.00 of the nighbors \$ is gone every year.

Now because they lower some assesments: we suppose to be happy.

We have 8 properties: 4 did not change for went down

The other 4:

I went down less than 3% (477,000 to 464,000)

I went down 19% (75,400 to 61,800)

I went down 15% (120,000 to 108,000)

Last one 15% (97,400 to 82,900)

Dago Ibarra

On Sun, Apr 29, 2012 at 11:25 AM, Jason Cleereman <jason.cleereman@gmail.com> wrote:

In Steve's defense, he is struggling to craft together the next phase of attack. He has kissed no one's ass and has not quit. In the spirit of continuing this conversation, what would you suggest Dago? We are open to all ideas.

Jason

On Apr 29, 2012 9:52 AM, "Dagoberto Ibarra" <dagoibarra5@gmail.com> wrote:

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According to my math \$ 3,.5 million dollars are taken by City hall. Tom Barret.

F them all.

Dago

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The only ray of hope is a few newer properties, such as condos, are buoying the Southside assessments and the older neighborhoods will see a drop to actual values, but that of course is unlikely.

To steal the words of Dago 'Thieves I tell you, Thieves!'

Journal article here:

5/8/2012

<http://www.jsonline.com/news/milwaukee/milwaukee-property-values-see-biggest-drop-in-30-years-v556or2-149315155.html>

Tim Ballering

Tim@ApartmentsMilwaukee.com

NOTICES SENT TO FOR FILE: 111653

[illegible]



Legislation Details (With Text)

File #: 111747 **Version:** 0

Type: Appointment **Status:** In Committee

File created: 4/11/2012 **In control:** JUDICIARY & LEGISLATION COMMITTEE

On agenda: **Final action:**

Effective date:

Title: Appointment of Carrie Davis to the Ethics Board by the Mayor. (13th Aldermanic District)

Sponsors: THE CHAIR

Indexes: APPOINTMENTS, ETHICS BOARD

Attachments: Davis Appointment Letter, Hearing Notice List

Date	Ver.	Action By	Action	Result	Tally
4/11/2012	0	COMMON COUNCIL	ASSIGNED TO		
5/7/2012	0	JUDICIARY & LEGISLATION COMMITTEE	HEARING NOTICES SENT		
5/7/2012	0	JUDICIARY & LEGISLATION COMMITTEE	HEARING NOTICES SENT		
5/8/2012	0	JUDICIARY & LEGISLATION COMMITTEE	HEARING NOTICES SENT		
5/8/2012	0	JUDICIARY & LEGISLATION COMMITTEE	HEARING NOTICES SENT		

Number

111747

Version

ORIGINAL

Reference

Sponsor

THE CHAIR

Title

Appointment of Carrie Davis to the Ethics Board by the Mayor. (13th Aldermanic District)

Drafter

Mayor

TB

4/11/12

April 11, 2012

To the Honorable, the Common Council
of the City of Milwaukee

Honorable Members of the Common Council:

I am pleased to appoint Ms. Carrie Davis, 3755 South 14th Street, Milwaukee, Wisconsin, 53221, to the Ethics Board filling the MMAC vacancy. This appointment is pursuant to Section 303-15 of the Milwaukee Code of Ordinances. Ms. Davis' term will commence upon taking of the oath of office.

I trust this appointment will have the approval of your Honorable Body.

Respectfully submitted,

A handwritten signature in black ink that reads "Tom Barrett". The signature is written in a cursive, flowing style.

Tom Barrett
Mayor

NOTICES SENT TO FOR FILE 111747

[illegible]



Legislation Details (With Text)

File #: 111429 **Version:** 0

Type: Resolution **Status:** In Committee

File created: 2/7/2012 **In control:** JUDICIARY & LEGISLATION COMMITTEE

On agenda: **Final action:**

Effective date:

Title: Resolution relating to an appeal from Elena Kontorova for property damage. (4th Aldermanic District)

Sponsors: THE CHAIR

Indexes: CLAIMS APPEAL

Attachments: Appeal, City Attorney Letter, Hearing Notice List

Date	Ver.	Action By	Action	Result	Tally
2/7/2012	0	COMMON COUNCIL	ASSIGNED TO		
5/7/2012	0	JUDICIARY & LEGISLATION COMMITTEE	HEARING NOTICES SENT		
5/7/2012	0	JUDICIARY & LEGISLATION COMMITTEE	HEARING NOTICES SENT		
5/7/2012	0	JUDICIARY & LEGISLATION COMMITTEE	HEARING NOTICES SENT		
5/7/2012	0	JUDICIARY & LEGISLATION COMMITTEE	HEARING NOTICES SENT		
5/7/2012	0	JUDICIARY & LEGISLATION COMMITTEE	HEARING NOTICES SENT		

Number

111429

Version

ORIGINAL

Reference

Sponsor

THE CHAIR

Title

Resolution relating to an appeal from Elena Kontorova for property damage. (4th Aldermanic District)

Drafter

CC-CC

dkf

2/7/12

Elena Kontorova
1817 W McKinley Avenue
Milwaukee, WI 53205
Phone 414-933-2028
elena.kontorova@yahoo.com

CITY OF MILWAUKEE
2012 JAN 31 PM 3:31

OFFICE OF
CITY ATTORNEY

January 29, 2012

Grant F. Langley
City Attorney

Re: Request to Appeal
City Clerk
C.I. File No.:11-V-159

Dear Mr. Langley,

I received your letter with explanation denied my claim. I absolutely disagree with your explanations and would like to appeal.

There is the city policy for homeowners regarding pick up garbage, it is said that garbage with size more than acceptable, non-standard, isn't pick up. The gutter extensions were five yards each, and should not be picked up by garbage machine according to city policy. I moved grass on time pick up the garbage, detached extension therefore, and I do not have any other place to put extensions in time moving grass.

Please set time for hearing between 4:15pm and 5pm.

Sincerely your,

Elena Kontorova

CITY OF MILWAUKEE
2012 JAN 30 PM 4:10
RONALD D. LEONHARDT
CITY CLERK

Elena Kontorova
1827 W McKinley Ave
Milwaukee, WI 53205
Phone: 414-933-2028
e-mail: elena.kontorova@yahoo.com

October 24, 2011

Claim Department
City of Milwaukee

Re: Damaged Rain Gutter Extension by City's Garbage Machine

On October 24, 2011, the city's garbage machine accidentally damaged rain gutter extension belonging to my house. This gutter extension is needed to prevent flood in basement. Mr. Wayne King, sanitation supervisor, was on the place of occurrence and investigated it. I ask for reimbursement damage caused by garbage machine as fast as possible, I have no additional funds to replace it. Estimate of replacement is done (\$250) and attached to the claim.

Elena Kontorova



CITY OF MILWAUKEE
RECEIVED
2011 OCT 31 PM 3:16
OFFICE OF
CITY ATTORNEY

CITY OF MILWAUKEE
11 OCT 28 PM 12:29
DONALD D. LEONHARDT
CITY CLERK

CUSTOMER: ELENA KONTONOVA
ADDRESS: 1827 W. MCKINLEY
CITY: MILWAUKEE, WI COUNTY: _____ ZIP: 53205
REPRESENTATIVE: BEN DATE measured: 10-25-11 MAPCODE _____

Draw solid lines ONLY for NEW GutterMaxx. Draw a circle where there's a downspout & write "A" or "B" and the number of stories ("A2"). Write "D" if it connects to a drain, "R" if it's a reconnect. Draw an ARROW to point direction of the water release. IF there's an area where a customer or CREW might expect new gutters, draw a DOTTED LINE & write "NO GUTTERS HERE."

			BENDS OR DENTS? - GUTTER SPIKES HANGING OUT? WOOD DAMAGE? - GUTTERS PITCHED TOWARD WALL?
<p style="font-size: 2em; font-family: cursive;">look other side →</p>			

10-08N



☐ SPECIAL INSTRUCTION SHEET
W/ MORE INFO IS INCLUDED

BEFORE YOU START: WALLS: Wood Brick Stucco Other _____ FRIEZE BOARD? YES NO
 ROOF TYPE: Composite shingle Wood shake Metal shake Raised-seam metal Tile Other _____
 FASCIA: Vertical Slanted No fascia ROOF PITCH: FLAT around 8/12 around 10/12 12/12 (45°) OVER 12/12
 ROOF CONDITION: Poor Good HEIGHT to highest overhang: _____ stories POSSIBLE OVERFLOW areas? YES NO

TEAROFF: ☐ TOTAL (Remove ALL gutters & dwnspts.) ☐ NO Tearoff ☐ PARTIAL TEAROFF TEAROFF FT _____

GUTTERMAXX: FT _____ Color _____ OPEN: FT. _____ RECONNECT D'SPTS? YES # _____
 NEW DOWNSPTS: # _____ FT _____ Color _____ Connect to DRAINS? YES NO # _____ LEAF TRAPS: # _____
 TIE D'SPTS INTO HOOD # _____ Splash blks? YES NO D'SPT EXTENSIONS # _____ FLEX PIPE FT _____
 TOTAL CORNERS: # _____ INSIDE Corners: # _____ BRICK LEDGE? YES NO NEW DRIP EDGE? YES NO FT _____

EXISTING FASCIA WIDTH: 1x6 1x8 1x10 Other _____ BRACKETS for SLANTED FASCIA? YES NO FT _____
 BUILD-OUT? YES NO FT _____ NEW / REPLACE FASCIA? FT _____ HARDIE-Board? YES NO BuildOut Fascia
 OPEN RAFTER TAILS? YES NO IF YES, WHAT TYPE: Vertical end Angled end Rounded HOW MANY tails? _____
 CROWN MOULDING? YES NO FT _____ ANYTHING else? _____ # _____

GRANT F. LANGLEY
City Attorney

RUDOLPH M. KONRAD
LINDA ULISS BURKE
VINCENT D. MOSCHELLA
Deputy City Attorneys



THOMAS O. GARTNER
SUSAN D. BICKERT
STUART S. MUKAMAL
THOMAS J. BEAMISH
MAURITA F. HOUREN
JOHN J. HEINEN
SUSAN E. LAPPEN
JAN A. SMOKOWICZ
PATRICIA A. FRICKER
HEIDI WICK SPOERL
KURT A. BEHLING
GREGG C. HAGOPIAN
ELLEN H. TANGEN
MELANIE R. SWANK
JAY A. UNORA
DONALD L. SCHRIEFER
EDWARD M. EHRLICH
LEONARD A. TOKUS
MIRIAM R. HORWITZ
MARYNELL REGAN
G. O'SULLIVAN-CROWLEY
KATHRYN Z. BLOCK
ELOISA DE LEÓN
ADAM B. STEPHENS
KEVIN P. SULLIVAN
BETH CONRADSON CLEARY
THOMAS D. MILLER
JARELY M. RUIZ
ROBIN A. PEDERSON
CHRISTINE M. QUINN
MARGARET C. DAUN
JEREMY R. MCKENZIE
MARY L. SCHANNING
Assistant City Attorneys

January 9, 2012

Elena Kontorova
1827 West McKinley Avenue
Milwaukee, WI 53205

RE: Elena Kontorova
C.I. File No.: 11-V-159

Dear Ms. Kontorova:

We have received your claim in the amount of \$250.00, relating to the damage to your rain gutter extension on October 24, 2011 when you allege that the City's garbage machine equipment damaged it at 1827 West McKinley Avenue.

Our investigation reveals that the Fleet Accident Report completed as a result of this alleged incident notes that the garbage collection crew was picking up garbage and also picked up your rain gutter extension, which had been placed next to the garbage cart. It is the policy of the Sanitation Division that personal items should not be placed next to the garbage cart. As such, the City cannot accept liability. Therefore, we are denying your claim.

If you wish to appeal this decision, you may do so by sending a letter within 21 days of the receipt of this letter to the Milwaukee City Clerk, 200 East Wells Street, Room 205, Milwaukee, Wisconsin 53202, requesting a hearing.

Very truly yours,

GRANT F. LANGLEY
City Attorney

STEVEN M. CARINI
Investigator Adjuster

SMC:ms
1030-2011-2775:177075

*mailed
1/11/12*

NOTICES SENT TO FOR FILE 111429

[illegible]



Legislation Details (With Text)

File #: 110294 **Version:** 0

Type: Resolution **Status:** Dead

File created: 7/6/2011 **In control:** JUDICIARY & LEGISLATION COMMITTEE

On agenda: **Final action:**

Effective date:

Title: Resolution relating to an appeal from Francisco Guerrido for property damage. (8th Aldermanic District)

Sponsors: THE CHAIR

Indexes: ADMINISTRATIVE REVIEW APPEALS BOARD

Attachments: City Attorney Letter, Appeal, Hearing Notice List, Hearing Notice List-10/24/11 Mtg., Hearing Notice List 5/7/12

Date	Ver.	Action By	Action	Result	Tally
7/6/2011	0	COMMON COUNCIL	ASSIGNED TO		
7/12/2011	0	JUDICIARY & LEGISLATION COMMITTEE	HEARING NOTICES SENT		
7/12/2011	0	JUDICIARY & LEGISLATION COMMITTEE	HEARING NOTICES SENT		
7/12/2011	0	JUDICIARY & LEGISLATION COMMITTEE	HEARING NOTICES SENT		
7/12/2011	0	JUDICIARY & LEGISLATION COMMITTEE	HEARING NOTICES SENT		
7/18/2011	0	JUDICIARY & LEGISLATION COMMITTEE	RECOMMENDED FOR DISALLOWANCE & INDEF. POSTPONEMENT	Pass	3:0
7/26/2011	0	COMMON COUNCIL	ASSIGNED TO	Pass	14:0
10/18/2011	0	JUDICIARY & LEGISLATION COMMITTEE	HEARING NOTICES SENT		
10/18/2011	0	JUDICIARY & LEGISLATION COMMITTEE	HEARING NOTICES SENT		
10/18/2011	0	JUDICIARY & LEGISLATION COMMITTEE	HEARING NOTICES SENT		
10/24/2011	0	JUDICIARY & LEGISLATION COMMITTEE	RECOMMENDED FOR DISALLOWANCE & INDEF. POSTPONEMENT	Pass	5:0
11/2/2011	0	COMMON COUNCIL	REFERRED TO	Pass	15:0
5/7/2012	0	JUDICIARY & LEGISLATION COMMITTEE	HEARING NOTICES SENT		
5/7/2012	0	JUDICIARY & LEGISLATION COMMITTEE	HEARING NOTICES SENT		
5/7/2012	0	JUDICIARY & LEGISLATION COMMITTEE	HEARING NOTICES SENT		
5/8/2012	0	JUDICIARY & LEGISLATION COMMITTEE	HEARING NOTICES SENT		

Number

110294

Version

ORIGINAL

Reference

Sponsor

THE CHAIR

Title

Resolution relating to an appeal from Francisco Guerrido for property damage. (8th Aldermanic District)

Drafter

CC-CC

dkf

6/21/11

GRANT F. LANGLEY
City Attorney

RUDOLPH M. KONRAD
LINDA ULISS BURKE
VINCENT D. MOSCHELLA
Deputy City Attorneys



THOMAS O. GARTNER
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DANIELLE M. BERGNER
CHRISTINE M. QUINN
Assistant City Attorneys

June 7, 2011

Francisco Guerrido
1800 West Becher Street
Milwaukee, WI 53215

RE: Francisco Guerrido
C.I. File No.: 11-S-61

Dear Mr. Guerrido:

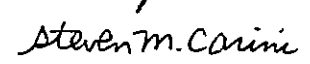
We have received your claim in the amount of \$33.00, relating to damage to the driver's side front tire which was allegedly sustained when your vehicle was towed to the City of Milwaukee Tow Lot.

Our investigation reveals that your vehicle was towed on February 4, 2011 for being Illegally Parked. The forms completed at the time of the tow and arrival / departure from the tow lot do not indicate this damage. The vehicle was released, without incident, to a private towing contractor on that day. You returned on March 2, 2011 and filed a complaint. As such, the City cannot accept liability. Therefore, we are denying your claim.

If you wish to appeal this decision, you may do so by sending a letter within 21 days of the receipt of this letter to the Milwaukee City Clerk, 200 East Wells Street, Room 205, Milwaukee, Wisconsin 53202, requesting a hearing.

Very truly yours,


GRANT F. LANGLEY
City Attorney


STEVEN M. CARINI
Investigator Adjuster

SMC:ms
c: David Lawrence
1044-2011-832:169637

OFFICE OF THE CITY ATTORNEY

Milwaukee City Hall Suite 800 • 200 East Wells Street • Milwaukee, Wisconsin 53202-3551 • Telephone: 414.286.2601 • TDD: 414.286.2025 • Fax: 414.286.8550

June 15, 2011

To, Milwaukee City Clerk
200 East Wells St
Rm. 205
Milwaukee, WI. 53202

CITY OF MILWAUKEE
RECEIVED
2011 JUN 20 PM 2:41
OFFICE OF
CITY ATTORNEY

I Francisco Guerrido wish to appeal
the decision about the claim in the
Amount of \$33.00 relating to damages
to the driver side front tire which was
allegedly sustained when the vehicle
was towed to the City of Milwaukee
tow lot.

I wish to have a hearing on this
matter:

My C.I. file # is 11-S-61

Sincerely,

Francisco Guerrido

1800 W. Becker Apt. #626, Mil. WI. 53215
(414) 712-5341

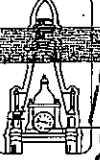
ATTN: Grant F. Langley
Steven M. Carini

CITY OF MILWAUKEE
2011 JUN 17 PM 3:59
RONALD D. LEONHARDT
CITY CLERK

COMPLAINT AND INVESTIGATION FORM

DEPARTMENT OF PUBLIC WORKS - TOW LOT

53215

 <p>CITY OF MILWAUKEE</p>		<p>DEPARTMENT OF PUBLIC WORKS - TOW LOT</p> <p>Ph: (414) 286-2700 Fax: (414) 286-5093</p> <p>TOD: (414) 286-2025</p>	
<p>TOW # <u>1487882</u></p> <p>NAME: <u>FRANCO GUERRA</u></p>		<p>ADDRESS: <u>1800 W Becher St</u></p>	
<p>CLERK ID: <u>33</u></p>		<p>PHONE #: <u>(414) 712-5341</u></p>	

PHOTOS TAKEN ☐ YES ☒ NO

DATE FILED: 3-2-011

PHOTOS ATTACHED ☐ YES ☒ NO

ALL FORMS COMPLETED ☒ YES ☐ NO

***Complaint must be signed by citizen completing form.

CITIZEN'S STATEMENT

My vehicle was towed away on this day at about 4 AM. I had taken time with the assistance of neighbors to clean up the snow in the area, where my car was parked in order to remove it. Besides the inconvenience caused by the construction at the building where I live (Becher Court), my health condition precludes me from doing my normal functions, specially under inclement weather. During the towing of my car, the driver side tire was damaged. I went as soon as I was aware of the situation, to recover my vehicle, with title # DTS 86768D, Ford 1996 and notice the damage on the tire, mentioned above. I retrieved my vehicle and paid the fee at the impound. I also have a sticker provided by housing authority to park on the street due to the construction that's taking place.

Francisco Guerra
CITY ATTORNEY
***SIGNATURE

2011 MAR -9 PM 1:24

-OVER-

CITY OF MILWAUKEE
RECEIVED

CITY OF MILWAUKEE
11 MAR -8 PM 1:41
RONALD D. LEONARD
CITY CLERK

2-4-11

MAYAGUEZ TIRE SHOP
3023 W. National Ave.
Milwaukee, WI 53215
(414) 384-2903

M _____

Address _____

Reg. No.	Clerk	Account Forward		
1.				
2				
3	2-25-18			
4				
5	Tire			
6				
7				
8	205 70-15			
9				
10		33.00		
11				
12				
13				
14				
15				

A-1200/3510/3530 T-45202/46202/46203 Your Account Stated to Date - If Error is Found, Return at Once

City of Milwaukee
 Tow Lot

Workstation ID : towlotreg04
 Drawer ID : TOWCD4

Workstation
 Session No. : 40025
 Drawer
 Session No. : 51972

Receipt Number : 2369328
 Payment Date : 02/04/2011
 Payment Time : 02:58 PM

Item Description : Tow
 Issue # : 1484882
 Pay Plan # :
 Amount Due : \$105.00
 Amount Paid : \$105.00
 Balance Due : \$0.00

Paid by : CASH
 Amount Due : \$105.00
 Amount Paid : \$105.00
 Amount Tendered : \$105.00
 Amount Change : \$0.00
 Cashier ID : TOW18

Thank You For Your Payment

NOTICES SENT TO FOR FILE 110294:

[illegible]



Legislation Details (With Text)

File #: 111354 **Version:** 0
Type: Resolution **Status:** In Committee
File created: 2/7/2012 **In control:** JUDICIARY & LEGISLATION COMMITTEE
On agenda: **Final action:**
Effective date:
Title: Resolution relating to an appeal from Clarence Kailin, Jr. for property damage. (6th Aldermanic District)
Sponsors: THE CHAIR
Indexes: CLAIMS APPEAL
Attachments: Appeal, City Attorney Letter, Hearing Notice List

Date	Ver.	Action By	Action	Result	Tally
2/7/2012	0	COMMON COUNCIL	ASSIGNED TO		
5/7/2012	0	JUDICIARY & LEGISLATION COMMITTEE	HEARING NOTICES SENT		
5/7/2012	0	JUDICIARY & LEGISLATION COMMITTEE	HEARING NOTICES SENT		
5/7/2012	0	JUDICIARY & LEGISLATION COMMITTEE	HEARING NOTICES SENT		

Number

111354

Version

ORIGINAL

Reference

Sponsor

THE CHAIR

Title

Resolution relating to an appeal from Clarence Kailin, Jr. for property damage. (6th Aldermanic District)

Drafter

CC-CC

dkf

1/26/12

Clarence Kailin, Jr.
2334 North Booth Street
Milwaukee, WI 53212

Re: Clarence Kailin, Jr.
C.I. File No.: 11-S-326

CITY OF MILWAUKEE
RECEIVED

2012 JAN 23 PM 4:48

OFFICE OF
CITY ATTORNEY

CITY OF MILWAUKEE
2012 JAN 23 PM 12:38
RONALD D. LEONHARDT
CITY CLERK

To whom it may concern:

I am writing this letter in response to the decision that was made regarding the damage to my vehicle that was caused when my car was towed to the city tow lot.

My car was towed on November 9, 2011. That same day I had a workshop in Manhattan, New York. My plane departed from Milwaukee Mitchell International airport at 11:30 on 11-9-2011 my return date was 11-14-2011. I retrieved the vehicle around 9:30am the morning of 11-9-2011 and then had to rush to make my 11:30 flight. I got back in town on November 14, 2011 at around 8:00 am. The next day 11-15-2011 I went to the city lot and filed a claim for the damage caused to my car by the tow. A picture was taken of the damage. The reason for the delay in filing the initial claim was that I went to a workshop conference in New York City from 11-9-2011 to 11-14-2011.

According to your letter, the forms completed prior to the tow claim that there were minor scratches and dents to the car. This is far from the truth. My vehicle has been kept and maintained in great shape. In fact there were no dents to the car and there still are not dents to the car. The minor scratches to the car are on the driver door and are hardly visible. The scratches that I reported that were caused by the tow truck are not minor they are white deep scratches to the driver side bumper area that in all honesty were never there before the car was towed.

If the intake video does not indicate damage to the front side bumper and corner area then with all due respect it needs to be viewed again because there was and still is damage that was a direct result of the tow action. Even the two body shops that the car was looked at could tell by the way the car was scratched and the area it happened, that this type of damage was not random scratches but major scratches when someone is trying to tow a vehicle and being very careless in the process.

In conclusion, I am asking for justice to prevail and the right decision be made. I feel as though I have been victimized and I have not received a fair decision. Why should I have to pay for damages that were caused by the tow truck in the amount of \$473.51 Although the City has denied the claim, the facts still stand, the tow truck that towed my car on the morning of November 9, 2011 caused major scratches and damage to my vehicle (never existed before the tow.)

Please remind those who work for the towing lots to be more careful to people's cars. Their job is to tow cars not recklessly damage vehicles. The cost of their damage is ten times higher than the cost of the tickets I owed that have since been paid off.

Sincerely Yours,

Clarence Kailin, Jr.
C.I. File NO. : 11-S-326

Phone (414) 587-2456

COMPLAINT AND INVESTIGATION FORM

-CITY USE ONLY-	-CUSTOMER INFORMATION-
TOW #: <u>151 5300</u>	NAME: <u>Clarence Kailin Jr.</u>
DATE: <u>11-15-</u>	ADDRESS: <u>2827 N. CRAMER</u>
CLERK ID: <u>75</u>	PHONE #: <u>(414) 587-2456</u>

PHOTOS TAKEN ☒ YES ☐ NO
 PHOTOS ATTACHED ☐ YES ☒ NO
 ALL FORMS COMPLETED ☒ YES ☐ NO

DATE FILED: 11-15-11Mailing address:
2334 N. 800th
MILWAUKEE
53212

***Complaint must be signed by citizen completing form.

CITIZEN'S STATEMENT

My car was (License # 751 SNV) towed for unpaid citations on 11-9-11. I retrieved the car on the same date. I also had a out of town seminar the same date. When I got the car from the city tow lot (35th Lincoln) I noticed scratches on the drivers side bumper and the bottom right side of the car that were never there prior to my car being towed. My plane left Mitchell airport at 1:00 pm that day and I had to be at the airport by 11:00 by the time I got the vehicle out it was already 9:45. I called the tow lot and was told to fill out a complaint. I had to be at the airport 1 hour later so I had no time. My plane got back to the city (11-14-11) I can provide all proof of travel to verify that I was indeed out of town and that is why there was not an earlier incident filed. Damage was scratches to the back driver side bumper that were never there before it was towed. I will take care of this (thank you)

***SIGNATURE

Clarence Kailin Jr.
 2011 NOV 15 PM 12:12

 2011 NOV 15 PM 12:12
 DATE

CITY OF MILWAUKEE

-OVER-

 RECEIVED
 CITY OF MILWAUKEE

SCHOK'S AUTO BODY
5701 WEST BURLEIGH STREET
MILWAUKEE, WI 53210
PHONE: 414-873-9944 FAX: 414-873-5040
FED TAX ID# 39-1330692

CD LOG NO 15287-1 DATE 11/15/11

SHOP: SCHOKS AUTO BODY INSP DATE: 11/15/11
ADDRESS: 5701 W BURLEIGH PHONE 1: (414)873-9944
CITY STATE: MILWAUKEE, WI PHONE 2: (414)873-9951
ZIP: 53210- FAX: (414)873-5040
OWNER: KAILIN, CLARENCE HOME PHONE: (414)587-2456

POINT OF IMPACT: 0

LIC#: STATE: VIN: WDBNG70J5YA078457
BODY COLOR: MILEAGE:
CONDITION: ACCTNG CTL#:

*=USER-ENTERED VALUE	E=REPLACE OEM	NG=REPLACE NAGS
EC=REPLACE ECONOMY	UE=REPLACE OE SURPLUS	UC=RECONDITIONED PRT
UM=REMAN/REBUILT PRT	EU=REPLACE SALVAGE	EP=REPLACE PXN
OE=REPLACE PXN OE SRPLS	PC=PXN RECONDITIONED	PM=PXN REMAN/REBUILT
TE=PARTL REPL PRICE	ET=PARTL REPL LABOR	IT=PARTIAL REPAIR
I=REPAIR	L=REFINISH	BR=BLEND REFINISH
TT=TWO-TONE	CG=CHIPGUARD	SB=SUBLET
N=ADDITIONAL LABOR	RI=R&I ASSEMBLY	P=CHECK
AA=APPEAR ALLOWANCE	RP=RELATED PRIOR	UP=UNRELATED PRIOR

2000 MERCEDES-BENZ S430 STD 4DOOR SEDAN 8CYL GASOLINE 4.3
CODE: 30854A/A OPTNS G/24L

OPTIONS:

TWO-STAGE - EXTERIOR SURFACES TWO-STAGE - INTERIOR SURFACES
HEATED FRONT SEATS

OP	GDE	MC	DESCRIPTION	MFG. PART NO.	PRICE	AJ%	B%	HOURS	R
RI0015			FRONT BUMPER COVER R&I	R&I ASSEMBLY				2.5	1
I 0015			COVER, FRONT BUMPER	REPAIR				2.0*	1
L 0015	13		COVER, FRONT BUMPER	REFINISH				3.6	4
RI0024			GRILLE, FRT BMPR CVR	R&I ASSEMBLY				INC	1
RI0025			GRILLE, FRT BMPR CVR LT	R&I ASSEMBLY				INC	1
RI0026			GRILLE, FRT BMPR CVR RT	R&I ASSEMBLY				INC	1
RI0021	01		FILLER, FRONT BUMPER LT	R&I ASSEMBLY				1.0	1
RI0022	01		FILLER, FRONT BUMPER RT	R&I ASSEMBLY				INC	1
RI0009	01		PANEL, FRT BMPR LICENSE	R&I ASSEMBLY				0.2	1
RI0526			REAR BUMPER ASSY R&I	R&I ASSEMBLY				1.5	1
I 0526			COVER, REAR BUMPER	REPAIR				0.5*	1
L 0526	10		COVER, REAR BUMPER	REFINISH				1.5*	4
			Blend						

2000 MERCEDES-BENZ S430 STD 4DOOR SEDAN
CD LOG NO 15287-1

ECM03 FLEX ADDITIVE ECONOMY PART 3.00* 4

13 ITEMS

MC MESSAGE(S)
01 CALL DEALER FOR EXACT PART NUMBER / PRICE
10 INCLUDES AUDATEX TIME TO CLEAR ENTIRE PANEL
13 INCLUDES 0.6 HOURS FIRST PANEL TWO-STAGE ALLOWANCE

FINAL CALCULATIONS & ENTRIES

OTHER PARTS					3.00
PAINT MATERIAL					178.50
PARTS & MATERIAL TOTAL					181.50
TAX ON PARTS & MATERIAL @				5.600%	10.16
LABOR	RATE	REPLACE HRS	REPAIR HRS		
1-SHEET METAL	54.00	5.2	2.5		415.80
2-MECH/ELEC	80.00				
3-FRAME	60.00				
4-REFINISH	54.00	5.1			275.40
5-PAINT MATERIAL	35.00				
LABOR TOTAL					691.20
TAX ON LABOR		@		5.600%	38.71
SUBLET REPAIRS					
TOWING					
STORAGE					
GROSS TOTAL					921.57
NET TOTAL					921.57

SHOPLINK U2352 ES CD LOG 15287-1 DATE 11/15/11 11:46:53AM R6.37 CD 10/11
PXN: Y/00/00/00/00/00 CUM 00/00/00/00/00 GEOCODE 53210
HOST LOG
(C) 1998 - 2008 AUDATEX NORTH AMERICA, INC.

1.6 HRS WERE ADDED TO THIS EST. BASED ON AUDATEX TWO-STAGE REFINISH FORMULA.

THIS ESTIMATE HAS BEEN PREPARED BASED ON THE USE OF ONE OR MORE REPLACEMENT PARTS SUPPLIED BY A SOURCE OTHER THAN THE MANUFACTURER OF YOUR MOTOR VEHICLE. WARRANTIES APPLICABLE TO THESE REPLACEMENT PARTS ARE PROVIDED BY THE MANUFACTURER OR DISTRIBUTOR OF THE REPLACEMENT PARTS RATHER THAN BY THE MANUFACTURER OF YOUR MOTOR VEHICLE.

I HEREBY AUTHORIZE THE ABOVE REPAIR WORK TO BE DONE ALONG WITH THE NECESSARY MATERIALS. THE ABOVE IS AN ESIMATE BASED ON OUR INSPECTION AND DOES NOT COVER ANY ADDITIONAL PARTS OR LABOR WHICH MAY BE REQUIRED AFTER THE WORK HAS BEEN STARTED. BECAUSE OF THIS, THE ABOVE PRICES ARE NOT GUARANTEED. EMPLOYEES OF SCHOKS MAY OPERATE ABOVE VEHICLE FOR PURPOSES OF TESTING OR DELIVERY AT MY RISK. AN EXPRESS MECHANICS LEIN IS ACKNOWLEDGED ON THE ABOVE VEHICLE TO SECURE THE AMOUNT OF REPAIRS THERETO. IT IS ALSO UNDERSTOOD THAT SCHOKS WILL

THE FENDER MEN INC

Steven
THE FENDER MEN INC
5715 W. APPLETON AVE
MILWAUKEE, WI 53210
Work Phone: 414-444-7177
Fax Number: 414-445-8000
PFENDERMEN@aol.com

Estimate
ID #1486066

Vehicle Info	VIN	Color Ext / Int	License (St.)	Miles In / Out
2000 Mercedes-Benz S430	WDBNG70J5YA078457	/		0 / 0

Owner

CLARENCE KAILIN JR.
2827 N. CRAMER ST
MILWAUKEE, WI 53211
Cell Phone: 4145872456

Estimator

Steven Pavlovich

Description	Part #	Price	Qty	Labor	Paint	Other
FRONT BUMPER \ 2000-02						
Refinish Front Cover (w/o Sport Pkg w/o H/Lamp Washers)	220 880 00 40				2.5 hrs.	
1.0hrs. Clearcoat					1.0 hrs.	
R&I Front Cover (w/o Sport Pkg w/ H/Lamp Washers)	220 880 02 40			2.6 Body hrs.		

Totals

Type	Hours	Rate (\$/hr)	Total	Taxable
Body Labor	2.6	\$54.00	\$140.40	✓
Paint Labor	3.5	\$54.00	\$189.00	✓
Paint Supplies	3.5	\$34.00	\$119.00	✓
Taxable Amount			\$446.40	
Tax 5.600%			\$25.11	
Net Total			\$473.51	

GRANT F. LANGLEY
City Attorney

RUDOLPH M. KONRAD
LINDA ULISS BURKE
VINCENT D. MOSCHELLA
Deputy City Attorneys



THOMAS O. GARTNER
SUSAN D. BICKERT
STUART S. MUKAMAL
THOMAS J. BEAMISH
MAURITA F. HOUREN
JOHN J. HEINEN
SUSAN E. LAPPEN
JAN A. SMOKOWICZ
PATRICIA A. FRICKER
HEIDI WICK SPOERL
KURT A. BEHLING
GREGG C. HAGOPIAN
ELLEN H. TANGEN
MELANIE R. SWANK
JAY A. UNORA
DONALD L. SCHRIEFER
EDWARD M. EHRlich
LEONARD A. TOKUS
MIRIAM R. HORWITZ
MARYNELL REGAN
G. O'SULLIVAN-CROWLEY
KATHRYN Z. BLOCK
ELOISA DE LEÓN
ADAM B. STEPHENS
KEVIN P. SULLIVAN
BETH CONRADSON CLEARY
THOMAS D. MILLER
JARELY M. RUIZ
ROBIN A. PEDERSON
CHRISTINE M. QUINN
MARGARET C. DAUN
JEREMY R. MCKENZIE
MARY L. SCHANNING
Assistant City Attorneys

January 4, 2012

Clarence Kailin, Jr.
2334 North Booth Street
Milwaukee, WI 53212

RE: Clarence Kailin, Jr.
C.I. File No.: 11-S-326

Dear Mr. Kailin:

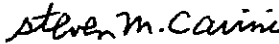
We have received your claim in the amount of \$473.51, relating to damage to the front driver side bumper and corner area of your vehicle allegedly sustained when it was towed to the City of Milwaukee Tow Lot.

Our investigation reveals that your vehicle was towed on November 9, 2011 for being Illegally Parked/Unpaid Citations. The form completed prior to the tow indicates general minor scratches and dents to the vehicle. The forms completed at the time of the arrival/departure from the tow lot and the intake video does not indicate damage to the front driver side bumper and corner area. The vehicle was released, without incident, to you on that day. The exit form does not indicate the alleged damage. You returned on November 15, 2011 and filed a complaint. As such, the City cannot accept liability. Therefore, we are denying your claim.

If you wish to appeal this decision, you may do so by sending a letter within 21 days of the receipt of this letter to the Milwaukee City Clerk, 200 East Wells Street, Room 205, Milwaukee, Wisconsin 53202, requesting a hearing.

Very truly yours,


GRANT F. LANGLEY
City Attorney


STEVEN M. CARINI

Investigator Adjuster

SMC:ms
1044-2011-2884:176744

mailed 1/5/12

OFFICE OF THE CITY ATTORNEY

Milwaukee City Hall Suite 800 • 200 East Wells Street • Milwaukee, Wisconsin 53202-3551 • Telephone: 414.286.2601 • TDD: 414.286.2025 • Fax: 414.286.8550

NOTICES SENT TO FOR FILE 111354

[illegible]



Legislation Details (With Text)

File #: 111364 **Version:** 0

Type: Resolution **Status:** In Committee

File created: 2/7/2012 **In control:** JUDICIARY & LEGISLATION COMMITTEE

On agenda: **Final action:**

Effective date:

Title: Resolution relating to an appeal from Darnisha Davenport for property damage.

Sponsors: THE CHAIR

Indexes: CLAIMS APPEAL

Attachments: Appeal, City Attorney Letter, Hearing Notice List

Date	Ver.	Action By	Action	Result	Tally
2/7/2012	0	COMMON COUNCIL	ASSIGNED TO		
5/7/2012	0	JUDICIARY & LEGISLATION COMMITTEE	HEARING NOTICES SENT		
5/7/2012	0	JUDICIARY & LEGISLATION COMMITTEE	HEARING NOTICES SENT		
5/7/2012	0	JUDICIARY & LEGISLATION COMMITTEE	HEARING NOTICES SENT		

Number

111364

Version

ORIGINAL

Reference

Sponsor

THE CHAIR

Title

Resolution relating to an appeal from Darnisha Davenport for property damage.

Drafter

CC-CC

dkf

2/1/12

1.16.12

Case File No. 11-S-343

Dear Mr. Langley and Mr. Carini,

I wish to appeal this decision of denying my claim in the amount of \$738.35 in regards to damage to my vehicle on September 14, 2011 caused by a City of Milwaukee female police officer. I have proof and several witnesses that witness the negligence of your City employee. I request a hearing. Any questions or concerns contact me via phone at 414-213-2543 or mail P.O. Box 250560 Milwaukee, WI. 53225.

Yours Truly,

D. Davenport

Darnisha Davenport

CITY OF MILWAUKEE
RECEIVED

2012 JAN 27 PM 4:37

OFFICE OF
CITY ATTORNEY

CITY OF MILWAUKEE
12 JAN 26 PM 2:10
RONALD D. LEONHARDT
CITY CLERK

CITY OF MILWAUKEE

CITY OF MILWAUKEE
RECEIVED

11 DEC -1 AM 11:42

10/4/11 DEC -1 PM 3:0

To whom it may concern, RONALD D. LEONHARDT
CITY CLERK

OFFICE OF
CITY ATTORNEY

On September 14, 2011 approximately 7:00pm at 3254 N. 15th St. a train of officers in detect cars was riding past on that block and one officer jumped out the back of cop vehicle after yelling from car to a pedestrian sitting on next door porch got out demanding him to throw out his beer. The man took one last drink before doing so and officer A. Suarez was from car running up to man snatched beer out hand, lifted the city garbage can lid with full force onto my vehicle's (2005 Jetta, Volkswagen) hood damaging it putting dents in hood. From the looks of dents, can must hit my car hood when me and plenty other kids, witnesses that were outside watched the hard plastic city of Milwaukee garbage can lid be slammed down on my vehicle. The garbages sit at edge of sidewalk to be dumped, there's no open back alley way. And when witnesses told Suarez she had just hit someone's car with lid.... she just shrugged, looked and got back in back detect vehicle and rode off. I immediately got in car and went to district to file a damage complaint. The officers there knew of a traffic stop just done in that area around that time.

My address is P.O. Box 250560 Milwaukee, WI. 53225 if need to be contacted by mail, contact 414-213-2543. I am requesting repairs to my vehicle hood in the sum of \$738.35 for damages caused by negligent officer that did not have any care or concern to my vehicle in which she damaged.

10/4/11

I have estimates that will be provided with this document. Also a copy of the Milwaukee Police Department Damage Notice is included. I am indubitably seeking relief in sum to the damages done to my vehicle and I did not have any cause for officer to do so. Action that was done by officer Suarez was very unlawfully to me and uncaused for to my vehicle. Praying for relief, please grant me my claim.

Thanks in advance,

Darnisha Davenport
P.O. Box 250560
Milwaukee, WI. 53225
414-213-2543

Darnisha Davenport

PRESTIGE AUTO WORKS AND FINISHES INC
6301 W DOUGLAS AVENUE
MILWAUKEE, WI. 53218
PHONE 414-466-2111 FAX 414-466-9992
FEDERAL ID# 39-1661-727

CITY OF MILWAUKEE
RECEIVED

2011 DEC -1 PM 3:0

CD LOG NO 28064-1 DATE 10/04/11

SHOP: PRESTIGE AUTO WORKS
ADDRESS: 6301 W DOUGLAS AVE
CITY STATE: MILWAUKEE, WI
ZIP: 53218-

INSP DATE: 10/04/11
CONTACT: CHRIS
PHONE 1: (414) 466-2111
FAX: (414) 466-9992

OFFICE OF
CITY ATTORNEY

OWNER: DAVENPORT, DARNISHA
ADDRESS: PO BOX 250560
CITY STATE: MILWAUKEE, WI
ZIP: 53225

WORK PHONE: (414) 213-2543

POINT OF IMPACT: 0

LIC#: 841 NVX
BODY COLOR: SILVER
CONDITION:

STATE: WI

VIN: 3VWDF71K95M627077
MILEAGE:
ACCTNG CTL#:

*=USER-ENTERED VALUE	E=REPLACE OEM	NG=REPLACE NAGS
EC=REPLACE ECONOMY	UE=REPLACE OE SURPLUS	UC=RECONDITIONED PRT
UM=REMAN/REBUILT PRT	EU=REPLACE SALVAGE	EP=REPLACE PXN
OE=REPLACE PXN OE SRPLS	PC=PXN RECONDITIONED	PM=PXN REMAN/REBUILT
TE=PARTL REPL PRICE	ET=PARTL REPL LABOR	IT=PARTIAL REPAIR
I=REPAIR	L=REFINISH	BR=BLEND REFINISH
TT=TWO-TONE	CG=CHIPGUARD	SB=SUBLET
N=ADDITIONAL LABOR	RI=R&I ASSEMBLY	P=CHECK
AA=APPEAR ALLOWANCE	RP=RELATED PRIOR	UP=UNRELATED PRIOR

2005 VOLKSWAGEN JETTA NEW 2.5 4DOOR SEDAN 5CYL GASOLINE 2.5
CODE: 61643B/A OPTNS A/24AOH

OPTIONS:

TWO-STAGE - EXTERIOR SURFACES
HEATED FRONT SEATS
CLIMATE CONTROLLED A/C

TWO-STAGE - INTERIOR SURFACES
STABILITY CONTROL

OP	GDE	MC	DESCRIPTION	MFG. PART NO.	PRICE	AJ%	B%	HOURS	R
I	0083		PANEL, HOOD	REPAIR				4.0	1
L	0083	13	PANEL, HOOD	REFINISH				4.0	4
				2.8 SURFACE					
				0.6 TWO STAGE SETUP					
				0.6 TWO STAGE					
RI	1069		NOZZLE, W/S WASHER	LT R&I ASSEMBLY				0.1	1
RI	1070		NOZZLE, W/S WASHER	RT R&I ASSEMBLY				0.1	1
L	M14		CORROSION PROTECTION	REFINISH				0.5	4*

2005 VOLKSWAGEN JETTA NEW 2.5 4DOOR SEDAN
CD LOG NO 28064-1

L M17	COVER CAR EXTERIOR	REFINISH		0.2*4*
SBM60	HAZARD. WSTE. REM.	SUBLET REPAIR	4.00*	1*
L	MASK JAMS	REFINISH		0.3*4*

8 ITEMS

MC MESSAGE(S)

13 INCLUDES 0.6 HOURS FIRST PANEL TWO-STAGE ALLOWANCE

FINAL CALCULATIONS & ENTRIES

PAINT MATERIAL					180.00
PARTS & MATERIAL TOTAL					180.00
TAX ON PARTS & MATERIAL @			5.600%		10.08
LABOR	RATE	REPLACE HRS	REPAIR HRS		
1-SHEET METAL	56.00	0.2	4.0		235.20
2-MECH/ELEC	96.00				
3-FRAME	60.00				
4-REFINISH	56.00	5.0			280.00
5-PAINT MATERIAL	36.00				
LABOR TOTAL					515.20
TAX ON LABOR		@	5.600%		28.85
SUBLET REPAIRS					4.00
TAX ON SUBLET		@	5.600%		0.22
TOWING					
STORAGE					
GROSS TOTAL					738.35
NET TOTAL					738.35

SHOPLINK U2834 ES CD LOG 28064-1 DATE 10/04/11 02:40:39PM R6.37 CD 09/11
PXN: Y/00/00/00/00/00 CUM 00/00/00/00/00 GEOCODE 53218
HOST LOG
(C) 1998 - 2008 AUDATEX NORTH AMERICA, INC.

1.2 HRS WERE ADDED TO THIS EST. BASED ON AUDATEX TWO-STAGE REFINISH FORMULA.

THIS ESTIMATE HAS BEEN PREPARED BASED ON A VISUAL INSPECTION. ACTUAL REPAIRS
MAY REQUIRE ADDITIONAL PARTS AND LABOR DUE TO HIDDEN DAMAGE. THEREFORE WE
CANNOT GUARANTEE A FINAL PRICE PRIOR TO COMPLETION NOR A FINAL COMPLETION
TIME. YOU WILL BE NOTIFIED OF ADDITIONAL COST. ESTIMATE VALID FOR 30 DAYS.
PARTS PRICES SUBJECT TO CHANGE WITHOUT NOTICE FROM MFG. YOU ARE RESPONSIBLE
FOR FULL PAYMENT UPON COMPLETION. STORAGE FEES ARE \$35/DAY.
NO PERSONAL CHECKS ACCEPTED. NON OEM PARTS ARE IDENTIFIED
AS "ECONOMY" OR "QUALITY REPLACEMENT PART".
PAW NOT RESPONSIBLE FOR PERSONAL PROPERTY LOST OR DAMAGED DURING REPAIRS.
I HAVE READ, UNDERSTAND, AND RECEIVED A COPY OF THIS ESTIMATE AND AUTHORIZE
REPAIRS, INCLUDING SUBLET.

SIGNATURE _____

DATE _____

PD-43 05/07

**MILWAUKEE POLICE DEPARTMENT
DAMAGE NOTICE**

(SUPERVISOR TO LEAVE IN PROMINENT PLACE AT SCENE)

The Milwaukee Police Department received a call for

service on: 07-14 20 11 at: 7:00 a.m. (p.m.)
(DATE) (TIME)

at: 3254 N. 15th Street
(ADDRESS)

to: ☐ confirm welfare of occupant(s)

☐ make an arrest

☐ execute a search warrant

☐ recover evidence of crime

☒ other (describe) opened garbage
can lid into citizen vehicle.

The following damage to premises or vehicle occurred:

Officer opened a garbage
can lid into the vehicle of a
citizen, causing minor damage to
the hood.

935-7252 PO Gilder

P.O. A. Suarez
Supervisor's Name: Sgt. E. Plittner
(PRINT)

NTF Nights 03464
(DIST. / WORK LOC.) (SHIFT) (EMPLOYEE I.D. #)

SEE NOTICE ON REVERSE SIDE

GRANT F. LANGLEY
City Attorney

RUDOLPH M. KONRAD
LINDA ULISS BURKE
VINCENT D. MOSCHELLA
Deputy City Attorneys



THOMAS O. GARTNER
SUSAN D. BICKERT
STUART S. MUKAMAL
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ELONSA DE LEÓN
ADAM B. STEPHENS
KEVIN P. SULLIVAN
BETH CONRADSON CLEARY
THOMAS D. MILLER
JARELY M. RUIZ
ROBIN A. PEDERSON
CHRISTINE M. QUINN
MARGARET C. DAUN
JEREMY R. MCKENZIE
MARY L. SCHANNING
Assistant City Attorneys

January 9, 2012

Darnisha Davenport
P.O. Box 250560
Milwaukee, WI 53225

RE: Darnisha Davenport
C.I. File No.: 11-S-343


Dear Ms. Davenport:

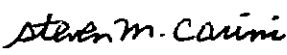
We have received your claim in the amount of \$738.35, relating to damage to your vehicle on September 14, 2011 when you allege that a police officer opened a garbage cart lid and slammed it onto your vehicle which was parked at 3254 North 15th Street.

Our investigation reveals that the police officer involved denies damaging your vehicle. There is no evidence that the alleged damage was caused by the negligence of any City employee. Therefore, we are denying your claim.

If you wish to appeal this decision, you may do so by sending a letter within 21 days of the receipt of this letter to the Milwaukee City Clerk, 200 East Wells Street, Room 205, Milwaukee, Wisconsin 53202, requesting a hearing.

Very truly yours,


GRANT F. LANGLEY
City Attorney


STEVEN M. CARINI
Investigator Adjuster

SMC:ms
1032-2011-3001:177049

*mailed
01/11/12*

NOTICES SENT TO FOR FILE 111364

[illegible]



Legislation Details (With Text)

File #: 111239 **Version:** 0

Type: Resolution **Status:** In Committee

File created: 1/18/2012 **In control:** JUDICIARY & LEGISLATION COMMITTEE

On agenda: **Final action:**

Effective date:

Title: Resolution relating to an appeal from Jeff Wilhelm for property damage. (10th Aldermanic District)

Sponsors: THE CHAIR

Indexes: CLAIMS APPEAL

Attachments: City Attorney Letter, Appeal, Hearing Notice List

Date	Ver.	Action By	Action	Result	Tally
1/18/2012	0	COMMON COUNCIL	ASSIGNED TO		
5/7/2012	0	JUDICIARY & LEGISLATION COMMITTEE	HEARING NOTICES SENT		
5/7/2012	0	JUDICIARY & LEGISLATION COMMITTEE	HEARING NOTICES SENT		
5/7/2012	0	JUDICIARY & LEGISLATION COMMITTEE	HEARING NOTICES SENT		
5/8/2012	0	JUDICIARY & LEGISLATION COMMITTEE	HEARING NOTICES SENT		

Number

111239

Version

ORIGINAL

Reference

Sponsor

THE CHAIR

Title

Resolution relating to an appeal from Jeff Wilhelm for property damage. (10th Aldermanic District)

Drafter

CC-CC

dkf

12/22/11

GRANT F. LANGLEY
City Attorney

RUDOLPH M. KONRAD
LINDA ULISS BURKE
VINCENT D. MOSCHELLA
Deputy City Attorneys



THOMAS O. GARTNER
SUSAN D. BICKERT
STUART S. MUKAMAL
THOMAS J. BEAMISH
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ROBIN A. PEDERSON
CHRISTINE M. QUINN
MARGARET C. DAUN
JEREMY R. MCKENZIE
MARY L. SCHANNING
Assistant City Attorneys

November 22, 2011

Jeff Wilhelm
2405 North Lefebber Avenue
Wauwatosa, WI 53213

RE: Jeff Wilhelm
C.I. File No.: 11-S-319

Dear Mr. Wilhelm:


We have received your claim in the amount of \$525.89, relating to damages done by the Milwaukee Police Department (MPD) on October 26, 2011 at 1032-34 South 19th Street.

Our investigation reveals that the MPD executed a lawful search warrant which necessitated the use of forced entry. The use of force is authorized by Wis. Stat. § 968.14. The MPD served the warrant at this location related to alleged drug activity. The decision was made by the onsite supervisor to enter the target location because it was felt the side door was a common entryway and the search warrant team did not want any potential individuals in the unit to escape. Since the use of force was authorized by state statutes and the MPD was acting within the sphere of responsibility, we are denying your claim.

If you wish to appeal this decision, you may do so by sending a letter within 21 days of the receipt of this letter to the Milwaukee City Clerk, 200 East Wells Street, Room 205, Milwaukee, Wisconsin 53202, requesting a hearing.

Very truly yours,


GRANT F. LANGLEY
City Attorney


ROBERT OVERHOLT
Investigator Adjuster

RMO:ms
1032-2011-2812:175798

Mailed 11/28/11

OFFICE OF THE CITY ATTORNEY

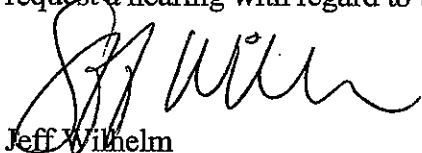
Milwaukee City Hall Suite 800 • 200 East Wells Street • Milwaukee, Wisconsin 53202-3551 • Telephone: 414.286.2601 • TDD: 414.286.2025 • Fax: 414.286.8550

BRUTUS INVESTMENTS, LLC
P.O. BOX 26791
WAUWATOSA, WI 53226
414-771-1086

Grant Langley
City of Milwaukee
200 East Wells
Milwaukee, WI 53202

Dear City of Milwaukee Clerk,

This letter is in response to the claim denial I received from the City Attorney, Grant Langley and C.I. file No. 11-S-319. I would like to appeal the denial decision and request a hearing with regard to the matter. Thank you.



Jeff Wilhelm
Brutus Investments

CITY OF MILWAUKEE
RECEIVED
2011 DEC 16 PM 3:08
OFFICE OF
CITY ATTORNEY

CITY OF MILWAUKEE
2011 DEC 17 AM 12:09
RONALD D. LEONARD
CITY CLERK

FILING A CLAIM AGAINST THE CITY OF MILWAUKEE

October 31, 2011

PROPERTY ADDRESS: 1032-1034 S. 19th Street, Milwaukee, WI
PROPERTY OWNERS: Jeff Wilhelm (414) 213-1823

This letter is for the purpose of filing a claim against the City of Milwaukee in accordance with the instructions sent to me for filing a claim. On October 26, 2011 at 8:45 a.m., the Milwaukee Police Department executed a search warrant at 1032 S. 19th Street, Milwaukee, WI which is a duplex I own. During the process, the door for the upper apartment (1032 S. 19th) was kicked in, as well as the side door for the lower unit which address is 1034 S. 19th. When I spoke to Officer Metz, who was one of the officers that carried out the search, he explained to me that the 1034 door was kicked in by mistake and that they thought it was a common door for both units, which it is not. The tenant of the 1034 address was home at the time and told us that if the police would have given him a few seconds to open the door they wouldn't have had to kick it in, destroying both the door and frame. The door frame for the 1032 address was also damaged but did not require a full replacement, only repair. The officer also explained that nothing illegal was found at the address stated on the warrant. He told me it appeared to have been a mistake and that the suspect they were looking for did not appear to live at the property. We have no one on the lease that describes the person they were looking for. I am very surprised at the lack of evidence needed to carry out a search warrant and kick in citizen's doors. There was no evidence of drug activity or the person they were looking for living at this location. The elderly tenants including an 80 year old man were all put in handcuffs as they searched the premises. My tenants are VERY upset. Also, had they looked at the clearly marked 1034 address, they should not have concluded that the side door was a common door. The door at the 1034 address needed to be replaced and we had it replaced with a similar door which was a 6-panel steel door. I am requesting \$525.89 for replacing the door, installation of the door, and repair of the frame. The receipt and pictures are enclosed. My address and contact information is listed below.

Sincerely,



Jeff Wilhelm
2405 N. Lefebvre Avenue
Wauwatosa, WI 53213
jlwilhelm@hotmail.com

414-213-1823

2011 NOV - 3 - PM 11:02

RECEIVED
CITY OF MILWAUKEE

CITY OF MILWAUKEE
2011 NOV - 2 - PM 3:13
RONALD D. LEONHARDT
CITY CLERK

CLAIM AGAINST CITY FOR DAMAGES

- 1.) Only the City Attorney or the Common Council and the Mayor can authorize payment of a claim against the City.

Any other representations regarding reimbursement made by City employees are not legally binding on the City.

- 2.) Filing a claim against the City does not automatically guarantee reimbursement from the City. However, the City examines each claim on an individual basis in determining if reimbursement is legally required.

- 3.) In order to obtain reimbursement for a claim made against the City, **you must prove that the City or its employees acted unlawfully or negligently.**

- 4.) Before you can file a lawsuit against the City for reimbursement, State law requires that you first follow the claim procedures established by the Milwaukee City Clerk (286-2221).

MEZ

414-397-8419

PD-43 2/98

MILWAUKEE POLICE DEPARTMENT DAMAGE NOTICE

(SUPERVISOR TO LEAVE IN PROMINENT PLACE AT SCENE)

The Milwaukee Police Department received a call for

service on: 10-26-7011 at: 8⁴⁵ a.m./p.m.
(DATE) (TIME)

at: 1032 S. 19TH ST
(ADDRESS)

to: ☐ confirm welfare of occupant(s)

☐ make an arrest

☒ execute a search warrant

☐ recover evidence of crime

☐ other (describe) _____

The following damage to premises or vehicle occurred:

OUTER RT DOOR DAMAGE TO
UPPER

OUTER SIDE DOOR DAMAGE

Supervisor's Name: LT JOHN KACENOVICH

(PRINT)

76
(DIST / WORK LOG.)

P/13
(SHIFT)

004221
(PAYROLL #)

SEE NOTICE ON REVERSE SIDE



LISBON STORM, SCREEN & DOOR
5006 W. LISBON AVENUE
Ph: 414-445-8899 Fax: 414-445-8608
MILWAUKEE, WI 53210-2853
Hours: M-F 8:00 AM - 5:30 PM
Sat 8:00 AM 4:00 PM

www.lisbonstorm.com

SOLD TO
 DAVE BROWN
 2405 N. LEFEBER

WAUATOSA, WI 53213
 414-213-1823

SHIP TO

1032-34 S. 19TH ST

Shipment #: 1

ACCOUNT #	CUSTOMER P.O.#	TERMS	ORDER #	ORDER DATE	SLSM	INVOICE #	INVOICE DATE
42131823		CASH SALE	201711	10/26/11	EB		

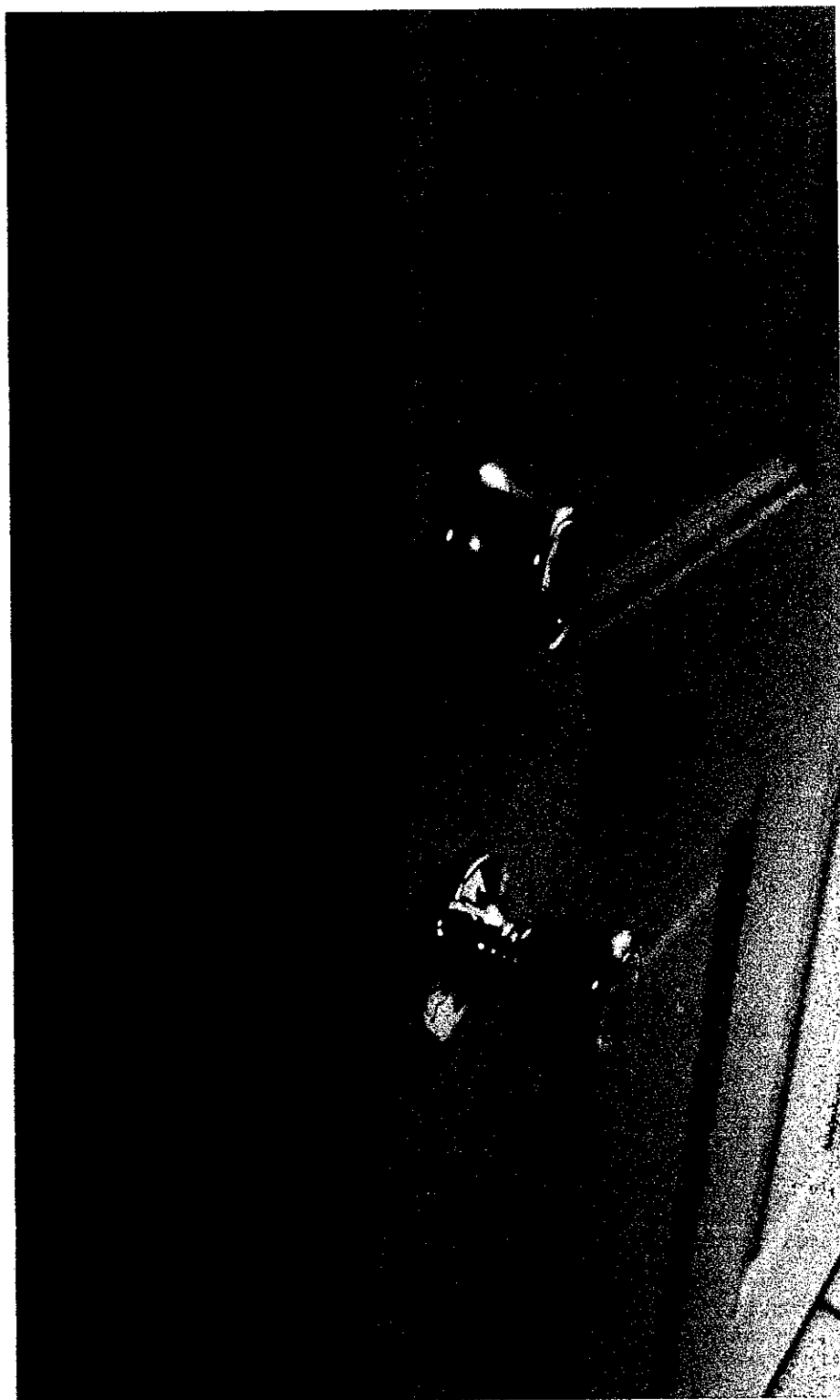
ORDERED	BACKORDERED	SHIPPED	U/M	DESCRIPTION	PRICE	AMOUNT
1	0	1	EA	PRIMED 6-PNL SLAB ONLY 36 X 80 WOOD EDGE 2-HOLE BORE SODOOR *6 1/2 37 1/2 68 1/2 HINGE SPECS *OLD STYLE HOLE HOLE PLACEMENT 40 3/8 & 45 7/8 STANDARD SPACING *VIEWING DR FROM THE I/S OF HOME & PULLING TOWARDS YOU THE DR IS HINGED *ON THE LEFT SIDE HANDLES ON THE RIGHT.	239.000	239.00
1	0	1	EA	PRIMED 6-PNL SLAB ONLY TO INSTALL NEW SLAB LABOR	150.000	150.00
1	0	1	EA	NO JAMB 5-1/2" HOLE CENTER NJ55	34.000	34.00
1	0	1	EA	TO FIX JAMB AREA AND INSTALL NEW JAMB LABOR	75.000	75.00

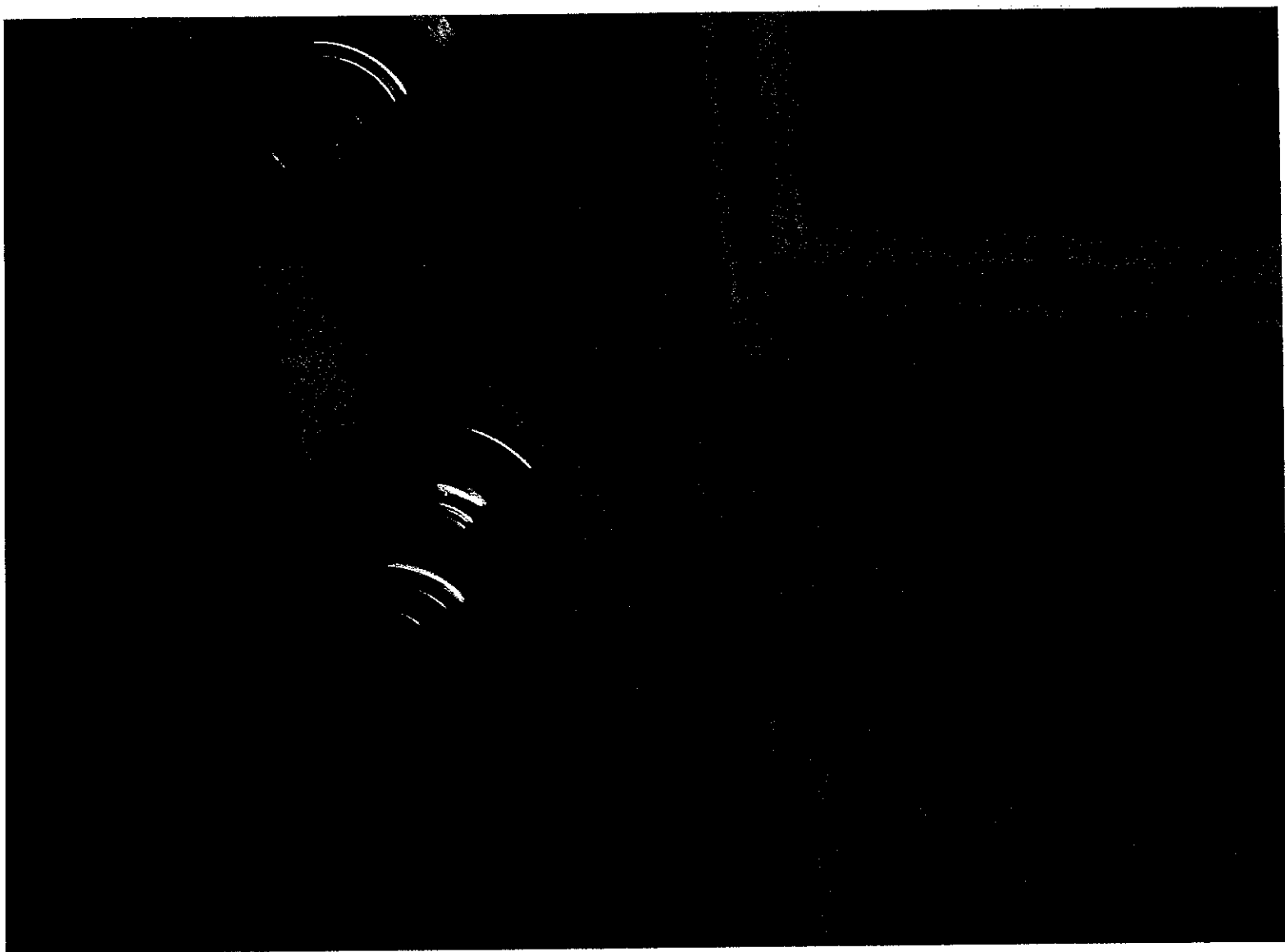
October 26, 2011 14:46:41 OT:EB	1 / 0	MERCHANDISE	498.00
***** * PICK TICKET * *****	SHIP VIA	OTHER	0.00
		TAX 5.600%	27.89
		FREIGHT	0.00
		TOTAL	525.89

SIGNED _____
 NO RETURNS ON SPECIAL ORDERS

PAGE 1 OF 1

CUSTOMER COPY









OFFICE OF THE CITY CLERK
Milwaukee, Wisconsin

INSTRUCTIONS FOR FILING A CLAIM AGAINST THE CITY OF MILWAUKEE

To file a claim against the City a claimant must comply with Section 893.80(1), Wis. Stats., a copy of which is printed at the bottom of this instruction sheet. Generally the statute requires the claimant to submit to the City Clerk:

1. A document stating the circumstances of the claim which must be signed by the claimant, or his/her agent or attorney. This document should be filed within 120 days of the event.
2. A document stating the address of the claimant and a statement of the relief sought. If money damages are sought, a specific sum must be stated.

(The above information may be combined in a single document.)

The following information should also be submitted to allow the City to promptly act on your claim:

1. Proof of the amount of the claim by means of either itemized receipts or two itemized estimates.
2. A phone number where the claimant can be reached during business hours as well as the claimant's e-mail address, if any.
3. As detailed a description of the incident as possible, including the date, time and place.

All information should be submitted to:

City Clerk
ATTN: CLAIMS
200 E. Wells St., Room 205
Milwaukee, WI 53202-3567

ADDITIONAL INFORMATION

Before you can file a lawsuit against the City of Milwaukee for reimbursement, State law requires that you first follow the claim procedures established by the City Clerk.

Filing a claim against the City does not automatically guarantee reimbursement from the City. However, the City examines each claim on an individual basis in determining if reimbursement is legally required.

In order to obtain reimbursement for a claim against the City, you must prove that the City or its employees acted unlawfully or negligently.

Only the City Attorney or the Common Council and the Mayor can authorize payment of a claim against the City. Any other representations made by City employees are not legally binding on the City.

893.80 Claims against governmental bodies or officers, agents or employees; notice of injury; limitation of damages and suits. (1) Except as provided in suba. (1g), (1m), (1p) and (8), no action may be brought or maintained against any volunteer fire company organized under ch. 213, political corporation, governmental subdivision or agency thereof nor against any officer, official, agent or employee of the corporation, subdivision or agency for acts done in their official capacity or in the course of their agency or employment upon a claim or cause of action unless:

(a) Within 120 days after the happening of the event giving rise to the claim, written notice of the circumstances of the claim signed by the party, agent or attorney is served on the volunteer fire company, political corporation, governmental subdivision or agency and on the officer, official, agent or employee under s. 801.11. Failure to give the requisite notice shall not bar action on the claim if the fire company, corporation, subdivision or agency had actual notice of the claim and the claimant shows to the satisfaction of the court that the delay or failure to give the requisite notice has not been prejudicial to the defendant fire company, corporation, subdivision or agency or to the defendant officer, official, agent or employee; and

(b) A claim containing the address of the claimant and an itemized statement of the relief sought is presented to the appropriate clerk or person who performs the duties of a clerk or secretary for the defendant fire company, corporation, subdivision or agency and the claim is disallowed.

NOTICES SENT TO FOR FILE 111239

[illegible]



Legislation Details (With Text)

File #: 111253 **Version:** 0

Type: Resolution **Status:** In Committee

File created: 1/18/2012 **In control:** JUDICIARY & LEGISLATION COMMITTEE

On agenda: **Final action:**

Effective date:

Title: Resolution relating to an appeal from Tamara Pacada for property damage.

Sponsors: THE CHAIR

Indexes: CLAIMS APPEAL

Attachments: Appeal, City Attorney Letter, Hearing Notice List

Date	Ver.	Action By	Action	Result	Tally
1/18/2012	0	COMMON COUNCIL	ASSIGNED TO		
5/7/2012	0	JUDICIARY & LEGISLATION COMMITTEE	HEARING NOTICES SENT		
5/7/2012	0	JUDICIARY & LEGISLATION COMMITTEE	HEARING NOTICES SENT		
5/7/2012	0	JUDICIARY & LEGISLATION COMMITTEE	HEARING NOTICES SENT		

Number

111253

Version

ORIGINAL

Reference

Sponsor

THE CHAIR

Title

Resolution relating to an appeal from Tamara Pacada for property damage.

Drafter

CC-CC

dkf

1/4/11

CITY OF MILWAUKEE

2011 DEC 28 PM 1:02

RONALD S. LEONARD
CITY CLERK

December 22, 2011

Milwaukee City Clerk
200 E. Wells Street, Room 205
Milwaukee, WI 53202

Dear Mr. Grant Langley and Mr. Steven Carini:

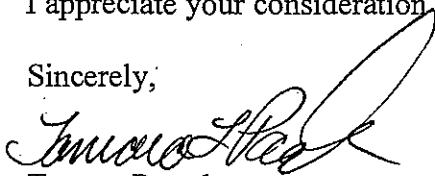
RE: Appeal decision regarding Claim: C.I. File No. 11-S-333

Thank you for reviewing my claim in the amount \$228.15 for damage sustained to my vehicle on 10/29/211 when it collided with a pothole on 10th Street near the courthouse. I am writing to appeal your decision of denying this claim.

In your letter dated 12/13/2011, you state that the City had no notice of this hazard prior to 10/29/2011. I have two reasons for appealing your decision: 1) There very well may not be a notice of the pothole prior to 10/29/2011 as we collided with the pothole around 8:30pm, which is well after normal business hours for the City; and 2) There is visible evidence that the pothole was fixed within about 1.5 weeks of 10/29/2011. The evidence is still visible today that there was a large pothole and that it had been fixed. Whether there is an official notice of the pothole in City records or not is not something I can control. The visible fix should be proof in itself. I insist that the City of Milwaukee reimburse this amount as we were travelling at the posted speed limit on a road maintained by the City, and that there is still visible evidence of the fix.

I appreciate your consideration of this appeal and look forward to hearing from you soon.

Sincerely,



Tamara Pacada
2323 W. Club View
Glendale, WI 53209

Cell: (916) 601-7155

CITY OF MILWAUKEE
RECEIVED
2011 DEC 28 PM 3:17
OFFICE OF
CITY ATTORNEY

November 15, 2011

CITY OF MILWAUKEE
2011 NOV 17 PM 4:07
RONALD D. LEONHARDT
CITY CLERK

City Clerk
Attn: Claims
200 E. Wells Street, Room 205
Milwaukee, WI 53202-3567

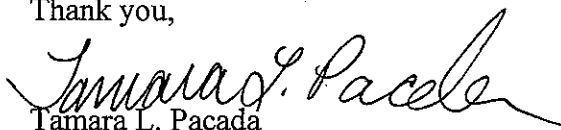
To Whom it May Concern:

On Saturday, October 29th at approximately 8:00 pm, I was travelling north on 10th Street in the left lane at the posted speed limit. Just after passing the courthouse, I drove over a very large and deep pothole that was on the left-hand side of the left lane. The car jolted a great deal and my family members in the car all exclaimed that the pothole definitely had to have done damage to the car. I stopped the car and checked for noticeable damage, but there was no visible damage; however, as I drove home (Glendale), the car began veering to the left as if the tire was flat or the alignment was severely off.

When we returned home, I checked the tire and it was flat. I put air in the tire, but could not bring it in to get checked until Monday because there was not a body shop that I could find that was open. I brought the car to John Amato Nissan in Glendale and they informed me that the inside rim of the tire was bent in two places and creating gaps, which was letting the air out at a pretty fast pace. They informed us that this very typical damage that is caused by a pothole. They ordered the replacement rim, which we were told would take a few days to come in. We were given an estimate, which forced me to consider seeking reimbursement from the City of Milwaukee. I returned to the place where we hit the pothole, but it had already been filled. One can still see where the pothole was as it was clearly filled in very recently.

After learning what was wrong with the car, we felt it was too dangerous to drive, so we borrowed a vehicle from a family member and used that until November 8th when the tire was fixed, also by John Amato Nissan. The total cost to have the tire fixed was \$228.15, which included parts and service. I am seeking reimbursement of that amount - \$228.15 and the receipt is attached. Please contact me with questions.

Thank you,



Tamara L. Pacada
2323 W. Club View
Glendale, WI 53209

(916) 601-7155
TLPacada@hotmail.com

CITY OF MILWAUKEE
RECEIVED
2011 NOV 18 PM 3:29
OFFICE
CITY ATTORNEY

CUSTOMER #: 50517

258138

JOHN AMATO NISSAN INC.

5200 N. Port Washington Road, Glendale, WI 53217

(414) 964-4400 · 1-800-992-7294

www.amatoauto.com

INVOICE

ALLAN PACADA

2323 W CLUBVIEW DRIVE

GLENDALE, WI 53209

HOME: 414-335-5963 CONT: N/A

BUS:

CELL:

SERVICE ADVISOR: 2457 JOEL SUPUTO



PAGE 1

COLOR	YEAR	MAKE/MODEL		VIN	LICENSE	MILEAGE IN/ OUT		TAG
BLUE	06	NISSAN SENTRA		3N1CB51D36L576198		77652/77652		T384
DEL DATE	PROD. DATE	WARR. EXP.	PROMISED	PO NO.	RATE	PAYMENT	INV. DATE	
14MAY06 DD			08NOV11		105.00	CASH	11NOV11	

16:21 08NOV11 09:41 11NOV11

LINE	OPCODE	TECH	TYPE	HOURS	LIST	NET	TOTAL
------	--------	------	------	-------	------	-----	-------

A CUSTOMER REPORTS THAT LEFT FRONT TIRE IS LOSING AIR.

40 MOUNTED AND BALANCED TIRE ON RECONDITIONED RIM

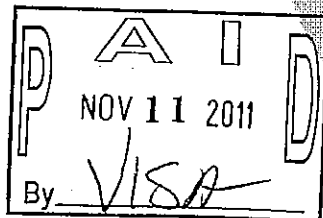
4536	CN			15.00	15.00	
1	ALY62430U20	RECON WHEEL	199.00	199.00	199.00	
1	274288	STEM	2.05	2.05	2.05	

B NISSAN 27 POINT COURTESY INSPECTION

27N NISSAN 27 POINT COURTESY INSPECTION

4536	CN			0.00	0.00	
99BAT	TESTED BATTERY (PASSED)					
4536	CN			0.00	0.00	

THANK YOU FOR YOUR BUSINESS
 YOU MAY RECEIVE A SURVEY CONCERNING
 THIS SERVICE VISIT. PLEASE RETURN IT
 COMPLETELY SATISFIED. IF THERE ARE ANY
 QUESTIONS PLEASE CONTACT YOUR ADVISOR
 AT 414-964-4400



OFFICE CITY ATTORNEY
 2011 NOV 18 PM 3:29
 CITY OF MILWAUKEE
 RECEIVED

Thank you for choosing
 John Amato Nissan Inc.
 for your vehicle's service.
 We appreciate the
 opportunity to serve you.
 If for any reason you are
 not completely satisfied
 please contact your
 Service Advisor
 immediately.
 Thank you again.



ALL PARTS
 NEW ORIGINAL
 EQUIPMENT
 UNLESS
 OTHERWISE
 SPECIFIED
Thank You

Any warranties on the products sold
 hereby are those made of the
 manufacturer. As between the retail
 seller, JOHN AMATO NISSAN INC.,
 and buyer, the product is to be sold
 as is, and the entire risk as to the
 quality and performance of the
 product is with the buyer. The seller
 expressly disclaims all warranties,
 either express or implied, including
 any implied warranty of
 merchantability or fitness for a
 particular purpose, and the seller
 neither assumes nor authorizes any
 other person to assume for it any
 liability in, the sale of said products.
 The buyer acknowledges being so
 informed prior to the sale.

DESCRIPTION	TOTALS
LABOR AMOUNT	15.00
PARTS AMOUNT	201.05
GAS, OIL, LUBE	0.00
SUBLET AMOUNT	0.00
SS / WD	0.00
TOTAL CHARGES	216.05
LESS INS./ADJUSTMENT	0.00
SALES TAX	12.10
PLEASE PAY THIS AMOUNT	228.15

SERVICE HOURS
 MONDAY-FRIDAY
 7:00 AM - 5:30 PM
 SAT
 8:00 AM - 5:00 PM

BODY SHOP
 HOURS
 MONDAY-FRIDAY
 7:30 AM - 5:00 PM
 SAT. BY
 APPOINTMENT
 ONLY

SALES HOURS
 MONDAY-FRIDAY
 9:00 AM - 9:00 PM
 SAT
 9:00 AM - 5:00 PM

CUSTOMER SIGNATURE

CUSTOMER COPY

JOHN AMATO OLDS CADILLAC
5200 N PORT WASHINGTON
MILWAUKEE WI 53217

DATE: 11/11/11 TIME: 09:54
MERCHANT ID: JO55881740001

CREDIT CARD
VISA SALE

CARD# *****0278
EXPIRATION DATE **/**
SEQ: 770002
APPROVAL CODE: 90115A
ENTRY METHOD: SWIPED
AMOUNT: \$228.15

TOTAL AMOUNT: \$228.15

APPROVED 90115A

THANKS FOR YOUR BUSINESS

CUSTOMER COPY

GRANT F. LANGLEY
City Attorney

RUDOLPH M. KONRAD
LINDA ULISS BURKE
VINCENT D. MOSCHELLA
Deputy City Attorneys



THOMAS O. GARTNER
SUSAN D. BICKERT
STUART S. MUKAMAL
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EDWARD M. EHRLICH
LEONARD A. TOKUS
MIRIAM R. HORWITZ
MARYNELL REGAN
G. O'SULLIVAN-CROWLEY
KATHRYN Z. BLOCK
ELOISA DE LEÓN
ADAM B. STEPHENS
KEVIN P. SULLIVAN
BETH CONRADSON CLEARY
THOMAS D. MILLER
JARELY M. RUIZ
ROBIN A. PEDERSON
CHRISTINE M. QUINN
MARGARET C. DAUN
JEREMY R. MCKENZIE
MARY L. SCHANNING
Assistant City Attorneys

December 13, 2011

Tamara L. Pacada
2323 West Club View Drive
Glendale, WI 53209

RE: Tamara L. Pacada
C.I. File No.: 11-S-333

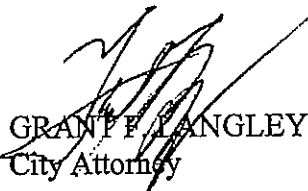
Dear Ms. Pacada:

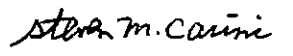
We have received your claim in the amount of \$228.15, relating to damage allegedly sustained to your vehicle on October 29, 2011 when it collided with a pothole while you were traveling northbound in the left lane on 10th Street just past the courthouse.

Our investigation reveals that the Infrastructure Services Division records indicate that prior to October 29, 2011 the City had no notice of this hazard and because of this lack of notice the City would not be liable. Therefore, we are denying your claim.

If you wish to appeal this decision, you may do so by sending a letter within 21 days of the receipt of this letter to the Milwaukee City Clerk, 200 East Wells Street, Room 205, Milwaukee, Wisconsin 53202, requesting a hearing.

Very truly yours,


GRANT F. LANGLEY
City Attorney


STEVEN M. CARINI
Investigator Adjuster

SMC:ms
1029-2011-2916:176336

Mailed 12-14-11

OFFICE OF THE CITY ATTORNEY

Milwaukee City Hall Suite 800 • 200 East Wells Street • Milwaukee, Wisconsin 53202-3551 • Telephone: 414.286.2601 • TDD: 414.286.2025 • Fax 414.286.8550

NOTICES SENT TO FOR FILE 111253

[illegible]



Legislation Details (With Text)

File #: 111345 **Version:** 0
Type: Resolution **Status:** In Committee
File created: 2/7/2012 **In control:** JUDICIARY & LEGISLATION COMMITTEE
On agenda: **Final action:**
Effective date:
Title: Resolution relating to the claim of MaryAnn Brannon for personal injuries.
Sponsors: THE CHAIR
Indexes: CLAIMS
Attachments: City Attorney Letter.pdf, Claim, Hearing Notice List

Date	Ver.	Action By	Action	Result	Tally
2/7/2012	0	COMMON COUNCIL	ASSIGNED TO		
5/7/2012	0	JUDICIARY & LEGISLATION COMMITTEE	HEARING NOTICES SENT		
5/7/2012	0	JUDICIARY & LEGISLATION COMMITTEE	HEARING NOTICES SENT		
5/7/2012	0	JUDICIARY & LEGISLATION COMMITTEE	HEARING NOTICES SENT		

Number
111345
Version
ORIGINAL
Reference

Sponsor
THE CHAIR
Title
Resolution relating to the claim of MaryAnn Brannon for personal injuries.
Requestor
City Attorney
Drafter
JAS:ms
January 19, 2012
1029-2010-2071:177366

GRANT F. LANGLEY
City Attorney

RUDOLPH M. KONRAD
LINDA ULISS BURKE
VINCENT D. MOSCHELLA
Deputy City Attorneys



THOMAS O. GARTNER
SUSAN D. BICKERT
STUART S. MUKAMAL
THOMAS J. BEAMISH
MAURITA F. HOUREN
JOHN J. HEINEN
SUSAN E. LAPPEN
JAN A. SMOKOWICZ
PATRICIA A. FRICKER
HEIDI WICK SPOERL
KURT A. BEHLING
GREGG C. HAGOPIAN
ELLEN H. TANGEN
MELANIE R. SWANK
JAY A. UNORA
DONALD L. SCHRIEFER
EDWARD M. EHRlich
LEONARD A. TOKUS
MIRIAM R. HORWITZ
MARYNELL REGAN
G. O'SULLIVAN-CROWLEY
KATHRYN Z. BLOCK
ELOISA DE LEÓN
ADAM B. STEPHENS
KEVIN P. SULLIVAN
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MARGARET C. DAUN
JEREMY R. MCKENZIE
MARY L. SCHANNING
Assistant City Attorneys

January 19, 2012

To the Honorable Common Council
Of the City of Milwaukee
Room 205 – City Hall

Re: Resolution Relating to the Claim of MaryAnn Brannon
C.I. File No.: 10-S-221

Dear Council Members:

We return the enclosed document which has been filed with the City Clerk, and ask that it be introduced and referred to the Committee on Judiciary & Legislation with the following recommendation.

Claimant, MaryAnn Brannon, 9219 West Adler Street, West Allis, WI 53214, alleges through her attorney, Weigel, Carlson, Blau & Clemens, S.C., 3732 West Wisconsin Avenue, Suite 300, Milwaukee, WI 53208, that on June 2, 2010 she sustained injuries when she tripped and fell on an inground planter that was not level with the sidewalk at 1220 West Vliet Street. They claim damages in the amount of \$50,000.00.

Our investigation reveals the Infrastructure Service Division records indicate that after receipt of this claim, they conducted a site investigation of the sidewalks at 1220 West Vliet Street and did not find any tripping hazards along the sidewalks. The planter areas appear to be installed as they were designed. The City was not negligent in this matter. As such, it would not be liable. Therefore, we recommend that this claim be denied.

Very truly yours,

GRANT F. LANGLEY
City Attorney

JAN A. SMOKOWICZ
Assistant City Attorney

JAS:ms
Enclosure
1029-2010-2071:177365

OFFICE OF THE CITY ATTORNEY

Milwaukee City Hall Suite 800 • 200 East Wells Street • Milwaukee, Wisconsin 53202-3551 • Telephone: 414.286.2601 • TDD: 414.286.2025 • Fax: 414.286.8550

CLAIM AND ITEMIZED STATEMENT OF RELIEF SOUGHT

Pursuant to Section 893.80(1)(a)

TO: City of Milwaukee
200 East Wells Street
Milwaukee, Wisconsin 53202

Pursuant to law the claimant, Mary Ann Brannon, hereby files this claim against the above named municipality through her attorneys the law firm of Weigel, Carlson, Blau & Clemens, S.C.

CITY OF MILWAUKEE
12 JAN 11 PM 2:30
RONALD D. LEONARDI
CITY CLERK

1. Name and address of the claimant are:

Mary Ann Brannon
9219 West Adler Street
West Allis, Wisconsin 53214

2. For statement of relief sought is a demand for damages as a result of the accident described as follows:

- A. That Mary Ann Brannon is an adult residing at 9219 West Adler Street, West Allis, Wisconsin 53214.
- B. That on or about the 2nd day of June, 2010, at approximately 12:00 p.m., Ms. Brannon suffered injuries while walking on the sidewalk directly in front of the Marcia P. Coggs Human Services Center located at 1220 West Vliet Street, Milwaukee, Wisconsin, when she tripped on the in-ground planter that is on the sidewalk and fell, causing injuries to her.
- C. That as a direct and proximate result of the ~~County~~ ^{City (GEC)} of Milwaukee's negligence in said planter's poor design and/or maintenance which caused said planter to not be level with the sidewalk.
- D. That as a direct and proximate result of the ~~County~~ ^{City (GEC)} of Milwaukee's negligence, Ms. Brannon was caused to suffer personal injuries including, but not limited to, a broken right fibula, broken right ankle and sprained left ankle, as well as other injuries.
- E. That on July 30, 2010, a Written Notice of Circumstances of Claim Pursuant to Section 893.80(1)(a) was served upon the City of Milwaukee and a copy thereof is attached hereto.

3. An itemization of the claim is as follows:

Bell Ambulance	6-2-10	\$215.86
Internal Medicine Assoc.	6-2-10 to 6-3-10 & 10-20-10	\$892.57
Milwaukee Anesthesia Consultants	6-3-10	\$207.65
West Allis Memorial Hospital	6-2-10 to 6-4-10	\$25,248.25
Aurora Medical Group	6-2-10	\$100.00
ERMED, S.C.	6-2-10	\$912.00
Aurora Visiting Nurse	6-4-10 to 11-9-10	\$256.60
Gentiva Health Services	6-5-10 to 9-16-10	\$16,641.00
Diagnostic Mobile Imaging, LLC	8-3-10	\$258.00

Total Medical Bills: \$45,231.93

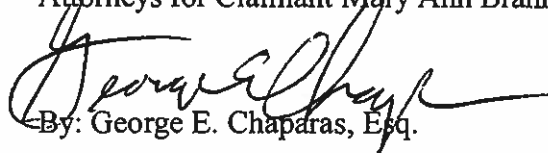
CITY OF MILWAUKEE
2012 JAN 12 PM 1:50
CITY CLERK

Plus Pain and Suffering of \$4,768.07

TOTAL CLAIM: \$50,000.00

Dated at Milwaukee, Wisconsin this 16 day of December, 2011

WEIGEL, CARLSON,
BLAU & CLEMENS, S.C.
Attorneys for Claimant Mary Ann Brannon


By: George E. Chaparas, Esq.

GEC/kr



"IF IT DOESN'T SAY BELL ON THE SIDE,
YOU'VE JUST BEEN TAKEN FOR A RIDE!!!"
549 E WILSON ST
MILWAUKEE, WI,
53207-1635

#BWNSFD
#26 10 0153 0041 0 4#

MARY A BRANNON
2092 S 102ND ST
MILWAUKEE, WI 53227-1317

Client Name: **BRANNON, MARY A**

Trip Number:

10-1530041

Service Date: **06/02/2010**

Amount Due: **\$ 0.00**

Billing Date: **10/04/2011**

Billing Department: **(414) 486-2000**

Toll-Free Number: **(800) 896-6200**

Se Habla Español: **(414) 486-4016**



"IF IT DOESN'T SAY BELL ON THE SIDE,
YOU'VE JUST BEEN TAKEN FOR A RIDE!!!"

Billing Department: **(414) 486-2000**

Toll-Free: **(800) 896-6200**

549 E WILSON ST
MILWAUKEE, WI, 53207-1635

Service Date: **06/02/2010**

Trip Number: **10-1530041**

Client Name: **BRANNON, MARY A**

Caller:

From Location: **N 12TH ST & W VLIET ST**

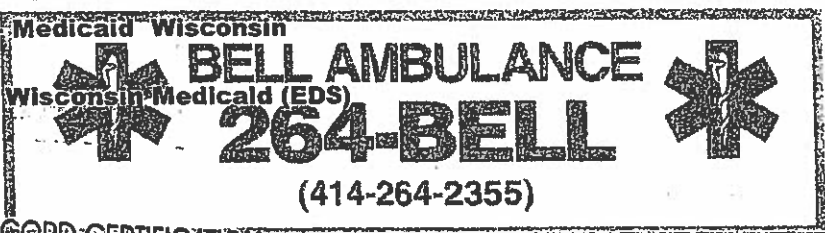
To Location: **WEST ALLIS MEMORIAL**

Insurance Information

WPS Medicare Part B

Patient SSN A

DATE	DESCRIPTION OF TRANSACTION	HCPC	QUANTITY	UNIT PRICE	AMOUNT
06/02/10	BLS Emergency Base Rate	A0429	1	\$510.00	\$510.00
06/02/10	Mileage	A0425	10	\$14.00	\$140.00
06/02/10	Ice Pack - BLS - F	A0382	1	\$3.52	\$3.52
06/02/10	Misc. Services	A0382	1	\$62.34	\$62.34
06/22/10	Manual Contractual - Medicare WPS Medicare Part B				\$331.57
06/22/10	Payment - Medicare WPS Medicare Part B				\$53.92
06/22/10	Payment - Medicare WPS Medicare Part B				\$253.51
10/20/10	Manual Contractual - Medicaid Wisconsin				\$75.18
	Medicaid (EDS)				
10/20/10	Payment - Medicaid Wisconsin Medicaid (EDS)				\$1.68



RECORD-CERTIFICATION

As custodian of records of Bell Ambulance Service, I hereby certify that this and any documents annexed hereto, consisting of 8 pages, are accurate, legible and complete duplicates of medical records or bills for the named client on the dates shown.

Date: 10-4-11 Signature: [Signature]

FINAL**Patient Care Report****BELL AMBULANCE INC**

549 E WILSON ST
MILWAUKEE, WI 53207-1635
(414) 486-2000 Ext.

Run Number: 1530041

Date of Service: 06/02/2010

Patient Name: mary ann brannon

"IF IT DOESN'T SAY BELL ON THE SIDE,
YOU'VE JUST BEEN TAKEN FOR A RIDE!!!"

CREW INFO	RESPONSE INFO	DISPOSITION	TIMES
Vehicle : 433	Med/Trauma: Medical and Trauma	Outcome: Treated/Transported FAX REPORT NEEDED	Recvd: 10:39 06-02-10
Crew #1:	Response Priority: CODE-3 (10-17)	Dest. Reason: Closest Facility	Dispatch: 10:40 06-02-10
Crew #2:	Nature Of Call: LEG / FOOT PAIN	Transport Priority: CODE-2 (10-16)	En route: 10:40 06-02-10
Doc'd By:	Start Mileage:	At Scene Mileage: 1.9	At scene: 10:45 06-02-10
Assisted By: 0	Response Mileage: 0.0	At Dest. Mileage: 11.6	At patient: 10:48 06-02-10
0	Resp. Delay: <None>	Condition at Dest.: Unchanged	Transport: 11:09 06-02-10
0	<None>	Level of care:	At dest.: 11:26 06-02-10
	<None>	Barriers to Care: None	In service: 11:58 06-02-10
	Trans. Delay: <None>	None	At base: 11:58 06-02-10
	<None>	Pt. Transported: Supine/Head Elevated - Stretcher	
	Call Taken by: MILWAUKEE FIRE DEPT	Destination: WEST ALLIS MEMORIAL HOSPITAL Dept: EMERGENCY DEPT 8901 W LINCOLN AVE WEST ALLIS, WI 53227-2409	
	Resp. with:	Transport Reason: Col Needed	
	Location: N 12TH ST & W VLIET ST MILWAUKEE, WI 53205	Transport Reason: Emergency Situation	
	Locn Type: Public Outdoors	Service Not Available:	
	Pt. Found: Other (See Narrative)	Transport Explanation: rt ankle pain	

PATIENT INFORMATION

Name : mary ann brannon

Phone : (414) 731-1563

DL Info :

SSN : 394-58-4069

DOB : 09/29/1951 (60 yrs)

Weight : 200 lbs

Sex : Female

Home Addr. : 2092 S 102 109
MILWAUKEE, WI 53227

Mailing Addr. :

Race : White

NEXT OF KIN

Name : fred brannon

Phone : (414) 731-1561

SSN :

DOB :

Sex :

Home Addr. :

INSURANCE

Work Related: No

Provider Info:

Company: WPS Medicare Part B

Policy #: 394-58-4069

Group #:

FINAL

Patient Care Report



BELL AMBULANCE INC

549 E WILSON ST
MILWAUKEE, WI 53207-1635
(414) 486-2000 Ext.

Run Number: 1530041

Date of Service: 06/02/2010

Patient Name: mary ann brannon

Employer Information

Employer:

Employer Phone:

Employer Address:

Employer State:

Employer City:

Employer Zip:

HISTORY

Allergies

Other - Not Listed

Latex

Aspirin (ASA)

Note: ceflex

Cause of Injury

Falls

Note: standing fall

Chief Complaint

Fall Victim

Medications

Albuterol -

Singulair -

Past Medical History

Other

Note: asthma

FINAL**Patient Care Report**

"IF IT DOESN'T SAY BELL ON THE SIDE,
YOU'VE JUST BEEN TAKEN FOR A RIDE!!!"

BELL AMBULANCE INC

549 E WILSON ST
MILWAUKEE, WI 53207-1635
(414) 486-2000 Ext.

Run Number: 1530041

Date of Service: 06/02/2010

Patient Name: mary ann brannon

ASSESSMENTS

06/02/2010 11:06:00 By:

<u>Body Area</u>	<u>Assessment</u>	<u>Body Area</u>	<u>Assessment</u>
Airway	Patent Patent :	Breathing	Normal Respirations Normal Respirations :
Circulation	Pulses - Radial - Normal (2+) Pulses - Radial - Normal (2+) :	Central Nervous System	Neuro Intact Neuro Intact :
Head	Assessed with No Abnormalities Assessed with No Abnormalities :	Face	Assessed with No Abnormalities Assessed with No Abnormalities :
Right Ear	Assessed with No Abnormalities Assessed with No Abnormalities :	Left Ear	Assessed with No Abnormalities Assessed with No Abnormalities :
Right Eye	Pain Pain :	Left Eye	Assessed with No Abnormalities Assessed with No Abnormalities :
Nose	Assessed with No Abnormalities Assessed with No Abnormalities :	Neck	Assessed with No Abnormalities Assessed with No Abnormalities :
Trachea	Midline Midline :	Chest	Assessed with No Abnormalities Assessed with No Abnormalities :
Pelvis	Assessed with No Abnormalities Assessed with No Abnormalities :	Genitalia	Not Assessed Not Assessed :
Upper Right Arm	Assessed with No Abnormalities Assessed with No Abnormalities :	Upper Left Arm	Assessed with No Abnormalities Assessed with No Abnormalities :
Lower Right Arm	Assessed with No Abnormalities Assessed with No Abnormalities :	Lower Left Arm	Assessed with No Abnormalities Assessed with No Abnormalities :
Right Hand	Assessed with No Abnormalities Assessed with No Abnormalities :	Left Hand	Assessed with No Abnormalities Assessed with No Abnormalities :
Upper Right Leg	Assessed with No Abnormalities Assessed with No Abnormalities :	Upper Left Leg	Assessed with No Abnormalities Assessed with No Abnormalities :
Lower Right Leg	Assessed with No Abnormalities Assessed with No Abnormalities :	Lower Left Leg	Assessed with No Abnormalities Assessed with No Abnormalities :
Right Foot	Assessed with No Abnormalities Assessed with No Abnormalities :	Left Foot	Assessed with No Abnormalities Assessed with No Abnormalities :
Alcohol/Drugs	Patient Denies Alcohol/Drug Use Patient Denies Alcohol/Drug Use :	Back - Lower	Assessed with No Abnormalities Assessed with No Abnormalities :
Back - Upper	Assessed with No Abnormalities Assessed with No Abnormalities :	Level of Consciousness	A & O x 4 A & O x 4 :

FINAL**Patient Care Report**

(414-264-2355)

"IF IT DOESN'T SAY BELL ON THE SIDE,
YOU'VE JUST BEEN TAKEN FOR A RIDE!!!"

BELL AMBULANCE INC

549 E WILSON ST
MILWAUKEE, WI 53207-1635
(414) 486-2000 Ext.

Run Number: 1530041

Date of Service: 06/02/2010

Patient Name: mary ann brannon

Lower Left Quadrant	Assessed with No Abnormalities	Lower Right Quadrant	Assessed with No Abnormalities
	Assessed with No Abnormalities :		Assessed with No Abnormalities :
Mental Status	Normal (A & O x 4)	Throat/Mouth	Assessed with No Abnormalities
	Normal (A & O x 4) :		Assessed with No Abnormalities :
Upper Left Quadrant	Assessed with No Abnormalities	Upper Right Quadrant	Assessed with No Abnormalities
	Assessed with No Abnormalities :		Assessed with No Abnormalities :

IMPRESSIONS

Primary Impression: Pain/Other General Symptoms

TRAUMA**Trauma Description**

Fall of 1-6 Feet

VITAL SIGNS

Time	BP	Pulse	Respiratory	SPO2	EtCO2	Glucose	GCS
11:08	158/80 Auscultated	88, Strong, Regular	18 Normal, Regular				E4 + V5 + M6 = 15

Skin Temp=Normal Skin Color=Normal Skin Moisture=Normal Lung Sounds Left=Normal / Clear Lung Sounds Right=Normal / Clear
Pupil size: Left=3mm, Right=3mm Pupil Reacts: Left=Reactive, Right=Reactive Pupil Dilation: Left=Normal, Right=Normal
Pain Scale=10; Arm Movement: Left=Spontaneous, Right=Spontaneous; Leg Movement: Left=Spontaneous, Right=Spontaneous

Completed By:

TRAUMA SCORES

no trauma scores entered

Comments:

TREATMENT SUMMARY

Time	PTA	Treatment	Who performed	Comments
11:06		PATIENT CONTACT MADE		
		<u>Complication</u>	<u>Complication Narrative</u>	

GLOVES PER PAIR=04

Time	PTA	Treatment	Who performed	Comments
11:06		SECURED TO COT		
		<u>Complication</u>	<u>Complication Narrative</u>	

HOW SECURED=siderails up,
seatbelts x 5

FITTED SHEET QTY=01

FLAT SHEET QTY=01

PILLOW CASE=01

FINAL**Patient Care Report**

BELL AMBULANCE
264-BELL
 (414-264-2355)

**BELL AMBULANCE INC**

549 E WILSON ST
 MILWAUKEE, WI 53207-1635
 (414) 486-2000 Ext.

Run Number: 1530041

Date of Service: 06/02/2010

Patient Name: mary ann brannon

"IF IT DOESN'T SAY BELL ON THE SIDE,
 YOU'VE JUST BEEN TAKEN FOR A RIDE!!!"

TREATMENT SUMMARY CONTINUED

<u>Time</u>	<u>PTA</u>	<u>Treatment</u>	<u>Who performed</u>	<u>Comments</u>
11:20		COLD PACK <u>Complication</u>	<u>Complication Narrative</u>	
		Indication=Swelling Control	Result=None	Location=rt and left ankle
		Quantity=02	Performed PTA By=Not Applicable	
<u>Time</u>	<u>PTA</u>	<u>Treatment</u>	<u>Who performed</u>	<u>Comments</u>
11:22		Miscellaneous Supplies <u>Complication</u>	<u>Complication Narrative</u>	
		Ice Pack=02		
<u>Time</u>	<u>PTA</u>	<u>Treatment</u>	<u>Who performed</u>	<u>Comments</u>
11:23		SPLINTING <u>Complication</u>	<u>Complication Narrative</u>	
		INDICATION=Possible Fracture	EXTREMITY=Right Foot/Ankle	CMS BEFORE=Present
		TYPE=Pro-Splint	SPLINT QTY=01	RESULT=Immobilization without CMS Change
		PERFORMED PTA BY=Not Applicable		
<u>Time</u>	<u>PTA</u>	<u>Treatment</u>	<u>Who performed</u>	<u>Comments</u>
11:24		Immobilization Supplies <u>Complication</u>	<u>Complication Narrative</u>	
		Pro Splint Leg - Adult=01		

NARRATIVE

Upon arrival found a 58 y/o female sitting on the ground outside a public building. Pt complaining of rt ankle pn from a standing fall. Pt was, "pushed from behind and twisted it on a depression near the sidewalk." Pt denies any other pain. Pain does not radiate and it rated 10/10. Pain is contant but worse with movement Pt had full cms prior to and after applying a proslint to her ankle. Ankle was swollen, an ice pack was applied. Pt transferred and secured to cot times 5. Pt vitals taken, w/in normal. Along the way the pt left ankle began to swell. A second ice pack was applied to the left ankle. Pt transported to west allis hospital woi. Pt care transferred to facility care member.

FINAL

Patient Care Report



"IF IT DOESN'T SAY BELL ON THE SIDE,
YOU'VE JUST BEEN TAKEN FOR A RIDE!!!"

BELL AMBULANCE INC

549 E WILSON ST
MILWAUKEE, WI 53207-1635
(414) 486-2000 Ext.

Run Number: 1530041

Date of Service: 06/02/2010

Patient Name: mary ann brannon

SIGNATURES

Time	Type	Who signed	Why patient did not sign
06/02/2010 11:25	(1) Assignment & Guarantee / HIPAA	Self - brannon, mary ann	N/A

ASSIGNMENT & GUARANTEE / HIPAA

I acknowledge that I am legally responsible for the ambulance services provided to me. I request payment of authorized Medicare benefits and/or other insurance benefits be made on my behalf to Bell Ambulance, Inc. for any ambulance services and supplies furnished to me by Bell Ambulance, Inc., whether in the past, now or in the future. I authorize any holder of medical information about me or other relevant documentation about me to release to the Centers for Medicare and Medicaid Services and its agents and contractors, any and all appropriate third party payors and their respective agents and contractors, as well as Bell Ambulance, Inc. any information or documentation in their possession needed to determine these benefits and/or the benefits payable for related services, whether in the past, now or in the future. This authorization is in effect until I choose to revoke it.

I hereby agree to pay charges for services provided to me by Bell Ambulance, Inc. in accordance with Bell Ambulance, Inc.'s regular rates and terms. I understand that each bill is due and payable within 10 days, and 1% per month late payment penalty will apply to any amount not paid when due. Should my account be referred to an attorney for collection, I agree to pay reasonable attorneys' fees and collection expenses.

I hereby acknowledge that I have been provided with a copy of the Bell Ambulance, Inc. Notice of Privacy Practices on this date.

I certify that I have read the foregoing, understand it, and accept its terms.

06/02/2010 11:39 Report Given To

Facility Staff Member - b, jana

N/A

I have received report for mary ann brannon from CONDON, BRIGID, ANTON, KEN and accept this patient.

X B. Brannon

FINAL

Patient Care Report



BELL AMBULANCE
264-BELL
(414-264-2355)



BELL AMBULANCE INC

549 E WILSON ST
MILWAUKEE, WI 53207-1635
(414) 486-2000 Ext.

Run Number: 1530041

Date of Service: 06/02/2010

Patient Name: mary ann brannon

CREW INFORMATION

Start Date/Time: 06/02/2010 10:00

Crew # Name

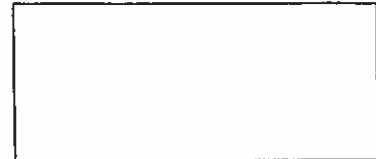
3465

Crew # Name

3386

x Bernard Gordon

x K. A.



CHANGE TRACKING

Caption

Date/Time

Change

Who Changed



Aurora Health Care®

CERTIFICATION OF MEDICAL RECORDS

Patient Name: Mary Ann Brannon DOB 9/29/1951

I certify that the documents attached to this certificate, consisting of 248 pages, are accurate, legible, and complete duplicates of the original medical records of the patient listed above for the following time period:

6/2/2010 to 1/13/2011

Exclusions:

☒ None

☐ As follows: _____

I further certify that the original records were: (1) made at or near the time of the occurrence of the matters set forth by, or information transmitted by, a person with knowledge of those matters; (2) kept in the course of the regularly conducted activity; and (3) made by the regularly conducted activity as a regular practice.

I certify under penalty of perjury under the laws of the United States of America that the foregoing is true and correct.

Executed on this 17 day of January 2011

Rhonda Niehaus, RHIA
Rhonda Niehaus, RHIA

Aurora West Allis Medical Center
8901 W Lincoln Ave.
West Allis, WI 53227



WAMH



MRN 64-10

PT PREFERRED NAME

BRANNON, MARYANN
APT 109
2092 S 102ND ST
WEST ALLIS, WI 53227
H: (414) 731-1563
A:
MAIDEN NAME
APKARIAN
BIOREP

DOB 09/29/1951 AGE 58 Y

LANGUAGE English

MARITAL STATUS

Married

RELIGION

Catholic

CHURCH

None

GENDER Female

INTERP

CLERGY VISIT
NONE

LATEX ALLERGY

PT EMPLOYER
None

Status: Not Employed
Occ: DISABILITY
Ret Date:
ENC TYPE: Inpatient

MRU: WMH-00275564
FIN NUM: WMH-08000657116
ADM DATE: 06/02/2010 17:31
CPI: WMH-000275564
LOC/UNIT: 3P2-WAMH
ROOM: 306
BED: 01
SERVICE: Medical
ADM TYPE: Emergency
ADDL LOC:

GUARANTOR

BRANNON, MARYANN
APT 109
2092 S 102ND ST
WEST ALLIS, WI 53227
H: (414) 731-1563

DOB 09/29/1951
GENDER Female

GUARANTOR EMPLOYER
None

Status: Not Employed
Occ: DISABILITY
Ret Date:

PT REL TO GUA
Self
A:

PRI INSURANCE 317

*Medicare Part A
NGS
PO Box 7149
Indianapolis, IN 46207
POL#: 394584069A
GRP#:
GRP NAME:
SUBSCRIBER
DOB 09/29/1951
BRANNON, MARYANN

SEC INSURANCE

POL#:
GRP#:
GRP NAME:
SUBSCRIBER
DOB

3RD INSURANCE

POL#:
GRP#:
GRP NAME:
SUBSCRIBER
DOB

PT REL TO SUB

Self
NETWORK

PT REL TO SUB

NETWORK

PT REL TO SUB

NETWORK

PHYSICIANS

Admit: Munim, Shahida R
Attending: Munim, Shahida R
Procedure:

Family: Munim, Shahida R
Referring: None, None
Resident:



FIN

COMPLAINT: BILAT TRIMALLEOLAR FX

ACCIDENT

Other Accident

OTHER ALLERGIES

ACC DATE
06/02/2010

*** VERIFY THAT THIS IS THE MOST CURRENT CONTACT INFO ***

1ST CONTACT PERSON

BRANNON, FRED M
(414) 779-9945

PT REL TO CONTACT
Wife

2ND CONTACT PERSON

BAILEY, ROBERTA M
(414) 758-3235

PT REL TO CONTACT
Mother

COMMENTS:

UPD TG/ICC 3/17/10/COPAY \$40 DENIED ER MD SMITH



Pre-Admit By:
Admit By:
Las: Updated By: KA
Print Date: 06/02/10 17:39

Facesheet

FACESHEET - PERMANENT PATIENT RECORD

West Allis Memorial Hospital
 **Aurora Health Care**
West Allis, WI

MRN: WMH-00275564
Patient Name: BRANNON, MARYANN
DOB: 09/29/1951
Case #: WMH-08000657116
Admit Date: 06/02/2010
Discharge Date: 06/04/2010
Pt. Loc/Type/Room: 3P2-WAMEI Inpatient 306

SPECIALTY CODE: 953

CONSULTING PHYSICIAN: Sean E Wilson/ESA, DPM

DATE OF ADMISSION: 06/02/2010

DATE OF CONSULTATION: 06/02/2010

REFERRING PHYSICIAN:
Emergency department.

CHIEF COMPLAINT:
Right ankle fracture, left ankle sprain.

HISTORY OF PRESENT ILLNESS:

The patient is a 58-year-old female who reports being down at the county building this morning. She said there was a lot of commotion and an argument between 2 parties unknown to the patient, and she was pushed, and fell, rolled over 1 ankle, and then fell and broke the other ankle. The patient is currently experiencing 10/10 pain on the right and mild pain on the left. The patient is able to bear some weight on the left side. She presented to the West Allis emergency room where she is seen at the present time. No other complaints.

ALLERGIES:

Aspirin.
Cyclobenzaprine.
Codeine.
Darvocet.
Keflex.
Latex.
Nubain.

PAST MEDICAL HISTORY:

Hemorrhoids.
Chronic obstructive pulmonary disease.
Hypertension.
Cholecystectomy.
Asthma.

SOCIAL HISTORY:

The patient smokes a pack and a half of cigarettes a day. Denies alcohol or illicit drug use. She is unemployed and married, lives with her husband. Has an elevator in the building.

PAST SURGICAL HISTORY:

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The patient reportedly has had multiple surgeries on both ankles for previous fractures.

FAMILY HISTORY:

Noncontributory.

REVIEW OF SYSTEMS:

Negative other than what is noted in the history of present illness.

MEDICATIONS:

Percocet.
Flexeril.
Albuterol.
Advair Diskus.
Singular.
Multivitamin.
Serena.
Sea Mist Nasal Spray.
Currently receiving Morphine.

PHYSICAL EXAMINATION:

GENERAL: The patient is awake, alert and oriented to person, place and thing.

VITAL SIGNS: Reviewed per chart.

HEENT: Normocephalic and atraumatic. Pupils are equally round, reactive to light and accommodation. Extraocular movements are intact.

CARDIOVASCULAR: Regular rate and rhythm.

LUNGS: Clear to auscultation bilaterally.

ABDOMEN: Nontender, nondistended. Normal bowel sounds.

EXTREMITIES: Lower extremities integument: The skin is intact bilaterally with no lesions. There is no ecchymosis noted at this time.

Vascular: Dorsalis pedis, posterior pulses are palpable bilaterally.

Capillary fill time is instantaneous to the toes bilaterally. There is noted edema to bilateral ankles. There is no noted erythema.

NEUROLOGIC: Intact to light touch of the digits bilaterally.

MUSCULOSKELETAL: There is pain on palpation and range of motion of the right ankle. There is some mild pain on palpation of the left ankle.

No gross deformity is noted.

DIAGNOSTIC DATA:

X-rays reveal a fracture of the right fibula and a posterior malleolar fracture with medial gutter widening of the right ankle. Left ankle: No fracture is noted.

Cultures: Not applicable.

LABORATORY DATA:

West Allis Memorial Hospital



Aurora Health Care
West Allis, WI

MRN: WMH-00275564

Patient Name: BRANNON, MARYANN

DOB: 09/29/1951

Case #: WMH-08000657116

Admit Date: 06/02/2010

Discharge Date: 06/04/2010

Pt. Loc/Type/Room: 3P2-WAMH Inpatient 306

Hemoglobin 16.0, hematocrit 47.0, white blood cells 11.2, platelets 184.
Sodium 139, potassium 4.0, chloride 106, carbon dioxide 25, BUN 12,
creatinine 0.9, glucose 97, INR 1.0.

ASSESSMENT:

1. Right ankle fracture.
2. Left ankle sprain.

PLAN:

1. The patient was evaluated and consult dictated.
2. Will schedule open reduction internal fixation on 06/03/2010 at 10:45 a.m.
3. N.p.o. after midnight tonight.
4. Nonweightbearing to the right, weightbearing as tolerated on the left with a Cam walker.
5. Dispense a Cam boot for the left.
6. Physical therapy and occupational therapy to evaluate for crutches, walker or a wheelchair.
7. EKG, chest x-ray.
8. Hospitalist for surgical history and physical.
9. Medical management per hospitalist.
10. Will follow.
11. Page for questions, 558-1488.

This consult was performed in a teaching fashion with Dr. Sean Wilson.

Electronically Authenticated

Sean E Wilson/ESA, DPM 06/03/2010 10:56

Signing Provider

Sean E Wilson/ESA, DPM

Dictating Provider

Michael Corcoran/ESA, DPM

MC/SMF (004091168)

d. 06/02/2010 5:06 P

t. 06/02/2010 7:45 P

Document #: 1184498

copies: Michael Corcoran/ESA, DPM

Shahida Munim/ESA, MD

Sean E Wilson/ESA, DPM

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Pt. Loc/Type/Room: 3P2-WAMH Inpatient 306

EMERGENCY

HISTORY AND PHYSICIS

WEST ALLIS MEMORIAL HOSPITAL

ADMISSION DATE: 06/02/2010

HISTORY OF PRESENT ILLNESS:

She is a 58-year-old female with past medical history of bronchial asthma. The patient came to the emergency room after a fall. According to patient, she was in her usual state of health. While she was in the county building, she was pushed and after that she fell down and twisted her ankle with severe pain. Subsequently, the patient came to the emergency room. The patient is admitted for further evaluation and treatment. The patient denies any shortness of breath. Denies any palpitation. Denies any chest pain, denies any bleeding from any part of the body.

PAST MEDICAL HISTORY:

Significant for bronchial asthma and hypertension. The patient also has a surgical history of cholecystectomy.

ALLERGIES:

Codeine, Nubain, Aspirin, Keflex and Darvon.

SOCIAL HISTORY:

Significant for smokes about 1 pack a day.

MEDICATIONS:

1. Advair Diskus 250/50 one puff b.i.d.
2. Albuterol 1 puff every 6 hours as needed.
3. Flexeril 10 mg p.o. q.6h. p.r.n.

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4. Singulair 5 mg p.o. daily.

LABORATORY DATA:

Sodium is 139, potassium 4.0, chloride 106. Glucose 97. WBC 11.2, hemoglobin 15.5, hematocrit 46.2. INR 1.0. Urinalysis is negative.

PHYSICAL EXAMINATION:

VITAL SIGNS: Blood pressure 133/82, pulse 86, temperature is 98.

HEENT: PERRLA. Throat clear, no exudate.

NECK: Supple. There is no adenopathy. There is no JVD.

CHEST: Nontender, moving equally on both sides. There are no wheezes, no crackles.

CARDIOVASCULAR: Normal S1 and S2. No S3, S4.

ABDOMEN: Soft and nontender. No hepatosplenomegaly. Bowel sounds positive.

EXTREMITIES: Shows tenderness, positive in both ankles, no deformity. Edema is positive in both ankles.

IMPRESSION:

1. Right ankle fracture and the left ankle sprain.
2. Bronchial asthma.
3. Hypertension.

PLAN:

Admit the patient on the floor. Order for the EKG and chest x-ray.
Pain control with Morphine. Continue home medications and possible surgery tomorrow.


Electronically Authenticated
Masroor Munim/ESA, MD 06/11/2010 16:27

Dictating Provider
Masroor Munim/ESA, MD

MM/MMD (004091294)
d. 06/02/2010 5:20 P
t. 06/02/2010 7:47 P
Document #: 1184499

copies: Masroor Munim/ESA, MD
Shahida Munim/ESA, MD

(Update is required at time of admission for any History and Physical

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done prior to patient arrival at the hospital. This section may also be used at the end of the stay as an update for patient transfer to another facility.)

Addendum to this history and physical:

☐ No change OR ☐ Additions as stated here:

Physician's Signature

Date

H O S P I T A L D I S C H G S U M M

WEST ALLIS MEMORIAL HOSPITAL

ADMISSION DATE: 06/02/2010
06/04/2010

DISCHARGE DATE:

DIAGNOSIS:

Right ankle fracture.

REASON FOR HOSPITALIZATION:

Pain control and open reduction internal fixation right ankle fracture.

HOSPITAL COURSE:

The patient was admitted to West Allis Memorial on the afternoon of 06/02/2010. The patient was started on Vicodin 5/500 q.4-6h. for pain. The patient underwent open reduction internal fixation of the right ankle on 06/03/2010 by Dr. Sean Wilson. The patient tolerated the procedure and anesthesia well. The patient was then started on Dilaudid PCA for pain control. The patient was discharged the following day, 06/04/2010, on Percocet 5/325, OxyContin 20 mg q.12h. and Coumadin 2 mg tablets 2 pills p.o. daily.

PERTINENT DIAGNOSTICS:

X-rays showing fracture of the right ankle.

IMPRESSION:

Status post open reduction and internal fixation right ankle fracture.
The patient is doing well.

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Discharge Date: 06/04/2010
Pt. Loc/Type/Room: 3P2-WAMH Inpatient 306

DISCHARGE PLAN:

The patient is to be non-weight bearing to the right foot and ankle with use of crutches or walker for PT. The patient is to follow up with Dr. Sean Wilson in approximately 1 week.

DISCHARGE MEDICATIONS:

1. Percocet 5/325.
2. OxyContin 20 mg.
3. Coumadin 2 mg 2 tablets daily.

Gentiva Home Health has set up outpatient laboratory draws to monitor INR.

CONDITION ON DISCHARGE:

Stable and good.

Primary care physician, Dr. Munim performed pre-surgical H and P.

This patient was seen under the teaching service of Dr. Sean Wilson, who was available for any questions or concerns for the patient and the family.

Electronically Authenticated
Sean E Wilson/BSA, DPM 06/24/2010 12:32
Signing Provider

Dictating Provider
Michael Corcoran/BSA, DPM
Sean E Wilson/BSA, DPM

MC/HB (004111465)
d. 06/08/2010 1:38 P
t. 06/11/2010 12:54 P
Document #: 1187624

copies: Michael Corcoran/BSA, DPM
Shahida Munim/BSA, MD
Sean E Wilson/BSA, DPM

West Allis Memorial Hospital



Aurora Health Care

West Allis, WI

MRN: WMH-00275564

Patient Name: BRANNON, MARYANN

DOB: 09/29/1951

Case #: WMH-08000657116

Admit Date: 06/02/2010

Discharge Date: 06/04/2010

Pt. Loc/Type/Room: 3P2-WAMH Inpatient 306

WEST ALLIS MEMORIAL HOSPITAL

ADMISSION DATE: 06/02/2010
06/04/2010

DISCHARGE DATE:

REASON FOR ADMISSION:

Right ankle fracture and left ankle sprain. For more details on History of Present Illness, Past Medical History, Family and Social History, and Admission home meds, please refer to the dictated H& P from 06/02/2010.


HOSPITAL COURSE:

Patient was admitted to the orthopedic floor via emergency room. Seen in consultation by podiatry, Dr. Sean Wilson. Her x-rays done on admission revealed distal right fibular metaphysis fracture and posterior malleolar fracture. Left ankle: No evidence for fracture, subluxation or dislocation except for small calcaneal spur. Since patient was in excruciating pain, she was subsequently taken to the operating room on 06/03/2010 for open reduction internal fixation of right ankle.

Her postoperative course was uncomplicated except for some pain issues which was predictable. Her pain was controlled appropriately initially with PCA, later on switched to oral narcotic pain medications. The patient underwent PT, OT evaluation for nonweightbearing training of right foot today, which is 06/04/2010. Hence being discharged home in a stable condition. Her husband is on her bedside. The husband went through OT, PT orientation along with her and both patient and her husband feel that they would be able to handle her at home. We are also setting her up with home OT, PT. Also, since patient has been started on Coumadin, she will have home draws twice a week for her INR check.

DISCHARGE MEDICATIONS: These are her home medications which are:

1. Montelukast (Singulair) 5 mg daily.
2. Multivitamin 1 tablet daily.
3. Senna 8.5 mg 3 times daily.
4. Sodium Chloride nasal sea mist nasal spray as needed.
5. Nicotine patch 14 mg daily for 2 weeks. After that, would be on Nicotine patch 7 mg per day for 2 weeks and then she can discontinue it. Patient is aware that she cannot wear the patch and smoke at the same time and she has decided to quit smoking. Hopefully, she will stick to her decision.
6. Omeprazole 40 mg daily for GERD.

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Pain medications that she is being discharged home on are:

1. Percocet 5/325 mg 1 to 2 tablets every 4-6 hours as needed for pain.
2. OxyContin 10 mg daily, 1 tablet every 12 hours for pain.
3. Coumadin 2 mg 2 tablets daily.

ASSESSMENT AND PLAN:

A 58-year-old female status post open reduction and internal fixation of right ankle fracture being discharged home with blood thinning medicines and narcotic pain medicines, as well as nicotine patch. The patient is to have home OT, PT. Would also get home lab draws for her INR to be monitored closely while she is physically not active or ambulating. She is to be followed up as an outpatient in my office once she becomes ambulatory or if she has any other problems. Also, to be followed up by Dr. Sean Wilson as scheduled.

Electronically Authenticated
Shahida Munim/ESA, MD 06/30/2010 16:28

Dictating Provider
Shahida Munim/ESA, MD

SM/DML (004099341)
d. 06/04/2010 2:49 P
t. 06/08/2010 2:02 P
Document #: 1185944

copies: Shahida Munim/ESA, MD

O p e r a t i v e a n d P r o c e d u r e

WEST ALLIS MEMORIAL HOSPITAL

DATE: 06/03/2010

PREOPERATIVE DIAGNOSIS:
Bimalleolar ankle fracture, right.

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Aurora Health Care
West Allis, WI

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POSTOPERATIVE DIAGNOSIS:

Bimalleolar ankle fracture, right.

PROCEDURE:

1. Open reduction internal fixation of right bimalleolar ankle fracture.
2. Open repair of right deltoid ligament.

SURGEON:

Sean E Wilson DPM

RESIDENT:

Michael Corcoran DPM

ANESTHESIA:

General

INDICATIONS:

The patient presented to the emergency room with an acutely fractured and displaced right ankle fracture. This fracture was reduced in the emergency room. The patient was splinted. Discussion was had with the patient regarding the need for surgical intervention for stabilization of the fracture. The patient understands all risks and benefits and expected outcomes of the procedure. Radiographic and clinical evidence correlates well with the above diagnoses.

DESCRIPTION OF PROCEDURE:

The patient was brought to the operating room via gurney and placed on the operating table in supine position. After induction of general anesthesia, the mid ankle was anesthetized with 30 cc of 0.5% Ropivacaine injected proximal at the surgical site. The foot was then prepped and draped in the usual aseptic manner. Previously applied thigh tourniquet was then inflated on the right side to 300 mmHg.

Attention was directed to the right lateral aspect of the right ankle where the fracture was palpated in an 8 cm linear incision was placed directly overlying the fracture. The incision was deepened through subcutaneous tissue with care taken to identify and retract vital neurovascular structures. Periosteal tissues were reflected away from the fracture and the fracture exposing the operative field. A hematoma was gently debrided from the fracture site. Next, the fracture was reduced and temporarily held in place using a reduction forceps. Next, according to standard operating technique, a Synthes 3.5 mm cortical screw was driven across the fracture in a perpendicular orientation with excellent compression being noted. The reduction of the fracture was checked using intraoperative fluoroscopy and noted to be excellent.

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Next, a Synthes 7-hole 1/3 tubular plate was bent to follow contours of the fibula and applied and using standard operating technique. The distal 3 holes were filled with 4.0 mm cancellous screws, the proximal 3 holes were filled with 3.5 mm cortical screws. Placement of the hardware was checked under intraoperative fluoroscopy and noted to be excellent. Also, the ankle was stressed under live fluoroscopy, the syndesmosis was noted to be stable. However, there is noted to be gapping in the medial malleolus and the medial clear space. The lateral incision was then flushed with copious amounts of sterile Normal Saline. The periosteal tissues were reapproximated with 2-0 Vicryl. Subcutaneous tissues were reapproximated 3-0 Vicryl. Skin was reapproximated with staples.


Attention was directed to the medial aspect of the ankle where the medial malleolus was palpated. A 3 cm linear longitudinal incision was made overlying the medial malleolus. Incision was deepened to subcutaneous tissue with care taken to identify and retract neurovascular structures. The rupture of the deltoid ligament was directly identified and it was noted that the medial aspect of the joint was visible. Next, using 0 Vicryl to the deltoid ligament was repaired with 4 figure-of-eight sutures. The wound was then flushed with copious amounts of sterile Normal Saline. Subcutaneous tissues were reapproximated with 3-0 Vicryl. Skin was reapproximated with skin staples.

The wounds were then covered with Betadine-soaked Owen silk, sterile 4x4s, and Kerlix in the formation of moderate compression dressing. The tourniquet was deflated at this time with immediate hyperemic response being noted to all toes of the right foot. Next, a posterior splint was applied consisting of Webril 4-inch ortho glass and 4 and 6-inch Ace bandages. Anesthesia was discontinued at this time and the patient was transported to the PACU for postoperative monitoring with vital signs stable and vascular status intact to the right foot. The patient was instructed to be nonweightbearing and was readmitted to the floor and is to follow up upon discharge with Dr. Sean Wilsor.

This case was performed in a teaching fashion. Dr. Wilson was present through the entire procedure including preoperatively and postoperatively and available to answer any questions for the patient and/or family.

Electronically Authenticated
Sean E Wilson/BSA, DPM 06/10/2010 11:46
Signing Provider
Sean E Wilson/ESA, DPM

Dictating Provider

West Allis Memorial Hospital
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West Allis, WI

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Signed By:

Rupprecht, Christine M 06/03/10 13:08
Rupprecht, Christine M 06/03/10 13:28

R a d i o l o g y I m a g i n g D i a g n o s t i c

<u>Exam</u>	<u>Exam Date/Time</u>	<u>Accession Number</u>	<u>Ordering Provider</u>
DX Chest 1 View AP or PA	06/02/2010 20:30:21	DX-10-0449522	Munim, Shahida R

Reason for Exam

Pre-OP

DX Report

ONE-VIEW CHEST

Indication: Trimalleolar fracture. Preoperative exam.

Findings: Portable AP chest is submitted without comparison. The lungs are clear. The heart size and pulmonary vascularity are normal.

IMPRESSION:

No acute abnormality.

Dictated By: Reabe MD, Scott M

Electronically Signed By: Reabe MD, Scott M

Signed Date/Time: 06/03/10 13:32:45

Transcribed By:/Transcribed Date Time: WR , 06/03/10 09:12:52

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Print Date: 1/17/2011
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Discharge Date: 06/04/2010
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Exam

DX Ankle 3 View Min BILATERAL

Exam Date/Time

06/02/2010 13:25:58

Accession Number

DX-10-0448051

Ordering Provider

Dillig, Cari L

Reason for Exam

Trauma

DX Report

BILATERAL ANKLES, 6/2/10

Indication: Trauma.

Right Ankle:

Mildly oblique, but primarily transverse fractures seen involving the distal right fibula just at and above the ankle joint. There is approximately 5 mm of posterior subluxation of the distal fracture fragment. No evidence for medial malleolar fracture, but there appears to be a posterior malleolar fracture measuring on the order of 1.8 cm in greatest dimension which is distracted somewhat posteriorly on the order of several millimeters. It is somewhat difficult to visualize, and additional oblique views would probably be helpful in further evaluation. There is mild to moderate soft tissue swelling at the lateral malleolus. The ankle mortise is not widened. Bony mineralization is normal. There is a small calcaneal spur.

CONCLUSION:

Acute fractures involving the distal right fibular metaphysis and the posterior malleolus. Some additional oblique views would be helpful in further evaluation of the posterior malleolar fracture.

Left Ankle:

No evidence for fracture, subluxation, or dislocation. No arthritic changes. There is a small calcaneal spur.

CONCLUSION:

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PHYSICAL MEDICINE AND REHAB

PT Daily Assessment

06/03/10 07:40 am Performed by Lehky, Kelly E
Entered on 06/03/10 07:49 am

Pain Interventions

Non-Pharmacological Used	Yes
Comment Y/N Non-pharm	No
Comfort Measures	Elevation, Ice Pack(s), Relaxation/Rest/Sleep, Repositioning
Comment Y/N Comfort Measures	No

Intervention Evaluation

Pain Re-Assessment	Pain Not Acceptable (4-10 score)
Comment Y/N Pain Intervention	Yes
Pain Reassessment Comments	reports 10/10 right ankle pain

Subjective

PT Subjective	pt reports 10/10 right ankle pain. left ankle 6/10 at rest. agreeable to get up. having surgery this morning on right ankle return home
PT Patient Personal Goal	No
Rehab Comments Y/N Hospital Course PT	

Observation/Cognition

Cognitive Skill Retraining - PT	Intact
Additional Cognition Grid - PT	
Following Directions: Intact	
Verbal Expression: Intact	
Memory: Intact	

Neurological

Neurological Grid - PT	
Sensation: Intact	
Light Touch Sensation Grid Comment	LE's

ROM/Strength

Active ROM Grid - PT	
RLE: Limited	
LLE: WFL	
Active ROM RLE Limited - PT	right ankle s/p fracture
ROM/Strength - PT	Gross Strength is Within Functional Limits except as noted
ROM/Strength Comments - PT	bilat ankles NT due to pain; left ankle with full ROM though painful and did not MMT

Ther Ex/Treatments

Rehab - PT Ther Ex Supine	Ankle Pumps
Rehab - PT Ex Reps	10
Therapeutic Exercise Comments - PT	10 AP to LLE

Bed Mobility/Transfers

Bed Mobility Grid	
Supine to Sit: Min	
Sit to Supine: Min	

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P H Y S I C I A L M O D I F I C A T I O N A N D R E H A B

PT Daily Assessment

06/03/10 07:40 am Performed by Lehy, Kelly E
 Entered on 06/03/10 07:49 am

Bed Mobility/Transfers

Sitting Balance: Supervision
 Rehab - PT Bed Mobility Comments
 Transfers Grid
 Sit to Stand: Supervision
 Stand to Sit: Supervision
 Transfer Comment - PT

asst for RLE due to pain

cues for hand placement; issued and fit for CAM
 boot on LLE in standing

Ambulation

Distance 1 (ft) - PT
 Ambulate Assistance - PT
 Weight Bearing Assistive Device PT
 Ambulation Comments

2 sidesteps
 Min
 Two Wheeled Walker
 use of CAM boot on LLE; NWB RLE and WW; limited
 due to pain in LLE in weightbearing
 Balance, Safety, Cueing for Sequence

Assistance Required - PT

Equipment

PT Equipment Grid
 1. PT Equipment: Date
 PT Equipment: Initials
 PT Equipment: Note

06/03/10
 kl
 has w/c and crutches; script for WW placed on
 chart

Teaching

Learning Session - Bed Mobility
 Ready to Learn - Bed Mobility
 Learner - Bed Mobility
 Learning Method - Bed Mobility
 Learning Evaluation - Bed Mobility
 Learning Session - PT Transfers
 Ready to Learn - PT Transfers
 Learner - PT Transfers
 Learning Method - PT Transfers
 Learning Evaluation - PT Transfers
 Learning Session - Ambulate
 Ready to Learn - Ambulate
 Learner - Ambulate
 Learning Method - Ambulate
 Learning Evaluation Ambulate

Initial
 Yes
 Patient
 Verbal
 Verbalizes Understanding, Needs Further Teaching
 Initial
 Yes
 Patient
 Verbal
 Verbalizes Understanding, Needs Further Training
 Initial
 Yes
 Patient
 Verbal
 Verbalizes Understanding, Needs Further Teaching

Goals

Evaluation Date - PT	06/03/10
Goal Set Date - Bed Mobility	06/03/10
Goal Assistance - Bed Mobility	modified independent
Goal Review Date - Bed Mobility	06/09/10
Goal Set Date - Transfer	06/03/10
Goals Assistance - Transfers	modified independent
Goal Review Date	06/09/10
Goal Set Date - Ambulate	06/03/10

MRN: WMH-00275564
 Patient Name: BRANNON, MARYANN
 DOB: 09/29/1951
 Case #: WMH-08000657116
 Admit Date: 06/02/2010
 Discharge Date: 06/04/2010
 Pt. Loc/Type/Room: 3P2-WAMH Inpatient 306

P H Y S I C A L M O D I F I C A T I O N A N D R E H A B

PT Daily Assessment

06/03/10 07:40 am Performed by Lehky, Kelly E
 Entered on 06/03/10 07:49 am

Goals

Goal Assistance - Ambulate	modified independent 10 feet with KW
Goal Review Date - Ambulate	06/09/10
Goal Set Date - Home Pgm	06/03/10
Goal Assistance - Home Pgm	w/c mobility 50 feet modified independent
Goal Review Date - Home Pgm	06/09/10

Assessment/Plan

Assessment Comments - PT

pt currently supervision to min asst for mobility limited due to right ankle fracture and left ankle sprain. issued CAM boot and plated on LLE during session per orders. pt scheduled for surgery for right ankle this am. pt from home with her husband and anticipate pt will be able to return home with use of KW, w/c at d/c. PT will continue to follow and progress as ordered after surgery.

Rehab Comments Y/N Plan Next Session PT Treatment Plan Comments - PT

Yes
 need new orders post surgery; progress transfers and gait vs w/c mobility; turn in script for KW when signed (consider increase to BID if needed for d/c home)

Rehab Comments Y/N D/C Plan PT Discharge Planning Comments - PT Therapist Recommendation for D/C PT PT Treatment Plan

Yes
 pt from home with her husband in apartment
 Continue Skilled Therapy
 Therapeutic Exercises, Transfer Training, Gait Training, Pre-gait Training, Bed Mobility Training, Balance Activities, Patient/Family Teaching

POC: Frequency - PT Rehab - PT Treatment Duration Goals/POC: Patient Agreement PT

7 Days per Week
 LOS
 Patient Agrees w/Goals and Treatment Plan

Session Length/Location

Session Length - PT	56 MIN
Rehab-Bill Select AB	Alpha Billing
Rehab - PT Assessment	PT Assessment

Session Unit AB

Rehab-PT Therapy Visit	PT Therapy Visit
Rehab-Physical Therapy Eval AB	Evaluation
Rehab-Therapeutic Activities PT #Unit AB	3 units

PT Daily Assessment

06/04/10 08:00 am Performed by Wacker, Chris
 Entered on 06/04/10 10:08 am

Updated on
 06/04/10 12:29 pm by Wacker, Chris

MRN: WMH-00275564
 Patient Name: BRANNON, MARYANN
 DOB: 09/29/1951
 Case #: WMH-08000657116
 Admit Date: 06/02/2010
 Discharge Date: 06/04/2010
 Pt. Loc/Type/Room: 3P2-WAMH Inpatient 306

PHYSICAL NUTRITION AND REHAB

PT Daily Assessment
 06/04/10 08:00 am Performed by Wacker, Chris
 Entered on 06/04/10 10:08 am

PT Assessment Type
 Rehab-Assessment Type PT

Daily Assessment

Dx/Precautions

Diagnosis
 Diagnosis Onset Date
 Rehab Precautions
 Precautions Comments
 Weight Bearing Left
 Weight Bearing Right

right trimalleolar fracture; left ankle sprain
 06/02/10
 Weight Bearing
 CAM boot to LLE
 WBAT
 Non-Weight Bearing

Pain Assessment

Pain Assessment Type
 Comment Y/N Pt Comfort/Function Goal
 Pt Preferred Pain Tool/Cognitive Ability
 Pain Evaluation Control
 Pain Score at Rest
 Pain Score with Activity
 acute pain grid
 Acute Pain 1
 Acute Pain 1 Concern
 Acute Pain 1 Descriptor
 Acute Pain 1 Location
 Acute Pain 1 Quality
 Acute Pain 1 Comments
 Pain Interventions
 Comment Y/N Pain
 Pain Assessment Comments
 Auto Pain Control
 Pain Pediatric Control

Assessment
 No
 Numeric Rating Scale
 Both
 10
 10
 Yes
 Bilateral
 Ankle
 Discomfort
 right worse than left
 Yes
 Yes
 10/10 pain on R, 7/10 pain on L
 1
 Adult Patient (18 years +)

Pain Interventions

Non-Pharmacological Used
 Comment Y/N Non-pharm
 Comfort Measures
 Comment Y/N Comfort Measures

Yes
 No
 Elevation, Ice Pack(s), Relaxation/Rest/Sleep,
 Repositioning
 No

Intervention Evaluation

Pain Re-Assessment
 Comment Y/N Pain Intervention

Pain Not Acceptable (4-10 score)
 No

Subjective

PT Subjective

Pt reports feeling of lightheadedness with
 mobility, states that she is hoping to go home
 when d/c'd
 return home
 No

PT Patient Personal Goal
 Rehab Comments Y/N Hospital Course PT

MRN: WMH-00275564
Patient Name: BRANNON, MARYANN
DOB: 09/29/1951
Case #: WMH-08000657116
Admit Date: 06/02/2010
Discharge Date: 06/04/2010
Pt. Loc/Type/Room: 3P2-WAMH Inpatient 306

PHYSICAL MEDICINE AND REHAB

PT Daily Assessment

06/04/10 08:00 am Performed by Wacker, Chris
Entered on 06/04/10 10:08 am

Observation/Cognition

Cognitive Skill Retraining - PT
Observation - PT
Additional Cognition Grid - PT
Following Directions: Intact
Verbal Expression: Intact
Memory: Intact

Intact
IV, Continuous Pulse Ox

Neurological

Neurological Grid - PT
Sensation: Intact
Light Touch Sensation Grid Comment

bilat LEs

ROM/Strength

Active ROM Grid - PT
RLE: Limited
LLE: Limited
Active ROM RLE Limited - PT
Active ROM LLE Limited - PT

immobilized R foot and ankle, otherwise WFL
limited ankle mobility, painful

Ther Ex/Treatments

Rehab - PT Ther Ex Supine
Rehab - PT Ex Sets
Rehab - PT Ex Reps
Therapeutic Exercise Comments - PT

Ankle Pumps
1
10
L LE active ankle pumps within pain tolerance and
AAROM eversion/dorsiflexion. Educated to avoid
inversion

Vitals/Activity

Rehab - Pulse During Treatment
Rehab - O2 Sat During Treatment
Rehab - O2 Flow During Treatment

84
100
RA

Bed Mobility/Transfers

Bed Mobility Grid
Supine to Sit: Min
Sit to Supine: Min
Sitting Balance: Min
Rehab - PT Bed Mobility Comments

total assist to don CAM boot on L, min assist at
R LE in and out of bed and to support for NWB in
sitting.

Transfers Grid

Sit to Stand: Min
Stand to Sit: Min
Standing Balance: Min, Supervision
Transfer Comment - PT

assist to stabilize WW and support R LE in NWB
for sit to stand; min assist initially to support
R LE in NWB in standing at WW, becoming
supervision

MRN: WMH-00275564
 Patient Name: BRANNON, MARYANN
 DOB: 09/29/1951
 Case #: WMH-08000657116
 Admit Date: 06/02/2010
 Discharge Date: 06/04/2010
 Pt. Loc/Type/Room: 3P2-WAMH Inpatient 306

P h y s i c a l M o d i f i c a t i o n s a n d R e h a b

PT Daily Assessment 06/04/10 08:00 am Performed by Wacker, Chris Entered on 06/04/10 10:08 am

Ambulation

Weight Bearing Assistive Device PT
 Ambulation Comments

Two Wheeled Walker
 attempted 1 step forward and backward, very
 painful in both feet, needing to return to
 sitting then supine.

Equipment

PT Equipment Grid

1. PT Equipment: Date
- PT Equipment: Initials
- PT Equipment: Note

06/03/10
 kl
 has w/c and crutches; script for WK placed on
 chart

Teaching

Learning Session - Bed Mobility
 Ready to Learn - Bed Mobility
 Learner - Bed Mobility
 Learning Method - Bed Mobility
 Learning Evaluation - Bed Mobility

Learning Session - PT Transfers
 Ready to Learn - PT Transfers
 Learner - PT Transfers
 Learning Method - PT Transfers
 Learning Evaluation - PT Transfers

Learning Session - Ambulate
 Ready to Learn - Ambulate
 Learner - Ambulate
 Learning Method - Ambulate
 Learning Evaluation Ambulate

Learning Session - Home Program PT
 Ready to Learn - Home Program PT
 Learner - Home Program PT
 Learning Method - Home Program PT
 Learning Evaluation Home Program PT

Reinforcement
 Yes
 Patient
 Verbal
 Verbalizes Understanding, Returns Demonstration,
 Needs Further Teaching
 Reinforcement
 Yes
 Patient
 Verbal
 Verbalizes Understanding, Returns Demonstration,
 Needs Further Training
 Reinforcement
 Yes
 Patient
 Verbal
 Verbalizes Understanding, Returns Demonstration,
 Needs Further Teaching
 Initial
 Yes
 Patient
 Verbal
 Verbalizes Understanding, Returns Demonstration,
 Needs Further Teaching

Goals

Goals Reviewed - PT
 Evaluation Date - PT
 Goal Set Date - Bed Mobility
 Goal Assistance - Bed Mobility
 Goal Review Date - Bed Mobility
 Goal Set Date - Transfer
 Goals Assistance - Transfers
 Goal Review Date
 Goal Set Date - Ambulate
 Goal Assistance - Ambulate

Reviewed/Unchanged
 06/03/10
 06/03/10
 modified independent
 06/09/10
 06/03/10
 modified independent
 06/09/10
 06/03/10
 modified independent 10 feet with WK

MRN: WMH-00275564
Patient Name: BRANNON, MARYANN
DOB: 09/29/1951
Case #: WMH-08000657116
Admit Date: 06/02/2010
Discharge Date: 06/04/2010
Pt. Loc/Type/Room: 3P2-WAMH Inpatient 306

PHYSICAL MEDICINE AND REHAB

PT Daily Assessment

06/04/10 08:00 am Performed by Wacker, Chris
Entered on 06/04/10 10:08 am

Goals

Goal Review Date - Ambulate	06/09/10
Goal Set Date - Home Pgm	06/03/10
Goal Assistance - Home Pgm	w/c mobility 50 feet modified independent
Goal Review Date - Home Pgm	06/09/10

Assessment/Plan

Assessment Comments - PT

Pt seen today following surgery; is below baseline for mobility. Pt limited by pain in both ankles, continues to be NW3 on R and WBAT with CAM boot on L. Pt needing mtr assist with bed mobility, transfers, and standing to assist with R LE movement and support against gravity. Pt limited in ability to take steps once standing. Pt planning d/c home when stable but will continue to monitor progress to assist with d/c planning. Pt increased to BID to promote d/c home following surgery

Rehab Comments Y/N Plan Next Session PT
Treatment Plan Comments - PT

Yes
progress transfers and gait vs w/c mobility; turn in script for WW when signed. (modified)

Rehab Comments Y/N D/C Plan PT
Discharge Planning Comments - PT

Yes
pt from home with her husband in apartment (modified)

Therapist Recommendation for D/C PT
PT Treatment Plan

Continue Skilled Therapy
Therapeutic Exercises, Transfer Training, Gait Training, Pre-gait Training, Bed Mobility Training, Balance Activities, Patient/Family Teaching

POC: Frequency - PT
Rehab - PT Treatment Duration
Goals/POC: Patient Agreement PT

Twice Daily (modified)
LOS
Patient Agrees w/Goals and Treatment Plan

Session Length/Location

Session Length - PT	45 MIN
Rehab-Bill Select: AB	Alpha Billing
Rehab - PT Assessment	PT Assessment

Session Unit AB

Rehab-PT Therapy Visit	PT Therapy Visit
Rehab-Therapeutic Activities PT #Unit AB	3 units

PT Daily Assessment

06/04/10 01:30 pm Performed by Wacker, Chris
Entered on 06/04/10 03:15 pm

PT Assessment Type

Rehab-Assessment Type PT

Daily Assessment

MRN: WMH-00275564
 Patient Name: BRANNON, MARYANN
 DOB: 09/29/1951
 Case #: WMH-08000657116
 Admit Date: 06/02/2010
 Discharge Date: 06/04/2010
 Pt. Loc/Type/Room: 3P2-WAMH Inpatient 306

PHYSICAL MEDICINE AND REHAB

PT Daily Assessment
 06/04/10 01:30 pm Performed by Wacker, Chris
 Entered on 06/04/10 03:15 pm

Dx/Precautions

Diagnosis

right trimalleolar fracture; left ankle sprain,
 s/p ankle DRIF
 06/02/10
 Weight Bearing
 CAM boot to LLE
 WBAT
 Non-Weight Bearing

Diagnosis Onset Date

Rehab Precautions

Precautions Comments

Weight Bearing Left

Weight Bearing Right

Pain Assessment

Pain Assessment Type

Comment Y/N Ft Comfort/Function Goal

Pt Preferred Pain Tool/Cognitive Ability

Pain Evaluation Control

Pain Score at Rest

Pain Score with Activity

acute pain grid

Acute Pain 1

Acute Pain 1 Concern

Acute Pain 1 Descriptor

Acute Pain 1 Location

Acute Pain 1 Quality

Acute Pain 1 Comments

Pain Interventions

Comment Y/N Pain

Auto Pain Control

Pain Pediatric Control

Assessment

No

Numeric Rating Scale

Both

10

10

Yes

Bilateral

Ankle

Discomfort

right worse than left

Yes

No

1

Adult Patient (18 years +)

Pain Interventions

Non-Pharmacological Used

Comment Y/N Non-pharm

Comfort Measures

Yes

No

Brace/support/Sling, Elevation, Family's
 Presence, Ice Pack(s), Relaxation/Rest/Sleep,
 Repositioning

No

Comment Y/N Comfort Measures

Intervention Evaluation

Pain Re-Assessment

Comment Y/N Pain Intervention

Pain Not Acceptable (4-10 score)

No

Subjective

PT Subjective

Pt states that she is not confident about going
 home tomorrow.

PT Patient Personal Goal

Rehab Comments Y/N Hospital Course PT

return home

No

Vitals/Activity

Rehab - Pulse During Treatment

Rehab - O2 Sat During Treatment

Rehab - O2 Flow During Treatment

83

95

RA

MRN: WMH-00275564
 Patient Name: BRANNON, MARYANN
 DOB: 09/29/1951
 Case #: WMH-08000657116
 Admit Date: 06/02/2010
 Discharge Date: 06/04/2010
 Pt. Loc/Type/Room: 3P2-WAMH Inpatient 306

P H Y S I C A L M O B I L I T Y A N D H E A D

PT Daily Assessment

06/04/10 01:30 pm Performed by Wacker, Chris
 Entered on 06/04/10 03:15 pm

Bed Mobility/Transfers

Bed Mobility Grid

Supine to Sit: Min

Sit to Supine: Min

Sitting Balance: Independent

Rehab - PT Bed Mobility Comments

min assist to bring R LE to EOB for supine to sit and L LE into bed for sit to supine. Spouse was available to observe and be educated on bed mobility

Transfers Grid

Sit to Stand: Supervision

Stand to Sit: Supervision

Stand - Pivot: Supervision

Standing Balance: Supervision

Transfer Comment - PT

supervision for safety with pt transferring to standing at WW and pivoting on L LE to chair at bedside. Pt able to maintain NWB on R LE. Pt transferred to and from chair and bed. Spouse was available to observe and be educated on transfer technique.

Amputation

Distance 1 (ft) - PT

Ambulate Assistance - PT

Weight Bearing Assistive Device PT

Amputation Comments

3

Supv

Two Wheeled Walker

pt able to take several steps with WW and NWB on R LE from bed to chair, painful.

Equipment

PT Equipment Grid

1. PT Equipment: Date

PT Equipment: Initials

PT Equipment: Note

2. PT Equipment: Date

PT Equipment: Initials

PT Equipment: Note

06/03/10

kl

has w/c and crutches; script for WW placed on chart

06/04/10

cw

equipment delivered

Teaching

Learning Session - Bed Mobility

Ready to Learn - Bed Mobility

Learner - Bed Mobility

Learning Method - Bed Mobility

Learning Evaluation - Bed Mobility

Reinforcement

Yes

Patient

Verbal

Verbalizes Understanding, Returns Demonstration, Needs Further Teaching

Reinforcement

Yes

Patient

Verbal

Learning Session - PT Transfers

Ready to Learn - PT Transfers

Learner - PT Transfers

Learning Method - PT Transfers

MRN: WMH-00275564
 Patient Name: BRANNON, MARYANN
 DOB: 09/29/1951
 Case #: WMH-08000657116
 Admit Date: 06/02/2010
 Discharge Date: 06/04/2010
 Pt. Loc/Type/Room: 3P2-WAMH Inpatient 306

P H Y S I C A L M O D I F I C A T I O N A N D B O O N A D

PT Daily Assessment
06/04/10 01:30 pm Performed by Wacker, Chris
Entered on 06/04/10 03:15 pm

Teaching

Learning Evaluation - PT Transfers

Verbalizes Understanding, Returns Demonstration,
 Needs Further Training
 Reinforcement

Learning Session - Ambulate

Yes

Ready to Learn - Ambulate

Patient

Learner - Ambulate

Verbal

Learning Method - Ambulate

Verbalizes Understanding, Returns Demonstration,
 Needs Further Teaching

Learning Evaluation Ambulate

Reinforcement

Learning Session - Home Program PT

Yes

Ready to Learn - Home Program PT

Patient

Learner - Home Program PT

Verbal

Learning Method - Home Program PT

Verbalizes Understanding, Returns Demonstration,
 Needs Further Teaching

Learning Evaluation Home Program PT

Goals

Goals Reviewed - PT

Reviewed/Unchanged

Evaluation Date - PT

06/03/10

Goal Set Date - Bed Mobility

06/03/10

Goal Assistance - Bed Mobility

modified independent

Goal Review Date - Bed Mobility

06/09/10

Goal Set Date - Transfer

06/03/10

Goals Assistance - Transfers

modified independent

Goal Review Date

06/09/10

Goal Set Date - Ambulate

06/03/10

Goal Assistance - Ambulate

modified independent 10 feet with WK

Goal Review Date - Ambulate

06/09/10

Goal Set Date - Home Pgm

06/03/10

Goal Assistance - Home Pgm

w/c mobility 50 feet modified independent

Goal Review Date - Home Pgm

06/09/10

Assessment/Plan

Assessment Comments - PT

Pt below baseline for mobility. Pt needing min assist with bed mobility and total assist with putting cam boot on. Spouse available and educated on providing assistance and CAM boot application. Pt able to transfer to standing and pivot to chair and back with supervision using WK while maintaining R NWB for transfer. Anticipate pt will be able to d/c home using stand pivots to WC to get to bed and toilet and will follow-up with home PT to progress mobility at home, pt voiced doubt that she was ready.

Yes

Rehab Comments Y/N Plan Next Session PT

if still here, practice stand pivot transfers to WC, WC mobility, progress ambulation

Treatment Plan Comments - PT

Yes

Rehab Comments Y/N D/C Plan PT

pt from home with her husband in apartment

Discharge Planning Comments - PT

Continue Skilled Therapy

Therapist Recommendation for D/C PT

West Allis Memorial Hospital



Aurora Health Care
West Allis, WI

MRN: WMH-00275564

Patient Name: BRANNON, MARYANN

DOB: 09/29/1951

Case #: WMH-08000657116

Admit Date: 06/02/2010

Discharge Date: 06/04/2010

Pt. Loc/Type/Room: 3P2-WAMH Inpatient 306

PHYSICAL MEDICINE AND REHAB

PT Daily Assessment

06/04/10 01:30 pm Performed by Wacker, Chris

Entered on 06/04/10 03:15 pm

Assessment/Plan

PT Treatment Plan

Therapeutic Exercises, Transfer Training, Gait Training, Pre-gait Training, Bed Mobility Training, Balance Activities, Patient/Family Teaching

Twice Daily

LOS

Patient Agrees w/Goals and Treatment Plan

POC: Frequency - PT

Rehab - PT Treatment Duration

Goals/POC: Patient Agreement PT

Session Length/Location

Session Length - PT

Rehab-Bill Select: AB

Rehab - PT Assessment

30 MIN

Alpha Billing

PT Assessment

Session Unit AB

Rehab-PT Therapy Visit

Rehab-Therapeutic Activities PT #Unit AB

PT Therapy Visit

2 units

OT Daily Assessment

06/03/10 03:45 pm Performed by Prell, Kathryn M

Entered on 06/03/10 03:47 pm

OT Assessment Type

Rehab-Assessment Type OT

Daily Assessment

Dx/Precautions

Diagnosis

Rehab Precautions

Precautions Comments

Weight Bearing Left

Weight Bearing Right

right trimalleolar fracture; left ankle sprain

Weight Bearing

CAM boot to LLE

WBAT

Non-Weight Bearing

Assessment/Plan

Assessment Comments - OT

Rehab Comments Y/N Plan Next Session OT

Treatment Plan Comments - OT

Rehab Comments Y/N D/C Plan OT

attempted to see pt, pt had just returned from sx. No new orders in chart, RN notified.

Yes

await new orders and eval pt

No

Session Length/Location

Session Length - OT

Other Treatments Comments - OT

Rehab - OT Assessment

0 MIN

awaiting new orders post sx

OT Assessment

MRN: WMH-00275564
Patient Name: BRANNON, MARYANN
DOB: 09/29/1951
Case #: WMH-08000657116
Admit Date: 06/02/2010
Discharge Date: 06/04/2010
Pt. Loc/Type/Room: 3P2-WAMH Inpatient 306

PHYSICAL MEDICINE AND REHAB

OT Daily Assessment

06/04/10 11:00 am Performed by Prell, Kathryn M
Entered on 06/04/10 12:48 pm

OT Assessment Type
Rehab-Assessment Type OT

Evaluation

Dx/Precautions
Diagnosis

right trimalleolar fracture; left ankle sprain,
s/p ankle ORIF
06/02/10
Weight Bearing
CAM boot to LLE
WBAT
Non-Weight Bearing

Diagnosis Onset Date
Rehab Precautions
Precautions Comments
Weight Bearing Left
Weight Bearing Right

Prior Mobility
Rehab Prior Mobility Review Type
Rehab Prior Mobility Review/Modify DT
Number of Steps Into Home
Number of Steps In Home
Home Layout Use
Prior Mobility Grid
Bed Mobility: Independent
Transfers: Independent
Amb - Home: Independent
Amb - Community: Independent
Steps into Home: Independent
Steps within Home: Independent
Car Transfers: Independent

Reviewed/Unchanged
06/03/10
0
0
Uses First Floor

Prior Living Situation
Rehab Prior Living Review Type
Rehab Prior Living Review/Modify DT
Living Situation - Rehab
Living Environment
Rehab Prior Living Support System
Living Situation Comments - Rehab
Baseline Information - Rehab

Reviewed/Unchanged
06/04/10
Spouse
Apartment
Spouse, Family
spouse works part time
Patient

Prior ADL's
Rehab ADLs Review Type
Rehab Prior ADLs Review/Modify DT
ADL Grid

Reviewed/Unchanged
06/04/10

Feeding and Eating: Independent
Grooming: Independent
Oral Hygiene: Independent
Upper Ext Bathing: Independent
Lower Ext Bathing: Independent
Upper Ext Dressing: Independent
Lower Ext Dressing: Independent
Walk-in Shower: Not Applicable
Tub Shower: Independent
Tub Bath: Not Applicable

MRN: WMB-00275564
 Patient Name: BRANNON, MARYANN
 DOB: 09/29/1951
 Case #: WMB-08000657116
 Admit Date: 06/02/2010
 Discharge Date: 06/04/2010
 Pt. Loc/Type/Room: 3P2-WAMB Inpatient 306

PHYSICAL NEUROLOGICAL AND BEHAVIORAL

OT Daily Assessment

06/04/10 11:00 am Performed by Prell, Kathryn M
 Entered on 06/04/10 12:48 pm

Prior ADL's

Sink Side Bathing: Not Applicable
 Toilet Transfer: Independent
 Toilet Hygiene: Independent
 Homemaking Skills: Independent
 Meal Preparation: Independent
 Home Cleaning: Independent
 Laundry: Independent
 Shopping: Independent

Pain Assessment

Pain Assessment Type

Comment Y/N Pt Comfort/Function Goal
 Patient Comfort/Function Goal Comment

Pt Preferred Pain Tool/Cognitive Ability

Pain Evaluation Control

Pain Score at Rest

Pain Score with Activity

acute pain grid

Acute Pain 1

Acute Pain 1 Concern

Acute Pain 1 Descriptor

Acute Pain 1 Location

Acute Pain 1 Quality

Acute Pain 1 Comments

Pain Interventions

Comment Y/N Pain

Auto Pain Control

Pain Pediatric Control

Pain Interventions

Non-Pharmacological Used

Comment Y/N Non-pharm

Comfort Measures

Comment Y/N Comfort Measures

Intervention Evaluation

Pain Re-Assessment

Comment Y/N Pain Intervention

Pain Reassessment Comments

Subjective

OT Subjective

Rehab Comments Y/N Hospital Course OT

Rehab - OT Hospital Course

Assessment

Yes

pain in RLE with activity and at rest, pain medication at beginning of session, use of PCA Numeric Rating Scale

Both

7

8

Yes

Bilateral

Ankle

Discomfort

right worse than left

Yes

No

1

Adult Patient (18 years +)

Yes

No

Brace/Support/Sling, Elevation, Ice Pack(s), Relaxation/Rest/Sleep, Repositioning

No

Pain Not Acceptable (4-10 score)

Yes

pain in RLE with activity and at rest, pain medication at beginning of session, use of PCA, elevation

tearful about returning home and not having assist she needs, "I won't go to rehab."

Yes

6/3: ankle sx

MRN: WMH-00275564
Patient Name: BRANNON, MARYANN
DOB: 09/29/1951
Case #: WMH-08000657116
Admit Date: 06/02/2010
Discharge Date: 06/04/2010
Pt. Loc/Type/Room: 3P2-WAMH Inpatient 306

PHYSICAL MEDICINE AND REHABILITATION

OT Daily Assessment

06/04/10 11:00 am Performed by Prell, Kathryn M
Entered on 06/04/10 12:48 pm

Observation/Cognition

Cognition Impaired - OT

Observation

Additional Cognition Grid - OT

Following Directions: Intact

Verbal Expression: Intact

Memory: Intact

Intact

IV, Continuous Pulse Ox

ROM/Strength

Active ROM Grid - OT

RUE: WFL

R Hand: WFL

LUE: WFL

L Hand: WFL

ROM/Strength - OT

Gross Strength is Within Functional Limits

Vitals/Activity

Rehab - Activity Tolerance Comments

able to tolerate pair.

Household Mobility

OT Mobility Transfer Grid

Bed Transfer: Supv

Chair - with arms: Min

Rehab - OT Chair Transfer w/ Arms Grid C

assist for balance and safety, stand pivot transfer from bed to commode and return, KWB on RLE, use of ww

Home Management Skills

Rehab - OT Home Mgmt Comment

pt reports husband "will have to" complete IADLs

Self Care/ADL's

ADL Daily Grid

Lower Ext Dressing: Mod

Toileting: Modified Independent

Toilet Transfer: Min

Rehab - OT Low Ext Dressing Grid Comment

pt needing assist for positioning, assist to pull over hips, cues for use of AE

Rehab - OT Toileting Grid Comment

in seated position

Rehab - OT Toilet Xfer Grid Comment

assist for balance and safety, stand pivot transfer from bed to commode and return, KWB on RLE, use of ww

OT Self-Care/ADLs Comment

discussed need to spongebathe

Equipment

OT Equipment Grid

1. OT Equipment: Date

OT Equipment: Initials

OT Equipment: Note

OT Vendor Choices

06/04/10

KP

order reacher and commode chair

Patient provided with vendor choices

MRN: WMH-00275564
 Patient Name: BRANNON, MARYANN
 DOB: 09/29/1951
 Case #: WMH-08000657116
 Admit Date: 06/02/2010
 Discharge Date: 06/04/2010
 Pt. Loc/Type/Room: 3P2-WAMH Inpatient 306

PHYSICAL MEDICINE AND REHABILITATION

OT Daily Assessment
 06/04/10 11:00 am Performed by Prell, Kathryn M
 Entered on 06/04/10 12:48 pm

Teaching

Learning Session - ADLs
 Ready to Learn - ADLs
 Learner - ADLs
 Learning Method - ADLs
 Learning Evaluation - ADLs

Initial
 Yes
 Patient
 Verbal
 Verbalizes Understanding, Returns Demonstration,
 Needs Further Teaching
 OT

Discipline Teaching ADLs

Learning Session - OT Transfers
 Ready to Learn - OT Transfers
 Learner - OT Transfers
 Learning Method - OT Transfers
 Learning Evaluation - OT Transfers

Initial
 Yes
 Patient
 Verbal
 Verbalizes Understanding, Returns Demonstration,
 Needs Further Teaching
 OT

Discipline Teaching OT Transfers

Goals

Goals Reviewed - OT
 Evaluation Date - OT
 Goal Set Date - ADLs OT
 Goal Assistance - ADLs OT
 Goal Review Date - ADLs OT
 Goal Set Date - Transfer OT
 Goal Assistance - Transfer OT
 Goal Review Date - Transfer OT
 Goal Set Date - Lower Body OT
 Goal Assistance - Lower Body OT
 Goal Review Date - Lower Body OT
 Goal Set Date - Toileting OT
 Goal Additional Toileting - OT
 Goal Review Date - Toileting OT

Reviewed/Updated
 06/04/10
 06/04/10
 mod I for spongebathing
 06/11/10
 06/04/10
 mod I for commode transfer
 06/11/10
 06/04/10
 mod I for LB dressing with AE
 06/11/10
 06/04/10
 mod I for toileting cares
 06/11/10

Assessment/Plan


Assessment Comments - OT

pt below baseline of independent and is planning to return home. Pt would benefit from home OT and home care aide as husband works part-time. Pt tearful during session and concerned about returning home today. Ordered AL.

Rehab Comments Y/N Plan Next Session OT
 Treatment Plan Comments - OT
 Rehab Comments Y/N D/C Plan OT
 Discharge Planning Comments - OT

Yes
 review LB dressing, commode transfer, AE received?
 Yes
 from home with husband, baseline independent, plan to return home with home OT and home care aide, husband works part-time.
 Continue Skilled Therapy
 ADL Self Care Retraining, Adaptive Equipment, Energy Conservation, Family/Caregiver Teaching, Home Management, Safety Training, Therapeutic Activities, Therapeutic Exercises, Transfer

Therapist Recommendation for D/C OT
 OT Treatment Plan

West Allis Memorial Hospital
 **Aurora Health Care**
West Allis, WI

MRN: WMH-00275564
Patient Name: BRANNON, MARYANN
DOB: 09/29/1951
Case #: WMH-08000657116
Admit Date: 06/02/2010
Discharge Date: 06/04/2010
Pt. Loc/Type/Room: 3P2-WAMH Inpatient 306

Physical Medicine and Rehab

OT Daily Assessment

06/04/10 11:00 am Performed by Prell, Kathryn M
Entered on 06/04/10 12:48 pm

Assessment/Plan

Frequency Rehab Goals - OT
Rehab - OT Treatment Duration
Goals and Treatment Plan - OT

Training
7 Days per Week
LOS
Patient Agrees w/Goals and Treatment Plan

Session Length/Location

Session Length - OT
Rehab-Bill Select: AB
Rehab - OT Assessment

60 MIN
Alpha Billing
OT Assessment

Session Unit AB

Rehab-OT Therapy Visit
Rehab-Occupational Therapy Eval AB
Rehab-ADL/Self Care OT #Unit AB

OT Therapy Visit
Evaluation
3 units

MRN: WMH-00275564
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S o c i a l S e r v i c e s A s s e s s m e n t F o r m

Social Work/CM Assessment Form
06/04/10 01:30 pm Performed by Choinski, Donna
Entered on 06/04/10 04:27 pm

Progress Note
SSVC Progress Note

6-4-10 Donna M. Choinski RN CCC 205-2324 MD order for home therapy. Received call from asper orthopedic office yesterday indicating that they already made a referral to Gentiva Home Health for this pt. Chart reviewed. Pt is 58 years old. Admitted for bilateral trimalleolar fractures on 6-2-10. Per OFT rounds right ankle was fractured and left ankle was sprained. Pt had an ORIF of the right ankle on 6-3-10. Therapy indicated home therapy is appropriate for pt. Met with pt earlier today. She lives with her husband in their apartment. She agrees with home therapy and is willing to use Gentiva since her physician ordered it. Gentiva referral form was placed on front of chart. Called Gentiva earlier today and gave them preliminary referral information. Pt was discharged home this afternoon. Gentiva was informed. Gentiva will contact pt at home to arrange time for initial visit. Called pt at home and informed her that Gentiva will be calling her. RN faxed final referral paperwork to Gentiva at time of discharge.

Demographics

SSVC Referral Source
SSVC Referral Date
SSVC Referral Reason
SSVC Information Source
Primary Language
SSVC Employment Status
SSVC Marital Status
Contact Person Grid
1. Contact Person Name
Contact Person Relationship
Contact Person Primary Number

MD
06/04/10
D/C Plan, New Home Care
Current Medical Record, Patient
English
Disabled, Unemployed
Married

FRED BRANNON
Spouse
414-775-9945

Interview

SSVC Interview
SSVC Mental PTA

SSVC Mental Now

Patient
Alert, Oriented to Person, Oriented to Place,
Oriented to Time
Alert, Oriented to Person, Oriented to Place,
Oriented to Reason for Hospitalization, Oriented
to Time
Cooperative, Pleasant
Spouse, Apartment

SSVC Patient Communication
SSVC Living Situation

Agency/Supports/Coping
SSVC Formal Support
SSVC Informal Support

None
Family

West Allis Memorial Hospital



Aurora Health Care
West Allis, WI

MRN: WMH-00275564

Patient Name: BRANNON, MARYANN

DOB: 09/29/1951

Case #: WMH-08000657116

Admit Date: 06/02/2010

Discharge Date: 06/04/2010

Pt. Loc/Type/Room: 3P2-WAMH Inpatient 306

Social Services Assessment Form

Social Work/CM Assessment Form

06/04/10 01:30 pm Performed by Choinski, Donna

Entered on 06/04/10 04:27 pm

Discharge/Care Plan

SSVC Patient D/C Goal

SSVC Plan Status

SSVC Plan

SW Plan Services Grid

1. SW Plan Services

SW Plan Services Comment

SSVC Plan Needs

SSVC Agree to Goal

Discharge/Referral Needs

Anticipated Aftercare Needs

Home

Home Health-Skilled

Genivz

None Identified

Patient Agrees and understands Goals and Plan

Medication Administration Record

FINAL CHART COPY

Print Date: 1/17/2011

Print Time: 1:18 PM

Rev 02/06

Aurora Health Care® Milwaukee, Wisconsin

☐ AHCM-AS ☐ AHCM-SS ☒ AWAMC ☐ AMG (site)
☐ AHCM-SL ☐ AMCWC ☐ AUWAMC

Date: 6-2-10 Age: 58 D.O.B. 07.29.1961

Patient's Name: Mary Ann

PMD/Clinic: _____

Here Before: ☐ Workman's Comp: ☐

ROOM #

7A12

MRN: WMH-00275564
 BRANNON, MARYANN
 DOB: 08/29/1951 F 58Y
 ATT: ERMED, X
 REG: 06/02/10
 FIN: 800065/116

Pre-Arrival: ☐ FULLY IMMOBILIZED ☐ SPLINTED ☐ O₂ ☐ CPR ☐ DEFIBRILLATED ISOLATION _____/TIME _____ ☐ BS _____ GCS _____

Treatment: ☐ INTUBATED ☐ IV ☐ Meds: _____

Arrival Mode: ☐ Walk ☐ Wheelchair ☐ Cart ☐ Carried ☒ Ambulance bell 433 ☐ In Police Custody ☐ Refusal Form Signed

Triage Treatment: ☐ SPLINT ☐ ELEVATION ☐ COLD PACK ☐ FULLY IMMOBILIZED ☐ C COLLAR ☐ DRESSING ☐ Mask Given

EMS/ED Pre-Arrival time: _____ Triage time: 1135 ED MD notified: 1140 Time in room: 1140 Time seen by MD: 1150 Time left ED: _____

PRE-ARRIVAL/TIME

Emergency Severity Index

1 2 3 4 5

Interpreter called / Time _____

TRIAGE NOTE:

Rankle pain
58y / 10 F
standing fall
"10/10"

TRIAGE RN:

WE:

_____ kg

Immunizations

Last Tetanus: _____

Peds Shots up to date: _____

☐ Yes ☐ No

Other Hx

Birth Control: _____

LMP: _____

G F P A L

EDUCATIONAL NEEDS

SAFETY

SAFETY PLAN

☐ Yes ☐ No

PSYCHO-SOCIAL

ABUSE

SKIN

NEURO

GCS

GL

CV/IV

GU

E ENT

Time

Initial

Signature

Time

Initial

Signature

Time

Initial

Signature

Time

Initial

Signature

Time

Initial

Signature

Time

Initial

Signature

Medical History

☐ Arthritis

☐ GERD

☐ CAD / PVD

☐ Kidney/Dialysis

☐ Cancer

☐ Kidney Stone

☐ CHF

☐ Mental Illness

☐ Cholesterol

☐ MI

☐ Chronic Pain

☐ Seizures

☐ COPD

☐ Sickle Cell

☐ CVA / TIA

☐ Thyroid

☐ Dementia

☐ Valve Disease

☐ Diabetes

Other: _____

Surgical History

☐ Adenoids

☐ Angioplasty/Stent

☐ Appendix

☐ CABG

☐ C-Section

☐ Gallbladder

☐ Gastric Surgery

☐ Other: _____

☐ Hernia

☐ Hysterectomy

☐ Ortho

☐ Pacer / AICD

☐ Tonsillectomy

☐ Transplant

☐ Tubal Ligation

Other: _____

Social History

☐ Denies

Tobacco: _____

Alcohol: _____

Illicit Drugs: _____

Other: _____

Other: _____

Other: _____

Other: _____

Other: _____

Other: _____

Other: _____

Other: _____

Other: _____

Other: _____

Other: _____

Other: _____

Other: _____

Other: _____

Other: _____

Other: _____

Other: _____

Other: _____

ALLERGIES ☐ NKDA ☐ Latex ☐ Unknown

☐ Environmental

Aspirin Danone

Kelex Cyclobenzaprine

Nubaine

MEDICATIONS: ☐ Denies ☐ Unknown

☐ See Reconciliation Form

Aspirin Abutrol

Singular

Cephalexin

Septilin

Septilin

Septilin

Septilin

Septilin

Septilin

Septilin

Septilin

Septilin

Septilin

Septilin

Septilin

Septilin

Septilin

EMERGENCY DEPARTMENT RECORD
(H&P / Emer)

White - Medical Records / Yellow - Department
 Pink - Physician Billing
 AHC 05403970.1 (Rev. 05/09) Front



Aurora Health Care

Milwaukee, Wisconsin

☐SLMC ☐SLSS ☐WAMH

Ankle / Foot Injury

#44

Check ☒ WNL, circle positives, slash negatives or negatives, mark ☐ for test ordered or tests done

Date: 8/24/10 In Time Seen: 1:50 PMD: 1

T: 98° BP: 140/82 P: 86 RR: 18 POX (%): 98%

Chief Complaint: Injury to: right / left ankle / foot / toes: 1 2 3 4 5

laceration / contusion / sprain / pain / fracture / deformity /

HPI: [L=Level of Service] L1-3: 1-3 elements; L4-5: 4+ elements

Historian: patient family / friend / EMS / interpreter /

Hx & ROS limited by: altered mental status / acuity / intoxication / dementia / age

Referred by: self clinic / PMD / family / EMS /

Arrived by: EMS / walk-in / wheelchair / police / car driven by: self / friend / family

Advanced Directive: none / DNR / "full code" / comfort care /

Onset: sudden / gradual / unsure

Began: 12 minutes / hrs / days / weeks / months prior to arrival

Location:

Leg: right / left

Knee: right / left

Ankle: right / left

Foot: right / left

Toes: right great #2 #3 #4 #5

Toes: left great #2 #3 #4 #5

Activity During Injury:

Fell from Standby, Rushed to County

Locale: home / work / school Head

Course / Timing / Duration: constant / intermittent

Course: same fluctuating / worse / improved / resolved (time: 0 Neck / Back)

Duration/frequency of episodes: 0 Chest / Belly

Context: new problem / recurrent / chronic

If recurrent episode, last episode of similar: 0 Pelvis / Ankle

If recurrent or chronic episode, current episode: same / not as bad / worse / better

Character / Quality: can't describe

Mechanism: inversion / eversion / internal rotation / external rotation

hyperextension / jam / fall / direct blow / crush / cut / burn / foreign body /

Injury description (quality): deformity / dislocation / sprain / strain / contusion

laceration / abrasion / foreign body / stab / GSW / burn /

Pain: at rest / with weight bearing / with movement / with palpation

Pain quality: "pain" / sharp / dull / aching / throbbing /

Severity: can't describe

At max (0 to 10): none / mild / moderate / severe

Now (0 to 10): none / mild / moderate / severe

Associated Sx: none

swelling (immediate / gradual / delayed > 24 hr) / numbness / weakness / paresthesia

Alleviated/Relieved by: nothing

ice / elevation / rest / immobilization /

Aggravated/Exacerbated by: nothing

weight bearing / movement /

Prior Tx: yes cool compress / NSAID EMS splint

NO Time Seen
Timestamp

Past Medical, Family, Social hx: L1-4: 1 area; L5: 2 of 3 areas

Allergy: NKDA see ED record / latex / PCN / sulfa / contrast medium /

ASA, Dantor, Nubain, Cyclobenzaprine, f

Medications: none see ED record aspirin / digoxin / coumadin

PMH / Surgical Hx: none see ED record

arthritis / gout / DVT / superficial thrombophlebitis / venous stasis

HTN / hypercholesterolemia / NIDDM / IDDM / CAD / MI

PUD / gastritis / UGI bleed / LGI bleed Cholelithiasis

prior injury / surgery: ankle / foot / lower extremity

Aspirin

Nephrolithiasis

/ Tetanus immunization current: yes / no

Social Hx: unknown

Tobacco use: no cigarettes / packs per day / week

ETOH: no yes drinks per day / week Last ETOH: 0

Drug use: no yes: cocaine / marijuana /

Occupation: unemployed / student / retired / employed:

Lives: house / apartment / homeless / homeless shelter / group home /

assisted living / nursing home /

Living situation: alone / significant other / children / parents /

Domestic Violence: no yes:

Family Hx: noncontributory / unknown / IDDM / NIDDM / HTN / CAD

ROS: L1-3: 1 system; L4: 2-9 systems; L5: 10+ systems

☐ All 14 systems reviewed: neg neg except as per HPI and/or circled bc

Constitutional: fever / chills / weakness

Eyes: visual problems / redness

ENT: sore throat / congestion / nosebleed

CV: chest discomfort / palpitations / orthopnea / PND / ankle swelling

Respiratory: SOB / hemoptysis / cough

GI: abdominal discomfort / fatty stools / rectal bleeding / constipation

GU: dysuria / urgency / frequency / hematuria / kidney problems

LMP: 0 WNL abnormal

Oral Contraception: no / yes

Musculoskeletal: other painful areas: 0 Knee / Foot

Skin: rash / skin problems

Neurologic: gait abnormality / numbness / tingling

Psychiatric: stress / anxiety / depression

Hematology / Lymphatic: bruising / bleeding / swollen lymph nodes

Endocrine: polyuria / polydipsia / thyroid problems

Immunology / Allergy: immunosuppressant therapy / cancer



ED PHYSICIAN RECORD
(H&P/ED)

☐ SLMC ☐ SLSS ☐ WAMH

Ankle & Foot Injury #44

Physical Exam: 1-2: 2-4 organ areas; 1-4: 5-7 organ areas; 1-5: 8+ organ areas

VS Reviewed Exam limited by: urgency of condition / patient uncooperative
 General: alert / lethargic / confused / obtunded conscious person / place / time
 Anxious: mild / moderate / severe Diagnosis: mild / moderate / severe
 Nutritional status: WNL cachectic / obese Hydration: WNL dehydrated

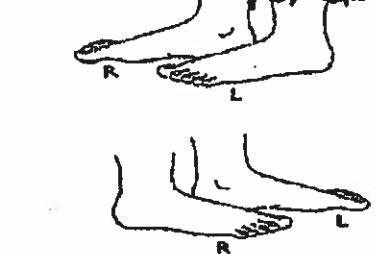
Cardiovascular:
 Regular rate and rhythm
 normal S1S2, no murmur
 OP& post tibialis pulse equal bil.
 no palpable cords, negative Homan's
Respiratory:
 no respiratory distress
 lungs CTA bilaterally

Right Lower Extremity
 appearance WNL, no swelling/deformity
 ROM full & pain: knee ankle toes
 Nontender: knee ankle toes
 Stable: knee ankle toes
 muscle strength and tone intact
 light touch, sharp-dull sensation intact

Comments:

RAE WNL

Stable Pelvis hips



Circle/point:

- 1= pain
- 2= tender
- 3= erythema
- 4= edema
- 5= ecchymosis
- 6= deformity
- 7= numbness
- 8= radiation

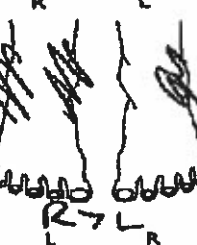
Prox FB/Syst

Achilles

STH MT

PERILLA

Pharynx WNL



Diagnostic Considerations: circle or write potential diagnoses

- ankle sprain
- muscle strain
- compartment syndrome
- dislocation of ankle/toe
- fracture wound / foreign body
- ankle fx / toe fx
- laceration
- contusion of ankle/toe

Medical Decision Making: 1-3: straightforward; 4-5: low risk; 6-7: moderate risk; 8-9: high risk; 10: very high risk

Lab: ☐ Lab Results Reviewed ☐ Urine / Serum preg: neg pos
☐ CBC: WNL WNL except: ☐ Chem: WNL WNL except:

Wound Repair:

Location	Length / Depth	Repair
superficial / SQ / IM	# of _____ cm	suture / Dermabond / staples
	# of _____ -O (ethilon / prolene / _____)	
	# of _____ -O (vicryl / _____)	
___ sensation intact ___ neurovascular intact		
Level of contamination: ___ clean ___ min / mod / severe		
Anesthesia: topical / local / digital / _____ with _____ ml of:		
lidocaine / marcaine (0.5% NaHCO3 / epinephrine): 0.25% / 0.5% / 1%		
<input type="checkbox"/> prep <input type="checkbox"/> Suture / staples removal in _____ days		
<input type="checkbox"/> explored: ___ no tendon injury ___ base of wound visualized ___ no foreign body		
<input type="checkbox"/> irrigat. <input type="checkbox"/> debrided <input type="checkbox"/> undermined <input type="checkbox"/> revised <input type="checkbox"/> foreign body removed		

MRN WWH-00275564

BRANNON, MARYANN

DOB: 09/29/1951 F 58Y

REG: 06/02/10

ATT: Dilling, Carl L



FIN:

8000657116

Radiology:

☐ 1- (right / left) ankle / foot / toe # _____ / _____
 WNL Intracortical fx
☐ 2- _____
 WNL SL

☐ 1- Read by: ED MC / Radiology Report ☐ 2- Read by: ED MD / Radiology Report

Treatment / Management Options / Course:

- ☐ O2 at _____ L/min / % FIO2 (NC, face mask, _____)
- ☐ IV cap / infusion (NS, _____): Bolus _____ mL; Rate _____ mL/hr
- ☐ Acetaminophen / ibuprofen _____ mg PO ☐ Vicodin / Percocet 1 / 2 PO
- ☐ Morphine sulfate _____ mg IV IM; total dose= _____ mg
- ☐ Procedural sedation: IV fentanyl / versed / propofol / etomidate / _____
- ☐ Dislocated joint reduction: (right / left) ankle / toe # _____ / _____
- ☐ Education: crutches / walker / wound management by MD / PA / ED Tech
- ☐ Splint: (stirrup / posterior short leg / _____) by MC / PA / ED Tech
- ☐ Wound dressing: topical antibiotic / bandage / Kerlex by MD / PA / ED Tech
- ☐ DT 0.5 ml IM

Isolated
ankle fracture
no other injuries
no other injuries

Pain Level: 1/10 1/10 1/10

Course: same / worse / improved / resolved ☐ Patient evaluated and examined by M

Level: 1 2 3 4 5 222459 22278

Critical Care Time (excluding procedures) = _____ minutes

ED Observation Admission ☐ ED Fast Track

Consultation / Other Data Review:

Consulted: WNL 1530 WB OR OT

Suggests: admit / discharge / has access to

Case discussed with: patient / family / Radiologist / does not want

Reviewed: Nursing Home / EMS / RN / Old Records from _____

Clinical Impression (circle or write diagnoses):

- right / left : ankle sprain
- right / left : Achilles tendon rupture OT Involvement
- ankle sprain
- 5th metatarsal fracture
- Contusion:
- Jones's fracture
- Fracture:
- tibia / fibula fracture
- Laceration:

Disposition:

☐ Discharge / Admit: OBS bed / general / Tele / medical / surgical / ICU
☐ Transfer: _____ to Dr. _____
 Follow up: PMD: 1 week _____ days / pm / as scheduled
 Condition: good / stable / serious / critical Isolation: none / droplet / contact / airborn
 Restrictions: off work / limited duty / gym / school for _____
 Discharge Instructions given: verbal / written / via interpreter
 Discharge Rx: ibuprofen vicodin percocet
 _____ MD / DO / PA Date 6/2/10
 _____ MD / DO / PA Date _____
 _____ MD / PO / PA Date 6/2/10
☐ Addendum: OT
☐ See: template / dictation
☐ See RN Notes & ED Chart
☐ template complete, dictation pending
☐ template complete, full / partial dictation comp
☐ template complete, no dictation needed



Aurora Health Care[®] Milwaukee, Wisconsin

MRN: WMH-00275564

BRANNON, MARYANN

DOB: 09/29/1951 F 58Y

REG: 06/02/10

ATT: Dillig, Carl L



FIN:

8000657116

☐ ASLHC ☐ ASLSS ☐ AWAMC

(Addendum): Orthopedic Procedures

63

Check ☒ if WNL, circle positives, slash negatives or negatives, mark ☐ for test ordered or tasks done

☐ **PROCEDURAL TIMEOUT:** Confirmed patient ID, reviewed procedure & equipment needs, site identified & marked.

☐ **PROCEDURAL SEDATION:** Intra-Service Time: Start time: _____ Stop time: _____

Medication: versed / fentanyl / propofol / etomidate / ketamine administered IV / IM / PO / PR / Intraosseal

Complications: none / vomiting / hypoxia / transient apnea /

Independent Observer: _____ RN / ED Tech / PA / MD / DO

Physician Performing Sedation: _____ MD / DO

☐ Dislocated Joint Reduction ☐ Fracture Reduction ☐ Fracture-Dislocation Reduction ☐ Other: _____

Indication: fracture / dislocated joint / vascular deficit / neurologic deficit

Location: (right / left): shoulder / arm / elbow / forearm / wrist / finger # 1 2 3 4 5

(right / left): hip / thigh / knee / lower leg / ankle / toe # 1 2 3 4 5

(right / left):

Pre-procedure Exam: vascular intact neuro intact skin intact /

Anesthesia: none / procedural sedation / local / digital / regional block / hematoma block / intraarticular /

with _____ ml of: marcaine (0.25% / %) / lidocaine (1% / %) Q: NaHCO3 / epinephrine

Technique: standard manual reduction / axial traction /

Shoulder GH reduction: traction-countertraction / Stimson technique / adduction-external rotation / scapular manipulation

Radial Head Subluxation: pronation-flexion / supination-pronation

Colles' Fracture Reduction: finger trap traction / manual traction /

Other: _____

Post-procedure Exam: vascular intact neuro intact skin intact clinically reduced, aligned tolerated well

Post-reduction x-ray: satisfactory reduction & alignment /

☐ Read by ED MD ☐ Radiology report reviewed by ED MD

☐ Splint Application ☐ Post-Splint Neurovascular Exam ☐ Cast Application

Indication: fracture / sprain / strain / dislocated joint / joint immobilization / laceration /

Splint Type: orthoglass / plaster / shoulder immobilizer / shoulder sling / removable wrist / finger / ankle stirrup / post-operative shoe / walking boot

(right / left): volar / dorsal / ant. / post. / shoulder immobilizer / long arm / short arm / ulna gutter / thumb spica / sugar tong / wrist

(right / left): ant. / post. / knee immobilizer / lung leg / short leg / ankle / sugar tong /

(right / left):

Splinted by: ED physician / PA / ED tech / RN

Post-splint Neurovascular Exam: splint well positioned vascular intact neuro intact performed by: PA / ED physician

Patient Education: fracture education / joint dislocation education / splint education / crutches education /

☐ Cast Removal ☐ Cast Bivalved ☐ Ring Removal ☐ Muscle Compartment Pressure Measurement

Indication: pain / edema / neurological compromise / vascular compromise / ring tourniquet / potential neurovascular compromise

Location: see above /

Technique: Cast Removal/Cast Bivalved: oscillating cast saw / cast spreader / Webb cut / ace wrap applied / splint applied

Ring Removal: digital block with _____ ml of (1% lidocaine / 0.25% marcaine) : thumb / index / middle / ring / little

surgical tube & traction / wrap compression method / ring cutter /

Compartment Pressure Measurement: Stryker System / Arterial Line System /

Compartment _____ = _____ mm Hg; Compartment _____ = _____ mm Hg

Compartment _____ = _____ mm Hg; Compartment _____ = _____ mm Hg

Complications: none / bleeding /


MD / DO / PA Physician # 222782 date/time 6/2/10

MD / DO / PA Physician # 222435 date/time 6/2/10

ED PHYSICIAN RECORD
(H&P/ED)

☐ template complete, dictation pending
☐ template complete, full; partial dictation comp
☐ template complete, no dictation needed

☐ ABMC ☐ ALMC ☐ AMCWC ☐ AWAMC
☐ AHCM-AS ☐ AMCK ☐ AMHB ☐ AUWAMG
☐ AHCM-SL ☐ AMCMC ☐ APH ☐ AMG (site)
☐ AHCM-SS ☐ AMCO ☐ ASMMC

MRN: WMH-00275564
 BRANNON, MARYANN
 DOB: 09/20/1961 F 58Y REG: 06/02/10
 ATT: ERMED, X
 FIN: 800C857116

I-STAT ECE*

Pt: 8000657116
 Pt Name:

Na 139 mmol/L
 K 4.0 mmol/L
 Cl 106 mmol/L
 TCO2 25 mmol/L
 BUN 12 mg/dL
 Glu 97 mg/dL
 Hct 47 XPCV

pH 7.378
 PCO2 41.0 mmHg
 HCO3 24.1 mmol/L
 BEecf -1 mmol/L
 AnGap 12 mmol/L
 Hb* 16.0 g/dL

*via Hct

CPB: No

16:07 02JUN10

Operator ID: 00043057
 Physician:

Serial: 301259
 Version: JAH5127A
 CLEN: A18
 Custom: 09C3008L

Reference Ranges

Na 135 145 mmol/L
 K 3.5 5.0 mmol/L
 Cl 98 107 mmol/L
 TCO2 22 30 mmol/L
 BUN 10 20 mg/dL
 Glu 65 99 mg/dL
 Hct 36 51 XPCV
 pH 7.320 7.420
 PCO2 42.0 55.0 mmHg
 HCO3 23.0 29.0 mmol/L
 BEecf -2 3 mmol/L
 AnGap 8 16 mmol/L
 Hb* 12.0 17.0 g/dL

NORMAL RANGES FOR POINT OF CARE

Urinalysis:

Glucose = Neg

Bilirubin = Neg

Ketone = Neg

Specific Gravity = 1.005 - 1.030

Blood = Neg

pH = 5.0 - 7.0

Protein = Neg

Urobilinogen = 0 - 1.0 mg/dl

Nitrite = Neg

Leukocytes = Neg

I-STAT Crea

Pt: 8000657116
 Pt Name:

Crea 0.9 mg/dL

16:07 02JUN10

Operator ID: 00043057
 Physician:

Serial: 334921
 Version: JAH5127A
 CLEN: A18
 Custom: 09C3008L

Reference Ranges

Crea 0.5 1.3 mg/dL

se = 65-99 mg/dl

ionas, Yeast = None Seen

g

g

Pregnancy Test = Pos for pregnant female

= Neg for male or non-pregnant female



05628000

LAB MOUNT SHEET

(Lab)

AHC 05628000 System). (Rev. 01/09)



Aurora Health Care Milwaukee, Wisconsin

☐ AHCM-AS ☐ AHCM-SL ☐ AHCM-SS ☐ AMCWC ☒ AWAMC ☐ AMG (site) ☐ AUWAMC

PERIOPERATIVE NURSING RECORD Page 1

PREOPERATIVE STATUS

Date: 6-3-10 Time: 1045

☒ Inpatient ☐ Outpatient ☐ Blood Band #

Allergies: See Allergy Report

O₂ Sat: 96 % ☒ Room Air ☐ O₂ 2 L/min

PREOP TUBES: ☐ Foley ☐ NG

☐ Other

Level of Consciousness:

☒ Alert ☐ Lethargic

☐ Sedated ☐ Comatose ☐ Other:

☒ IV: ☐ Capped ☐ gauge ☐ in place 20 As Hand gauge

Fluid / Site: D5 / 0.9 Saline (300 ml left)

Xylocaine Wheal: ☐ Yes ☐ Inserted gauge in by

Skin condition:

☒ Warm ☐ Dry ☐ Diaphoretic ☐ Flushing

☐ Cool ☐ Pale ☐ Jaundice ☐ Dusky

1. ☒ Potential for anxiety related to:

- ☐ Known deficit R/T Surgical Intervention
- ☒ Risk of death, alteration of body image or lifestyle change
- ☐ Impaired verbal communication
- ☒ Surgical experience

Nursing action/intervention:

- ☒ Clear concise explanations given
- ☒ Analyze/interpret preop. health data
- ☒ Support provided to patient

☒ Ineffective patient/family coping

☐ Sensory/perceptual alteration

☐ Age related

☒ Risk for acute/chronic pain

☐ Other:

☒ Support provided to family significant other

☐ Interpreter provided

☒ Assessed provided pain control

☐ Other:

Expected outcome: ☒ The patient verbalizes and/or demonstrates decreased anxiety.

☒ SHA Protocol Narrative Notes:

☒ Patient representative and medical record confirm operative procedure, site mark, and site (right/left, multiple structures, multiple levels) per policy eg. 1 NYP

Prophylactic IV Antibiotic: Cefazolin 900 mg Started @ 1145 by: NYP Preop RN Signature

INTRAOPERATIVE STATUS Patient Identified by: Monica Paplan RN Signature

OR #: 9 Wound Class: 1 Arrival: 1113 Operation Start: 1132 Operation End: 1258 Discharge: 1300

Anesthesia: ASA 3 ☒ General ☐ Regional Block ☐ Epidural ☐ Spinal ☐ MAC ☐ Local ☐ Fully monitored

Surgeon: Dr. Sean Wilson Initials: SW Circulator RN: Monica Paplan RN Initials: NYP

Assistant: Dr. Michael Corcoran Initials: MC Relief: Josayne Veert RN Initials: JVC

Assistant: _____ Initials: _____ Relief: _____ Initials: _____

Assistant: _____ Initials: _____ Relief: _____ Initials: _____

Second Surgeon: _____ Initials: _____ Scrub: Tina Werner, MD Initials: TW

Assistant: _____ Initials: _____ Scrub: _____ Initials: _____

Assistant: _____ Initials: _____ Relief: _____ Initials: _____

Anesthesiologist: Dr. Tom Guehl Initials: TG Relief: _____ Initials: _____

Relief: _____ Initials: _____ Circulator/Monitor RN: _____ Initials: _____

Anesthesia Resident: _____ Initials: _____ Relief: _____ Initials: _____

Anesthesia Support/M.T.: Ellen Haglett Initials: EH Medication RN: _____ Initials: _____

Relief: _____ Initials: _____ Relief: _____ Initials: _____

Balloon Tech: _____ Initials: _____ Relief: _____ Initials: _____

Laser RN/Tech: _____ Initials: _____ Relief: _____ Initials: _____

Others: _____ Initials: _____ Others: _____ Initials: _____

OPERATION: Open reduction - internal fixation, right ankle

2ND OPERATION: _____

DISCHARGE REPORT: ☐ SDS ☒ PACU ☐ Pt. Room

☐ Critical Care ☐ Other

TRANSPORTED BY: ☐ Cart ☐ Wheelchair

☒ Bed ☐ Mobilizer ☐ Crib ☐ Other:



☐ AHCM-AS ☐ AHCM-SS ☒ AWAMC ☐ AMC (site)
☐ AHCM-SL ☐ AMCWC ☒ AUWAMC

PERIOPERATIVE NURSING RECORD Page 2

Date: 6/3/10

MRN: WMH-00275584
 BRANNON, MARYANN A
 DOB: 09/29/1951 F 58Y REG: 08/02/10
 ATT: Munim, Shahica R



FIN: 803085711E

☒ Potential for ☐ Impaired skin integrity and/or

- ☒ Pre-existing disease process
- ☒ Placement of electrical dispersive pad
- ☐ Impaired circulation
- ☒ Positioning /impaired physical mobility
- ☒ External constriction of peripheral circulation
- ☐ Retained foreign object

Nursing action/intervention: ☒ Analyze / interpret health data

☒ Allergies status noted

☒ Pre-procedure "Time-Out" (correct patient, procedure, accurate consent form, level, side (Right/Left), site, surgeon, patient position, radiographs, implants, and equipment, safety precautions, fluids for irrigations, prophylactic antibiotic confirmed and administered).

Time: 1100

Positioning in OR

- ☒ Collaborates with health care members
- ☒ Supine ☐ Lithotomy ☐ Lateral Right / Left
- ☐ Semi-fowler ☐ Fowler
- ☐ Prone ☐ Foot of bed down
- ☐ Knee-chest ☐ Jack-knife
- ☐ Eye cart ☐ Specialty table
- ☐ Other

Position Aids (Use/Location)

- ☒ Safety strap ☐ Blankets Warm
- ☐ Mummy wrap ☐ Crani headrest
- ☒ Armboard (Right/Left) ☐ Donuts
- ☐ Andrew frame ☐ Duval airbag
- ☐ Axillary roll: Right / Left ☒ Foam Pads downs / 10 bag
- ☐ Ankle pillow ☐ Hip positioner
- ☐ Beach chair ☐ Leg holder/stirrups/cradles Right/Left
- ☐ Chest rolls ☐ Overhead arm board Right/Left
- ☐ Cosgrove pillow ☒ Pillows head
- ☐ Footboard ☒ Sand bags hip
- ☐ Foam headrest ☐ Shoulder Traction
- ☐ Kidney rest ☐ Tape
- ☐ Olympic Vac Pac ☐ Ulnar nerve pad
- ☐ Pelvic roll ☐ Other
- ☐ Wilson frame ☐ Other

Skid: Right _____ Left _____

Arms tucked: Right _____ Left _____

- ☐ Laser protocol ☐ Latex protocol
- ☐ Cell saver protocol ☐ Gonzdal shielding
- ☐ Smoke evacuator ☐ Negative Pressure Protocol
- ☐ Other

☐ Injury related to:

- ☐ Incorrect procedure and site ☐ Altered body temperature
- ☐ Laser usage ☐ Other
- ☐ Cell saver
- ☒ X-ray /image
- ☒ Allergic reaction

Tourniquet # <u>121519</u>		Applied by <u>MC</u>	
Right / Left Arm / Leg up	down	<u>1248 @ 300</u>	mmHg
Right / Left Arm / Leg up	down	@	mmHg
Right / Left Arm / Leg up	down	@	mmHg
Right / Left Arm / Leg up	down	@	mmHg
ESU#	Cut	Coag	Ground Location: By Whom:
<u>106211</u>	<u>40</u>	<u>40</u>	<u>10</u> <u>Hugh</u> <u>myr</u>
Bipolar #	Cut	Coag	
Other Energy Generators #			
<input type="checkbox"/> PHACO unit #		Time	
<input checked="" type="checkbox"/> Thermia unit # <u>121549</u>			
<input type="checkbox"/> Rectal probe by			
<input type="checkbox"/> SCDs thigh / knee	Right / Left		
<input type="checkbox"/> AV pulse boots	Right / Left		

INITIAL COUNT

- ☒ Sponges RN myr Scrub tw
- ☒ Needles/sharps RN myr Scrub tw
- ☐ Instruments RN myr Scrub tw

PERMANENT RELIEF COUNT

- ☐ Sponges RN _____ Scrub _____
- ☐ Needles/sharps RN _____ Scrub _____
- ☐ Instruments RN _____ Scrub _____

FINAL COUNT

- ☐ Sponges RN _____ Scrub _____
- ☐ Needles/sharps RN _____ Scrub _____
- ☐ Instruments RN _____ Scrub _____

XRAYS: ☐ Regular flat plate ☐ Image ☒ Fluoroscanner
☐ Implant Placement ☐ Dx ☐ Closure

Interpreted By: ☒ Surgeon ☐ Radiologist ☐ Anesthesiologist

Expected Outcome: ☒ The Patient's skin integrity is maintained ☒ The patient is free from injury



☐ AHCM-AS ☐ AHCM-SS ☒ AWAMC ☐ AMG (site)
☐ AHCM-SL ☐ AMCWC ☒ AUWAMC

MRN: WMH-00275584
 BRANNON, MARYANN A
 DOB: 09/29/1951 F 58Y REG: 06/02/10
 ATT: Munim, Shahida R



FIN: 8000657116

PERIOPERATIVE NURSING RECORD Page 3

Date: 6/3/10

III. ☒ Potential for infection related to:

☒ Operative procedure ☐ Wound classification ☐ Pre-existing disease process ☐ Other _____

Nursing action/intervention:

☒ Maintain sterile field ☐ Analyze / Interpret health data

☐ Clip Site: _____ By whom: _____

☒ Skin prep Site: Right leg By whom: mp

☐ Chlorhexidine Gluconate ☐ Hexachlorophene

☒ Povidone Iodine spray/solution ☐ Iodophor with Alcohol

☐ Povidone Iodine soap ☐ Alcohol

☒ Chlorhexidine Gluconate with Alcohol ☐ Other: _____

Urinary catheter inserted by:

☐ Straight ☐ Indwelling ☐ Temp

Return: _____

Balloon filled _____ ml Size _____ Fr

☐ D/C'd in OR

Devices placed in OR: Drain Drain Chest Tube Other Other

Size/type: _____

Location: _____

Dressing/packing/location: adaptec, 4x4, webno, splint

Expected Outcome: ☐ The patient's risk of infection is minimized.

IV. ☐ Potential for ineffective airway related to:

☐ Positioning

☒ Sedation

Nursing action/intervention

☒ Collaborates with healthcare team members

☒ Position for adequate airway exchange

☒ Support during anesthesia

☐ Pre-existing disease process

☒ Anesthetic agents

☐ Surgical procedure

☐ Other: _____

☒ Analyze / interpret health data

☒ Monitor oxygen saturation.

☐ Other: _____

☐ Monitor airway

Expected Outcome: ☐ The patient's airway is maintained.

V. Potential for hemodynamic changes related to:

☐ Electrolyte imbalance

☒ Operative procedure

Nursing action/intervention

☒ Collaborates with healthcare team members.

☒ Analyze / interpret health data.

☐ Shock / trauma

☐ Excessive blood loss

☒ Pre-existing disease

☐ Other: _____

☒ Monitor blood / fluid loss.

☐ Monitor urinary output.

☐ Vital signs

☐ Other: _____

Expected Outcome: ☒ The patient's hemodynamic status is maintained.

SPECIMEN: _____

CULTURE: _____

CYTOLOGY: _____

Narrative Notes:

Clindamycin 900 mg given @ 1145. Delayed
due to multiple allergies and delays @
receiving antibiotic from pharmacy

Nursing diagnosis and care plan initiated by: Monica Papayan

RN Signature

CONDITION ON DISCHARGE: ☒ See Anesthesia Record ☐ See Sedation Assessment Record

Expected Outcomes evaluated by: Monica Papayan

RN Signature

Final count confirmed with Surgeon: mp/tw Specimens confirmed with Surgeon: 0





Aurora West Allis Medical Center

Milwaukee, Wisconsin

PRE-ANESTHESIA ASSESSMENT

Date: 6/3/10 Time: _____Procedure: ORIF Bimalleolar fractureAnesthesia History: ☒ No previous problems

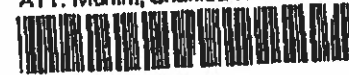
MRN: WMH-00275564

BRANNON, MARYANN

DOB: 09/29/1951 F 58Y

REG: 08/02/10

ATT: Munim, Shahida R



FIN: 8000657116

Medical History: Height: 6'7" Weight: 99.5 kg ASA: III

Yes	No
<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

Hypertension

CAD

Angina

MI

Hx CHF

Hx Arrhythmia

AICD / Pacemaker

Yes	No
<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>

Asthma

COPD

URI

SOB

Smoke 1 1/2 rpd

Sleep Apnea

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

Seizure

Hx CVA

Coagulopathy

Hiatal Hernia

GERD

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

Diabetes

Liver

Kidney

Thyroid

Obesity

BMI > 35

Remarks: _____

Family History: ☒ Non-contributoryCurrent Medications: ☐ None ASA, cyclobenzaprine, codeine, clonidine, reflex, latex, nortriptyline, omeprazole, albuterolAllergies: ☐ NKDA see chartDental: ☒ No abnormality ☐ Dentures ☐ Loose Teeth / Chips ☐ Caps ☐ BridgeLab: K+ - 4.0 H/H ~ 13.7 / 42.0Physical Exam: Lungs: ☒ Clear Bilaterally ☐ Other:Heart: ☒ Regular S1 and S2 without murmur ☐ Other:Airway: ☒ MP Class I ☐ MP Class II ☐ MP Class III ☐ MP Class IV ☐ Other:

Plan:	Anesthesia Type:	Monitoring:	Post Procedure Care:	Extended Post-op Pain Control:
	General <input checked="" type="checkbox"/>	Routine <input checked="" type="checkbox"/>	Routine <input checked="" type="checkbox"/>	Epidural _____
	MAC _____	Invasive _____	ICU _____	Spinal _____
	Regional _____			

Informed Consent: ☒ Anesthesia benefits, risks and alternatives discussed with patient and/or representative. Questions answered and agreement obtained.

Comments: _____

Signature: Bull Date: 6/3/10 Time: _____

Post-Operative Assessment:

☐ Pt. awake and alert, VSS ☐ No Apparent Anesthetic Complications

Anesthesiologist: _____ Date: _____ Time: _____



X37711

PRE-ANESTHESIA ASSESSMENT
(Proc)

AHC X37711.j (Rev. 09/09)

Aurora Health Care

Milwaukee, Wisconsin

<input type="checkbox"/> ABMC	<input type="checkbox"/> ALMC	<input type="checkbox"/> AMCO	<input type="checkbox"/> APH	<input type="checkbox"/> AUWAMG
<input type="checkbox"/> AHCM-AS	<input type="checkbox"/> AMCG	<input type="checkbox"/> AMCS	<input type="checkbox"/> ASMCMC	<input type="checkbox"/> AMG (site)
<input type="checkbox"/> AHCM-SL	<input type="checkbox"/> AMCK	<input type="checkbox"/> AMCWC	<input checked="" type="checkbox"/> AWAMC	
<input type="checkbox"/> AHCM-SS	<input type="checkbox"/> AMCMC	<input type="checkbox"/> AMHB		

PACU Admission Date & Time
6/3/10 1300

Procedure

(P) write
ORIF femoral fracture

Dr. K. K. K.

Anesthesiologist

Guh

Type of Anesthesia

General

Allergies

N/A, Penicillin, Keflex, Dexamethasone, ASA

Oxygen:	<input checked="" type="checkbox"/> Tube	<input type="checkbox"/> Mask	<input type="checkbox"/> Nasal cannula	<input type="checkbox"/> Aerosol	<input type="checkbox"/> Ventilator
None	On 1300	On	On	On	On
	Off 1300	Off	Off	Off	Off

Airway (see key on back)

LMA 8 8 8 8

Graphic Key

V BP Cuff

A Arterial Line

x Pulse

o Resp

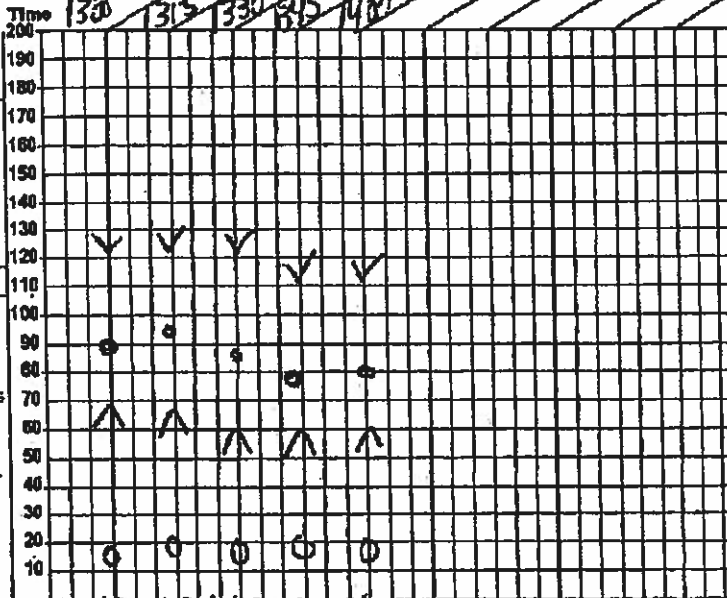
Equipment

☐ Teds

☐ SCD

☐ Pulse Boots

☐ Other:



O2 Saturation

Temperature (Route)

(Circle one):

Warming Unit/Blanket

Cooling Unit/Ice

Activity

Respiration

Circulation

Consciousness

Oxygen Saturation

Aldrete Total

Respiratory

Cardiac

Neurovascular

Spinal/Epidural

Neurological

G.I.

G.U.

Surgical Site #1

Surgical Site #2

Integumentary

Musculoskeletal

Fundus/Involuting Uterus

R.N. Initials

Report Given to:

RN Signatures:

Discharge Mode:

Car

Bed

Wheelchair

Cary

Discharged to: 30%

Time: 1400

Invasive Line(s) Site:

Time	Site	Solution	ml / up	ml / left
1300	Subcut	NS	500	350
1423		NS	500	350

Total IV

Total Irrigation

Total Blood / Products

Total Intake: 1750

Time	Foley	Hemovac	NG	Void	Other
Total					

Total Output: 1750

Time	Med	Dose	Route	Initials
1329	Subcut	0.5	IV	KS
1350	Subcut	0.5	IV	KS
1357	Subcut	0.5	IV	KS
1423	Subcut	0.5	IV	KS

Time	Location	Quality	Scale 0-10	Intervention	Initials
1300	Right	8	8	CAF	KS
1315	Right	8	8	CAF	KS
1330	Right	8	8	CAF	KS
1345	Right	8	8	CAF	KS
1400	Right	8	8	CAF	KS

Time	Location	Quality	Scale 0-10	Intervention	Initials
1300	Right	8	8	CAF	KS
1315	Right	8	8	CAF	KS
1330	Right	8	8	CAF	KS
1345	Right	8	8	CAF	KS
1400	Right	8	8	CAF	KS

Care delivered as per Protocols / Care Plans / Policies / Procedures / Standards

30% LMA Dec 6 Schell

135 C/O, approx

NOTES



Aurora Health Care

Milwaukee, Wisconsin

☐ AHCM-AS ☐ AHCM-SS ☐ AWAMC ☐ AMG (site)
☐ AHCM-SL ☐ AMCWC ☐ AUWAMC

MRN: WMH-00275584

BRANNON, MARYANN

DOB: 09/29/1951 F 58Y

REG: 08/02/10

ATT: Munim, Shahida R



FIN:

8000657116

PRE-PROCEDURE FORM

NOTE: Placing your initials in the completed box means the task is completed

Date	Initials	Not Applicable	Pre-Procedure Checklist	Comments
6/3/10	SR		1. Ordered preoperative testing (within last 48 hours) completed and on chart (Lab, CXR, EKG, Blood)	
		ME	2. Pregnancy test result in chart	
	SR		3. Notify OR for (latex allergy) MSRA, Isolation, Bariatric >350 lbs. Or 159 kg)	NOT AVAILABLE
		SR	4. <input type="checkbox"/> ICD/ Pacer present <input type="checkbox"/> EP/Pacewatch notified day of surgery <input type="checkbox"/> OR notified	
			5. Old records and Xrays sent to OR	
6-3-10	SR		6. Height 67" Weight 99.5 lbs. 45 kg.	
	SR		7. NPO after 2359	
	SR		8. History and Physical on chart (within 30 days and updated within 24 hours [day of] procedure). • For Emergency Dept. patients: entire ED record sent	
			9. * Documentation of MD Informed Consent in chart. • *need* Not in chart <input type="checkbox"/> MD called	
			10. * Patient Consent form signed by patient or guardian/ activated POA • *need*	
			11. Transfer MAR on chart	
Complete 1-2 hours Pre-Procedure				
	ME		12. ID bands on (ID, allergy, blood band, code status)	
	ME		13. Vital Signs: T 98.5 P 92 R 16 B/P 126/70 SP O2 97L	
		SR	14. Blood glucose (diabetics only) @ (time)	
	ME		15. Patient voided Time: 0945 <input type="checkbox"/> Catheter in place	
	SR		16. Sensory Impairment/ Barriers: <input checked="" type="checkbox"/> Sight <input type="checkbox"/> Hearing <input type="checkbox"/> Speech	
			17. <input type="checkbox"/> Language Barrier <input type="checkbox"/> OR notified <input type="checkbox"/> Interpretive Services Notified	
	SR		18. Mental Status: <input checked="" type="checkbox"/> Alert <input type="checkbox"/> Sedated <input type="checkbox"/> Unresponsive <input type="checkbox"/> Confused	
		SR	<input type="checkbox"/> Cognitively Impaired	
		SR	19. Equipment: <input type="checkbox"/> restraints <input type="checkbox"/> telemetry <input type="checkbox"/> O2 L/min	
		SR	20. Surgical site clipped	
	ME		21. VTE Prophylaxis applied (TEDS and/or SCDs)	
	ME		22. If patient on routine Beta-Blocker ensure dose was taken and document	
	ME		23. Preoperative antibiotic ready to be sent to OR	
	ME		24. Postoperative Order set on chart	
	ME		25. PERSONAL ITEMS	
			Glasses/ contact lenses	
			Dentures/ partials/ bridge	
			Hearing Aids <input type="checkbox"/> right <input type="checkbox"/> left	
			Valuables secured: <input type="checkbox"/> Family/ SO <input type="checkbox"/> Bedside/ Locker <input type="checkbox"/> Security	
	ME		26. Family waiting: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Where? Surg. waiting	
Initials	Signature	Initials	Signature	
SR	Spay Kachol RN			
ME	Van Epps RN			



PRE-PROCEDURE FORM

Mandatory for surgery to proceed



West Allis Memorial Hospital

Aurora Health Care

Milwaukee, Wisconsin

MRN: WMH-00275564

BRANNON, MARYANN

DOB: 09/29/1951 F 58Y

REG: 06/02/10

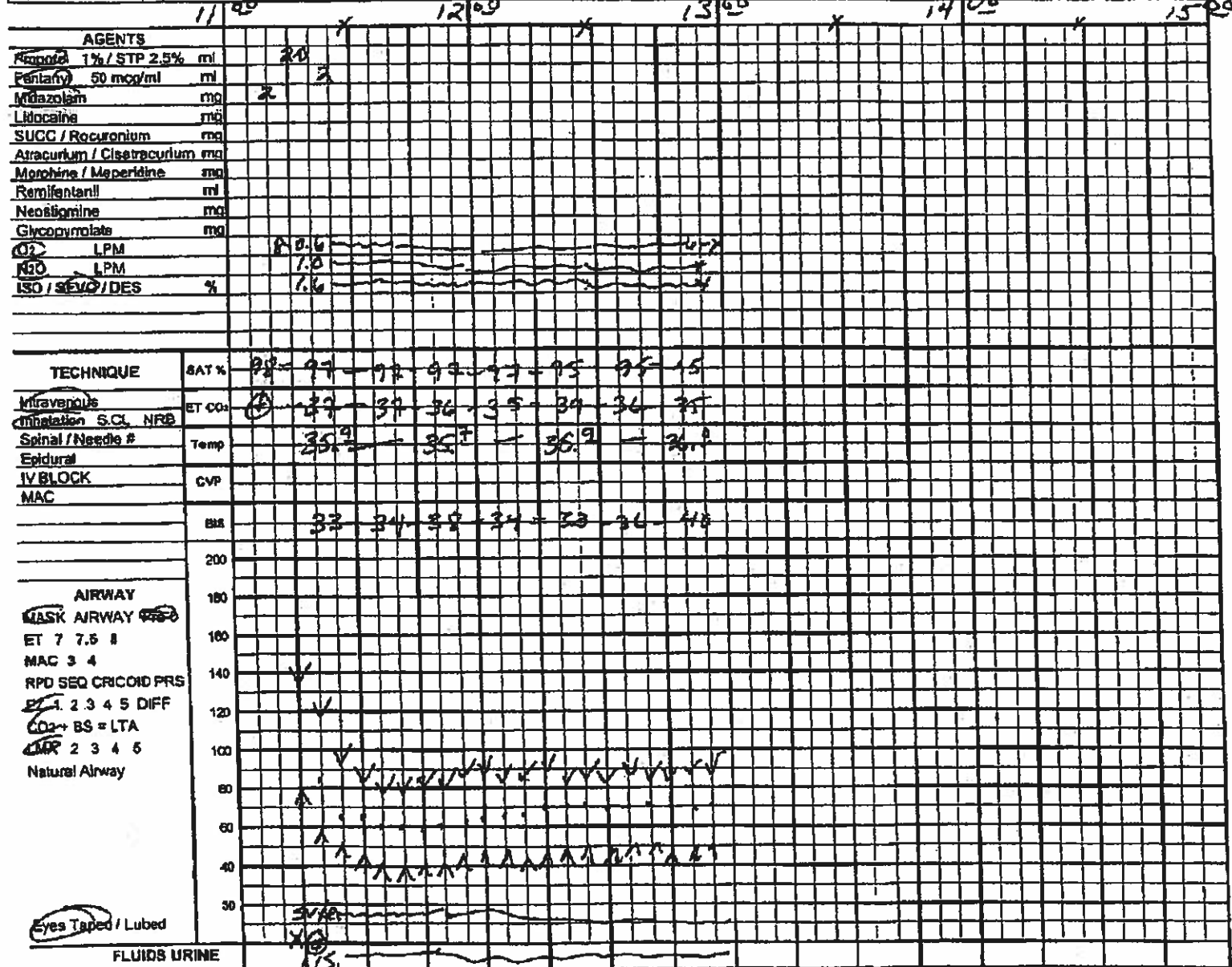
ATT: Munim, Shahida R



FIN:

8000857116

MONITORS				POSITION	
MACHINE CHECK	<input checked="" type="checkbox"/> ETCO ₂	<input checked="" type="checkbox"/> ART LINE		SUPINE	<input checked="" type="checkbox"/>
PT IDENT / REEVAL	<input checked="" type="checkbox"/> PULS OX	<input checked="" type="checkbox"/> CVP		PRONE	
ECG	<input checked="" type="checkbox"/> BAIRY'S	<input checked="" type="checkbox"/> SWAN		LATERAL	
TEMP <input checked="" type="checkbox"/> E	<input checked="" type="checkbox"/> NERVE STIM.	<input checked="" type="checkbox"/> FOLEY		LITHOTOMY	
STEH <input checked="" type="checkbox"/> P <input checked="" type="checkbox"/> E	<input checked="" type="checkbox"/> BLOOD WARMER	<input checked="" type="checkbox"/> BIS		Pressure Pts. Padded	<input checked="" type="checkbox"/>



FLUIDS URINE	ABX / Time:	CODE: <input checked="" type="checkbox"/> PULSE <input checked="" type="checkbox"/> A V B.P. <input checked="" type="checkbox"/> O RESP. <input checked="" type="checkbox"/> OPER <input checked="" type="checkbox"/> X ANES	FLUID SUMMARY
	Operation:	ORIF Bimalleolar fx	Cell Saver
	Pre-Op Glucose:	Anesthesiologist: Deht Surgeon: Wilson, S.	Cell Mass
	Date: 6/3/10	Anesthesia Time From: 1115 To: 1502	Saline
REMARKS	X in OR, mon pl.		Lact Ringers
	① ind.		Albumin / Hatastarch
			EST. BLOOD LOSS

☒ Pacu ☒ Report Given
☐ VS Noted

☒ Meets PACU DC criteria.
May be transferred to DSC or floor





Aurora Health Care

Milwaukee, Wisconsin

- | | | | | |
|----------------------------------|--------------------------------|--------------------------------|--------------------------------|-------------------------------------|
| <input type="checkbox"/> ABMC | <input type="checkbox"/> ALMC | <input type="checkbox"/> AMCO | <input type="checkbox"/> APH | <input type="checkbox"/> AUWAMG |
| <input type="checkbox"/> AHCM-AS | <input type="checkbox"/> AMCG | <input type="checkbox"/> AMCS | <input type="checkbox"/> ASMMC | <input type="checkbox"/> AMG (site) |
| <input type="checkbox"/> AHCM-SL | <input type="checkbox"/> AMCK | <input type="checkbox"/> AMCWC | <input type="checkbox"/> AWAMC | |
| <input type="checkbox"/> AHCM-SS | <input type="checkbox"/> AMCMC | <input type="checkbox"/> AMHB | | |

MHN: WMP-002/0004

BRANNON, MARYANN

DOB: 09/29/1951 F 58Y

REG: 06/02/10

ATT: Munim, Shahida R



FIN:
8000657118

MY INFORMED CONSENT FOR SURGERY OR OTHER PROCEDURE

Performing Provider(s): Sean Wilson

Treatment/ Procedure: Open reduction and internal fixation
of right ankle fracture.

Current Condition: I understand my current medical condition, including my diagnosis and prognosis.

Treatment/ Procedure: I understand when, where, and how this Treatment/ Procedure will be done.

Risks and Benefits: I understand the risks and benefits of this Treatment/ Procedure, including the likelihood of these risks and benefits. I understand that my health care providers cannot describe every possible risk that may occur. I acknowledge that no guarantees have been made to me concerning the results of this procedure(s). In addition to the reasonable known risks of blood loss, damage to tissues, infection and cardiac arrest, the following is a list of some possible additional risks (other risks may have been discussed as noted in the physician notes or history):

- | | | |
|---------|---------|---------|
| o _____ | o _____ | o _____ |
| o _____ | o _____ | o _____ |

Use of Anesthesia: I have received information about the use of anesthesia or sedation during this Treatment/ Procedure. I agree that if anesthesia or sedation is used, it will be provided by a qualified health care provider. He/ She will discuss the risks, benefits, and alternatives related to anesthesia or sedation with me prior to my Treatment/ Procedure.

Other Choices: I understand my other treatment options and that I could choose not to have any treatment/ procedure. I understand the risks and benefits of other Treatments/ Procedures that I could consider, and the risks and benefits if I choose not to have any Treatment/ Procedure.

Persons Who May Participate or Observe: I understand that persons other than my Performing Provider may assist, participate or observe during my Treatment/ Procedure. A physician, resident physician, or other qualified health care provider may perform important parts of the Treatment/ Procedure. My Performing Provider will supervise all resident physicians and other qualified health care providers, but may not be physically present in the same Treatment/ Procedure room for some or all of the tasks performed by such persons. My Performing Provider will decide which physicians, resident physicians, and qualified health care providers may assist and what tasks they will perform based on my condition and the assisting providers' availability, level of competence, scope of practice, and skills. A qualified health care provider may only perform tasks for which the hospital has granted him/her privileges to perform. Students, vendors, and other persons may also observe or participate, but only under the express direction and supervision of the Performing Provider.

Unexpected Events: If something unexpected happens during this Treatment/ Procedure, my health care providers may decide that it is important for me to have other treatments/ procedures right away. If my health care providers decide that additional Treatments/ Procedures are in my best interests, I consent to such Treatments/ Procedures.

Use/ Disposal of Discarded Tissue. My Performing Provider may decide to use Discarded Tissue (tissue, body parts, or organs that are removed from me during this Treatment/ Procedure) for scientific, research, or teaching purposes, but will keep my identity confidential. I agree to such use.



INFORMED CONSENT
(Consent)



Aurora Health Care*

Milwaukee, Wisconsin

- | | | | | |
|----------------------------------|--------------------------------|--------------------------------|--------------------------------|-------------------------------------|
| <input type="checkbox"/> ABMC | <input type="checkbox"/> ALMC | <input type="checkbox"/> AMCO | <input type="checkbox"/> APH | <input type="checkbox"/> AUWAMC |
| <input type="checkbox"/> AHCM-AS | <input type="checkbox"/> AMCG | <input type="checkbox"/> AMCS | <input type="checkbox"/> ASMMC | <input type="checkbox"/> AMG (site) |
| <input type="checkbox"/> AHCM-SL | <input type="checkbox"/> AMCK | <input type="checkbox"/> AMCWC | <input type="checkbox"/> AWAMC | |
| <input type="checkbox"/> AHCM-SS | <input type="checkbox"/> AMCMC | <input type="checkbox"/> AMHB | | |

Do-Not-Resuscitate (DNR) Orders: If I have a DNR order, my Performing Provider and I have discussed how my DNR order will be managed. I agree that my DNR order (check one):

- ☐ will continue as stated in my DNR order
- ☐ will be modified as follows: _____
- ☐ will be suspended during the Treatment/ Procedure and until I am transferred from the recovery room to the patient care area.

Use of Implanted Tissue/ Devices: Transplanted tissue, organs, bone/ tissue grafts, devices and/ or other instrumentation that will remain in or with me as a result of this Treatment/ Procedure is called an "Implant." I agree that the following Implants may be used and that during the Treatment/ Procedure my Performing Provider may decide that other Implants may be necessary.

Transfusion of Blood/ Blood Products: I understand that if my health care providers decide that I need blood or blood products during my Treatment/ Procedure, I will receive blood or blood products through my vein(s). I understand that a blood transfusion may expose me to certain illnesses, such as HIV and Hepatitis B or C, but that the presence of these viruses in blood/ blood products is extremely rare. I also understand that transfusion of the wrong blood type can be fatal, but that this is also very rare. Other risks that can occur with blood/ blood products include bruising, swelling, fever, headache, and local infection where the needle pierces the skin. I understand the alternatives to blood transfusion and the consequences of non-treatment.

☐ I refuse Blood or Blood Products

Limitations on Confidentiality: I understand that in some circumstances my health care providers may be required to share information about me with others. For example, if I have a communicable illness, my health care provider, or the clinic/ hospital may be required by law to inform the public health department.

Withdrawal of Consent: I understand that I can withdraw my consent to have this Treatment/ Procedure at any time before the Treatment/ Procedure is started.

Time Limit: This Informed Consent Form is only effective for sixty (60) days after I sign it, unless otherwise noted here: _____

Other Information: _____

PATIENT / REPRESENTATIVE SIGNATURE: I read and understand the information on this form and all the information that has been provided to me about this Treatment/ Procedure. I do not have any unanswered questions and I want to proceed with this Treatment/ Procedure.

x Mary A Brannon

Patient/ Representative Signature or
Telephone Consent from

Relationship to Patient

6-3-10

Date

1057

Time

Witness (Only if Telephone Consent)

Date

Time

Interpreter Assistance: If an interpreter assisted, please complete the following:

Signature: _____ Date: _____ Time: _____

Practitioner Documentation of Informed Consent Discussion: I discussed the information described above (as applicable) and other relevant information with this Patient/ Representative, prior to requesting that this Patient/ Representative review and complete this Informed Consent Form. This Patient/ Representative denied unanswered questions and consented to this Treatment/ Procedure.

Practitioner Signature: [Signature]

Date: 6/3/10

Time: 1057



INFORMED CONSENT
(Consent)



Aurora Health Care* Milwaukee, Wisconsin

- | | | | |
|----------------------------------|--------------------------------|--------------------------------|-------------------------------------|
| <input type="checkbox"/> AHCM-AS | <input type="checkbox"/> AMCK | <input type="checkbox"/> AMHB | <input type="checkbox"/> AMG (site) |
| <input type="checkbox"/> AHCM-SL | <input type="checkbox"/> AMCMC | <input type="checkbox"/> APH | |
| <input type="checkbox"/> AHCM-SS | <input type="checkbox"/> AMCO | <input type="checkbox"/> ASMMC | |
| <input type="checkbox"/> ALMC | <input type="checkbox"/> AMCWC | <input type="checkbox"/> AWAMC | |

MEDICATIONS:

☒ See Medication List (bring to your doctor appointments)

☐ Other: _____

Prescriptions called to: _____

VACCINES:

Your influenza vaccine was given on _____

Your pneumonia vaccine was given on _____

☐ Follow-up with your doctor regarding influenza and/ or pneumonia vaccine(s)

ACTIVITY:

☒ Weigh yourself daily (first thing in the morning, with same amount of clothes on) unless told otherwise by your doctor

☒ Continue activity as you were in the hospital, slowly increase to what you were doing previously

☐ Up as desired / no restrictions

☐ Check with your doctor if able to go to work/ school

☐ Other: _____

SMOKING:

☒ Avoid all tobacco products and second hand smoke

☐ Smoking Cessation Counseling offered
Wisconsin Toll Free Quit Line: 1-877-270-7867

DIET:

☒ Limit salt (sodium) and salty foods unless told otherwise by your doctor.

☐ No Restrictions

☐ Special Diet _____

☐ Other _____

Additional instructions: Wear cam boot on left leg at all times - sponge bath until follow up w/ Dr. & Non-weight bearing on right leg

This form was reviewed with patient / responsible person by: B. Wilson Date/Time: _____ / _____

Final Discharge (date/time): 6/4/10 1548 Method: SELF Discharged to: Home
With whom: Husband Nurse Signature: [Signature]

MHN: WMH-00270584

BRANNON, MARYANN
DOB: 09/29/1951 F 58Y REG: 06/02/10
ATT: Munim, Shahida R
FIN: 8000857116



☒ Call 911 if you have trouble breathing or chest pain.

CALL YOUR DOCTOR IF:

☐ You have symptoms that are not "normal" for you

☒ You have new or worse symptoms or pain, not relieved by medicine or rest

☒ Temperature greater than 101°F, chills or flu like symptoms

☐ You gain more than 3 pounds in 2 days

☐ Increased swelling, redness or drainage

☐ Other: _____

REFERRALS (Type/ Agency/ Phone):

☐ Home Health _____

☐ Community Services _____

☐ Telemanagement: 1-888-676-7812

☐ Other _____

FOLLOW-UP (Call for appointment if not scheduled):

Follow-up appointment with:

Dr. Sean Wilson

Tel (414) 328-6000 When Next week

Follow-up appointment with:

Dr. _____

Tel () _____ When _____



DISCHARGE INSTRUCTIONS-GENERAL
(Edu / D/C Plan)

White Original - Medical Record
White Copy - Patient
© AHC 05100940 (Rev. 05/09)



Aurora Health Care

CERTIFICATION OF MEDICAL BILLING RECORDS

Patient Name: MARY ANN BRANNON

I certify that the documents attached to this certificate, consisting of 4 pages, are accurate, legible, and complete duplicates of the original billing records of the patient listed above for the following time period:

To: 6/2/2010 to 6/4/2010

Exclusions:

☒ None

☐ As follows:

I further certify that the original records were: (1) made at or near the time of the occurrence of the matters set forth by, or information transmitted by, a person with knowledge of those matters; (2) kept in the course of regular conducted activity; and (3) made by the regular conducted activity as a regular practice.

I certify under penalty of perjury under the laws of the United States of America that the foregoing is true and correct.

Executed on this 2nd day of November, 2011.

Susan Claussen

Susan Claussen
Manager, Patient Accounts
Aurora Health Care Business Office

For questions on this account, contact Customer Service at (866) 244-0821, Monday-Friday 8:30-4:30

Patient Name: MARY ANN BRANNON

Account Number 000275564

A U R O R A H E A L T H C A R E
AURORA WEST ALLIS MEDICAL CENTER
PATIENT ACCOUNT - DETAIL

PAGE 1
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PATIENT NAME: BRANNON, MARYANN A

ACCOUNT NBR: 000275564-0153
BILLING PERIOD: 06/02/10 11/02/11

BILL TO
MARYANN A BRANNON
APT 109
2092 S 102ND ST
WEST ALLIS WI 532271317
USA

SRV DATE	REF NBR	DESCRIPTION	
06/02/10	37200000	STANDARD ROOM	1410.00
06/02/10	87900300	ANKLE COMPLETE BILATERAL	(QTY OF 0000001) 571.00
06/02/10	88051500	COUNTER-PORTABLE	(QTY OF 0000001) 0.00
06/02/10	87885800	CHEST 1 VIEW	(QTY OF 0000001) 142.25
06/02/10	20044551	CBC W/AUTO DIFF	(QTY OF 0000001) 61.25
06/02/10	20046261	PROTHROMBIN TIME	(QTY OF 0000001) 78.25
06/02/10	20047681	PARTIAL THROMBOPLASTIN TIME	(QTY OF 0000001) 77.75
06/02/10	92744991	POC CREATININE	(QTY OF 0000001) 50.50
06/02/10	92759341	POC CHLORIDE SERUM	(QTY OF 0000001) 62.50
06/02/10	92744983	POC BLOOD GASES	(QTY OF 0000001) 91.00
06/02/10	92744999	POC GLUCOSE SERUM	(QTY OF 0000001) 54.75
06/02/10	92745011	POC POTASSIUM SERUM	(QTY OF 0000001) 54.25
06/02/10	92745019	POC SODIUM SERUM	(QTY OF 0000001) 20.00
06/02/10	92745007	POC NITROGEN SERUM	(QTY OF 0000001) 65.75
06/02/10	92745003	POC HEMATOCRIT	(QTY OF 0000001) 30.75
06/02/10	92746428	ECG TRACING ONLY	(QTY OF 0000001) 144.00
06/02/10	92766457	ED LEVEL 5 TYPE B VISIT	(QTY OF 0000001) 1560.75
06/02/10	92743208	INHALATION TX HHN INITIAL	(QTY OF 0000001) 163.00
06/02/10	92743218	INHALATION TX MDI INITIAL	(QTY OF 0000001) 93.50
06/02/10	92743229	PULSE OXIMETRY SINGLE	(QTY OF 0000001) 82.25
06/03/10	37200000	STANDARD ROOM	1410.00
06/02/10	15800250	MORPHINE INJ 10 MG/M	(QTY OF 0000001) 53.30
06/02/10	15800250	MORPHINE INJ 4 MG/ML	(QTY OF 0000001) 51.09
06/02/10	15800150	BULK MEDICATION	FLUTICASONE/SALMETER 397.72
06/02/10	15800010	UNIT DOSE	MONTELUKAST CHEW 5 M 24.15
06/02/10	15800010	UNIT DOSE	NICOTINE PATCH 14 MG 16.02
06/02/10	15800080	IV SOLUTIONS	DEXTROSE 5% / NACL 0 75.38
06/02/10	15800250	MORPHINE INJ 2 MG/ML	(QTY OF 0000001) 53.87
06/02/10	15800250	PANTOPRAZOLE INJ 40	(QTY OF 0000001) 41.41
06/02/10	15800010	UNIT DOSE	SENNOSIDES CONC 8.6 5.92
06/02/10	15800010	UNIT DOSE	ALBUTEROL/IPRATROPIU 7.11
06/02/10	15800010	UNIT DOSE	MONTELUKAST CHEW 5 M 24.15
06/02/10	15800010	UNIT DOSE	NICOTINE PATCH 14 MG 16.02
06/02/10	15800250	PANTOPRAZOLE INJ 40	(QTY OF 0000001) 41.41
06/02/10	15800010	UNIT DOSE	VITAMIN - THERAPEUTI 6.43
06/02/10	15800010	UNIT DOSE	SENNOSIDES CONC 8.6 17.77
06/03/10	20044551	CBC W/AUTO DIFF	(QTY OF 0000001) 61.25
06/03/10	20048511	COMPREHENSIVE METABOLIC PANEL	(QTY OF 0000001) 201.50
06/03/10	20207461	VENIPUNCTURE	(QTY OF 0000001) 20.00
06/03/10	92754693	ANESTH GENERAL 1ST 1/2 HR	(QTY OF 0000001) 2446.00
06/03/10	92754698	ANESTH GENERAL ADD'L 30 MIN	(QTY OF 0000003) 444.75

A U R O R A H E A L T H C A R E
AURORA WEST ALLIS MEDICAL CENTER
PATIENT ACCOUNT - DETAIL

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PATIENT NAME: BRANNON, MARYANN A

ACCOUNT NBR: 000275564-0153

SRV DATE	REF NBR	DESCRIPTION		
06/03/10	92755234	ECG INTERPRETATION/REPORT	(QTY OF 00000001)	19.75
06/03/10	68640517	ANCHOR/SCREW BONE/TISSUE	PLATE	1785.00
06/03/10	68640517	ANCHOR/SCREW BONE/TISSUE	CORTEX SCREW	1328.00
06/03/10	68640517	ANCHOR/SCREW BONE/TISSUE	BONE SCREW	657.00
06/03/10	63639270	MAXI SURGIKIT DISP	(QTY OF 00000001)	257.00
06/03/10	68640430	EXTREMITY DRAPE	(QTY OF 00000001)	147.25
06/03/10	63637910	SPLIT SHEET DISP	(QTY OF 00000002)	317.00
06/03/10	63631560	TOURNIQUET/STERILE CUFF DISP	(QTY OF 00000001)	275.75
06/03/10	63637760	SPLINT ORTHOGLASS DISP	(QTY OF 00000001)	168.50
06/03/10	63635070	OPERATING ROOM A TO 2 HOURS	(QTY OF 00000001)	5142.00
06/03/10	92743209	INHALATION TX HHN SUBS	(QTY OF 00000001)	120.50
06/03/10	92743209	INHALATION TX HHN SUBS	(QTY OF 00000001)	120.50
06/03/10	92743219	INHALATION TX MDI SUBS	(QTY OF 00000001)	35.25
06/03/10	92737892	COUNTER-THERAPY VISIT/PT	(QTY OF 00000001)	0.00
06/03/10	92742165	PHYSICAL THERAPY EVAL	(QTY OF 00000001)	267.75
06/03/10	92737902	THERAP ACTIVITIES PT PER 15MIN	(QTY OF 00000003)	369.75
06/03/10	73733070	BLADDER SCAN-RESIDUAL URINE	(QTY OF 00000001)	148.00
06/03/10	15800250	CLINDAMYCIN INJ 150	(QTY OF 00000006)	38.16
06/03/10	15800250	CLINDAMYCIN INJ 150	(QTY OF 00000012)	76.33
06/03/10	15800250	MORPHINE INJ 2 MG/ML	(QTY OF 00000001)	53.87
06/03/10	15800010	UNIT DOSE	ALBUTEROL/IPRATROPIU	7.11
06/03/10	15800250	MORPHINE INJ 2 MG/ML	(QTY OF 00000001)	53.87
06/03/10	15800250	ROPIVACAINE INJ 0.5%	(QTY OF 00000150)	66.15
06/03/10	15800250	MIDAZOLAM INJ 1 MG/M	(QTY OF 00000002)	51.54
06/03/10	15800250	FENTANYL INJ 50 MCG/	(QTY OF 00000001)	51.03
06/03/10	15800310	SMALL VOLUME PARENTERAL	SODIUM CHLORIDE 0.9%	75.33
06/03/10	15800010	UNIT DOSE	ALBUTEROL/IPRATROPIU	7.11
06/03/10	15800250	HYDROMORPHONE PCA 0.	(QTY OF 00000003)	105.95
06/03/10	15800080	IV SOLUTIONS	DEXTROSE 5% / NACL 0	75.38
06/03/10	15800250	DROPERIDOL INJ 2.5 M	(QTY OF 00000001)	27.00
06/03/10	15800250	ONDANSETRON INJ 2 MG	(QTY OF 00000004)	25.77
06/03/10	15800250	MORPHINE INJ 10 MG/M	(QTY OF 00000001)	53.30
06/03/10	15800250	ENOXAPARIN INJ 40 MG	(QTY OF 00000004)	123.61
06/03/10	15800010	UNIT DOSE	MONTELUKAST CHEW 5 M	24.15
06/03/10	15800010	UNIT DOSE	NICOTINE PATCH 14 MG	16.02
06/03/10	15800250	PANTOPRAZOLE INJ 40	(QTY OF 00000001)	41.41
06/03/10	15800010	UNIT DOSE	VITAMIN - THERAPEUTI	6.43
06/03/10	15800310	SMALL VOLUME PARENTERAL	SODIUM CHLORIDE 0.9%	150.67
06/03/10	15800040	CONTROLLED SUBSTANCE SCH II	OXYCODONE/APAP 5-325	13.45
06/03/10	15800300	CONTROLLED SUBSTANCE SCH II	HYDROCODONE/APAP 5-3	13.53
06/03/10	15800010	UNIT DOSE	SENNOSIDES CONC 8.6	17.77
06/03/10	92753017	PACU LEVEL 3, 1ST 30 MIN	(QTY OF 00000001)	801.75
06/03/10	92753019	PACU LEVEL 2 EA ADD'L 30 MIN	(QTY OF 00000001)	151.75
06/04/10	92737892	COUNTER-THERAPY VISIT/PT	(QTY OF 00000001)	0.00
06/04/10	92737902	THERAP ACTIVITIES PT PER 15MIN	(QTY OF 00000003)	369.75
06/04/10	92737939	COUNTER-THERAPY VISIT OT	(QTY OF 00000001)	0.00
06/04/10	92742167	OCCUPATIONAL THERAPY EVAL	(QTY OF 00000001)	221.25
06/04/10	92737944	ADL/SELF CARE OT PER 15 MIN	(QTY OF 00000003)	351.75
06/04/10	92737892	COUNTER-THERAPY VISIT/PT	(QTY OF 00000001)	0.00
06/04/10	92737902	THERAP ACTIVITIES PT PER 15MIN	(QTY OF 00000002)	246.50

A U R O R A H E A L T H C A R E
AURORA WEST ALLIS MEDICAL CENTER
PATIENT ACCOUNT - DETAIL

PAGE 3
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PATIENT NAME: BRANNON, MARYANN A

ACCOUNT NBR: 000275564-0153

SRV DATE	REF NBR	DESCRIPTION	
06/04/10	15800250	DIPHENHYDRAMINE INJ (QTY OF 0000001)	26.55
06/04/10	15800040	CONTROLLED SUBSTANCE SCH II OXYCODONE/APAP 5-325	13.45
06/04/10	15800040	CONTROLLED SUBSTANCE SCH II OXYCODONE/APAP 5-325	13.45
06/04/10	15800040	CONTROLLED SUBSTANCE SCH II OXYCODONE/APAP 5-325	13.45
06/04/10	15800040	CONTROLLED SUBSTANCE SCH II OXYCODONE/APAP 5-325	13.45
06/04/10	15800250	PROPOFOL INJ 10 MG/M (QTY OF 0000020)	74.62
06/04/10	15800250	FENTANYL INJ 50 MCG/ (QTY OF 0000001)	51.03
06/04/10	15800250	MIDAZOLAM PF INJ 1 M (QTY OF 0000002)	50.61
06/04/10	15800150	BULK MEDICATION SEVOFLURANE INHALATI	286.20
06/02/10	92744861	IV PUSH 1ST OR SINGLE DRUG (QTY OF 0000001)	63.00
06/02/10	92745178	VENIPUNCTURE (QTY OF 0000001)	20.50
06/02/10	92744736	APPLY SPLINT SHORT LEG (QTY OF 0000001)	612.25
06/02/10	92759355	ACE BANDAGE 3-5IN/EA YARD (QTY OF 0000005)	13.75
		-- WE HAVE BILLED THE FOLLOWING INSURANCE(S) --	
		MEDICARE PART A 06/02/10 - 06/24/10	
		MEDICARE PRO COMP 06/02/10 - 06/24/10	
		T19 STANDARD 06/02/10 - 06/24/10	
06/09/10	00059100	MEDICARE PART A DRG ADJUSTME SERVICE ON 06/02/10	17798.11
		MEDICARE PART A	
06/24/10	00004709	MEDICARE ADJUSTMENT SERVICE ON 06/02/10	0.25
		MEDICARE PART A	
06/24/10	00006909	MEDICARE PAYMENT SERVICE ON 06/02/10	6330.64
		MEDICARE PART A	
07/01/10	00059100	MEDICARE PART A DRG ADJUSTME SERVICE ON 06/04/10	709.50
		MEDICARE PART A	
07/06/10	00006959	MEDICARE PAYMENT REVERSAL SERVICE ON 06/02/10	0.00
		MEDICARE PART A	
07/07/10	00004709	MEDICARE ADJUSTMENT SERVICE ON 06/03/10	10.85
		MEDICARE PRO COMP	
07/07/10	00006909	MEDICARE PAYMENT SERVICE ON 06/03/10	7.12
		MEDICARE PRO COMP	
07/08/10	00004709	MEDICARE ADJUSTMENT SERVICE ON 06/02/10	709.25
		MEDICARE PART A	
07/08/10	00006909	MEDICARE PAYMENT SERVICE ON 06/02/10	6330.64
		MEDICARE PART A	
07/08/10	00006959	MEDICARE PAYMENT REVERSAL SERVICE ON 06/02/10	6330.64
		MEDICARE PART A	
07/13/10	00059100	MEDICARE PART A DRG ADJUSTME SERVICE ON 06/02/10	709.50
		MEDICARE PART A	
07/13/10	00004709	MEDICARE ADJUSTMENT SERVICE ON 06/02/10	0.25
		MEDICARE PART A	
07/13/10	00006909	MEDICARE PAYMENT SERVICE ON 06/02/10	0.00
		MEDICARE PART A	
07/13/10	00059100	MEDICARE PART A DRG ADJUSTME SERVICE ON 06/02/10	709.50
		MEDICARE PART A	
06/09/10	00059100	MEDICARE PART A DRG ADJUSTME SERVICE ON 06/02/10	17798.11
		MEDICARE PART A	
07/01/10	00059100	MEDICARE PART A DRG ADJUSTME SERVICE ON 06/04/10	709.50
		MEDICARE PART A	
07/23/10	00059100	MEDICARE PART A DRG ADJUSTME SERVICE ON 06/02/10	18507.61

AURORA HEALTH CARE
AURORA WEST ALLIS MEDICAL CENTER
PATIENT ACCOUNT - DETAIL

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PATIENT NAME: BRANNON, MARYANN A

ACCOUNT NBR: 000275564-0153

SRV DATE	REF NBR	DESCRIPTION	
		MEDICARE PART A	
07/26/10	00059100	MEDICARE PART A DRG ADJUSTME SERVICE ON 06/02/10	17798.11-
		MEDICARE PART A	
07/26/10	00059100	MEDICARE PART A DRG ADJUSTME SERVICE ON 06/02/10	18507.61
		MEDICARE PART A	
07/26/10	00006909	MEDICARE PAYMENT SERVICE ON 06/02/10	0.00
		MEDICARE PART A	
08/20/10	00004715	MEDICAID ADJUSTMENT SERVICE ON 06/02/10	1.78-
		T19 STANDARD	
10/22/10	00006915	MEDICAID PAYMENT SERVICE ON 06/02/10	1100.00-
		T19 STANDARD	

REMIT TO
AURORA WEST ALLIS MED CTR
PO BOX 341100
MILWAUKEE WI 532341100

BEGINNING BALANCE	0.00
NEW CHARGES/ADJUSTMENTS	70013.36
NEW PAYMENTS/CREDITS	70013.36
CURRENT ACCOUNT BALANCE	0.00

MAKE CHECK PAYABLE TO: AURORA WEST ALLIS MED CTR

IF YOU HAVE ANY QUESTIONS CONCERNING THIS ACCOUNT PLEASE CONTACT:
AURORA HEALTH CARE PHONE: (800) 958-6202

Diagnostic Mobile Imaging LLC
N4 W22540 Bluemound Road • Waukesha, WI 53186
Phone: (262) 544-9825 • Fax: (262) 544-9827

23641
X-Ray Requisition Form

(Please Print)

PATIENT'S NAME: BRANNON, MARYANN DOB: 9-29-51 DATE: 8-3-10
N.H./RESIDENCE: 2092 S 102ND ST. ROOM # 109 PHONE: _____
PERSON PLACING ORDER: KIM AGENCY: GENTIVA FORT 425
PHYSICIAN: CHANG, STEVE PHONE: 0696

TYPE OF X-RAY CXA

X
HHS REQUIRES PHYSICIAN'S SIGNATURE
requesting exam, certifying reason, No. of views,
and that the patient is considered 'homebound.'

Dx/SYMPTOM: CONGESTION

Please do not use Rule Out
as reason for X-ray

12
FORWARDED
MEDICARE #: 394 58 40 69 A TITLE 19 #: 741 804 26 7 1
OTHER INS.: _____ ADDRESS: _____
GROUP #: _____ POLICY: _____
RESPONSIBLE PARTY: _____
ADDRESS: _____ PHONE: _____

[R][L] [] 71010 CHEST AP
[R][L] [] 71020 CHEST AP & LATERAL
[R][L] [] 71100 RIBS Unilateral 2 views
[] 71110 RIBS Bilateral, 3 views
[] 72170 PELVIS AP
[R][L] [] 73510 HIP Unilateral 2 views
[] 73520 HIPS Bilateral
[R][L] [] 73550 FEMUR 2 views
[R][L] [] 73560 KNEE 2 views
[R][L] [] 73590 TIBIA & FIBULA 2 views
[R][L] [] 73610 ANKLE 3 views
[R][L] [] 73600 ANKLE 2 views
[R][L] [] 73630 FOOT 3 views
[R][L] [] 73620 FOOT 2 views
[R][L] [] 73030 SHOULDER 2 views
[R][L] [] 73000 CLAVICLE 2 views
[R][L] [] 73010 SCAPULA

[R][L] [] 73060 HUMERUS 2 views
[R][L] [] 73070 ELBOW 2 views
[R][L] [] 73090 FOREARM 2 views
[R][L] [] 73110 WRIST 3 views
[R][L] [] 73100 WRIST 2 views
[R][L] [] 73130 HAND 3 views
[R][L] [] 73120 HAND 2 views
[] 70250 SKULL 3 views
[] 70210 SINUSES 2 views
[] 70140 FACIAL BONES 2 views
[] 74000 ABDOMEN (KUB) 1 view
[] 74020 ABDOMEN SERIES 2 views
[] 72040 CERVICAL SPINE 2 views
[] 72070 THORACIC SPINE 2 views
[] 72100 LUMBAR SPINE 2 views
[] 72220 SACRUM & COCCYX 2 v

TECH: GL CALLED BY: _____ CALLED TO: _____ TIME CALLED: _____ FAX: _____
RADIOLOGIST: KWOCK TRANS CODE: _____ SET UP CODE: _____ DIAG. CODE: _____

23641

DIAGNOSTIC MOBILE IMAGING LLC
N4 W22540 Bluemound Road
Waukesha, WI 53186
(262) 544-9825 FAX (262) 544-9827

RADIOLOGY REPORT

NAME: Brannon, MaryAnn RM#: Apt 109 DATE: 08-03-2010
RESIDENCE: 2092 S. 102nd Street DOB: 9-29-51 DR: Chang
EXAMINATION: AP & Lateral Chest
X-RAY #: 23641 TECH: GL ISM

AP & Lateral Chest

Indications: Congestion

No comparison films. Heart size and pulmonary vascularity are within normal limits. No infiltrates or pleural effusions are seen. Lungs are mildly hyperinflated. Minimal degenerative spurring of the thoracic spine is seen.

IMPRESSION: No radiographic findings for acute pulmonary disease.

L. KWOCK, M.D.
LK/lmm

71020

Diagnostic Mobile Imaging LLC
N4 W22540 Bluemound Road
Waukesha, WI 53186
262-544-9825

1/12/2011

Maryann Brannon
2092 S. 102nd
Milwaukee, WI
PATIENT: MARYANN BRANNON

						Amount Due	Amount Enc.
						\$9.00	
Date	Transaction					Amount	Balance
07/31/2010	Balance forward						0.00
08/03/2010	AP & Lateral Chest Xray					258.00	258.00
09/27/2010	PMT Medicare					-142.37	115.63
09/27/2010	Discount Medicare					-80.04	35.59
10/01/2010	PMT					-2.93	32.66
10/01/2010	Discount					-23.66	9.00
CURRENT	1-30 DAYS PAST DUE	31-60 DAYS PAST DUE	61-90 DAYS PAST DUE	OVER 90 DAYS PAST DUE	Amount Due		
9.00	0.00	0.00	0.00	0.00	\$9.00		

225 S. Executive Drive
Brookfield WI 53005-4257
(262) 787-6700

CERTIFICATION OF ITEMIZED STATEMENTS

I, Allie Halliwell, the undersigned, Patient Billing Custodian
of Milwaukee Anesthesia Consultants, do here certify that the
enclosed pages are itemized statements for our patient, Margaret Brannon,
for services between the dates of 6/03/10 and 6/03/10.

Dated this the 15th day of January 20 11.

Allie Halliwell

Patient Billing Custodian

Page 1 Of 1

Provider <u>Witkowski, Assoc. Consultants</u>	Patient <u>Margann Brannon</u>
Remittance Address <u>225 S. Executive Dr</u> <u>Brookfield, WI 53005</u>	Social Security # <u>394-58-4069</u>
Tax ID# <u>39-1803787</u>	Date Of Birth <u>9/29/51</u>
Telephone <u>262-787-4026</u>	
Statement Prepared By <u>HH</u> Date <u>1/15/11</u>	

[illegible]

1500

HEALTH INSURANCE CLAIM FORM

APPROVED BY NATIONAL UNIFORM CLAIM COMMITTEE 09/05

PICA

1. MEDICARE <input checked="" type="checkbox"/> MEDICAID <input type="checkbox"/> TRICARE <input type="checkbox"/> CHAMPVA <input type="checkbox"/> GROUP HEALTH PLAN <input type="checkbox"/> FECA BLK LUNG <input type="checkbox"/> OTHER <input type="checkbox"/> (Medicare #) (Medicaid #) (Sponsor's SSN) (Member ID) (SSN or ID) (SSN) (ID)				1a. INSURED'S I.D. NUMBER (For Program in Item 1) 394584069A			
2. PATIENT'S NAME (Last Name, First Name, Middle Initial) Brannon, Maryann				3. PATIENT'S BIRTH DATE 09/29/1951 M <input type="checkbox"/> F <input checked="" type="checkbox"/>		4. INSURED'S NAME (Last Name, First Name, Middle Initial) Brannon, Maryann	
5. PATIENT'S ADDRESS (No., Street) 2092 S 102nd St #109				6. PATIENT RELATIONSHIP TO INSURED Self <input checked="" type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Other <input type="checkbox"/>		7. INSURED'S ADDRESS (No., Street) 2092 S 102nd St #109	
CITY West Allis		STATE WI		CITY West Allis		STATE WI	
ZIP CODE 53227		TELEPHONE (Include Area Code) ()		ZIP CODE 53227		TELEPHONE (Include Area Code) (414) 731-1563	
9. OTHER INSURED'S NAME (Last Name, First Name, Middle Initial) Brannon, Maryann				10. IS PATIENT'S CONDITION RELATED TO: a. EMPLOYMENT? (Current or Previous) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO b. AUTO ACCIDENT? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO c. OTHER ACCIDENT? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		11. INSURED'S POLICY GROUP OR FECA NUMBER NONE	
8. OTHER INSURED'S POLICY OR GROUP NUMBER Medigap 3945840690				10a. RESERVED FOR LOCAL USE		12. INSURED'S OR AUTHORIZED PERSON'S SIGNATURE I authorize payment of medical benefits to the undersigned physician or supplier for services described below. Signature on File.	
10b. RESERVED FOR LOCAL USE				13. INSURED'S OR AUTHORIZED PERSON'S SIGNATURE I authorize payment of medical benefits to the undersigned physician or supplier for services described below. Signature on File.		14. DATE OF CURRENT ILLNESS (First symptom) OR INJURY (Accident OR PREGNANCY/LMP) MM DD YY	
15. IF PATIENT HAS HAD SAME OR SIMILAR ILLNESS. GIVE FIRST DATE MM DD YY				16. DATES PATIENT UNABLE TO WORK IN CURRENT OCCUPATION FROM MM DD YY TO MM DD YY		17. NAME OF REFERRING PROVIDER OR OTHER SOURCE 17a. NPI	
18. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES FROM MM DD YY TO MM DD YY				19. OUTSIDE LAB? \$ CHARGES <input type="checkbox"/> YES <input type="checkbox"/> NO		20. MEDICAID RESUBMISSION CODE ORIGINAL REF. NO.	
21. PRIOR AUTHORIZATION NUMBER				22. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY (Provide Items 1, 2, 3 or 4 to Item 24E by Line 1)		23. REMOVAL PROVIDER ID, #	
24. A. DATE(S) OF SERVICE From MM DD YY To MM DD YY B. PLACE OF SERVICE C. EMG D. PROCEDURES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances) CPT/HCPCS MODIFIER E. DIAGNOSIS POINTER F. \$ CHARGES G. DAYS OR UNITS H. EPSON (Only for Pw) I. ID. QUAL J. REMOVAL PROVIDER ID, #				25. FEDERAL TAX I.D. NUMBER 39-1803787		26. PATIENT'S ACCOUNT NO. 222-208573430	
27. ACCEPT ASSIGNMENT? (If not both, circle one) <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO				28. TOTAL CHARGE \$ 20765		29. AMOUNT PAID \$ 000	
30. SIGNATURE OF PHYSICIAN OR SUPPLIER INCLUDING DEGREES OR CREDENTIALS (I certify that the statements on the reverse apply to this bill and are made a part thereof.) Thomas J Guhl M.D. SIGNED 01/15/2011 DATE				31. BILLING PROVIDER INFO A PH # Milwaukee Anes Consultants Lt Bin 88845 Milwaukee WI 53288-0001		32. BILLING PROVIDER INFO A PH # 1902852098	

NUCC Instruction Manual available at: www.nucc.org

PLEASE PRINT OR TYPE

APPROVED OMB-0938-0999 FORM CMS-1500 (08-0)

M1 N

3 HH/EILLA

Telephone (262) 787-6700

Certification Of Billing Records

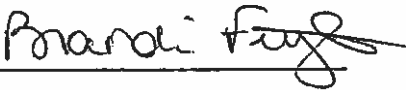
Patient Name. Mary Brannon

Date of Birth. 09/29/1951

Date of Injury. 6/2/2010

I, Brandi Fryt, custodian of medical and billing records at Internal Medicine Associates in West Allis, Wisconsin, hereby certify that the documents annexed hereto, and consisting of 3 pages constitute an accurate, legible and complete duplicate of the records regarding our patient, Mary Brannon, for the dates of service 6/2/2010 to 1/13/2011.

Dated at West Allis, Wisconsin, this 13th day of January 2011



Signature

Internal Medicine Associates
7200 W. Greenfield Avenue
Phone (414)543-1441
Fax (414)543-1521
Billing/Records (414)543-1348

INTERNAL MEDICINE ASSOCIATES

7200 W GREENFIELD AVENUE
WEST ALLIS, WI 53214
(414)543-1441

Page: 1

1/13/2011

Patient: Mary A. Brannon
2092 S 102nd Street
Milwaukee, WI 53227-1317

Chart #: BRAMA001
Case #: 16346

Instructions:

Complete the patient information portion of your insurance claim form. Attach this bill, signed and dated, and all other bills pertaining to the claim. If you have a deductible policy, hold your claim forms until you have met your deductible. Mail directly to your insurance carrier.

Date	Description	Procedure	Modify	Dx 1	Dx 2	Dx 3	Dx 4	Units	Charg
6/2/2010	Initial Inpatient Admission Level 3	99223	AI	824.6	B888.9			1	348.9
7/12/2010	Medicare Deductible	MEDDED						1	0.0

Provider Information

Provider Name: Masroor Munim MD ✱
License: 37915
Medicare PIN:
SSN or EIN: 392011386

Total Charges: \$ 348
Total Payments: \$ 0
Total Adjustments: \$ 0
Total Due This Visit: \$ 348.
Total Account Balance: \$ 413

Assign and Release: I hereby authorize payment of medical benefits to this physician for the services described above. I also authorize the release of any information necessary to process this claim.

Patient Signature: _____

Date: _____

INTERNAL MEDICINE ASSOCIATES

7200 W GREENFIELD AVENUE
WEST ALLIS, WI 53214
(414)543-1441

Page: 1

1/13/2011

Patient: Mary A. Brannon
2092 S 102nd Street
Milwaukee, WI 53227-1317

Chart #: BRAMA001

Case #: 16347

Instructions:

Complete the patient information portion of your insurance claim form. Attach this bill, signed and dated, and all other bills pertaining to the claim. If you have a deductible policy, hold your claim forms until you have met your deductible. Mail directly to your insurance carrier.

Date	Description	Procedure	Modify	Dx 1	Dx 2	Dx 3	Dx 4	Units	Charge
6/3/2010	Inpatient Follow-Up Level 3	99233	AI	824.6	E888.9			1	181.80
6/4/2010	Hospital Discharge >30 minutes	99239	AI	824.6	E888.9			1	182.10
7/12/2010	Medicare Deductible	MEDDED						1	0.00
7/12/2010	Medicare Deductible	MEDDED						1	0.00

Provider Information

Provider Name: Shahida R. Munim MD
License: 38582
Medicare PIN:
SSN or EIN: 392011386



Total Charges: \$ 363.

Total Payments: \$ 0.

Total Adjustments: \$ 0.

Total Due This Visit: \$ 363.

Total Account Balance: \$ 413.

Assign and Release: I hereby authorize payment of medical benefits to this physician for the services described above. I also authorize the release of any information necessary to process this claim.

Patient Signature: _____

Date: _____

INTERNAL MEDICINE ASSOCIATES

7200 W GREENFIELD AVENUE
WEST ALLIS, WI 53214
(414)543-1441

Page: 1

1/13/2011

Patient: Mary A. Brannon
2092 S 102nd Street
Milwaukee, WI 53227-1317

Chart #: BRAMA001

Case #: 17270

Instructions:

Complete the patient information portion of your insurance claim form. Attach this bill, signed and dated, and all other bills pertaining to the claim. If you have a deductible policy, hold your claim forms until you have met your deductible. Mail directly to your insurance carrier.

Date	Description	Procedure	Modify	Dx 1	Dx 2	Dx 3	Dx 4	Units	Charge
10/20/2010	Established Patient Level 4	99214		729.5	493.20	530.11	278.01	1	179.61
10/20/2010	All Rx Sent Electronically	G8443		729.5	493.20	530.11	278.01	1	0.00
11/9/2010	Medicare Deductible	MEDDED						1	0.00

Provider Information

Provider Name: Shahida R. Munim MD
License: 38582
Medicare PIN:
SSN or EIN: 392011386

Total Charges: \$ 179.
Total Payments: \$ 0.
Total Adjustments: \$ 0.
Total Due This Visit: \$ 179.
Total Account Balance: \$ 413

Assign and Release: I hereby authorize payment of medical benefits to this physician for the services described above. I also authorize the release of any information necessary to process this claim.

Patient Signature: _____

Date: _____

AURORA VISITING NURSE ASN
DME VI 6.5.0
REVIEW BALANCE SHEET - ORDER
02/15/2011
09:23 AM

Page: 0001

BRANNON, MARYANN
ACC#: 0000000A2TR6

					-----RUNNING BALANCE-----						
DT	SERVICE PROC CODE	EXPLANATION	CHARGE	ALLOW	PAYMENT	PRIMARY	SECONDARY	TERTIARY	PATIENT	WA	BALANCE

06/04/2010	E0163	COMMODE 3IN1 300LB	111.90	111.88		89.50	0.00	0.00	22.38	0.02	111.90
06/12/2010	WA	WRITE OFF ALLOWABLE			0.02	89.50	0.00	0.00	22.38	0.00	111.88
07/13/2010	PA	MX PMNT 07241292194			89.50	0.00	0.00	0.00	22.38	0.00	22.38

PG 001 BALANCE DUE ->			111.90	111.88	89.52	0.00	0.00	0.00	22.38	0.00	22.38
						AA:	0.00	DE:	0.00		

06/06/2010	E0143	WALKER ADULT & 5" W	132.51	108.81		87.05	0.00	0.00	21.76	23.70	132.51
06/06/2010	E0155	WALKER WHEEL 5IN 40	0.00	0.00		87.05	0.00	0.00	21.76	23.70	132.51
06/06/2010	A9281	REACHER 26IN	12.19	12.19		87.05	0.00	0.00	33.95	23.70	144.70
09/27/2010	WA	WRITE OFF ALLOWABLE			17.11	87.05	0.00	0.00	33.95	6.59	127.59
11/01/2010	WA	WRITE OFF ALLOWABLE			6.59	87.05	0.00	0.00	33.95	0.00	121.00
10/19/2010	PA	MX PMNT 08151769292			87.05	0.00	0.00	0.00	33.95	0.00	33.95
10/19/2010	PA	SERVICE NEVER COVER			0.00	0.00	0.00	0.00	33.95	0.00	33.95
		081517692921702			0.00	0.00	0.00	0.00	33.95	0.00	33.95
11/09/2010	PA	EDS PAYMENT 0126245			18.76	0.00	-18.76	0.00	33.95	0.00	15.19
11/09/2010	DE	T-19 CO-PAY 3.00			0.00	0.00	-18.76	0.00	33.95	0.00	25.19
11/09/2010	PA	RESUR MA COVER CHAR			0.00	0.00	-18.76	0.00	33.95	0.00	15.19
		012624527			0.00	0.00	-18.76	0.00	33.95	0.00	15.19

PG 002 BALANCE DUE ->			144.70	121.00	129.51	0.00	-18.76	0.00	33.95	0.00	15.19
						AA:	6.59	DE:	0.00		

=====											
TOTAL BALANCE DUE >>>			256.60	232.88	219.03	0.00	-18.76	0.00	56.33	0.00	37.57
						AA:	6.59	DE:	0.00		

UNAPPLIED DEPOSIT >>>						0.00	0.00	0.00	0.00		



March 31, 2011

Weigel, Carlson, Blau & Clemens, S.C.
Attn: Attorneys at Law
3732 W Wisconsin Avenue
Milwaukee, Wisconsin 53208

Regarding: Maryann Brannon
DOB: 09/29/1951
Our File # 18847

Enclosed you will find copies of our file on Maryann as you requested

Christine Smith
Records Coordinator

50 Pages @ .45 per record page = \$22.50
211 Pages @ .25 per record page = \$52.75

Invoice Total : \$ 75.25

Please Remit To:
Gentiva Health Services
10400 W. Innovation Drive
Suite 320
Milwaukee, WI 53226

REISSUE/KMBRADFI MED 0000

03/24/11

Gentiva Health Services		GENTIVA HEALTH SVC		35 PAT. CNTL. #	02471081901	40 TYPE OF BILL	0329
10400 W INNOVATION DR		10400 W INNOVATION		36 MED. REC. #	024718847		
WAUWATOSA WI53226		WAUWATOSA WI53226		5 FED. TAX NO.	11-2645333060510	6 STATEMENT COVERS PERIOD FROM	THROUGH
(800)285-7309		(800)285-7309		080310			

8 PATIENT NAME	9 PATIENT ADDRESS
BRANNON MARYANN	2092 SOUTH 102ND STREET

10 BIRTHDATE	11 SEX	12 DATE	13 ADM. DATE	14 TYPE	15 SRC	16 DNR	17 STAT	18	19	20	21	22	23	24	25	26	27	28	29 ACCT	30 STATE
09291951	F	060510		5			01												WI	53227

31 OCCURRENCE CODE	32 OCCURRENCE DATE	33 OCCURRENCE CODE	34 OCCURRENCE DATE	35 OCCURRENCE CODE	36 OCCURRENCE DATE	37 OCCURRENCE CODE	38 OCCURRENCE DATE	39 OCCURRENCE CODE	40 OCCURRENCE DATE	41 OCCURRENCE CODE	42 OCCURRENCE DATE	43 OCCURRENCE CODE	44 OCCURRENCE DATE	45 OCCURRENCE CODE	46 OCCURRENCE DATE	47 OCCURRENCE CODE	48 OCCURRENCE DATE	49 OCCURRENCE CODE	50 OCCURRENCE DATE

51 OCCURRENCE CODE	52 OCCURRENCE DATE	53 OCCURRENCE CODE	54 OCCURRENCE DATE	55 OCCURRENCE CODE	56 OCCURRENCE DATE	57 OCCURRENCE CODE	58 OCCURRENCE DATE	59 OCCURRENCE CODE	60 OCCURRENCE DATE	61 OCCURRENCE CODE	62 OCCURRENCE DATE	63 OCCURRENCE CODE	64 OCCURRENCE DATE	65 OCCURRENCE CODE	66 OCCURRENCE DATE	67 OCCURRENCE CODE	68 OCCURRENCE DATE	69 OCCURRENCE CODE	70 OCCURRENCE DATE

39 VALUE CODES	40 VALUE CODES	41 VALUE CODES	42 VALUE CODES	43 VALUE CODES	44 VALUE CODES	45 VALUE CODES	46 VALUE CODES	47 VALUE CODES	48 VALUE CODES	49 VALUE CODES	50 VALUE CODES	51 VALUE CODES	52 VALUE CODES	53 VALUE CODES	54 VALUE CODES	55 VALUE CODES	56 VALUE CODES	57 VALUE CODES	58 VALUE CODES	59 VALUE CODES	60 VALUE CODES	61 VALUE CODES	62 VALUE CODES	63 VALUE CODES	64 VALUE CODES	65 VALUE CODES	66 VALUE CODES	67 VALUE CODES	68 VALUE CODES	69 VALUE CODES	70 VALUE CODES	
61	33340.00																															

42 REV. CD	43 DESCRIPTION	44 HCPCS / RATE / HIPPS CODE	45 SERV. DATE	46 SERV. UNITS	47 TOTAL CHARGES	48 NON-COVERED CHARGES	49
0023	HHRG ORIGINAL E	2AHL1	060510				

42 REV. CD	43 DESCRIPTION	44 HCPCS / RATE / HIPPS CODE	45 SERV. DATE	46 SERV. UNITS	47 TOTAL CHARGES	48 NON-COVERED CHARGES	49

42 REV. CD	43 DESCRIPTION	44 HCPCS / RATE / HIPPS CODE	45 SERV. DATE	46 SERV. UNITS	47 TOTAL CHARGES	48 NON-COVERED CHARGES	49

42 REV. CD	43 DESCRIPTION	44 HCPCS / RATE / HIPPS CODE	45 SERV. DATE	46 SERV. UNITS	47 TOTAL CHARGES	48 NON-COVERED CHARGES	49

42 REV. CD	43 DESCRIPTION	44 HCPCS / RATE / HIPPS CODE	45 SERV. DATE	46 SERV. UNITS	47 TOTAL CHARGES	48 NON-COVERED CHARGES	49

42 REV. CD	43 DESCRIPTION	44 HCPCS / RATE / HIPPS CODE	45 SERV. DATE	46 SERV. UNITS	47 TOTAL CHARGES	48 NON-COVERED CHARGES	49

42 REV. CD	43 DESCRIPTION	44 HCPCS / RATE / HIPPS CODE	45 SERV. DATE	46 SERV. UNITS	47 TOTAL CHARGES	48 NON-COVERED CHARGES	49

42 REV. CD	43 DESCRIPTION	44 HCPCS / RATE / HIPPS CODE	45 SERV. DATE	46 SERV. UNITS	47 TOTAL CHARGES	48 NON-COVERED CHARGES	49

42 REV. CD	43 DESCRIPTION	44 HCPCS / RATE / HIPPS CODE	45 SERV. DATE	46 SERV. UNITS	47 TOTAL CHARGES	48 NON-COVERED CHARGES	49

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42 REV. CD	43 DESCRIPTION	44 HCPCS / RATE / HIPPS CODE	45 SERV. DATE	46 SERV. UNITS	47 TOTAL CHARGES	48 NON-COVERED CHARGES	49

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42 REV. CD	43 DESCRIPTION	44 HCPCS / RATE / HIPPS CODE	45 SERV. DATE	46 SERV. UNITS	47 TOTAL CHARGES	48 NON-COVERED CHARGES	49

42 REV. CD	43 DESCRIPTION	44 HCPCS / RATE / HIPPS CODE	45 SERV. DATE	46 SERV. UNITS	47 TOTAL CHARGES	48 NON-COVERED CHARGES	49

42 REV. CD	43 DESCRIPTION	44 HCPCS / RATE / HIPPS CODE	45 SERV. DATE	46 SERV. UNITS	47 TOTAL CHARGES	48 NON-COVERED CHARGES	49

42 REV. CD	43 DESCRIPTION	44 HCPCS / RATE / HIPPS CODE	45 SERV. DATE	46 SERV. UNITS	47 TOTAL CHARGES	48 NON-COVERED CHARGES	49

42 REV. CD	43 DESCRIPTION	44 HCPCS / RATE / HIPPS CODE	45 SERV. DATE	46 SERV. UNITS	47 TOTAL CHARGES	48 NON-COVERED CHARGES	49

42 REV. CD	43 DESCRIPTION	44 HCPCS / RATE / HIPPS CODE	45 SERV. DATE	46 SERV. UNITS	47 TOTAL CHARGES	48 NON-COVERED CHARGES	49

42 REV. CD	43 DESCRIPTION	44 HCPCS / RATE / HIPPS CODE	45 SERV. DATE	46 SERV. UNITS	47 TOTAL CHARGES	48 NON-COVERED CHARGES	49

42 REV. CD	43 DESCRIPTION	44 HCPCS / RATE / HIPPS CODE	45 SERV. DATE	46 SERV. UNITS	47 TOTAL CHARGES	48 NON-COVERED CHARGES	49

42 REV. CD	43 DESCRIPTION	44 HCPCS / RATE / HIPPS CODE	45 SERV. DATE	46 SERV. UNITS	47 TOTAL CHARGES	48 NON-COVERED CHARGES	49

REISSUE/KMBRADFI MED 0001

03/24/11

Gentiva Health Services		GENTIVA HEALTH SVC		3a PAT. CNTRL #	02471081901	4a STATE	0329
10400 W INNOVATION DR		10400 W INNOVATION		4b MED. REC. #	024718847		
WAUWATOSA WI53226		WAUWATOSA WI53226		5 FED. TAX NO.	11-2645333060510	6 STATEMENT COVERS PERIOD FROM	080310
(800)285-7309		(800)285-7309					
8 PATIENT NAME		9 PATIENT ADDRESS		2092 SOUTH 102ND STREET			
BRANNON		MARYANN		WEST ALLIS		WI 53227	
10 BIRTHDATE	11 SEX	12 DATE	13 HR	14 TYPE	15 SEC	16 DHR	17 STAT
09291951	F	060510		5		01	
31 OCCURRENCE DATE		32 OCCURRENCE DATE		33 OCCURRENCE DATE		34 OCCURRENCE DATE	
35 OCCURRENCE DATE		36 OCCURRENCE DATE		37 OCCURRENCE DATE		38 OCCURRENCE DATE	
39 VALUE CODES		40 VALUE CODES		41 VALUE CODES		42 VALUE CODES	
a 61		33340.00					
b							
c							
d							
43 REV. CD.	44 DESCRIPTION	45 HCPCS / RATE / NPPS CODE	46 SERV. DATE	47 SERV. UNITS	48 TOTAL CHARGES	49 NON-COVERED CHARGES	50
0421	PT VST/EVAL	Q0151	060510	6	190.00		
0421	PT VST	Q0151	060610	5	175.00		
0421	PT VST	Q0151	060710	3	175.00		
0431	OT VST	Q0152	060810	5	176.00		
0421	PT VST	Q0151	060910	3	175.00		
0421	PT VST	Q0151	061010	4	175.00		
0431	OT VST	Q0152	061110	5	176.00		
0421	PT VST	Q0151	061410	3	175.00		
0431	OT VST	Q0152	061410	3	176.00		
0421	PT VST	Q0151	061510	3	175.00		
0421	PT VST	Q0151	061610	3	175.00		
0431	OT VST	Q0152	061610	3	176.00		
0421	PT VST	Q0151	061710	3	175.00		
0421	PT VST	Q0151	061810	3	175.00		
0421	PT VST	Q0151	062110	4	175.00		
0421	PT VST	Q0151	062310	3	175.00		
0431	OT VST	Q0152	062310	3	176.00		
0421	PT VST	Q0151	062410	3	175.00		
0421	PT VST	Q0151	062810	3	175.00		
0421	PT VST	Q0151	063010	3	175.00		
0421	PT VST	Q0151	070110	3	175.00		
0561	MSS VST	Q0155	070210	5	257.00		
0001 PAGE 1 OF 3		CREATION DATE		061710	TOTALS	3952.00	
51 PATIENT NAME	52 HEALTH PLAN ID	53 SER. BPO	54 PRIOR PAYMENTS	55 EST. AMOUNT DUE	56 NPI	1225064926	
MED-MEDICARE	527207	Y	Y	6924.46	007	527207	
57 INSURED'S NAME	58 REL	59 INSURED'S UNIQUE ID	60 GROUP NAME	61 INSURANCE GROUP NO.			
BRANNON	M	394584069A					
62 TREATMENT AUTHORIZATION CODES	63 DOCUMENT CONTROL NUMBER	64 EMPLOYER NAME					
10GA10GE11CJBPANAM							
65 DX	66 V5416	67 84500	68 49390	69 V5861			
69 ADMIT	70 PATIENT	71 IOPS	72 ECI				
73 PRINCIPAL PROCEDURE	74 OTHER PROCEDURE	75 OTHER PROCEDURE	76 ATTENDING	NPI	1114917812	QUAL	10U72035
			LAST	WILSON	FIRST	SEAN	
			77 OPERATING	NPI	QUAL		
			LAST		FIRST		
			78 OTHER	NPI	QUAL		
			LAST		FIRST		
			79 OTHER	NPI	QUAL		
			LAST		FIRST		
80 REMARKS	81 CC	82	83	84	85	86	87

03/24/11

[illegible]

REISSUE/KMBRADFI MED 0001

03/24/11

Gentiva Health Services		GENTIVA HEALTH SVC		PAT. CNTR. # 02471081901		TYPE OF BILL	
10400 W INNOVATION DR		10400 W INNOVATION		MED. REC. # 024718847		0329	
WAUWATOSA WI53226		WAUWATOSA WI53226		FED. TAX NO.		STATEMENT COVERS PERIOD FROM THROUGH	
(800)285-7309		(800)285-7309		11-2645333040510		080310	

PATIENT NAME		PATIENT ADDRESS	
BRANNON MARYANN		2092 SOUTH 102ND STREET	
WEST ALLIS		WI 53227	

10 BIRTHDATE	11 SEX	12 DATE	13 HR	14 TYPE	15 SRC	16 DNR	17 STAT	18	19	20	21	22	23	24	25	26	27	28	29 ACCT STATE	30
09291951	F	060510		5			01													

31 OCCURRENCE CODE	32 OCCURRENCE DATE	33 OCCURRENCE CODE	34 OCCURRENCE DATE	35 OCCURRENCE CODE	36 OCCURRENCE DATE	37 OCCURRENCE CODE	38 OCCURRENCE DATE	39 OCCURRENCE CODE	40 OCCURRENCE DATE	41 OCCURRENCE CODE	42 OCCURRENCE DATE	43 OCCURRENCE CODE	44 OCCURRENCE DATE	45 OCCURRENCE CODE	46 OCCURRENCE DATE	47 OCCURRENCE CODE	48 OCCURRENCE DATE	49 OCCURRENCE CODE	50 OCCURRENCE DATE

59 VALUE CODES CODE	60 VALUE CODES AMOUNT	61 VALUE CODES CODE	62 VALUE CODES AMOUNT	63 VALUE CODES CODE	64 VALUE CODES AMOUNT
61	33340.00				

42 REV. CO.	43 DESCRIPTION	44 HCPCS / RATE / HPPS CODE	45 SERV. DATE	46 SERV. UNITS	47 TOTAL CHARGES	48 NON-COVERED CHARGES	49
0421	PT VST	G0151	072710	3	175.00		
0421	PT VST	G0151	072810	3	175.00		
0551	RN VST	G0154	072810	4	160.00		
0421	PT VST	G0151	072910	3	175.00		
0551	RN VST	G0154	073010	2	160.00		
0421	PTA VST	G0151	073010	4	175.00		
0551	RN VST	G0154	080110	4	160.00		
0421	PT VST	G0151	080210	4	175.00		
0551	RN VST	G0154	080310	6	160.00		

0001	PAGE 3 OF 3	CREATION DATE	061710	TOTALS	1515.00
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60 PAYER NAME	61 HEALTH PLAN ID	62 REL INFO	63 PRIOR PAYMENTS	64 EST. AMOUNT DUE	65 NPI	66
MED-MEDICARE	527207	Y	Y	1515.00	527207	

67 INSURED'S NAME	68 PREL	69 INSURED'S UNIQUE ID	70 GROUP NAME	71 INSURANCE GROUP NO.
BRANNON M		394584069A		

72 TREATMENT AUTHORIZATION CODES	73 DOCUMENT CONTROL NUMBER	74 EMPLOYER NAME
10GA10GE11CUBPANAM		

75 DX	76 V5789	77 V5416	78 84500	79 49390	80 V5861	81	82
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83 ADMIT. DX	84 PATIENT REASON DX	85 PPS CODE	86 EC	87
76 ATTENDING	NPI 1114917812	QUAL	10U72035	
LAST	WILSON	FIRST	SEAN	
77 OPERATING	NPI	QUAL		
LAST		FIRST		
78 OTHER	NPI	QUAL		
LAST		FIRST		
79 OTHER	NPI	QUAL		
LAST		FIRST		

03/24/11

REISSUE/KMBRADFI MED 0001

03/24/11

Gentiva Health Services		GENTIVA HEALTH SVC		3a PAT. CNTL # 02471082165		4a MED. REC. # 024718847		5a STATEMENT COVERS PERIOD FROM 11-2645333080410 THROUGH 091610	
10400 W INNOVATION DR		10400 W INNOVATION		6 MED. REC. # 024718847		7		8	
WAUWATDSA WI53226		WAUWATDSA WI53226		9 FED. TAX NO.		10		11	
(800)285-7309		(800)285-7309		12		13		14	

PATIENT NAME BRANNON		PATIENT ADDRESS WEST ALLIS		CITY WI		STATE 53227		ZIP	
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10 BIRTHDATE 09291951		11 SEX F		12 DATE 060510		13 ADMISSION 01		14 TYPE 1		15 SRC 01		16 DHR		17 STAT		18		19		20		21		22		23		24		25		26		27		28		29		30	
31 OCCURRENCE CODE		32 OCCURRENCE DATE		33 OCCURRENCE CODE		34 OCCURRENCE DATE		35 OCCURRENCE CODE		36 OCCURRENCE DATE		37		38		39		40		41		42		43		44		45		46		47		48		49		50			

39 CODE		40 VALUE CODES AMOUNT		41 CODE		42 VALUE CODES AMOUNT		43 CODE		44 VALUE CODES AMOUNT		45		46		47		48		49		50	
a 61		33340.00		b				c				d											

42 REV. CD.	43 DESCRIPTION	44 HCPCS / RATE / NPPS CODE	45 SERV. DATE	46 SERV. UNITS	47 TOTAL CHARGES	48 NON-COVERED CHARGES	49
0421	PT VST	G0151	080410	3	175.00		
0551	RN VST	G0154	080510	3	160.00		
0421	PT VST	G0151	080610	3	175.00		
0551	RN VST	G0154	080710	2	160.00		
0551	RN VST	G0154	080910	3	160.00		
0421	PT VST	G0151	081010	3	175.00		
0421	PT VST	G0151	081110	3	175.00		
0551	RN VST	G0154	081210	3	160.00		
0421	PT VST	G0151	081310	3	175.00		
0551	RN VST	G0154	081410	4	160.00		
0421	PTA VST	G0151	081610	4	175.00		
0551	RN VST	G0154	081610	2	160.00		
0421	PTA VST	G0151	081810	4	175.00		
0551	RN VST	G0154	081810	3	160.00		
0421	PTA VST	G0151	081910	4	175.00		
0551	RN VST	G0154	081910	2	160.00		
0551	RN VST	G0154	082010	3	160.00		
0551	RN VST	G0154	082110	2	160.00		
0551	RN VST	G0154	082210	2	160.00		
0551	RN VST	G0154	082310	3	160.00		
0421	PT VST	G0151	082310	3	175.00		
0551	RN VST	G0154	082410	3	160.00		
0001 PAGE 1 OF 2			CREATION DATE	081310	TOTALS	3655.00	

50 PRIOR NAME MED-MEDICARE		51 HEALTH PLAN ID 527207		52 PRIOR PAYMENTS 4187.67		53 EST. AMOUNT DUE 00		54		55		56 NPI 1225064926		57		58		59		60		61		62		63		64		65		66		67		68		69		70	
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58 INSURED'S NAME BRANNON M		59 REL M		60 INSURED'S UNIQUE ID 394584069A		61 GROUP NAME		62 INSURANCE GROUP NO.		63		64		65		66		67		68		69		70		71		72		73		74		75		76		77		78		79		80		81		82		83		84		85		86		87		88		89		90		91		92		93		94		95		96		97		98		99		100	
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59 TREATMENT AUTHORIZATION CODES 10GA10IF41BCDDCCAB		64 DOCUMENT CONTROL NUMBER		65 EMPLOYER NAME		66		67		68		69		70		71		72		73		74		75		76		77		78		79		80		81		82		83		84		85		86		87		88		89		90		91		92		93		94		95		96		97		98		99		100	
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69 ADMIT V5789		70 PATIENT REASON V5416		71 PPS 84500		72 EC 49390		73		74		75		76		77		78		79		80		81		82		83		84		85		86		87		88		89		90		91		92		93		94		95		96		97		98		99		100	
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74 PRINCIPAL PROCEDURE CODE		75 OTHER PROCEDURE CODE		76 ATTENDING NPI 1114917812		77 QUAL 10U72035		78 LAST WILSON		79 FIRST SEAN		80		81		82		83		84		85		86		87		88		89		90		91		92		93		94		95		96		97		98		99		100	
75 OTHER PROCEDURE CODE		76 OTHER PROCEDURE CODE		77 OTHER PROCEDURE CODE		78 OTHER NPI		79 QUAL		80		81		82		83		84		85		86		87		88		89		90		91		92		93		94		95		96		97		98		99		100			
80 REMARKS		81		82		83		84		85		86		87		88		89		90		91		92		93		94		95		96		97		98		99		100													

REISSUE/KMBRADFI MED 0001

03/24/11

Dentiva Health Services		DENTIVA HEALTH SVC		3a PAT. CHITL #	02471082145	4a FOLIO #	0329
10400 W INNOVATION DR		10400 W INNOVATION		4b MED. REC. #	024718847		
WAUWATOSA WI53226		WAUWATOSA WI53226		5 FED. TAX NO.	6 STATEMENT COVERS PERIOD FROM 11-2445333080410 THROUGH 091610		
(800)285-7309		(800)285-7309					

8 PATIENT NAME	9 PATIENT ADDRESS		10 CITY	11 STATE	12 ZIP
BRANNON	2092 SOUTH 102ND STREET		WEST ALLIS	WI	53227

13 BIRTHDATE	14 SEX	15 DATE	16 ADMISSION	17 HR	18 TYPE	19 SRC	20 DHR	21 STAT	22 COND CODE	23	24	25	26	27	28	29	30
09291951	F	060510	1	01													

31 OCCURRENCE CODE	32 OCCURRENCE DATE	33 OCCURRENCE CODE	34 OCCURRENCE DATE	35 OCCURRENCE CODE	36 OCCURRENCE DATE	37 OCCURRENCE CODE	38 OCCURRENCE DATE

39	40	41	42	43	44	45	46	47	48	49	50	51	52	53	54	55	56	57	58	59	60	61	62	63	64	65	66	67	68	69	70	71	72	73	74	75	76	77	78	79	80	81	82	83	84	85	86	87	88	89	90	91	92	93	94	95	96	97	98	99	100
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39	40	41	42	43	44	45	46	47	48	49	50	51	52	53	54	55	56	57	58	59	60	61	62	63	64	65	66	67	68	69	70	71	72	73	74	75	76	77	78	79	80	81	82	83	84	85	86	87	88	89	90	91	92	93	94	95	96	97	98	99	100
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42 REV. CD.	43 DESCRIPTION	44 HCPCS / RATE / HPPS CODE	45 SERV. DATE	46 SERV. UNITS	47 TOTAL CHARGES	48 NON-COVERED CHARGES	49
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0551	RN VST	G0154	082510	2	160.00		
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0551	RN VST	G0154	082610	2	160.00		
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0421	PT VST	G0151	082710	3	175.00		
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0551	RN VST	G0154	082710	2	160.00		
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0551	RN VST	G0154	082810	2	160.00		
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0551	RN VST	G0154	082910	3	160.00		
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0551	RN VST	G0154	083010	3	160.00		
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0421	PT VST	G0151	083110	3	175.00		
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0551	RN VST	G0154	083110	2	160.00		
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0551	RN VST	G0154	090110	2	160.00		
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0421	PT VST	G0151	090210	3	175.00		
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0551	RN VST	G0154	090210	3	160.00		
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0421	PT VST	G0151	090310	3	175.00		
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0551	RN VST	G0154	090310	2	160.00		
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0551	RN VST	G0154	090610	2	160.00		
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0551	RN VST	G0154	090810	2	160.00		
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0421	PT VST	G0151	090810	3	175.00		
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0421	PT VST	G0151	091010	3	175.00		
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0551	RN VST	G0154	091010	2	160.00		
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0421	PT VST	G0151	091310	3	175.00		
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0421	PT VST	G0151	091610	3	175.00		
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0001	PAGE 2 OF 2	CREATION DATE	081310	TOTALS	3640.00		
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60 PAYER NAME	61 HEALTH PLAN ID	62 REL. SPO	63 ASO REL.	64 PRIOR PAYMENTS	65 EST. AMOUNT DUE	66 NPI	1225064926
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MED-MEDICARE	527207	Y	Y		3107.33	67 OTHER PRV ID	527207
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68 INSURED'S NAME	69 REL.	60 INSURED'S UNIQUE ID	61 GROUP NAME	62 INSURANCE GROUP NO.
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BRANNON M		394584069A		
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63 TREATMENT AUTHORIZATION CODES	64 DOCUMENT CONTROL NUMBER	65 EMPLOYER NAME
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10GAT01F41BCDDCCAB		
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69 V57B9	V5416	84500	49390				
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70 ADMIT. SDC	71 PATIENT REASON DX	72 FFS CODE	73 ED	74	75	76	77	78	79	80	81	82	83	84	85	86	87	88	89	90	91	92	93	94	95	96	97	98	99	100
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74 PRINCIPAL PROCEDURE CODE	75 OTHER PROCEDURE CODE	76 OTHER PROCEDURE CODE	77 OTHER PROCEDURE CODE	78 ATTENDING NPI	1114917812	QUAL	10U72035
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74 PRINCIPAL PROCEDURE CODE	75 OTHER PROCEDURE CODE	76 OTHER PROCEDURE CODE	77 OTHER PROCEDURE CODE	78 ATTENDING NPI	1114917812	QUAL	10U72035
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74 PRINCIPAL PROCEDURE CODE	75 OTHER PROCEDURE CODE	76 OTHER PROCEDURE CODE	77 OTHER PROCEDURE CODE	78 ATTENDING NPI	1114917812	QUAL	10U72035
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74 PRINCIPAL PROCEDURE CODE	75 OTHER PROCEDURE CODE	76 OTHER PROCEDURE CODE	77 OTHER PROCEDURE CODE	78 ATTENDING NPI	1114917812	QUAL	10U72035
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74 PRINCIPAL PROCEDURE CODE	75 OTHER PROCEDURE CODE	76 OTHER PROCEDURE CODE	77 OTHER PROCEDURE CODE	78 ATTENDING NPI	1114917812	QUAL	10U72035
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74 PRINCIPAL PROCEDURE CODE	75 OTHER PROCEDURE CODE	76 OTHER PROCEDURE CODE	77 OTHER PROCEDURE CODE	78 ATTENDING NPI	1114917812	QUAL	10U72035
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74 PRINCIPAL PROCEDURE CODE	75 OTHER PROCEDURE CODE	76 OTHER PROCEDURE CODE	77 OTHER PROCEDURE CODE	78 ATTENDING NPI	1114917812	QUAL	10U72035
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HAOP0011-01
DATE: 6/14/10
TIME: 7:50:37

GENTIVA HEALTH SERVICES
PATIENT INTAKE REPORT
OFFICE: 0247
PATIENT: 18847
DATE ENTERED: 06/03/2010

*** Patient Information ***
First Name: MARIANN
Last Name: BRANNON
MI:
Address Line 1: 2092 SOUTH 102ND STREET
Address Line 2: APT 109
City: WEST ALLIS
Phone #1: 414-731-1563
Unique ID Nbr: 394584069A
Sex: F Race: 1 Marital Sts: M

State: WI Zip: 53227 0000
Phone #2: HOME
Residence: HOME
Birth Date: 09/29/1951 Age: 58

*** Referral Information ***
Patient Status: 30
Primary Referral #1: 00000004747
Referral Source #2: 0000000000
Referral Source #3: 0000000000
Anticipated SOC: 6/05/10 Source: 46
ASPEN ORTHOPAEDIC & REHAB

emos:

*** Admission Information ***
Patient Status: 30
Verbal Start of Care: 6/04/10
Cert/Recert From: 6/05/10
Discharge Date: 0/00/00
Municipality Code: 79
Disaster Code: 3
Medicare Statue Code: 30
Start of Care: 6/05/10
Cert/Recert To: 8/03/10
Medicare Discharge Data: 0/00/00
Product Line Codes: JRP
Aud: Visual: Speech: Tcc: Pcy:
Adm Source: 5 Variance Code: 000

*** Physician/Hospital Information ***
Physician #1: 0000005096 WILSON SEAN
NPI#: 1114917812 262-780-4400 19474 WEST NORTH AVE BROOKFIELD WI 53040
Physician #2: 0000000000
NPI#: 1114917812 262-780-4400 19474 WEST NORTH AVE BROOKFIELD WI 53040

Last Inpatient Location: 0000000000
Hospital Admit Date: 0/00/00
Hospital Discharge Date: 0/00/00

*** Team Information ***
CSS: 02 SUP: 02 CASE MGR: 00753 COFMAN, ANNE
RN: N 00000 LPN: N 00000 HHA: N 00000 PCA: N 00000 PT: N 00000 OT: N 00000 OH: N 00000 ST: N 00000 MSW: N 00000

*** Diagnosis Information ***
Admitting ICD9: V5789 6/05/10 00 REHABILITATION PROC NEC
Principal ICD9: V5789 6/05/10 00 REHABILITATION PROC NEC
Acuity: V5789 6/05/10 00

*** Payor Information ***
Payors: Primary: 10 00 00 00 00
HIC#: 394584069A
Insurance ID#: 394584069A
Primary Acct ID: 0000
Credit Limit: 0000000
Medicaid#: 394584069
Social Security#: 394584069
Account Name: 0
Tax Code: 0

*** Medicare Information ***
Intermediary Code: 046
Part A: Y 11/01/2009
Part B: Y 11/01/2009
Entitlement: 0/00/0000
Expiration: 0/00/0000
Date Entered: 6/04/10

*** Tickler Date Code Comment ***
6/04/10 1 Per Donna C @ WAMH Patient to be D/C Fri the 4th; SOC Sat,
6/03/10 1 PT/OT eval and treat : transfers tech ; gait training hm safely
6/03/10 1 INR per protocol, DX: S/P orif R ankle,
6/03/10 C MSV Complete GREAT LAKES 06/03/2010 15:46:11
RN Signature: _____

HAOP0011-01
DATE: 6/14/10
TIME: 7:50:37

OFFICE: 0247
GENTIVA HEALTH SERVICES
PATIENT INTAKE REPORT
PATIENT: 18847 DATE ENTERED: 06/03/2010

PAGE 2
CASMITH1

*** POT Orders ***

Eff Dc Disc Frequency and Duration

060510 OT 02 002 01W001
060510 PT 05 002 02W001

End Dc Units

000000 005
000000 012

RN Signature: _____

18847

Aspen Orthopaedic & Rehabilitation Specialists, S.C.

☐ LEE M. TYNE, M.D.
☐ PATRICK W. CUMMINGS, M.D.
☐ JAMES P. WOOD, M.D.

☐ JEFFREY E. LARSON, M.D.
☐ AMY K. FRANTA, M.D.
☐ RYAN J. KEMOE, M.D.

☒ SEAN E. WILSON, D.P.M.
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19475 W. NORTH AVENUE, SUITE 201
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(262) 780-4400 FAX: (262) 780-4425

2424 S. 90TH STREET, SUITE 500
WEST ALLIS, WISCONSIN 53227
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721 AMERICAN AVENUE, SUITE 205
WAUKESHA, WISCONSIN 53188
(262) 928-8600 FAX: (262) 928-8606

NAME

Mary Ann Brannon DOB 9/29/51

ADDRESS

DATE

6/3/10

R

PT/OT: Eval + Treat
Transfer techniques
Exit training
Home safety
IWR's per protocol

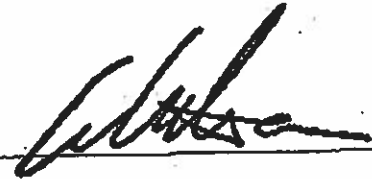
DX: S/P ORIF

Ankle

Label

Refills: 0 1 2 3

H. at West Allis
Call Donna -



To: Maryann Brannon
2092 S. 102nd
Milwaukee, WI
PATIENT: MARYANN BRANNON

Statement

**Comprehensive Adult Assessment,
485 P.O.C. Worksheet and Outcome and
Assessment Information Set (OASIS-C, 1/2010)**

COLOR GREEN Ink = OASIS Items = PPS Indicators
KEY: ☒ RED Ink = Specific 485 Items (completed per agency policy) at SOC
BLACK Ink = Additional Comprehensive Assessment Items

**START OF CARE/RESUMPTION OF CARE -
PHYSICAL THERAPY**

Items to be used at this Time Point: M0032, M0080-M0150, M1000-M1036, M1100-M1242, M1300-M1302, M1306, M1308-M1324, M1330-M1350, M1400, M1410, M1600-M1730, M1740-M1910, M2000, M2002, M2010, M2020-M2250

EMPLOYEE TIME SLIP			<input checked="" type="checkbox"/> Cert. <input type="checkbox"/> Non-Cert.	Location Name <u>Milwaukee</u>	Location No. <u>0247</u>	Client No. <u>18847</u>
Employee No. <u>0783</u>	Employee Name (Last, First) <u>Alofman Anne</u>			Patient Name (Last, First) <u>Prannoa, Mary Ann</u>		
Pay/Bill Code <u>21</u>	Shift <u>21</u>	Date of Service Month <u>6</u> Day <u>5</u> Year <u>2010</u>	Service Time Start <u>11:45</u> am Stop <u>12:15</u> pm	Travel Time Start <u>11:40</u> am Stop <u>11:45</u> am	Travel Duration <u>4</u>	Mileage Bill Mileage <input type="checkbox"/> Yes <input type="checkbox"/> No
Patient Time Hrs <u>45</u> Min		Non-Billable Visit Duration (NBD) <u>00:12</u>		Chart Time <u>00:12</u>		Total Time Hrs <u>1</u> Min <u>15</u>
<input type="checkbox"/> Bill/Pay <input type="checkbox"/> Bill <input type="checkbox"/> Pay	<input type="checkbox"/> No Pay/No Bill	<input type="checkbox"/> Overtime	Override Bill Rates <input type="checkbox"/> Yes <input type="checkbox"/> No	Override Pay Rates <input type="checkbox"/> Yes <input type="checkbox"/> No	Payor Code	Bill Units
Employee Signature <u>Alofman</u>		Patient Signature <u>Mary Ann Prannoa</u>		Employee Signature <u>AMS</u>		Approved by Initials/Date <u>6/14/10</u>

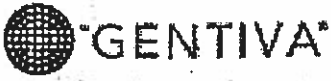
CLINICAL RECORD ITEMS	
2 Start of Care Date: month <u>06</u> day <u>05</u> year <u>2010</u>	3 Certification Period From: <u>6/5/10</u> To: <u>8/3/10</u>
24 Primary Ordering Physician/Phone No. <u>Dr Wilson 202-780-4400</u>	
(M0032) Resumption of Care Date: month <u>1</u> day <u>1</u> year <u>2010</u>	NA - Not Applicable
(M0080) Discipline of Person Completing Assessment: <input type="checkbox"/> 1 - RN <input checked="" type="checkbox"/> 2 - PT <input type="checkbox"/> 3 - SLP/ST <input type="checkbox"/> 4 - OT	(M0090) Date Assessment Completed: month <u>06</u> day <u>09</u> year <u>2010</u>
(M0100) This Assessment is Currently Being Completed for the Following Reason: <input checked="" type="checkbox"/> Start/Resumption of Care <input type="checkbox"/> 1 - Start of care - further visits planned <input type="checkbox"/> 3 - Resumption of care (after inpatient stay)	
P (M0102) Date of Physician-ordered Start of Care (Resumption of Care): If the physician indicated a specific start of care (resumption of care) date when the patient was referred for home health services, record the date specified. month <u>06</u> day <u>05</u> year <u>2010</u> {Go to M0110, if date entered}	
P (M0104) Date of Referral: Indicate the date that the written or verbal referral for initiation or resumption of care was received by the HHA. month <u>06</u> day <u>05</u> year <u>2010</u>	

(M0110) Episode Timing: Is the Medicare home health payment episode for which this assessment will define a case mix group an "early" episode or a "later" episode in the patient's current sequence of adjacent Medicare home health payment episodes?

☒ 1 - Early ☐ 2 - Later ☐ UK - Unknown ☐ NA - Not Applicable: No Medicare case mix group to be defined by this assessment.

(M0150) Current Payment Sources for Home Care: (Mark all that apply.)		
<input type="checkbox"/> 0 - None; no charge for current services	<input type="checkbox"/> 4 - Medicaid (HMO/managed care)	<input type="checkbox"/> 8 - Private Insurance
<input checked="" type="checkbox"/> 1 - Medicare (traditional fee-for-service)	<input type="checkbox"/> 5 - Workers' compensation	<input type="checkbox"/> 9 - Private HMO/managed care
<input type="checkbox"/> 2 - Medicare (HMO/managed care/Advantage plan)	<input type="checkbox"/> 6 - Title programs (e.g., Title III, V, or XX)	<input type="checkbox"/> 10 - Self-pay
<input type="checkbox"/> 3 - Medicaid (traditional fee-for-service)	<input type="checkbox"/> 7 - Other government (e.g., TriCare, VA, etc.)	<input type="checkbox"/> 11 - Other (specify):
		<input type="checkbox"/> UK - Unknown

DEMOGRAPHICS AND PATIENT HISTORY	
Ability of Patient to handle personal finances <input type="checkbox"/> Independent <input checked="" type="checkbox"/> Needs Assistance <input type="checkbox"/> Totally Dependent	Comments <u>husband at financial</u>
(M1000) From which of the following Inpatient Facilities was the patient discharged during the past 14 days? (Mark all that apply.)	
<input type="checkbox"/> 1 - Long-term nursing facility (NF)	Name of Hospital/Facility:
<input type="checkbox"/> 2 - Skilled nursing facility (SNF/TCU)	
<input checked="" type="checkbox"/> 3 - Short-stay acute hospital (IPP S)	Comments
<input type="checkbox"/> 4 - Long-term care hospital (LTC)	
<input type="checkbox"/> 5 - Inpatient rehabilitation hospital or unit (IRF)	
<input type="checkbox"/> 6 - Psychiatric hospital or unit	
<input type="checkbox"/> 7 - Other (specify):	
<input type="checkbox"/> NA - Patient was not discharged from an inpatient facility {Go to M1016}	
(M1005) Inpatient Discharge Date: (most recent): month <u>06</u> day <u>04</u> year <u>2010</u> <input type="checkbox"/> UK - Unknown	
Comments	



Patient Name (last, first):

Mary Ann Braannon
Anne Coffman

Patient Number:

18847

Communication with:

Name

Title

Upon review of OASIS documentation and communication with the assessing professional, the following changes will be made to the assessment completed on

6-5-10

(M1020) Primary Diagnosis & (M1022) Other Diagnoses		(M1024) Case Mix Diagnoses	
Column 1	Column 2	Column 3	Column 4
Description	ICD-9-CM/Symptom Control Rating	Description/ICD-9-CM	Description/ICD-9-CM
(M1020) Primary Diagnosis a. <u>V578.9</u>	a. (<u> </u> <u> </u> <u> </u> <u> </u>) <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	a. (<u> </u> <u> </u> <u> </u> <u> </u>) <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	a. (<u> </u> <u> </u> <u> </u> <u> </u>) <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4
(M1022) Other Diagnoses b. <u>V541.6</u> <i>aftercare</i> <i>Ex ankle</i>	b. (<u> </u> <u> </u> <u> </u> <u> </u>) <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	b. <u> </u> (<u> </u> <u> </u> <u> </u> <u> </u>)	b. <u> </u> (<u> </u> <u> </u> <u> </u> <u> </u>)
c. <u>84500</u>	c. (<u> </u> <u> </u> <u> </u> <u> </u>) <input type="checkbox"/> 0 <input checked="" type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	c. <u> </u> (<u> </u> <u> </u> <u> </u> <u> </u>)	c. <u> </u> (<u> </u> <u> </u> <u> </u> <u> </u>)
d. <u>49390</u>	d. (<u> </u> <u> </u> <u> </u> <u> </u>) <input type="checkbox"/> 0 <input checked="" type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	d. <u> </u> (<u> </u> <u> </u> <u> </u> <u> </u>)	d. <u> </u> (<u> </u> <u> </u> <u> </u> <u> </u>)
e. <u>V5861</u>	e. (<u> </u> <u> </u> <u> </u> <u> </u>) <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	e. <u> </u> (<u> </u> <u> </u> <u> </u> <u> </u>)	e. <u> </u> (<u> </u> <u> </u> <u> </u> <u> </u>)
f. <u>V5883</u>	f. (<u> </u> <u> </u> <u> </u> <u> </u>) <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	f. <u> </u> (<u> </u> <u> </u> <u> </u> <u> </u>)	f. <u> </u> (<u> </u> <u> </u> <u> </u> <u> </u>)

M1012:

a. Date: ICD-9: 8248, 84500
b. ORIF ankle Date: ICD-9: 7936
c. Date: ICD-9: 84500

M should be explanation of changes:
M should be explanation of changes:
M should be explanation of changes:
M should be explanation of changes:
M should be explanation of changes:
M should be explanation of changes:
M should be explanation of changes:
M should be explanation of changes:

Other:

Name/Title:

Roselinda M Tavefa RN

Date:

6-16-10

Signature:

Time:

a.m.

p.m.

Patient Name (Last, First)

Client No.

Brennon May Ann

18647

DEMOGRAPHICS AND PATIENT HISTORY (continued)

(M1010) List each Inpatient Diagnosis and ICD-9-CM code at the level of highest specificity for only those conditions treated during an inpatient stay within the last 14 days (no E-codes, or V-codes):

Inpatient Facility Diagnosis	ICD-9-CM Code	Inpatient Facility Diagnosis	ICD-9-CM Code
a. ankle sprain		d.	
b. ankle sprain		e.	
c.		f.	

Comments

(M1012) List each Inpatient Procedure and the associated ICD-9-CM procedure code relevant to the plan of care.

Inpatient Procedure	Procedure Code	Date
a. ankle orth		06/03/2010
b.		
c.		
d.		

☐ NA - Not applicable
 ☐ UK - Unknown

Comments

(M1016) Diagnoses Requiring Medical or Treatment Regimen Change Within Past 14 Days: List the patient's Medical Diagnoses and ICD-9-CM codes at the level of highest specificity for those conditions requiring changed medical or treatment regimen within the past 14 days (no surgical, E-codes, or V-codes):

Changed Medical Regimen Diagnosis	ICD-9-CM Code	Changed Medical Regimen Diagnosis	ICD-9-CM Code
a. ankle sprain		e.	
b. ankle sprain		f.	
c.			
d.			

☐ NA - Not applicable (no medical or treatment regimen changes within the past 14 days)

Comments

(M1018) Conditions Prior to Medical or Treatment Regimen Change or Inpatient Stay Within Past 14 Days: If this patient experienced an inpatient facility discharge or change in medical or treatment regimen within the past 14 days, indicate any conditions which existed prior to the inpatient stay or change in medical or treatment regimen. (Mark all that apply.)

Significant Past Health History/Surgical Procedures/Labs

Asthma x many yrs, reflex

- ☐ 1 - Urinary incontinence
☐ 2 - Indwelling/suprapubic catheter
☐ 3 - Intractable pain
☐ 4 - Impaired decision-making
☐ 5 - Disruptive or socially inappropriate behavior
☐ 6 - Memory loss to the extent that supervision required
☒ 7 - None of the above
☐ NA - No Inpatient facility discharge and no change in medical or treatment regimen in past 14 days
☐ UK - Unknown

Immunization:

 Flu ☐ No ☐ Unknown ☐ Yes, Date: _____
 Pneumonia ☐ No ☐ Unknown ☐ Yes, Date: _____

Comments

HHS (M1020/1022/1024) Diagnoses, Symptom Control, and Payment Diagnoses: List each diagnosis for which the patient is receiving home care (Column 1) and enter its ICD-9-CM code at the level of highest specificity (no surgical/procedure codes) (Column 2). Diagnoses are listed in the order that best reflect the seriousness of each condition and support the disciplines and services provided. Rate the degree of symptom control for each condition (Column 2). Choose one value that represents the degree of symptom control appropriate for each diagnosis: V-codes (for M1020 or M1022) or E-codes (for M1022 only) may be used. ICD-9-CM sequencing requirements must be followed if multiple coding is indicated for any diagnoses. If a V-code is reported in place of a case mix diagnosis, then optional item M1024 Payment Diagnoses (Columns 3 and 4) may be completed. A case mix diagnosis is a diagnosis that determines the Medicare PPS case mix group. Do not assign symptom control ratings for V- or E-codes.

Code each row according to the following directions for each column:

Column 1: Enter the description of the diagnosis.

Column 2: Enter the ICD-9-CM code for the diagnosis described in Column 1;

Rate the degree of symptom control for the condition listed in Column 1 using the following scale:

- 0 - Asymptomatic, no treatment needed at this time
 1 - Symptoms well controlled with current therapy
 2 - Symptoms controlled with difficulty, affecting daily functioning; patient needs ongoing monitoring
 3 - Symptoms poorly controlled; patient needs frequent adjustment in treatment and dose monitoring
 4 - Symptoms poorly controlled; history of re-hospitalizations

Note that in Column 2 the rating for symptom control of each diagnosis should not be used to determine the sequencing of the diagnoses listed in Column 1. These are separate items and sequencing may not coincide. Sequencing of diagnoses should reflect the seriousness of each condition and support the disciplines and services provided.

Column 3: (OPTIONAL) If a V-code is assigned to any row in Column 2, in place of a case mix diagnosis, it may be necessary to complete optional item M1024 Payment Diagnoses (Columns 3 and 4). See OASIS-C Guidance Manual.

Column 4: (OPTIONAL) If a V-code in Column 2 is reported in place of a case mix diagnosis that requires multiple diagnosis codes under ICD-9-CM coding guidelines, enter the diagnosis descriptions and the ICD-9-CM codes in the same row in Columns 3 and 4. For example, if the case mix diagnosis is a manifestation code, record the diagnosis description and ICD-9-CM code for the underlying condition in Column 3 of that row and the diagnosis description and ICD-9-CM code for the manifestation in Column 4 of that row. Otherwise, leave Column 4 blank in that row.

(M1020) Primary Diagnosis & (M1022) Other Diagnoses

(M1024) Payment Diagnoses (OPTIONAL)

Column 1	Column 2	Column 3	Column 4
Diagnoses (Sequencing of diagnoses should reflect the seriousness of each condition and support the disciplines and services provided.)	ICD-9-CM and symptom control rating for each condition. Note that the sequencing of these ratings may not match the sequencing of the diagnoses.	Complete if a V-code is assigned under certain circumstances to Column 2 in place of a case mix diagnosis.	Complete only if the V-code in Column 2 is reported in place of a case mix diagnosis that is a multiple coding situation (e.g., a manifestation code).
Description	ICD-9-CM/Symptom Control Rating	Description/ICD-9-CM	Description/ICD-9-CM
13 (M1020) Primary Diagnosis wrist sprain Date: 6/5/10 OE	(V-codes are allowed) 00 01 02 03 04	(V- or E-codes NOT allowed)	(V- or E-codes NOT allowed)
13 (M1022) Other Diagnoses ankle sprain Date: 6/5/10 OE	(V- or E-codes are allowed) 00 01 02 03 04	(V- or E-codes NOT allowed)	(V- or E-codes NOT allowed)
ankle sprain Date: 6/5/10 OE	00 01 02 03 04		
ankle sprain Date: 6/5/10 OE	00 01 02 03 04		
asthma Date: 6/03 OE	00 01 02 03 04		
	00 01 02 03 04		

DEMOGRAPHICS AND PATIENT HISTORY (continued)

RS (M1030) Therapies the patient receives at home: (Mark all that apply.)

- ☐ 1 - Intravenous or infusion therapy (excludes TPN)
- ☐ 2 - Parenteral nutrition (TPN or lipids)
- ☐ 3 - Enteral nutrition (nasogastric, gastrostomy, jejunostomy, or any other artificial entry into the alimentary canal)
- ☒ 4 - None of the above

Comments / Interventions

(M1032) Risk for Hospitalization: Which of the following signs or symptoms characterize this patient as at risk for hospitalization? (Mark all that apply.)

- ☐ 1 - Recent decline in mental, emotional, or behavioral status
- ☐ 2 - Multiple hospitalizations (2 or more) in the past 12 months
- ☒ 3 - History of falls (2 or more falls or any fall with an injury in the past year)
- ☒ 4 - Taking five or more medications
- ☐ 5 - Frailty indicators, e.g., weight loss, self-reported exhaustion
- ☐ 6 - Other
- ☐ 7 - None of the above

(M1034) Overall Status: Which description best fits the patient's overall status? (Check ONE)

- ☐ 0 - The patient is stable with no heightened risk(s) for serious complications and death (beyond those typical of the patient's age).
- ☒ 1 - The patient is temporarily facing high health risk(s) but is likely to return to being stable without heightened risk(s) for serious complications and death (beyond those typical of the patient's age).
- ☐ 2 - The patient is likely to remain in fragile health and have ongoing high risk(s) of serious complications and death.
- ☐ 3 - The patient has serious progressive conditions that could lead to death within a year.
- ☐ UK - The patient's situation is unknown or unclear.

Comments

20 PROGNOSIS: ☐ Poor ☐ Guarded ☐ Fair ☐ Good ☒ Excellent

22 Terminal Care Interventions: ☐ DNR

(M1036) Risk Factors either present or past, likely to affect current health status and/or outcome: (Mark all that apply.)

- ☒ 1 - Smoking
- ☐ 2 - Obesity
- ☐ 3 - Alcohol dependency
- ☐ 4 - Drug dependency
- ☒ 5 - None of the above
- ☐ UK - Unknown

Comments

just quitting smoking now

LIVING ARRANGEMENTS

(M1100) Patient Living Situation: Which of the following best describes the patient's residential circumstance and availability of assistance? (Check ONE box only.)

Living Arrangement	Availability of Assistance				
	Around the clock	Regular daytime	Regular nighttime	Occasional/short-term assistance	No assistance available
a. Patient lives alone	<input type="checkbox"/> 01	<input type="checkbox"/> 02	<input type="checkbox"/> 03	<input type="checkbox"/> 04	<input type="checkbox"/> 05
b. Patient lives with other person(s) in the home	<input type="checkbox"/> 06	<input type="checkbox"/> 07	<input checked="" type="checkbox"/> 08	<input type="checkbox"/> 09	<input type="checkbox"/> 10
c. Patient lives in congregate situation (e.g., assisted living)	<input type="checkbox"/> 11	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15

Comments: Sponsor works part time - no home days inconsistent

Marital Status ☐ Single ☒ Married ☐ Divorced ☐ Widowed

Religious/Cultural Issues and Significance

Suspected Abuse/Neglect, i.e.: (Please circle) unexplained bruises, inadequate food, fearful of family member, c/g exploitation of funds, sexual abuse, neglect, left unattended if needs constant supervision. Other: None

21 HOME ENVIRONMENT/ SAFETY INTERVENTIONS:

Assess: ☒ Architectural Barriers
☒ Patient Safety Awareness

Instruct: ☒ Home Safety Measures
☐ Other:

Additional Orders (specify):

15 SAFETY MEASURES:

☒ Anticoagulant Precautions
☒ Environmental

☒ Bathroom
☐ HME

☐ Electrical
☐ Other (specify):

☐ Medication

☐ Fire

☒ Is patient currently taking a prescribed anticoagulant? ☒ Yes ☐ No
Will patient receive PT/INR monitoring as part of plan? ☒ Yes ☐ No

EMERGENCY / DISASTER PLAN: Disaster Priority Code

III

- I. Patients who require skilled interventions that must be provided as scheduled.
- II. Patients requiring a moderate level of skilled care that should be provided the day scheduled, if possible, but the patient would not be at risk or in discomfort.
- III. Patients who can safely miss scheduled visits

Has an effective Home Escape Route been established? ☒ Yes ☐ No Explain:

Does the POC have an Evacuation Plan? ☒ Yes ☐ No Explain:

Does home environment impact patient's ability to meet goals? ☐ Yes ☒ No
If yes, explain and notify Clinical Manager (including follow-up)

HOME ENVIRONMENT:

- Steps/Stairs ☒ N/A ☐ Inside ☐ Outside
- Railing ☒ N/A ☐ Inside ☐ Outside
- Chair Lift ☒ N/A ☐ Inside ☐ Outside
- Elevator ☒ N/A ☐ Inside ☐ Outside
- Scatter Rugs ☐ N/A ☒ Yes ☐ No
- Cords ☐ N/A ☒ Yes ☐ No
- Doorways ☐ N/A ☒ Yes ☐ No
- Furniture ☐ N/A ☒ Yes ☐ No

SAFETY AWARENESS:

- ☐ Yes ☐ No
- ☐ Yes ☐ No
- ☐ Yes ☐ No
- ☐ Yes ☐ No
- ☐ Yes ☒ No
- ☐ Yes ☒ No
- ☐ Yes ☒ No
- ☐ Yes ☒ No

Oxygen Fire High-Risk Assessment

☒ No oxygen in the home; therefore, risk assessment not completed

Circle the score of each item that is true and total circled scores at bottom

	Score
Patient is 65 years or older	1
Patient lives alone	1
Patient's home lacks smoke detectors or has non-functional smoke detectors	1
Patient's home lacks fire extinguisher or patient/family do not know how to use it	1
Patient has cognitive impairment	1
Patient has a history of smoking while oxygen in use	1
Total Score	

A total score of 3 or higher indicates the patient is at high-risk for oxygen fires and should have Oxygen Fire Prevention Protocol Implemented.

Comments

Patient Name (Last, First)

Brammer Mary Ann

Client No.

17847

SENSORY STATUS

(M1200) Vision (with corrective lenses if the patient usually wears them):

- ☒ 0 - Normal vision: sees adequately in most situations; can see medication labels, newsprint.
- ☐ 1 - Partially Impaired: cannot see medication labels or newsprint, but can see obstacles in path, and the surrounding layout; can count fingers at arm's length.
- ☐ 2 - Severely Impaired: cannot locate objects without hearing or touching them or patient nonresponsive.

☐ Glasses☐ Glaucoma: ☐ R ☐ L☐ Blurred Vision: ☐ R ☐ L☐ Nystagmus☐ Saccades☐ Cataracts: ☐ R ☐ L☐ Contacts: ☐ R ☐ L☐ Macular Degeneration: ☐ R ☐ L☐ Convergence: ☐ WNL ☐ _____☐ Pupillary Reflex: ☐ WNL ☐ _____☐ Other: _____

Comments:

(M1210) Ability to hear (with hearing aid or hearing appliance if normally used):

- ☒ 0 - Adequate: hears normal conversation without difficulty.
- ☐ 1 - Mildly to Moderately Impaired: difficulty hearing in some environments or speaker may need to increase volume or speak distinctly.
- ☐ 2 - Severely Impaired: absence of useful hearing.
- ☐ UK - Unable to assess hearing.

EARS

Ear Pain? ☐ L ☐ RTinnitus? ☐ L ☐ RHearing Loss? ☐ L ☐ RAid Used? ☐ L ☐ R

Comments

(M1220) Understanding of Verbal Content in patient's own language (with hearing aid or device if used):

- ☒ 0 - Understands: clear comprehension without cues or repetitions.
- ☐ 1 - Usually Understands: understands most conversations, but misses some part/intent of message. Requires cues at times to understand.
- ☐ 2 - Sometimes Understands: understands only basic conversations or simple, direct phrases. Frequently requires cues to understand.
- ☐ 3 - Rarely/Never Understands.
- ☐ UK - Unable to assess understanding.

Comments

(M1230) Speech and Oral (Verbal) Expression of Language (in patient's own language):

- ☒ 0 - Expresses complex ideas, feelings, and needs clearly, completely, and easily in all situations with no observable impairment.
- ☐ 1 - Minimal difficulty in expressing ideas and needs (may take extra time; makes occasional errors in word choice, grammar or speech intelligibility; needs minimal prompting or assistance).
- ☐ 2 - Expresses simple ideas or needs with moderate difficulty (needs prompting or assistance, errors in word choice, organization or speech intelligibility). Speaks in phrases or short sentences.
- ☐ 3 - Has severe difficulty expressing basic ideas or needs and requires maximal assistance or guessing by listener. Speech limited to single words or short phrases.
- ☐ 4 - Unable to express basic needs even with maximal prompting or assistance but is not comatose or unresponsive (e.g., speech is nonsensical or unintelligible).
- ☐ 5 - Patient nonresponsive or unable to speak.

Comments

MUSCULOSKELETAL STATUS / PHYSICAL THERAPY ASSESSMENT

(188) ACTIVITIES PERMITTED: ☐ No Restrictions☒ Precautions (specify): WMB @ LB☐ Complete Bed Rest☐ Partial Weight Bearing (specify): _____☐ Independent at Home☐ Bed Rest with BRP☒ Wheelchair☐ Transfer Bed/Chair☒ Walker☐ Up as Tolerated☐ Cane☒ Exercises Prescribed☐ Crutches☐ Other: _____☒ Upper/Lower Quarter Screen Completed (functional deficits documented below)

STRENGTH GRADES: N (5) = NORMAL G (4) = GOOD F (3) = FAIR P (2) = POOR T (1) = TRACE 0 = ZERO ROM MEASUREMENTS

MUSCLE STRENGTH & ROM		PROM		AROM		STRENGTH		Hand Dominance: <input type="checkbox"/> R <input type="checkbox"/> L
		Right	Left	Right	Left	Right	Left	Comments
SHOULDER:	Flexion	0-180				4/5	4/5	ankle RT = sprain/
	Abduction	0-180						
	Int. Rot.	0-70						
	Ext. Rot.	0-90						
ELBOW:	Flexion	0-145						unable to mmt @ LB
	Extension	0-0						
FOREARM:	Supination	0-85						2° flex/surgery - estimate
	Pronation	0-85						
WRIST:	Flexion	0-70						4-15 based on mmt
	Extension	0-70						
HIP:	Flexion	0-120						did mmt test @ LB 2°
	Extension	0-25						
	Abduction	0-45						
	Int. Rot.	0-45						
	Ext. Rot.	0-45						
KNEE:	Flexion	0-135						determine/severe pain -
	Extension (-)	0						
	Hyperextension (+)	0-15						
ANKLE:	Dorsiflex	0-20						estimate 4-15
	Plantarflex	0-50						

MUSCULOSKELETAL STATUS / PHYSICAL THERAPY ASSESSMENT (continued)

FUNCTIONAL BALANCE

Describe: (Static, Dynamic-Sitting, Standing)

leg max @ + UE support 10 NUB (R)

Testing Performed: (required by Gentiva Safe Strides® Program)

☐ Tinetti /28 ☐ NT ☐ DVA ☐ + ☐ - ☐ NT
☐ BERG /56 ☐ NT ☐ BPPV ☐ + ☐ - ☐ NT
☐ DGI /24 ☐ NT ☐ ABC % ☐ NT
 Semmes-Weinstein score 5.07
 monofilament: R /5 ☐ NT
 L /5 ☐ NT
 Modified CTSIB: Position 1 /30 ☐ NT Position 3 /30 ☐ NT
 Position 2 /30 ☐ NT Position 4 /30 ☐ NT
 Gait speed: feet min sec

Comments

POSTURE/COORDINATION/SYMMETRY

Describe:

Reflexes:

TONE/MOEMENT

☒ WNL Describe:
☐ Fasciculations
☐ Atrophy

ENDURANCE/FUNCTIONAL ACTIVITIES TOLERANCE

☐ Good Describe:
☐ Fair
☒ Poor 20 min

JOINTS

☐ No Deficit Describe:
☐ Enlarged
☐ Warm/Red
☒ Painful
☐ Stiff
 (B) ankle severe pain
 see below

SENSATION/PROPRIOCEPTION

☐ WNL Describe:
☐ Light Touch
☐ Vibration
☐ Joint Position Sense

MUSCULOSKELETAL INTERVENTIONS:

Assess:
☒ Balance/Posture/Coordination
☐ Tone/Spasticity of
☒ Functional Activity Tolerance
 Perform:
☐ Body Mechanics
☐ Balance and Coordination Training/Retraining
☒ Therapeutic Exercise
☐ E-Stim to area for minutes for visits, effective
 Instruct:
☒ Manual Therapy Techniques
☒ ROM
☒ Neuromuscular Re-education
☒ Posture/Body Mechanics
☒ HEP

Additional Orders (specify):

EQUIPMENT INTERVENTIONS:

Assess:
☒ Equipment Needs
☒ Adaptive Equipment
 Instruct:
☒ Use of Assistive Devices/Orthotics
☐ Home use of HME
☐ Home use of CPM
 Additional Orders (specify):

FUNCTIONAL LIMITATIONS:

☐ Amputation ☐ Hearing ☒ Ambulation ☐ Legally Blind ☐ Cognition ☐ Vision ☐ Other (specify):
☐ Contracture ☐ Endurance ☐ Speech ☐ Paralysis ☒ Pain ☐ Balance

P (M1240) Has this patient had a formal Pain Assessment using a standardized pain assessment tool (appropriate to the patient's ability to communicate the severity of pain)?
☐ 0 - No standardized assessment conducted ☐ 1 - Yes, and it does not indicate severe pain ☒ 2 - Yes, and it indicates severe pain

Comments

P (M1242) Frequency of Pain Interfering with patient's activity or movement:

☐ 0 - Patient has no pain
☐ 1 - Patient has pain that does not interfere with activity or movement
☒ 2 - Less often than daily
☐ 3 - Daily, but not constantly
☒ 4 - All of the time

Location: (B) ankle leg (R) 2° surgery

Onset Date: no aware of pain after surgery

Pain precipitated by: difficult husband speech

Pain duration: 100% while at present - (orange)

History of pain management: what step on 6/7/10

Current pain management & effectiveness:

☒ Pain Rating: 10/10 ☒ Numeric ☐ FLACC ☐ Faces
☒ LE Neuropathic pain rating: /10 ☒ NA

Pain Management Interventions: Assess/Perform/Instruct P/Cg:

Assess/Perform/Instruct P/Cg:

☒ Heat to (B) ankle 2x15 & 30 min
☐ TENS to
☒ Activity Modification
☐ Manual Therapy Techniques
☒ Positioning
☐ MIRE to area for increase circulation and/or pain control for 30-45 minutes for visits, effective
☐ Other:

Comments

provided ice packs/theraband to keep ice packs on - no more + 40 min no more to use ice - otherwise vertebrae uncomfortable

Patient Name (Last, First)

brannon Mary Ann

Client No.

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INTEGUMENTARY STATUS

Wound #/ Location	Wound Type	Dimensions	Exudate	Wound Tissue Type	Surrounding Skin
1		L _____ cm W _____ cm D _____ cm Tunneling/Undermining - Location: _____ cm	Amount _____ Type _____ Color _____	Red - _____ % Pink - _____ % Yellow - _____ % Black - _____ % Other: _____ %	_____ margins, _____ cm Location _____
2		L _____ cm W _____ cm D _____ cm Tunneling/Undermining - Location: _____ cm	Amount _____ Type _____ Color _____	Red - _____ % Pink - _____ % Yellow - _____ % Black - _____ % Other: _____ %	_____ margins, _____ cm Location _____

TYPE:	LENGTH:	AMOUNT:	TYPE:	WOUND TISSUE TYPE - KEY	SURROUNDING SKIN - KEY
Lesion/ulcer Pressure ulcer: S1, S2, S3, S4 Incision w/staples or sutures Trauma wound Burn Incision, closed Other (describe)	Longest head to toe, in cm (to nearest 1/10th of a cm). WIDTH - Widest left to right, in cm (to nearest 1/10th of a cm). DEPTH - Too shallow to measure depth, use "superficial" or ~0.1cm.	None Scant Small Medium Large COLOR: Yellow Whitish	Serous Serosanguineous Sanguineous Purulent Purulent w/ foul odor Green, Tan Other: (describe)	(must add up to 100%) Red - Healthy, often beefy-red, granulation tissue Pink - Viable tissue but not granulating, often smooth Yellow - Soft, necrotic tissue, may be loose or adherent (aka slough) Black - Hard, necrotic tissue, may be loose or adherent (aka eschar) Other - Describe any other tissue by color	Margins - reddened, tender, warm, rash, macerated, closed edges, calloused, within normal limits (WNL), other (describe) cm - width in cm's extending out from the wound Located - use the clock-face to describe (ex: from 2 to 5 o'clock)

Additional Assessment findings: Surgical wound not assessed 20 non removable dressing

BRADEN SCALE FOR PREDICTING PRESSURE SORE RISK IN HOME CARE

NPO¹: Nothing by mouthIV²: IntravenouslyTPN³: Total parenteral nutrition

SENSORY PERCEPTION Ability to respond meaningfully to pressure-related discomfort	1. Completely Limited: a. Unresponsive (does not moan, flinch, or grasp) to painful stimuli, due to diminished level of consciousness or sedation. OR b. Limited ability to feel pain over most of body.	2. Very Limited: a. Responds only to painful stimuli. Cannot communicate discomfort except by moaning or restlessness. OR b. Has a sensory impairment which limits the ability to feel pain or discomfort over 1/2 of body.	3. Slightly Limited: a. Responds to verbal commands, but cannot always communicate discomfort or the need to be turned. OR b. Has some sensory impairment which limits ability to feel pain or discomfort in 1 or 2 extremities.	4. No Impairment: Responds to verbal commands. Has no sensory deficit which would limit ability to feel or voice pain or discomfort.
MOISTURE Degree to which skin is exposed to moisture	1. Constantly Moist: Skin is kept moist almost constantly by perspiration, urine, etc. Dampness is detected every time patient is moved or turned.	2. Often Moist: Skin is often, but not always moist. Linen must be changed at least once a shift.	3. Occasionally Moist: Skin is occasionally moist, requiring an extra linen change approximately once a day.	4. Rarely Moist: Skin is usually dry; linen only requires changing at routine intervals.
ACTIVITY Degree of physical activity	1. Bedfast: Confined to bed.	2. Chairfast: Ability to walk severely limited or nonexistent. Cannot bear own weight and/or must be assisted into chair or wheelchair.	3. Walks Occasionally: Walks occasionally during day, but for very short distances, with or without assistance. Spends majority of day in bed or chair.	4. Walks Frequently: Walks outside room twice a day and inside room at least once every 2 hours during waking hours.
MOBILITY Ability to change and control body position	1. Completely Immobile: Does not make even slight changes in body or extremity position without assistance.	2. Very Limited: Makes occasional slight changes in body or extremity position but unable to make frequent or significant changes independently.	3. Slightly Limited: Makes frequent though slight changes in body or extremity position independently.	4. No Limitation: Makes major and frequent changes in position without assistance.
NUTRITION Usual food intake pattern	1. Very Poor: a. Never eats a complete meal. Rarely eats more than 1/3 of any food offered. Eats 2 servings or less of protein (meat or dairy products) per day. Takes fluids poorly. Does not take a liquid dietary supplement. OR b. Is NPO ¹ and/or maintained on clear liquids or IVs ² for more than 5 days.	2. Probably Inadequate: a. Rarely eats a complete meal and generally eats only about 1/2 of any food offered. Protein intake includes only 3 servings of meat or dairy products per day. Occasionally will take a dietary supplement. OR b. Receives less than optimum amount of liquid diet or tube feeding.	3. Adequate: a. Eats over half of most meals. Eats a total of 4 servings of protein (meat, dairy products) per day. Occasionally will refuse a meal, but will usually take a supplement when offered. OR b. Is on a tube feeding or TPN ³ regimen which probably meets most of nutritional needs.	4. Excellent: Eats most of every meal. Never refuses a meal. Usually eats a total of 4 or more servings of meat and dairy products. Occasionally eats between meals. Does not require supplementation.
FRICITION AND SHEAR	1. Problem: Requires moderate to maximum assistance in moving. Complete lifting without sliding against sheets is impossible. Frequently slides down in bed or chair, requiring frequent repositioning with maximum assistance. Spasticity, contractures or agitation leads to almost constant friction.	2. Potential Problem: Moves feebly or requires minimum assistance. During a move skin probably slides to some extent against sheets, chair, restraints or other devices. Maintains relatively good position in chair or bed most of the time but occasionally slides down.	3. No Apparent Problem: Moves in bed and in chair independently and has sufficient muscle strength to lift up completely during move. Maintains good position in bed or chair.	

SCORE KEY: 15-18 = Mild Risk

13-14 = Moderate Risk

10-12 = High Risk

≤ 9 = Severe Risk

TOTAL SCORE

19

P (M1300) Pressure Ulcer Assessment: Was this patient assessed for Risk of Developing Pressure Ulcers?

Comments

☐ 0 - No assessment conducted [Go to M1306]☐ 1 - Yes, based on an evaluation of clinical factors, e.g., mobility, incontinence, nutrition, etc., without use of standardized tool☒ 2 - Yes, using a standardized tool, e.g., Braden, Norton, other

(M1302) Does this patient have a Risk of Developing Pressure Ulcers?

Comments

☒ 0 - No☐ 1 - Yes

(M1306) Does this patient have at least one Unhealed Pressure Ulcer at Stage II or Higher or designated as "unstageable"?

Comments

☒ 0 - No [Go to M1322]☐ 1 - Yes

INTEGUMENTARY STATUS (continued)

IRS OM (M1308) Current Number of Unhealed (non-epithelialized) Pressure Ulcers at Each Stage: (Enter "0" if none; excludes Stage I pressure ulcers)		Comments
Stage Description - Unhealed Pressure Ulcers	Number Currently Present	
a. Stage II: Partial thickness loss of dermis presenting as a shallow open ulcer with red pink wound bed, without slough. May also present as an intact or open/ruptured serum-filled blister.	<input type="checkbox"/>	
b. Stage III: Full thickness tissue loss. Subcutaneous fat may be visible but bone, tendon, or muscle are not exposed. Slough may be present but does not obscure the depth of tissue loss. May include undermining and tunneling.	<input type="checkbox"/>	
c. Stage IV: Full thickness tissue loss with visible bone, tendon, or muscle. Slough or eschar may be present on some parts of the wound bed. Often includes undermining and tunneling.	<input type="checkbox"/>	
d.1 Unstageable: Known or likely but unstageable due to non-removable dressing or device.	<input type="checkbox"/>	
d.2 Unstageable: Known or likely but unstageable due to coverage of wound bed by slough and/or eschar.	<input type="checkbox"/>	
d.3 Unstageable: Suspected deep tissue injury in evolution.	<input type="checkbox"/>	

Directions for M1310, M1312, and M1314: If the patient has one or more unhealed (non-epithelialized) Stage III or IV pressure ulcers, identify the Stage III or IV pressure ulcer with the largest surface dimension (length x width) and record in centimeters. If no Stage III or Stage IV pressure ulcers, go to M1320.

(M1310) Pressure Ulcer Length: Longest length "head-to-toe" | | | | | (cm)

(M1312) Pressure Ulcer Width: Width of the same pressure ulcer; greatest width perpendicular to the length | | | | | (cm)

(M1314) Pressure Ulcer Depth: Depth of the same pressure ulcer; from visible surface to the deepest area | | | | | (cm)

(M1320) Status of Most Problematic (Observable) Pressure Ulcer:

- ☐ 0 - Newly epithelialized ☐ 2 - Early/partial granulation ☐ NA - No observable pressure ulcer
☐ 1 - Fully granulating ☐ 3 - Not healing

IRS OM (M1322) Current Number of Stage I Pressure Ulcers: Intact skin with non-blanchable redness of a localized area usually over a bony prominence. The area may be painful, firm, soft, warmer or cooler as compared to adjacent tissue.		Comments
<input checked="" type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 or more		

(M1324) Stage of Most Problematic Unhealed (Observable) Pressure Ulcer:

- ☐ 1 - Stage I ☐ 3 - Stage III ☒ NA - No observable pressure ulcer or unhealed pressure ulcer
☐ 2 - Stage II ☐ 4 - Stage IV

IRS (M1330) Does this patient have a Stasis Ulcer?		Comments
<input checked="" type="checkbox"/> 0 - No [Go to M1340] <input type="checkbox"/> 1 - Yes, patient has BOTH observable and unobservable stasis ulcers <input type="checkbox"/> 2 - Yes, patient has observable stasis ulcers ONLY	<input type="checkbox"/> 3 - Yes, patient has unobservable stasis ulcers ONLY (known but not observable due to non-removable dressing) [Go to M1340]	

IRS (M1332) Current Number of (Observable) Stasis Ulcer(s):		Comments
<input type="checkbox"/> 1 - One <input type="checkbox"/> 2 - Two <input type="checkbox"/> 3 - Three <input type="checkbox"/> 4 - Four or more		

IRS (M1334) Status of Most Problematic (Observable) Stasis Ulcer:		Comments
<input type="checkbox"/> 0 - Newly epithelialized <input type="checkbox"/> 1 - Fully granulating <input type="checkbox"/> 2 - Early/partial granulation <input type="checkbox"/> 3 - Not healing		

OM (M1340) Does this patient have a Surgical Wound?

- ☐ 0 - No [Go to M1350]
☐ 1 - Yes, patient has at least one (observable) surgical wound ☒ 2 - Surgical wound known but not observable due to non-removable dressing [Go to M1350]

IRS OM (M1342) Status of Most Problematic (Observable) Surgical Wound:		Comments
<input type="checkbox"/> 0 - Newly epithelialized <input type="checkbox"/> 2 - Early/partial granulation <input type="checkbox"/> 1 - Fully granulating <input type="checkbox"/> 3 - Not healing		

OM (M1350) Does this patient have a Skin Lesion or Open Wound, excluding bowel ostomy, other than those described above that is receiving intervention by the home health agency?

- ☒ 0 - No ☐ 1 - Yes

21 INTEGUMENTARY INTERVENTIONS:

Assess:

- ☐ Skin Integrity
☐ Other: _____

Perform:

- ☐ Staple Removal - Post Op day _____
☐ Suture Removal - Post Op day _____

Instruct:

- ☐ Pressure ulcer prevention measures

Additional Orders (specify): _____

RESPIRATORY STATUS

OM 18A (M1400) When is the patient dyspneic or noticeably Short of Breath?

- ☐ 0 - Patient is not short of breath
☐ 1 - When walking more than 20 feet, climbing stairs
☐ 2 - With moderate exertion (e.g., while dressing, using commode or bedpan, walking distances less than 20 feet)
☒ 3 - With minimal exertion (e.g., while eating, talking, or performing other ADLs) or with agitation
☐ 4 - At rest (during day or night)

Comments

SOB 20 anxiety/pain

Patient Name (Last, First)

Bramm on Mary Ann

Client No.

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RESPIRATORY STATUS (continued)

(M1410) Respiratory Treatments utilized at home: (Mark all that apply.)

- ☐ 1 - Oxygen (intermittent or continuous) ☐ 3 - Continuous/Bi-level positive airway pressure
☐ 2 - Ventilator (continually or at night) ☒ 4 - None of the above

HISTORY OF: ☐ Asthma ☐ Pneumonia ☐ Cough ☐ Emphysema ☐ TB
☐ Bronchitis ☐ Pleurisy ☐ Sputum ☐ Other: _____

Comments

24 Respiratory Interventions: Assess/Perform/Instruct Pt/Cg: A P I

- ☐ Chest Physical Therapy ☐
☐ O₂ Sat ☐
☐ Breathing Techniques ☐ ☐ ☐

Additional Orders (specify): _____

Comments

CARDIAC STATUS

VITAL SIGNS: PULSE: ☐ Apical _____ (Reg) (Irreg)
☒ Radial 74 (Reg) (Irreg)
 TEMP: 98.2 RESP: 12

B/P: Lying _____ Sitting _____ Standing _____

L _____
 R _____ 112/86

O₂ Sat: _____

Patient's Height: _____ ☐ Actual ☐ Reported
 Weight: _____ ☐ Actual ☐ Reported

24 Notify Physician if temp > _____ < _____ Blood Pressure: Systolic > _____ < _____ Diastolic > _____ < _____ Pulse Rate > _____ < _____
 Respiratory Rate > _____ or < _____ O₂ Sat less than _____

Cardiovascular: (History of):

- ☐ Palpitations ☐ Dyspnea on Exertion ☐ BP Problems ☐ Edema
☐ Claudication ☐ Chest Pain ☐ Paroxysmal Nocturnal Dyspnea ☐ Other (specify): _____
☒ Easily Fatigued ☐ Cyanosis ☐ Orthopnea (# of pillows used: _____)

Comments

Testing performed (required for Senior Health and Cardiopulmonary):

RPE: _____ Scale used (i.e., borg): _____

Pre VS P: _____ B/P: _____ R: _____ ☐ 2 ☐ 3 ☐ 6 Minute Walk Test: _____ feet Post VS P: _____ B/P: _____ R: _____

URINARY STATUS

(M1600) Has this patient been treated for a Urinary Tract Infection in the past 14 days?

- ☒ 0 - No ☐ 1 - Yes ☐ NA - Patient on prophylactic treatment ☐ UK - Unknown

Comments

NRS (M1610) Urinary Incontinence or Urinary Catheter Presence:

- ☒ 0 - No incontinence or catheter (Includes anuria or ostomy for urinary drainage) [Go to M1620]
☐ 1 - Patient is incontinent
☐ 2 - Patient requires a urinary catheter (i.e., external, indwelling, intermittent, suprapubic) [Go to M1620]

Urinary Ostomy (Type): _____

Supplies Used: _____

Comments

(M1615) When does Urinary Incontinence occur?

- ☐ 0 - Timed-voiding defers incontinence ☐ 3 - During the day only
☐ 1 - Occasional stress incontinence ☐ 4 - During the day and night
☐ 2 - During the night only

Comments

GI STATUS

ENDOCRINE ☒ WNL

- ☐ Polyuria/Polydipsia/Polyphagia ☐ Thyroid Disease
☐ Neuropathy/Radiculopathy ☐ Diabetes
☐ Blood Sugar Glucometer Use ☐ Insulin Dependent? How Long? _____
☐ Oral Hypoglycemic Agent ☐ Most recent FBS _____
 LBM _____ Usual Frequency _____ ☐ Diarrhea ☐ Constipation: ☐ Chronic ☐ Acute

Comments

NRS (M1620) Bowel Incontinence Frequency:

- ☒ 0 - Very rarely or never has bowel incontinence ☐ 4 - On a daily basis
☐ 1 - Less than once weekly ☐ 5 - More often than once daily
☐ 2 - One to three times weekly ☐ NA - Patient has ostomy for bowel elimination
☐ 3 - Four to six times weekly ☐ UK - Unknown

Comments

NRS (M1630) Ostomy for Bowel Elimination: Does this patient have an ostomy for bowel elimination that (within the last 14 days): a) was related to an inpatient facility stay, or b) necessitated a change in medical or treatment regimen?

- ☒ 0 - Patient does not have an ostomy for bowel elimination.
☐ 1 - Patient's ostomy was not related to an inpatient stay and did not necessitate change in medical or treatment regimen.
☐ 2 - The ostomy was related to an inpatient stay or did necessitate change in medical or treatment regimen.

Ostomy (Type): _____

Equipment Used (Size, Type): _____

Comments

NEURO/EMOTIONAL/BEHAVIORAL STATUS

(M1700) Cognitive Functioning: Patient's current (day of assessment) level of alertness, orientation, comprehension, concentration, and immediate memory for simple commands.

- ☒ 0 - Alert/oriented, able to focus and shift attention, comprehends and recalls task directions independently.
☐ 1 - Requires prompting (cuing, repetition, reminders) only under stressful or unfamiliar conditions.
☐ 2 - Requires assistance and some direction in specific situations (e.g., on all tasks involving shifting of attention), or consistently requires low stimulus environment due to distractibility.
☐ 3 - Requires considerable assistance in routine situations. Is not alert and oriented or is unable to shift attention and recall directions more than half the time.
☐ 4 - Totally dependent due to disturbances such as constant disorientation, coma, persistent vegetative state, or delirium.

Comments

NEURO/EMOTIONAL/BEHAVIORAL STATUS (continued)

OM (M1710) When Confused (Reported or Observed Within the Last 14 Days):

- ☒ 0 - Never ☐ 3 - During the day and evening, but not constantly
☐ 1 - In new or complex situations only ☐ 4 - Constantly
☐ 2 - On awakening or at night only ☐ NA - Patient nonresponsive

Comments

OM (M1720) When Anxious (Reported or Observed Within the Last 14 Days):

- ☐ 0 - None of the time ☐ 3 - All of the time
☒ 1 - Less often than daily ☐ NA - Patient nonresponsive
☐ 2 - Daily, but not constantly

Comments

P OM (M1730) Depression Screening: Has the patient been screened for depression, using a standardized depression screening tool?

- ☐ 0 - No
☒ 1 - Yes, patient was screened using the PHQ-2[®] scale. (Instructions for this two-question tool: Ask patient: "Over the last two weeks, how often have you been bothered by any of the following problems?")

PHQ-2 [®]	Not at all 0 - 1 day	Several days 2 - 6 days	More than half of the days 7 - 11 days	Nearly every day 12 - 14 days	N/A Unable to respond
a) Little interest or pleasure in doing things	<input checked="" type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> NA
b) Feeling down, depressed, or hopeless?	<input type="checkbox"/> 0	<input checked="" type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> NA

- ☐ 2 - Yes, with a different standardized assessment and the patient meets criteria for further evaluation for depression.
☐ 3 - Yes, patient was screened with a different standardized assessment and the patient does not meet criteria for further evaluation for depression.

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* For a score of 3 or higher, the Physician should be notified.

☒ Difficulty sleeping: needed
☒ Change in appetite: feeling

Comments: to get into
bedroom
& appetite open

18A (M1740) Cognitive, behavioral, and psychiatric symptoms that are demonstrated at least once a week (Reported or Observed): (Mark all that apply.)

- ☐ 1 - Memory deficit: failure to recognize familiar persons/places, inability to recall events of past 24 hours; significant memory loss so that supervision is required
☐ 2 - Impaired decision-making: failure to perform usual ADLs or IADLs, inability to appropriately stop activities, jeopardizes safety through actions
☐ 3 - Verbal disruption: yelling, threatening, excessive profanity, sexual references, etc.
☐ 4 - Physical aggression: aggressive or combative to self and others (e.g., hits self, throws objects, punches, dangerous maneuvers with wheelchair or other objects)
☐ 5 - Disruptive, infantile, or socially inappropriate behavior (excludes verbal actions)
☐ 6 - Delusional, hallucinatory, or paranoid behavior
☒ 7 - None of the above behaviors demonstrated

Comments

OM (M1745) Frequency of Disruptive Behavior Symptoms (Reported or Observed) Any physical, verbal, or other disruptive/dangerous symptoms that are injurious to self or others or jeopardize personal safety.

- ☒ 0 - Never ☐ 3 - Several times each month
☐ 1 - Less than once a month ☐ 4 - Several times a week
☐ 2 - Once a month ☐ 5 - At least daily

Comments

OM (M1750) Is this patient receiving Psychiatric Nursing Services at home provided by a qualified psychiatric nurse?

- ☒ 0 - No ☐ 1 - Yes

Comments

18B MENTAL STATUS:

- ☒ Oriented ☒ Person ☒ Place ☒ Time
☐ Depressed ☐ Disoriented ☐ Comatose ☐ Forgetful ☐ Agitated
☐ Lethargic ☐ Other: _____

Additional Orders (specify):

ADL/IADLs

OM (M1800) Grooming: Current ability to tend safely to personal hygiene needs (i.e., washing face and hands, hair care, shaving or make up, teeth or denture care, fingernail care).

- ☐ 0 - Able to groom self unaided, with or without the use of assistive devices or adapted methods.
☐ 1 - Grooming utensils must be placed within reach before able to complete grooming activities.
☒ 2 - Someone must assist the patient to groom self.
☐ 3 - Patient depends entirely upon someone else for grooming needs.

OM (M1820) Current Ability to Dress Lower Body safely (with or without dressing aids) including undergarments, slacks, socks or nylons, shoes:

- ☐ 0 - Able to obtain, put on, and remove clothing and shoes without assistance.

- ☐ 1 - Able to dress lower body without assistance if clothing and shoes are laid out or handed to the patient.
☒ 2 - Someone must help the patient put on undergarments, slacks, socks or nylons, and shoes.
☐ 3 - Patient depends entirely upon another person to dress lower body.

OM (M1810) Current Ability to Dress Upper Body safely (with or without dressing aids) including undergarments, pullovers, front-opening shirts and blouses, managing zippers, buttons, and snaps:

- ☐ 0 - Able to get clothes out of closets and drawers, put them on and remove them from the upper body without assistance.

- ☐ 1 - Able to dress upper body without assistance if clothing is laid out or handed to the patient.

- ☒ 2 - Someone must help the patient put on upper body clothing.

- ☐ 3 - Patient depends entirely upon another person to dress the upper body.

Comments

Patient Name (Last, First)

brannon Mary Ann

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ADL / IADLs (continued)

OM (M1830) Bathing: Current ability to wash entire body safely. Excludes grooming (washing face, washing hands, and shampooing hair).

- ☐ 0 - Able to bathe self in shower or tub independently, including getting in and out of tub/shower.
- ☐ 1 - With the use of devices, is able to bathe self in shower or tub independently, including getting in and out of the tub/shower.
- ☐ 2 - Able to bathe in shower or tub with the intermittent assistance of another person:
- (a) for intermittent supervision or encouragement or reminders, OR
- (b) to get in and out of the shower or tub, OR
- (c) for washing difficult to reach areas.
- ☐ 3 - Able to participate in bathing self in shower or tub, but requires presence of another person throughout the bath for assistance or supervision.
- ☐ 4 - Unable to use the shower or tub, but able to bathe self independently with or without the use of devices at the sink in chair or on commode.
- ☒ 5 - Unable to use the shower or tub, but able to participate in bathing self in bed at the sink, in bedside chair, or on commode, with the assistance or supervision of another person throughout the bath.
- ☐ 6 - Unable to participate effectively in bathing and is bathed totally by another person.

Comments: can't transfer shower

OM (M1840) Toilet Transferring: Current ability to get to and from the toilet or bedside commode safely and transfer on and off toilet/commode.

- ☐ 0 - Able to get to and from the toilet and transfer independently with or without a device.
- ☐ 1 - When reminded, assisted, or supervised by another person, able to get to and from the toilet and transfer.
- ☒ 2 - Unable to get to and from the toilet but is able to use a bedside commode (with or without assistance).
- ☐ 3 - Unable to get to and from the toilet or bedside commode but is able to use a bedpan/urinal independently.
- ☐ 4 - Is totally dependent in toileting.

Comments:

OM (M1845) Toileting Hygiene: Current ability to maintain perineal hygiene safely, adjust clothes and/or incontinence pads before and after using toilet, commode, bedpan, urinal. If managing ostomy, includes cleaning area around stoma, but not managing equipment.

- ☐ 0 - Able to manage toileting hygiene and clothing management without assistance.
- ☐ 1 - Able to manage toileting hygiene and clothing management without assistance if supplies/implements are laid out for the patient.
- ☒ 2 - Someone must help the patient to maintain toileting hygiene and/or adjust clothing.
- ☐ 3 - Patient depends entirely upon another person to maintain toileting hygiene.

Comments:

OM (M1850) Transferring: Current ability to move safely from bed to chair, or ability to turn and position self in bed if patient is bedfast.

- ☐ 0 - Able to independently transfer.
- ☐ 1 - Able to transfer with minimal human assistance or with use of an assistive device.
- ☒ 2 - Able to bear weight and pivot during the transfer process but unable to transfer self.
- ☐ 3 - Unable to transfer self and is unable to bear weight or pivot when transferred by another person.
- ☐ 4 - Bedfast, unable to transfer but is able to turn and position self in bed.
- ☐ 5 - Bedfast, unable to transfer and is unable to turn and position self.

TRANSFERS: ☐ N/A

KEY: 7 = Total Independent 5 = Supervision 3 = Moderate Assist 1 = Total Assist
6 = Adapted Independent 4 = Minimum Assist 2 = Maximum Assist

- ☒ Bed Mobility 2 ☒ Chair 2 ☐ Auto _____
- ☒ In/Out of Bed 2 ☒ Commode/Toilet 2 ☐ Floor _____
- ☒ Sit to Stand 2 ☒ Tub/Shower 2 ☐ _____

Describe:

Comments

OM (M1860) Ambulation/Locomotion: Current ability to walk safely, once in a standing position, or use a wheelchair, once in a seated position, on a variety of surfaces.

- ☐ 0 - Able to independently walk on even and uneven surfaces and negotiate stairs with or without railings (i.e., needs no human assistance or assistive device).
- ☐ 1 - With the use of a one-handed device (e.g., cane, single crutch, hemi-walker), able to independently walk on even and uneven surfaces and negotiate stairs with or without railings.
- ☐ 2 - Requires use of a two-handed device (e.g., walker or crutches) to walk alone on a level surface and/or requires human supervision or assistance to negotiate stairs or steps or uneven surfaces.
- ☐ 3 - Able to walk only with the supervision or assistance of another person all times.
- ☐ 4 - Chairfast, unable to ambulate but is able to wheel self independently.
- ☒ 5 - Chairfast, unable to ambulate and is unable to wheel self.
- ☐ 6 - Bedfast, unable to ambulate or be up to a chair.

GAIT: ☐ N/A

KEY: 7 = Total Independent 5 = Supervision 3 = Moderate Assist 1 = Total Assist
6 = Adapted Independent 4 = Minimum Assist 2 = Maximum Assist

- | SURFACE | | DEVICE | | BALANCE | |
|--|----------|---|----------|----------------------------------|--|
| <input checked="" type="checkbox"/> Level | <u>1</u> | <input checked="" type="checkbox"/> FWW | <u>1</u> | <input type="checkbox"/> Dynamic | |
| <input type="checkbox"/> Curbs | | <input type="checkbox"/> SPC | | <input type="checkbox"/> Static | |
| <input checked="" type="checkbox"/> Uneven | <u>1</u> | <input type="checkbox"/> WC | | <input type="checkbox"/> Sit | |
| <input type="checkbox"/> Ramps | | <input type="checkbox"/> None | | <input type="checkbox"/> Stand | |
| <input checked="" type="checkbox"/> Stairs | <u>1</u> | <input type="checkbox"/> Crutches | | <input type="checkbox"/> Grade | |
| <input type="checkbox"/> | | <input type="checkbox"/> | | | |

- ☒ Distance non amb currently - only transfers ☐ Number of Stairs only transfers

GAIT ANALYSIS - (Wt, Bear, Fall Risk, Describe):

- Propels W/C On: ☐ Level Surface ☐ Uneven Surface ☐ Ramps
W/C Management: ☐ Brakes ☐ Foot/Leg Rests

Comments:

OM (M1870) Feeding or Eating: Current ability to feed self meals and snacks safely. Note: This refers only to the process of eating, chewing, and swallowing, not preparing the food to be eaten.

- ☒ 0 - Able to independently feed self.
- ☐ 1 - Able to feed self independently but requires:
- (a) meal set-up; OR
- (b) intermittent assistance or supervision from another person; OR
- (c) a liquid, pureed or ground meat diet.
- ☐ 2 - Unable to feed self and must be assisted or supervised throughout the meal/snack.
- ☐ 3 - Able to take in nutrients orally and receives supplemental nutrients through a nasogastric tube or gastrostomy.
- ☐ 4 - Unable to take in nutrients orally and is fed nutrients through a nasogastric tube or gastrostomy.
- ☐ 5 - Unable to take in nutrients orally or by tube feeding.

Comments:

OM (M1880) Current Ability to Plan and Prepare Light Meals (e.g., cereal, sandwich) or reheated delivered meals safely:

- ☐ 0 - (a) Able to independently plan and prepare all light meals for self or reheated delivered meals; OR
(b) is physically, cognitively, and mentally able to prepare light meals on a regular basis but has not routinely performed light meal preparation in the past (i.e., prior to this home care admission).
- ☐ 1 - Unable to prepare light meals on a regular basis due to physical, cognitive, or mental limitations.
- ☒ 2 - Unable to prepare any light meals or reheated any delivered meals.

Comments:

OM (M1890) Ability to Use Telephone: Current ability to answer the phone safely, including dialing numbers, and effectively using the telephone to communicate.

- ☒ 0 - Able to dial numbers and answer calls appropriately and as desired.
- ☐ 1 - Able to use a specially adapted telephone (i.e., large numbers on the dial, teletype phone for the deaf) and call essential numbers.
- ☐ 2 - Able to answer the telephone and carry on a normal conversation but has difficulty with placing calls.
- ☐ 3 - Able to answer the telephone only some of the time or is able to carry on only a limited conversation.
- ☐ 4 - Unable to answer the telephone at all but can listen if assisted with equipment.
- ☐ 5 - Totally unable to use the telephone.
- ☐ NA - Patient does not have a telephone.

Comments

1

Patient Name (Last, First)

Brammon Mary Ann

Client No.

18847

ADL / IADLs (continued)

16 NUTRITIONAL REQUIREMENTS NEW OR CHANGED: ☒ Regular

- ☐ Sodium Diet ☐ Hi ☐ Low Protein ☐ Heart Healthy Low Fat
☐ Calorie ADA Diet ☐ Hi ☐ Low Carbohydrates ☐ No Added Salt
☐ Bland Diet ☐ No Concentrated Sweets

- ☐ Enteral Feeding _____ Amount _____ mL/day
 Pump Type: _____
☐ Mechanical (Soft, Hi-Fiber, etc.) ☐ NG Tube
☐ Supplement ☐ PEG Tube
☐ Other (specify): _____ ☐ _____ Tube

MEDICATIONS

(M2000) Drug Regimen Review: Does a complete drug regimen review indicate potential clinically significant medication issues, e.g., drug reactions, ineffective drug therapy, side effects, drug interactions, duplicate therapy, omissions, dosage errors, or noncompliance?

- ☐ 0 - Not assessed/reviewed [Go to M2010] ☒ 2 - Problems found during review
☐ 1 - No problems found during review [Go to M2010] ☐ NA - Patient is not taking any medications [Go to M2040]

Comments:

(M2002) Medication Follow-up: Was a physician or the physician-designee contacted within one calendar day to resolve clinically significant medication issues, including reconciliation?

- ☒ 0 - No ☐ 1 - Yes

Comments:

P OM (M2010) Patient/Caregiver High Risk Drug Education: Has the patient/caregiver received instruction on special precautions for all high-risk medications (such as hypoglycemics, anticoagulants, etc.) and how and when to report problems that may occur?

- ☐ 0 - No ☐ NA - Patient not taking any high risk drugs OR patient/caregiver fully knowledgeable about special precautions associated with all high-risk medications
☒ 1 - Yes

Comments:

OM (M2020) Management of Oral Medications: Patient's current ability to prepare and take all oral medications reliably and safely, including administration of the correct dosage at the appropriate times/intervals. Excludes injectable and IV medications. (NOTE: This refers to ability, not compliance or willingness.)

- ☒ 0 - Able to independently take the correct oral medication(s) and proper dosage(s) at the correct times.
☐ 1 - Able to take medication(s) at the correct times if:
 (a) individual dosages are prepared in advance by another person; OR
 (b) another person develops a drug diary or chart.
☐ 2 - Able to take medication(s) at the correct times if given reminders by another person at the appropriate times.
☐ 3 - Unable to take medication unless administered by another person.
☐ NA - No oral medications prescribed.

Comments:

(M2030) Management of Injectable Medications: Patient's current ability to prepare and take all prescribed injectable medications reliably and safely, including administration of correct dosage at the appropriate times/intervals. Excludes IV medications.

- ☐ 0 - Able to independently take the correct medication(s) and proper dosage(s) at the correct times.
☐ 1 - Able to take injectable medication(s) at the correct times if:
 (a) individual syringes are prepared in advance by another person; OR
 (b) another person develops a drug diary or chart.
☐ 2 - Able to take medication(s) at the correct times if given reminders by another person based on the frequency of the injection.
☐ 3 - Unable to take injectable medication unless administered by another person.
☒ NA - No injectable medications prescribed.

Comments:

(M2040) Prior Medication Management: Indicate the patient's usual ability with managing oral and injectable medications prior to this current illness, exacerbation, or injury. (Check only ONE box in each row.)

Functional Area	Independent	Needed Some Help	Dependent	Not Applicable
a. Oral medications	<input checked="" type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> NA
b. Injectable medications	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input checked="" type="checkbox"/> NA

Comments:

CARE MANAGEMENT

(M2100) Types and Sources of Assistance: Determine the level of caregiver ability and willingness to provide assistance for the following activities, if assistance is needed. (Check only ONE box in each row.)

Type of Assistance	No assistance needed in this area	Caregiver(s) currently provide assistance	Caregiver(s) need training/supportive services to provide assistance	Caregiver(s) not likely to provide assistance	Unclear if Caregiver(s) will provide assistance	Assistance needed, but no Caregiver(s) available
a. ADL assistance (e.g., transfer/ambulation, bathing, dressing, toileting, eating/feeding)	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input checked="" type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
b. IADL assistance (e.g., meals, housekeeping, laundry, telephone, shopping, finances)	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input checked="" type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
c. Medication administration (e.g., oral, inhaled or injectable)	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input checked="" type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
d. Medical procedures/treatments (e.g., changing wound dressing)	<input checked="" type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
e. Management of equipment (includes oxygen, IV/infusion equipment, enteral/parenteral nutrition, ventilator therapy equipment or supplies)	<input checked="" type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
f. Supervision and safety (e.g., due to cognitive impairment)	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input checked="" type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
g. Advocacy or facilitation of patient's participation in appropriate medical care (includes transportation to or from appointments)	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input checked="" type="checkbox"/> 4	<input type="checkbox"/> 5

Comments

CARE MANAGEMENT (continued)

(M2110) How often does the patient receive ADL or IADL assistance from any caregiver(s) (other than home health agency staff)?

- ☒ 1 - At least daily
☐ 2 - Three or more times per week
☐ 3 - One to two times per week
☐ 4 - Received, but less often than weekly
☐ 5 - No assistance received
☐ UK - Unknown

Comments

THERAPY NEED AND PLAN OF CARE

(M2200) Therapy Need: In the home health plan of care for the Medicare payment episode for which this assessment will define a case mix group, what is the indicated need for therapy visits (total of reasonable and necessary physical, occupational and speech-language pathology visits combined)? (Enter zero ["000"] if no therapy visits indicated.)

Number of therapy visits indicated (total of physical, occupational and speech-language pathology combined).

☐ NA - Not Applicable: No case mix group defined by this assessment.

P (M2250) Plan of Care Synopsis: (Check only ONE box in each row.) Does the physician-ordered plan of care include the following:

Plan / Intervention	No	Yes	Not Applicable	
a. Patient-specific parameters for notifying physician of changes in vital signs or other clinical findings	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input checked="" type="checkbox"/> NA	Physician has chosen not to establish patient-specific parameters for this patient. Agency will use standardized clinical guidelines accessible for all care providers to reference
b. Diabetic foot care including monitoring for the presence of skin lesions on the lower extremities and patient/caregiver education on proper foot care	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input checked="" type="checkbox"/> NA	Patient is not diabetic or is bilateral amputee
c. Falls prevention interventions	<input type="checkbox"/> 0	<input checked="" type="checkbox"/> 1	<input type="checkbox"/> NA	Patient is not assessed to be at risk for falls
d. Depression intervention(s) such as medication, referral for other treatment, or a monitoring plan for current treatment	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input checked="" type="checkbox"/> NA	Patient has no diagnosis or symptoms of depression
e. Intervention(s) to monitor and mitigate pain	<input type="checkbox"/> 0	<input checked="" type="checkbox"/> 1	<input type="checkbox"/> NA	No pain identified
f. Intervention(s) to prevent pressure ulcers	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input checked="" type="checkbox"/> NA	Patient is not assessed to be at risk for pressure ulcers
g. Pressure ulcer treatment based on principles of moist wound healing OR order for treatment based on moist wound healing has been requested from physician	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input checked="" type="checkbox"/> NA	Patient has no pressure ulcers with need for moist wound healing

Comments

DME AND SUPPLIES

DME:

- ☒ Bedside Commode ☐ Elevated Toilet Seat ☐ Hospital Bed ☒ Wheelchair ☐ Exercise Putty ☐ Staple Remover ☐ Other: _____
☐ Cane ☐ Grab Bars ☐ Tub Bench ☒ Walker ☐ Exercise Band ☐ Steri Strips

Safety measures/additional equipment recommended to protect patient from injury: pt needs @ day 1 + 2 @ commode - able to do @ by day 3

Specific safety issues discussed:

Patient/Family able to use all equipment/supplies safely? ☐ Yes ☒ No if No, specify: NA initially - should have @ but spouse @ present

Comments

ORDERS FOR FREQUENCY / DURATION OF SERVICES

- ☒ Physical Therapy Visit Frequency/Duration SW 2x 2w
☐ HHA Visit Frequency/Duration _____ to assist w/personal care/AOLs/light housekeeping as needed
☒ OT Eval (specify): 1w1 to eval & tx
☐ ST Eval (specify): _____
☐ MSW Eval (specify): _____
☒ Other: PT INR to be done Mon/Tues via fingerstick or venipuncture
☐ Implement and Instruct Standard Precautions/Infection Control
☐ Dietitian evaluation Refer to Page 11 Nutritional Screening to determine need for further Nutrition Assessment by qualified H.C. Professional.
☒ May take orders from primary M.D.

REHABILITATION POTENTIAL/DISCHARGE PLANS

- ☒ Rehabilitation potential to achieve goals: ☐ Good ☒ Fair ☐ Poor Comments: _____
 See Protocols, specify: ankle protocol full protection
 Discharge Plans
☒ Patient to be discharged when skilled care no longer needed ☐ Other (specify): _____
☐ Patient to be discharged to the care of: ☐ Self ☐ Caregiver ☐ Other: _____
☐ Discharge plan initiated ☒ Discharge to Outpatient Physical Therapy as needed
☐ No plans to discharge (patient requires ongoing care)

Patient Name (Last, First)

Brennan Mary Ann

Client No.

18847

SKILLED SERVICES/SIGNIFICANT CLINICAL FINDINGS

SIGNIFICANT CLINICAL FINDINGS:

Pt presents significant limitations in
 self mobility 2° NUB (R) ankle, (L) ankle sprain
 pain. Pt initially was going to return to rehab but
 after education re pain control, ice, teaching transfers
 positioning at initial eval pt ~~was~~ able to remain at
 home & support from family.

SKILLED SERVICES PROVIDED THIS VISIT:

Educ pt re ice, transfers, positioning,
 pain mgmt, caregiver precautions

THERAPEUTIC EXERCISE:

- ☐ PROM ☐ PNF ☐ Sensation/Proprio
☐ AAROM ☒ Balance ☐ Gaze Stabilization
☐ AROM ☐ Coordination
☐ ARROM ☒ Muscle Re-Education

☐ NA

Describe:

taught mostly positioning relief
 to allow 11-inch foot on ground
 to relax R hip/knee mm.

SKILLED TEACHING / PATIENT RESPONSE

SKILLED TEACHING: KEY: 7 = Total Independent 5 = Supervision 3 = Moderate Direction 1 = Total Direction
 6 = Adapted Independent 4 = Minimum Direction 2 = Maximum Direction

TO PATIENT (pt) or CAREGIVER (Cg) and RESPONSE

	pt	Cg		pt	Cg		pt	Cg
<input checked="" type="checkbox"/> Gait	4	5	<input checked="" type="checkbox"/> Safe Handling Techniques	4	5	<input type="checkbox"/> Positioning	—	—
<input type="checkbox"/> Equipment Use	—	—	<input type="checkbox"/> Home Program introduction	—	—	<input type="checkbox"/> Pressure Ulcer Prevention	—	—
<input checked="" type="checkbox"/> Ortho. Precautions	4	5	<input type="checkbox"/> Activity Precautions	—	—	<input type="checkbox"/> Modify Environment	—	—
<input checked="" type="checkbox"/> Body Mechanics	4	5	<input type="checkbox"/> Energy Conservation	—	—	<input checked="" type="checkbox"/> Pain Management	4	5
<input checked="" type="checkbox"/> Home Safety	4	5	<input type="checkbox"/> W/C Management	—	—	<input type="checkbox"/> Pulmonary Management	—	—
<input type="checkbox"/> Fall Prevention	—	—	<input type="checkbox"/> Prosthetic/Orthotics Mgmt.	—	—	<input type="checkbox"/> Edema Reduction	—	—
						<input type="checkbox"/> ADLs	—	—
						<input type="checkbox"/> s/s infection	—	—
						<input type="checkbox"/> DC Plan	—	—
						<input checked="" type="checkbox"/> Transfers	4	5
						<input type="checkbox"/> s/s DVT	—	—

CONCLUSION/IMPRESSIONS FROM ASSESSMENT:

Pt presents S/p (R) ankle ORIF, reg
 PT for teaching transfers, gait pain mgmt, positioning,
 & strength to manage at home fairly (F). Pt is
 motivated to do PT to stay at home

☒ POC discussed with Patient/Caregiver☒ Patient/Caregiver agreed with plan: yes

Ordering Physician Name: Dr Sean Wilson

Physician contacted with assessment findings and approved orders, discipline and frequency

☐ PHQ-2 results☒ Yes, Date: 6/7/10

- ☒ Gait Training ☒ HEP ☒ Safety Recommendation
☒ Transfer Training ☒ Therapeutic Exercise ☒ Equipment Recommendation

OTHER: PT INR via finger stick or
venipuncture

Therapist Name: (First, MI, Last) Anne Coffman

Therapist Signature and Date:

Anne Coffman PMSGS 6/9/10

HHA
USE
ONLY

Checked By

RMT

Date

6-16-10

Entered By

Lmr

Date

6-15-10

Transmitted By

Date

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Patient Name (last, first): Brannon, Maryann Patient Number: 18847

SIGNIFICANT CLINICAL FINDINGS/SKILLED INTERVENTIONS PROVIDED:

PT is SIP ~~RIF~~ R ankle, NWB R LE & sprain
R ankle. Functional mobility skills training provided
to maximize function, safety, & ortho status. PT initially
felt she was performing at sufficient functional level
but then determined she would require R to
achieve R in shower, currently Min R. OT goal is
to provide training for safe, R shower performance
PT would benefit from application of behavior intervention
to address deficit areas & maximize function - safety

REHAB POTENTIAL TO ACHIEVE GOALS: ☒ GOOD ☐ FAIR ☐ POOR

CARE PROTOCOLS

- | | | |
|---|---|---|
| <input checked="" type="checkbox"/> Evaluation | <input type="checkbox"/> Energy Conservation | <input type="checkbox"/> Neuromusculoskeletal (strength/endurance/ROM/posture/reflex) |
| <input type="checkbox"/> ADL Training/Selfcares | <input type="checkbox"/> Joint Protection | <input type="checkbox"/> Sensory Treatment |
| <input type="checkbox"/> Home Program | <input type="checkbox"/> Muscle Reeducation | <input type="checkbox"/> Orthotics/Splinting |
| <input checked="" type="checkbox"/> Patient/Caregiver Education | <input type="checkbox"/> Trunk Control/Balance | <input type="checkbox"/> Body Mechanics |
| <input type="checkbox"/> Fine Motor Training | <input checked="" type="checkbox"/> Safety Training | <input type="checkbox"/> Adaptive Equipment |
| <input checked="" type="checkbox"/> Adaptive Environment Recommendations and Training | | <input type="checkbox"/> Work Simplification |
| <input checked="" type="checkbox"/> Functional Mobility Training | | <input type="checkbox"/> Environmental Modification |
| | | <input type="checkbox"/> Therapeutic Tasks |

Comments: PT performed shower in prior prior to OT eval in Min R
using commode - HHSN in R LE wrapped in plastic bag
secured in rubber band & placed outside of shower.
OT to flw RIT shower status & physician recommendation
in SIP R ankle RIF, staples not yet removed. If pt
shower to be placed on HHSN, pt would benefit from training
achieve R in sponge bathing & hair washing within
NWB R LE status

DISCHARGE PLANS:

- ☐ Discharge plan initiated
☐ Patient to be discharged with skilled care no longer needed ☐ Other (specify) _____
☐ Patient to be discharged to the care of: ☐ Self ☐ Caregiver ☐ Other _____
☐ No plans to discharge (patient requires ongoing care)

☐ Changes in POC discussed with Patient/Caregiver ☐ Patient/Caregiver agreed with plan: _____ ☐ See Documentation Addendum

Contacted/conference with: SN PT PTA OT SLP MSS HHA Other (circle) Name: _____ Date/Time: _____

Response: _____

Ordering Physician's Name: Dr. Wilson

Physician contacted and approved orders, discipline and frequency/duration ☒ Yes ☐ No Verbal SOC Date: 1/18/10

Therapist Signature: Michelle Richenberg, OT Date: 1/18/10



GENTIVA®

OFFICE

MI

PATIENT NAME

Mary Ann Brannon

PATIENT DOB

9/29/51

PATIENT #

18847

PHYSICIAN NAME

Dr Wilson

PHYSICIAN PHONE #

PHYSICIAN'S ADDRESS, STREET, CITY, ZIP

19474 W. N. Ave Brookfield WI 53040

COMMUNICATION WITH PHYSICIAN

PT is progressing well in P.T. and OT. Both
therapies may extend depending on progress

Clinician Signature:

J. All PT

Date:

6/16/10

PHYSICIAN'S INTERIM ORDER

Dear

This is to confirm our conversation on date indicated below and authorization of verbal orders listed below given at that time.
The orders shown below are being forwarded for your signature to authorize your verbal orders given on the date indicated below.
Please sign and return this form within 48 hours of receipt for our patient's clinical record.

A pre-stamped, pre-addressed envelope is enclosed for your convenience. Thank you for the referral of your patient for services.

Gentiva Health Services

Date Interim Order Obtained:

Date Interim Order to be Discontinued [if known]:

Change Primary DX to:

Change Pertinent DX to:

Orders:

Pain rated 7/10 on (R) 6/10 on (L)

no ROM done. (R) LG left intact

Gait: Pt now able to hop 25' in FWN following weight
bearing restrictions (GA). No gait in exception of P.T.

Transfer: (L) to/from commode w/c at times for safety

Will cont per direction of MD.

21030

Clinician Signature:

J. All PT

Date

6/16/10

Reviewed by: (Signature/Title)

Date

Physician Signature:

A. Wilson

Date

6/16/10

HOME HEALTH CERTIFICATION AND PLAN OF CARE

1. Patient's Ill Claim No. 394584069A	2. Start Of Care Date 060510	3. Certification Period From: 060510 To: 080310	4. Medical Record No. 0247-18847	5. Provider No. 527207
6. Patient's Name and Address BRANNON MARYANN 2092 SOUTH 102ND STREET WEST ALLIS WI 53227 414-731-1563		7. Provider's Name, Address and Telephone Number GENTIVA HEALTH SVC 414-257-1156 10400 W INNOVATION CTL# 15298 SUITE 320 6/16/10 WAUWATOSA WI 53226		
8. Date of Birth: 062951	9. Sex: M	10. Medications: Dose/Frequency/Route (New/Changed) WARFARIN SODIUM 2MG 2 TABS DAILY PO N IBUPROFEN 600MG 1 TAB 2X/DAY PO N OXYCODONE 10MG 1 TAB 2X/DAY PO N OXYCODONE/APAP 5MG/325MG 1-2 TABS N PO EVERY 4-6 HRS PRN POLYETHYLENE GLYCOL 3350 NF POWDER N 17G MIXED IN 8 OZ OF FLUID DRINK PO 1X/DAY		
11. ICD-9-CM Principal Diagnosis V5789 REHABILITATION PROC NEC	Date 060510	15. Safety Measures: SEE 487 Anticoagulant Precautions, SEE 487		
12. ICD-9-CM Surgical Procedure 7936 OP RED-INT FIX TIB/FIBU	Date 060310			
13. ICD-9-CM Other Pertinent Diagnoses V5416 AFTERCARE HEALING-LEG L 84500 SPRAIN OF ANKLE NOS 49390 ASTHMA W/O STATUS ASTHM	Date 060510 060310 060108			
SEE 487				
14. DME and Supplies Bedside Commode,		16. Nutritional Req. Regular Diet		
18.A. Functional Limitations		18.B. Activities Permitted		
1 <input type="checkbox"/> Amputation 5 <input type="checkbox"/> Paralysis 9 <input type="checkbox"/> Legally Blind 2 <input type="checkbox"/> Bowel/Bladder (Incontinence) 6 <input type="checkbox"/> Endurance A <input checked="" type="checkbox"/> Dyspnea With Minimal Exertion 3 <input type="checkbox"/> Contractions 7 <input checked="" type="checkbox"/> Ambulation B <input checked="" type="checkbox"/> Other (Specify) 4 <input type="checkbox"/> Hooping 8 <input type="checkbox"/> Speech		1 <input type="checkbox"/> Complete Bedrest 6 <input type="checkbox"/> Partial Weight Bearing A <input checked="" type="checkbox"/> Wheelchair 2 <input type="checkbox"/> Bedrest BMR 7 <input type="checkbox"/> Independent At Home B <input checked="" type="checkbox"/> Walker 3 <input type="checkbox"/> Up As Tolerated 8 <input type="checkbox"/> Crutches C <input type="checkbox"/> No Restrictions 4 <input type="checkbox"/> Transfer Dail/Hair 9 <input type="checkbox"/> Cane D <input checked="" type="checkbox"/> Other (Specify) 5 <input checked="" type="checkbox"/> Exercise Proscribed		
19. Mental Status		20. Prognosis		
1 <input checked="" type="checkbox"/> Oriented 3 <input type="checkbox"/> Forgetful 2 <input type="checkbox"/> Confused 4 <input type="checkbox"/> Depressed 1 <input type="checkbox"/> Poor 2 <input type="checkbox"/> Guarded		5 <input type="checkbox"/> Disoriented 7 <input type="checkbox"/> Agitated 6 <input type="checkbox"/> Lethargic 8 <input type="checkbox"/> Other 3 <input type="checkbox"/> Fair 4 <input type="checkbox"/> Good 5 <input checked="" type="checkbox"/> Excellent		
21. Orders for Discipline and Treatments (Specify Amount/Frequency/Duration) TREATMENT WEEK; Saturday - Friday EFFECTIVE ON OR AFTER: 6/05/10 PT 5 X WK X 2 WKS , 2 X WK X 1 WKS HOME ENVIRONMENT/SAFETY INTERVENTIONS; Assess: Architectural Barriers, Patient Safety Awareness, Instruct: Home Safety Measures, MUSCULOSKELETAL INTERVENTIONS; Assess: Balance/Posture/Coordination, Functional Activity Tolerance, Perform: Therapeutic Exercise, Manual Therapy Technique, ROM, Neuromuscular Re-Education, Instruct: Posture/Body/Mechanics, HEP,				
22. Goals/Rehabilitation Potential/Discharge Plans PT GOALS: Patient will present with: degrees; increased strength of the R/L LE from 3- to 3+ grade by 6/25/10.				
23. Nurse's Signature and Date of Verbal SOC Where Applicable: <i>Rosalinda M. Laveaga</i> 6/16/10				
24. Physician's Name and Address WILSON SEAN 262-780-4400 19474 WEST NORTH AVENUE U72035 SUITE 201 BROOKFIELD WI 53040		25. Date HHA Received Signed POT 6/16/10		
27. Attending Physician's Signature and Date Signed <i>[Signature]</i> 6/18/10		28. Anyone who misrepresents, falsifies, or conceals essential information required for payment of Federal funds may be subject to fine, imprisonment, or civil penalty under applicable Federal laws.		

ADDENDUM TO:

PLAN OF TREATMENT

MEDICAL UPDATE

1. Patient's HI Claim No. 394584069A	2. SGC Date 060510	3. Certification Period From: 060510 To: 080310	4. Medical Record No. 0247-18847	5. Provider No. 527207
6. Patient's Name BRANNON MARYANN		7. Provider Name GENTIVA HEALTH SVC 6/16/10		

8. Item No.	Locator 13 - Other Pertinent Diagnoses
13	V58.61 LONG TERM USE ANTICOAGUL 060510
13	V58.83 THERAPEUTIC DRUG MONITOR 060510

Medications: Dose/Frequency/Route (N)ew (C)hanged

- 10 NICOTINE 14MG APPLY DAILY X 2 WKS
- 10 MULTIVITAMIN 1 TAB DAILY PO
- 10 BENEFIBER IT INTO 8 OZ LIQUID PO DAILY N
- 10 NASONEX 50MCG 1 SPRAY EACH NOSTRIL
- 10 2X/DAY
- 10 OFLOXACIN 0.3% SOLN 3 DROPS INTO
- 10 AFFECTED EAR PRN
- 10 NEXIUM 40MG 1 CAP DAILY PO
- 10 SINGULAIR 10MG 1 TAB DAILY PO
- 10 VENTOLIN HFA 90MCG 1-2 PUFFS EVERY
- 10 6 HRS PRN
- 10 ADVAIR 250/50MCG 1 INHALATION PO DAILY
- 10 ALBUTEROL SULFATE SOLN 0.083% 2.5MG/ML
- 10 1 VIAL PER NEBULIZER DAILY

DME and Supplies

- 14 Wheelchair,
- 14 Walker,

Safety Measures

- 15 Environmental,
- 15 Bathroom,

Allergies

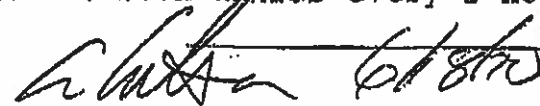
- 17 NUBANE, KEFLEX, ASPIRIN,
- 17 DANON, CODEINE, LATEX

Functional Limitations/Activities Permitted

- 18 Pain,
- 18 ACTIVITIES PERMITTED:
- 18 Precautions -- NMB right LE
- 18 HOMEBOUND STATUS: Yes
- 18 Considerable and taxing effort to leave home -- requires maximum
- 18 assistance all mobility

Orders for Discipline and Treatments

- 21 EQUIPMENT INTERVENTIONS:
- 21 Assess: Equipment Needs, Adaptive Equipment,
- 21 Instruct: Use of Assistive Devices/Orthotics,
- 21
- 21 PAIN MANAGEMENT INTERVENTIONS:
- 21 Assess/Instruct: Ice to both ankles every 2 hours x 30 minutes

9. Signature of Physician 	10. Date
11. Optional Name/Signature of Nurse/Therapist	12. Date

ADDENDUM TO:

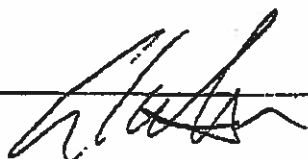
PLAN OF TREATMENT

MEDICAL UPDATE

1. Patient's ID/Claim No. 394584069A	2. SOC Date 060510	3. Certification Period From: 060510 To: 080310	4. Medical Record No. 0247-18847	5. Provider No. 527207
6. Patient's Name BRANNON MARYANN		7. Provider Name GENTIVA HEALTH SVC		
		6/16/10		

8. ~~Assess/Perform/Instruct: Activity Modification, Positioning,~~
~~21. FUNCTIONAL INTERVENTIONS:~~
~~21. Assess: Bed Mobility, Wheelchair use, Gait on Level Surface, Transfers,~~
~~21. Perform: Functional Mobility Training, Transfer Training, Gait~~
~~21. Training, Bed Mobility, Wheelchair Training,~~
~~21. FALL PREVENTION INTERVENTIONS:~~
~~21. Assess/Perform/Instruct: Fall Prevention,~~
~~21. OT Eval: lwl to eval and treat~~
~~21. PT/INR to be done via fingerstick or venipuncture~~
~~21. May take orders from: primary MD~~
~~21. EFFECTIVE ON OR AFTER: 6/05/10~~
~~21. OT 2 X WK X 2 WKS ; 1 X WK X 1 WKS~~
~~21. SKILLED ASSESSMENT:~~
~~21. Neuro/Musculo/Skeletal--ROM; strength; visual perceptual; sensation;~~
~~21. cognition; pain; righting/equilibrium responses; skin integrity~~
~~21. Functional Status--Grooming/personal hygiene; dressing; bathing;~~
~~21. toileting; meal preparation; homemaking; functional mobility;~~
~~21. functional transfers~~
~~21. Home Environment/Safety--Patient/caregiver knowledge; safety measures~~
~~21. Psycho-Social--Family roles/interaction~~
~~21. SKILLED TREATMENT:~~
~~21. Functional/Strengthening/Re-ed Exercises using ther ex, ther activity,~~
~~21. NM re-ed~~
~~21. Functional ADL Training--Dressing training; bathing training; toileting~~
~~21. training~~
~~21. SKILLED INSTRUCTION:~~
~~21. ADL techniques; functional application of body mechanics in ADLs;~~
~~21. positioning; safety measures; instruct/reinforce orthopedic~~
~~21. precautions; D/C teaching~~
~~21. Goals/Rehabilitation Potential/Discharge Plans~~
~~22. Transfers/Mobility will improve to maximum potential with the least~~
~~22. level of assistance; transfer supine to/from sit with independence;~~
~~22. transfer sit to/from stand with independence by 6/25/10.~~
~~22. Patient will ambulate functional distances: on even surfaces 50 feet~~
~~22. with supervision using w/w by 6/25/10.~~
~~22.~~

9. Signature of Physician



10. Date

11. Optional Name/Signature of Nurse/Therapist

12. Date

ADDENDUM TO:

PLAN OF TREATMENT

MEDICAL UPDATE

1. Patient's HI Claim No. 394584069A	2. SOC Data 060510	3. Certification Period From: 060510 To: 080310	4. Medical Record No. 0247-18847	5. Provider No. 527207
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6. Patient's Name.

BRANNON

7. Provider Name

MARYANN

GENTIVA HEALTH SVC

6/16/10

8. IRR
22 Pain level will be improved to 3 on a 0-10 pain scale as determined in
22 consultation with the patient to maximize functional ability by
22 verbalizing/demonstrating medication management, use of alternative
22 pain relief measures by 6/25/10.

22 Patient will be independent with a comprehensive Home Exercise Program
22 by 6/25/10.

22 Patient will demonstrate ability to safely perform ADLs/IADLs and
22 routine household tasks or alternate resources identified by 6/25/10.

22 Patient/caregiver will demonstrate/verbalize awareness and strategies
22 to reduce risk of falls, to prevent/minimize injury from a fall, and/or
22 to reduce risk for repeat fall, and to reduce the risk for an acute
22 care hospitalization. Patient/caregiver checks home for safety and
22 makes an improvement plan to successfully modify/eliminate home
22 hazards. Documenting and reporting falls, circumstances involved, and
22 plan for how to get up/get help. Modification of daily routines so that
22 frequently used items are within safe reach to avoid leaning too far
22 forward, reaching overhead, stooping down, and/or carrying bulky items.
22 Appropriate and correct use of walking aids and/or other
22 devices/equipment such as bedside commode, tub/shower bench, and/or
22 grab bars by 6/25/10.

22 Patient will improve muscle strength, transfer ability, balance, and/or
22 gait pattern. Patient/caregiver will understand benefits of exercise as
22 an effective way to reduce fall risk. Mobility will improve (i.e.,
22 getting up, walking, turning) to maximum potential with the least level
22 of assistance by 6/25/10.

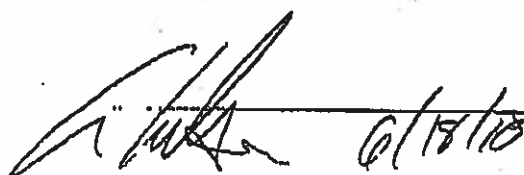
22 Patient/caregiver will verbalize understanding of the effects of sudden
22 position changes (i.e. dizziness, lightheadedness). Patient/caregiver
22 will understand/demonstrate safety behaviors when patient gets up from
22 a lying or from sitting position (i.e., moving slowly, using assistive
22 devices, and/or having assistance) by 6/25/10.

22 OT GOALS: Using energy conservation and work simplification techniques
22 the patient will demonstrate: upper body bathing with no assist; lower
22 body bathing with no assist by 6/25/10.

22 Transfers will improve to maximum potential with the least level of
22 assistance; transfer in/out of shower/tub with no assist using good
22 safety by 6/25/10.

22 Patient will demonstrate adherence with safety precautions with ADLs by
22 6/25/10.

9. Signature of Physician



10. Date

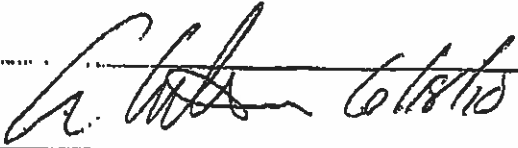
11. Optional Name/Signature of Nurse/Therapist

12. Date

ADDENDUM TO: ☒ PLAN OF TREATMENT ☐ MEDICAL UPDATE

1. Patient's HC Claim No. 394584069A	2. SOC Data 060510	3. Certification Period From: 060510 To: 080310	4. Medical Record No. 0247-18847	5. Provider No. 527207
6. Patient's Name. BRANNON		7. Provider Name GENTIVA HEALTH SVC		
		6/16/10		

8. ICA No. 22	Patient will demonstrate ability to safely perform ADLs/IADLs and routine household tasks or alternate resources identified by 6/25/10.
22	
22	REHABILITATION POTENTIAL:
22	Rehabilitation potential for goal achievements: Fair,
22	See Protocols, Specify: Ankle protocol, Fall Prevention
22	
22	DISCHARGE PLANS:
22	Patient to be discharged when skilled care no longer needed,
22	Discharge to Outpatient Therapy, as needed

9. Signature of Physician 	10. Date 6/18/10
11. Optional Name/Signature of Nurse/Therapist	12. Date

**GENTIVA®**

orthopedics

PATIENT PROGRESS REPORT

(Circle one)

PT**01**

Physician <u>Dr Wilson</u>		Diagnosis/ Procedure <u>(2) ankle sprain (2) ankle fx/ ORIF</u>	
Patient Name <u>Mary Ann Brannon</u>		DOB <u>9-29-51</u>	Patient # <u>18847</u>
Patient Comments	It wants to know if she'll be able to walk normally again, if she'll need a brace long term. Can she do regular activities again in the future?		Pain (0-10) Scale <u>0/10</u>
Observation	Pain under control but fully still limited, weak, unable to ambulate <u>(F)</u> yet		
ROM / Strength	<u>(L)</u> ankle beginning ROM - no resistance yet <u>(L)</u> knee up 3/15 - still quite weak + difficulty w/ weight bearing + quit beginning resistive ex <u>(L)</u> hip/knee		
Ambulation / Transfers	<u>Amb</u> 25'x2 w/ W SBA - limited 20' fatigue, feeling like <u>(L)</u> knee is giving out.		
Function	Still w/ bound, amb limited to 5-8' for transfers/ toileting 20' instability, <u>(L)</u> a distance		
Therapist Comments	would like to extend PT to 3w2, 2w3 effective w/ 6/19/10 for strengthening, cont educ/upgrade HOP, work on txil mobility + gait		
Plan	<input type="checkbox"/> Complete remaining () visits per plan <input type="checkbox"/> Extend current orders by () visits for () weeks <input type="checkbox"/> D/C Patient at this time to (self care) (outpatient PT) (Circle one) <input checked="" type="checkbox"/> Other <u>Extend PT 3w2, 2w3 effective 6/19/10</u>		
Therapist Name (Print)	<u>Anne Coffman</u>		
Therapist Signature	<u>A Coffman PTMS/CS</u>	Date	<u>6/21/10</u>
Phone Number	<u>414-550-7677</u>	Fax Number	<u>6222</u>

PHYSICIAN ORDERS/ COMMENTS:

- ☒ Approve plan as above
☐ Change plan as follows _____

Physician Signature: _____

Date: _____



GENTIVA®

PATIENT NAME Braunman, Maryanne CLIENT # 18847
 PHYSICIAN NAME Dr. Sean Wilson PHYSICIAN PHONE # 1-262-780-4400
 PHYSICIAN'S ADDRESS, STREET, CITY, ZIP 19474 W. North Avenue Bensalem WI 53040

COMMUNICATION WITH PHYSICIAN MSW spoke with Ann, adm. Assistant,
1 additional visit approved by Dr. Wilson

Clinician Signature: [Signature], MSW Date: 7/8/2010

PHYSICIAN'S INTERIM ORDER

Dear Dr. Wilson

This is to confirm our conversation on date indicated below and authorization of verbal orders listed below given at that time.
 The orders shown below are being forwarded for your signature to authorize your verbal orders given on the date indicated below.
 Please sign and return this form within 48 hours of receipt for our patient's clinical record.

A pre-stamped, pre-addressed envelope is enclosed for your convenience. Thank you for the referral of your patient for services.

Gentiva Health Services

Date Interim Order Obtained: 7/8/2010 Date Interim Order to be Discontinued [if known]: _____

Change Primary DX to: N/A

Change Pertinent DX to: N/A

Orders: One additional social worker visit to provide transportation
resources + to assist with Power of Attorney for Health Care

Frequency 1x1 week of 7/19/10

Clinician Signature ▶ [Signature]

Date 7/8/2010

Reviewed by: (Signature/Title) ▶ _____

Date _____

Physician Signature ▶ _____

Date _____



GENTIVA®

PATIENT NAME Brown, Maryanne CLIENT # 18847
 PHYSICIAN NAME Dr. Sean Wilson PHYSICIAN PHONE # 1-262-780-4400
 PHYSICIAN'S ADDRESS, STREET, CITY, ZIP 19474 W. North Avenue Brookfield WI 53040
 COMMUNICATION WITH PHYSICIAN MSW spoke with Ann, adm. assistant,
1 additional visit approved by Dr. Wilson

Physician Signature:

Dr. Wilson, MSWDate: 7/8/2010

PHYSICIAN'S INTERIM ORDER

Dear Dr. Wilson

This is to confirm our conversation on date indicated below and authorization of verbal orders listed below given at that time.
 The orders shown below are being forwarded for your signature to authorize your verbal orders given on the date indicated below.
 Please sign and return this form within 48 hours of receipt for our patient's clinical record.

A pre-stamped, pre-addressed envelope is enclosed for your convenience. Thank you for the referral of your patient for services.

Gentiva Health Services

Date Interim Order Obtained: _____ Date Interim Order to be Discontinued (if known): _____

Change Primary DX to: N/AChange Pertinent DX to: N/A

Orders: One additional social worker visit to provide transportation
resources & home for Health Care

Frequency week of7/19/10Add to order

Physician Signature: _____

Date: 7/12/10

Reviewed by: (Signature/Title) _____

Date: _____

Physician Signature: _____

Date: _____



GENTIVA

orthopedics

PATIENT PROGRESS REPORT

(Circle one)

PT

OT

Physician	Dr Sean Wilson		Diagnosis/ Procedure	(R) ankle ORIF	
Patient Name	Brannon, Mary Ann		DOB		
Patient Comments			Pain (0-10) Scale	5/10 (R) ankle & at bearing - (R) ankle no c/o pain	
Observation	pt really struggling with cast - hoping it will be removed. Difficulty being alone at home + so limited & mobility				
ROM / Strength	working on (R) ankle strength - didn't do last wk 20 ↑ pain (pt was overdoing activity at home) pt tolerating min/mod manual resistance this wk				
Ambulation / Transfers	Have decreased amb in last 7-10 days 2° pt not feeling well - dx'ed over ulcer & ear infection + eval in new mds for this. Was ambulating 45-50' x 2 w/o c/wb (R) - hope to resume p mD appt				
Function	mostly w/ level - self transfers to recliner/wc/toilet needs @ & showers - Difficulty & medication management				
Therapist Comments	<input checked="" type="checkbox"/> Requesting RN to see pt for O+A, med mgmt - if needed, wound care if cast removed & any wounds <input type="checkbox"/>				
Plan	<input type="checkbox"/> Complete remaining () visits per plan <input checked="" type="checkbox"/> Extend current orders by (2) visits for (1) weeks / visit x 1 wk effective 7/24/10 <input type="checkbox"/> D/C Patient at this time to (self care) (outpatient PT) (Circle one) <input checked="" type="checkbox"/> Other plan to see pt through 8/3/10 then re-eval + cont. rehab				
Therapist Name (Print)	Anne Coffman				
Therapist Signature	Anne Coffman PTMS GCS		Date	7/12/10	
Phone Number	414-550-7677		Fax Number		

PHYSICIAN ORDERS/ COMMENTS:

- ☒ Approve plan as above
☐ Change plan as follows

1 WB B/L LE B/L
 75% WB & (R) to even out B/L
 CE pressure work & proprioception/
 strength training

Physician Signature: _____

Date: _____

7/14/10

Patient Name (last, first): Brannon, Maryann

Patient Number: 18947

14 HME:

- ☐ Bedside Commode
☐ Cane
☐ Elevated Toilet Seat
☐ Grab Bars
☐ Hospital Bed
- ☐ Tub/Shower Bench
☐ Wheelchair
☐ Walker
☐ Other _____

SUPPLIES:

- ☐ ABDs
☐ Ace Wrap
☐ Alcohol Pads
☐ Chux/Underpads
☐ Diabetic Supplies
☐ Drainage Bag
- ☐ Hydrocolloid
☐ Exam Gloves
☐ Foley Catheter
☐ Gauze Pads
☐ Irrigation Set
☐ Irrigation Solution,
Type: _____
- ☐ Insertion Kit
☐ Rolled Gauze
☐ Leg Bag
☐ Needles
☐ NG Tube
☐ Syringe
- ☐ Tape
☐ Other (Specify): _____
- Supply Specifics: _____

Safety measures/additional equipment recommended to protect patient from injury _____

Specific safety issues discussed: _____

Patient/Family able to use all equipment/supplies safely? ☒ Yes ☐ No

21 ORDERS FOR DISCIPLINE & TREATMENTS:

- ☐ SN Visit Frequency _____ ☐ _____ (discipline) _____ PRN, visit for _____
- ☐ SN may make _____ PRN visits for _____ ☐ ST Services (specify): _____
- ☐ HHA Visit Frequency _____ to assist with personal care/ADLs/light housekeeping as needed ☐ Dietician evaluation (specify): _____
- ☐ PT Services (specify): _____ ☐ May take orders from _____
- ☐ OT Services (specify): _____ ☐ Other (specify): _____

22 GOALS - See Protocols (specify): _____

Rehabilitation potential for goal achievements: ☐ Poor ☐ Fair ☐ Good

DISCHARGE PLANS:

- ☐ Patient to be discharged when skilled care is no longer needed
☐ Patient to be discharged to the care of:
☐ Self ☐ Caregiver ☐ Other (specify): _____

Anticipated Discharge Date: _____

- ☐ Discharged plan initiated
☐ No plans to discharge (Patient requires ongoing care)
☐ Other (specify): _____

Conclusions/Impressions from Assessment: Pt alert and oriented but forgetful. Pt lives c husband who helps pt out at times but not always available. SN pl assessment/care of ankle wounds. Pt admits missing or possible double dressing c med. Pt willing to try weekly pul box to help prevent errors but is not ready to try setting up herself but will observe & call times prior to participating and will adjust to taking out of pul box. Pt has nebulizer but not doing. Pt nebulizer 2000 years old and pt hasn't used and doesn't have right equipment. Asses med compliance and pt knowledge of meds. Asses ankle wounds, Cleanse c X5. Apply sterile gauze. Cover c kelli's Secure c tape. Asses pt knowledge of nebulizer treatment and willingness. Pt wants to learn. PCP contacted for new script to be sent to Neb Doctor for new equipment so that pt can be taught

☐ Patient/Caregiver was involved in care planning ☐ See Documentation Addendum

☐ Physician notified of abnormal assessments Physician contacted & approved orders, discipline and frequency ☒ Yes ☐ No

Ordering Physician Name: Wilson, Sean

Verbal order date: 7/19/10

Specify: Spoke E Lynn

Nurse's Signature/Title: Pattynush Rn 7/15/10

Approved by/Date/Initials: _____



GENTIVA

PATIENT NAME Maryann Brannon OFFICE 0247
PATIENT DOB 9/29/51 PATIENT # 18847
PHYSICIAN NAME Sean Wilson PHYSICIAN PHONE # 328-8626
PHYSICIAN'S ADDRESS, STREET, CITY, ZIP _____

COMMUNICATION WITH PHYSICIAN per conversation Elym.

Clinician Signature: Patty Frost RN Date: 7/19/10

PHYSICIAN'S INTERIM ORDER

Dear _____
This is to confirm our conversation on date indicated below and authorization of verbal orders listed below given at that time.
The orders shown below are being forwarded for your signature to authorize your verbal orders given on the date indicated below.
Please sign and return this form within 48 hours of receipt for our patient's clinical record.

A pre-stamped, pre-addressed envelope is enclosed for your convenience. Thank you for the referral of your patient for services.

Gentiva Health Services

Date Interim Order Obtained: 7/19/10 Date Interim Order to be Discontinued (if known): _____

Change Primary DX to: _____

Change Pertinent DX to: SN for assessment and instruction of

Orders: medications in weekly pill box. Assessment/Rechecks.
Wound care to Dinner/outer ankle. Cleanse & NS.
Apply dry sterile dressing. Secure & Kerlix and tape.
daily x 4 visits. Then start & application of
Silvasorb to wound and continue & dry sterile
dressings every other day. 3PRN visits for
dressing malfunctions or for additional instruction.
on use of nebulizer treatment once delivery
of new equipment. May take orders from PEP.
Shahida Munim 543-1441 fax 543-1521
Effective week of 7/15/10 2wl, 5wl, 4wl, 2wl
to assess cardio/resp and notify PEP if PO
<90% PO

Clinician Signature: Patty Frost RN Date: 7/19/10
Reviewed by: (Signature/Title) [Signature] Date: 9/15/10
Physician Signature: _____ Date: _____



GENTIVA

PATIENT NAME MaryAnn BrennanPATIENT DOB 9/29/51OFFICE 0247PATIENT # 18847PHYSICIAN NAME SPR WILSONPHYSICIAN PHONE # 262-780-4400

Aspen Orthopaedic & Rehabilitation Specialists, S.C.

☐ LEE M. TYNE, M.D.
☐ PATRICK W. GUMMINGS, M.D.
☐ JAMES P. WOOD, M.D.

☐ JEFFREY E. LARSON, M.D.
☐ SUSAN M. LARSON, M.D.
☐ AMY K. PRANTA, M.D.

☐ RYAN J. KEHOE, M.D.
☐ SEAN E. WILSON, D.P.M.
☐ ROBBY A. AMIOT, D.P.M.
19475 W. NORTH AVENUE, SUITE 201
BROOKFIELD, WISCONSIN 53045
(262) 780-4400 FAX: (262) 780-44232424 S. 90TH STREET, SUITE 500
WEST ALLIS, WISCONSIN 53227
(414) 328-8600 FAX: (414) 328-8686721 AMERICAN AVENUE, SUITE 205
WAUKESHA, WISCONSIN 53188
(262) 928-8600 FAX: (262) 928-8606

NAME

ADDRESS

R

Label

Refills: 0 1 2 3

Date:

ven at that time.
date indicated below.

patient for services.

Date Interim Order Obtained: 7/22/10

Date Interim Order to be Discontinued (if known):

Change Primary DX to:

Change Pertinent DX to:

Orders:

Effective week of 7/22/10 1w/3w/2w/

Stop on mass @ lat ankle wound.

Every other day. Cleanse c NS. Apply betadine

Cover c gauze. Leave c paper tape. 3PRN SW

for dressing malfunction or additional education

on use of neulgel.

Clinician Signature ▶

Patricia R.

Date

7/22/10

Reviewed by: (Signature/Title) ▶

Date

Physician Signature ▶

Date



GENTIVA

PATIENT NAME Maryann Brannon PATIENT DOB 9/29/51 OFFICE 0247
 PHYSICIAN NAME Sean Wilson PHYSICIAN PHONE # 328-8686 PATIENT # 18847
 PHYSICIAN'S ADDRESS, STREET, CITY, ZIP _____
 COMMUNICATION WITH PHYSICIAN Per conversation to Ryan

Clinician Signature

Date: 8/12/10

PHYSICIAN'S INTERIM ORDER

Dear _____

This is to confirm our conversation on date indicated below and authorization of verbal orders listed below given at that time.
 The orders shown below are being forwarded for your signature to authorize your verbal orders given on the date indicated below.
 Please sign and return this form within 48 hours of receipt for our patient's clinical record.

A pre-stamped, pre-addressed envelope is enclosed for your convenience. Thank you for the referral of your patient for services.

Gentiva Health Services

Date Interim Order Obtained: 8/12/10

Date Interim Order to be Discontinued (if known): _____

Change Primary DX to: _____

Change Pertinent DX to: _____

Orders:

8-12-10-1 PRN visit for addition wound assessment by SN due to 1 PRN. Wound care frequency 1 time every other day to (Route ankle) Cleanse & NS. Apply betadine gel. Cover & gauge. Secure & Kerlix and tape. Kerlix secure to avoid possible adhesive allergic reaction. Continue to assess for S/S of infection. Frequency effective 8-14-10 4w/ 5w/ 4w/ 3w/ 4w/ 3w/ 4w/ 3w/ 2 PRN for additional wound care assessment or dressing change due to malfunction

Clinician Signature

Date 8/12/10

Reviewed by: (Signature/Title) _____

Date 8/17/10

Physician Signature _____

Date 8/17/10



GENTIVA

PATIENT NAME Maryann Brannon OFFICE 0247
 PATIENT DOB 9/29/51 PATIENT # 18847
 PHYSICIAN NAME Sean Wilson PHYSICIAN PHONE # 328-8626
 PHYSICIAN'S ADDRESS, STREET, CITY, ZIP _____
 COMMUNICATION WITH PHYSICIAN Per conversation & Ryan

Clinician Signature:

Date: 8/12/10

PHYSICIAN'S INTERIM ORDER

Dear _____

This is to confirm our conversation on date indicated below and authorization of verbal orders listed below given at that time.
 The orders shown below are being forwarded for your signature to authorize your verbal orders given on the date indicated below.
 Please sign and return this form within 48 hours of receipt for our patient's clinical record.

A pre-stamped, pre-addressed envelope is enclosed for your convenience. Thank you for the referral of your patient for services.

Gentiva Health Services

Date Interim Order Obtained: 8/12/10 Date Interim Order to be Discontinued (if known): _____

Change Primary DX to: _____

Change Pertinent DX to: _____

Order: 8-12-10-1 PRN visit for addition wound assessment by SN due to TPAW. Wound care frequency 1 time every other day to Route ankle. Cleanse & NS. Apply betadine gel. Cover & gauge. Secure & Kerlix and tape. Kerlix secure to avoid possible adhesive allergic reaction. Continue to assess for S/S of infection. Frequency effective 8-14-10 4wl, 3wl, 4wl, 3wl, 4wl, 3wl. 2 PRN for additional wound care assessment or dressing change due to malfunction

Clinician Signature: _____

Date: 8/12/10

Reviewed by: (Signature/Title): _____

Date: 8/17/10

Physician Signature: _____

Date: 8/17/10

Aspen Orthopaedic & Rehabilitation Specialists, S.C.

☐ LEE M. TYNE, M.D.
☐ PATRICK W. CUMMINGS, M.D.
☐ JAMES P. WOOD, M.D.
 19475 W. NORTH AVENUE, SUITE 201
 BROOKFIELD, WISCONSIN 53045
 (262) 780-4400 FAX: (262) 780-4425

☐ JEFFREY E. LARSON, M.D.
☐ SUSAN M. LARSON, M.D.
☐ RICHARD C. TREVINO, M.D.
 2424 S. 90TH STREET, SUITE 500
 WEST ALLIS, WISCONSIN 53227
 (414) 328-8600 FAX: (414) 328-8686

☐ AMY K. FRANTA, M.D.
☐ SEAN E. WILSON, D.P.M.
☐ ROBBY A. AMIOT, D.P.M.
 721 AMERICAN AVENUE, SUITE 205
 WAUKESHA, WISCONSIN 53188
 (262) 928-8600 FAX: (262) 928-8606

NAME Mary Ann Brannon DATE 8/17/10

ADDRESS _____

Rx

Ax: lat ankle, delusious
ORIF @ ankle Rx

Apply daily: Clean & peroxide
 saline, alcohol, then betadine
 left around wound & pressure
 gauze, paper tape

Label

Refills: 0

file



GENTIVA®

PATIENT NAME Maryann Brannon

OFFICE

0247

PHYSICIAN NAME

Sean Wilson

PATIENT DOB

PATIENT #

18847

PHYSICIAN PHONE #

328-9600

PHYSICIAN'S ADDRESS, STREET, CITY, ZIP

COMMUNICATION WITH PHYSICIAN

per conversation & Lyann

Clinician Signature:

Date:

PHYSICIAN'S INTERIM ORDER

Dear

This is to confirm our conversation on date indicated below and authorization of verbal orders listed below given at that time. The orders shown below are being forwarded for your signature to authorize your verbal orders given on the date indicated below. Please sign and return this form within 48 hours of receipt for our patient's clinical record.

A pre-stamped, pre-addressed envelope is enclosed for your convenience. Thank you for the referral of your patient for services.

Gentiva Health Services

Date Interim Order Obtained:

8-17-10

Date Interim Order to be Discontinued (if known):

Change Primary DX to:

Change Pertinent DX to:

Orders:

Effective 8-18-10. SN to perform daily wound care to outer ankle: Cleanse w/ peroxide, saline, recheck then apply betadine felt/foam pad around wound to decrease pressure. Cover w/ gauze. Secure w/ tape. Expected end date to daily wound care 11-17-10

Clinician Signature

Patty Johnson Rn

Date

8-17-10

Reviewed by: (Signature/Title)

Date

Physician Signature

[Signature]

Date

9/20/10



GENTIVA®

02117

PATIENT NAME

Maryann Brannon

PATIENT OOB

OFFICE

18847

PATIENT #

328-9600

PHYSICIAN NAME

Sean Wilson

PHYSICIAN PHONE #

PHYSICIAN'S ADDRESS, STREET, CITY, ZIP

COMMUNICATION WITH PHYSICIAN

per conversation & by mail

Clinician Signature:

Date:

PHYSICIAN'S INTERIM ORDER

Dear

This is to confirm our conversation on date indicated below and authorization of verbal orders listed below given at that time. The orders shown below are being forwarded for your signature to authorize your verbal orders given on the date indicated below. Please sign and return this form within 48 hours of receipt for our patient's clinical record.

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Gentiva Health Services

Date Interim Order Obtained:

8-17-10

Date Interim Order to be Discontinued (if known):

Change Primary DX to:

Change Pertinent DX to:

Orders:

Effective 8-18-10. SN to perform daily wound care to Deter ankle. Cleanse & peroxide, saline, alcohol then apply betadine felt foam pad around wound to decrease pressure. Cover & gauze. Secure & steri. Expected end date to daily wound care 11-17-10.

Clinician Signature

Patty Johnson B.

Date

8-18-10

Reviewed by: (Signature/Title)

[Signature]

Date

9/1/10

Physician Signature

Date



Patient Name (Last, First) <u>Brannon, Mary Ann</u>		Client No. <u>18847</u>
<input type="checkbox"/> Progress Summary	<input type="checkbox"/> Transfer Summary	Covering Period - From <u>8/4/10</u> To <u>10/2/10</u>
<input type="checkbox"/> Case Conference	<input checked="" type="checkbox"/> D/C Summary	SOC DATE: <u>6/5/10</u> DC DATE: <u>9/16/10</u>
Service Provided and Classification (Check all services provided. If discharged, fill in # of visits/shifts, If required by State.)		
<input type="checkbox"/> RN	<input checked="" type="checkbox"/> PT <u>47</u>	<input type="checkbox"/> SLP
<input type="checkbox"/> LP (V)N	<input type="checkbox"/> OT	<input type="checkbox"/> MSW
<input type="checkbox"/> HHA	<input type="checkbox"/> PCA	<input type="checkbox"/> NT
<input type="checkbox"/> Homemaker	<input type="checkbox"/> Housekeeper	<input type="checkbox"/> Companion
<input type="checkbox"/> Other		
Primary Diagnosis <u>(P) ankle fx c cast</u>		Other Pertinent Diagnosis
<input type="checkbox"/> Case Conference attended by: (Name/Title)		
<input type="checkbox"/> Clinical Record Reviewed		
Summary of Patient's Conditions, Care Provided, and Status of Problems throughout course of care: <u>Pt made good progress c PT - initially NUB, required transfer in transfers, bed mob, gait. Once partial WB in cast, progressed gait to walking, began specific ankle ROM/therapy. Once WB in cast, progressed to care, outdoors, stairs - now (P) can even/uner even surfaces outdoors up to 4 blocks stairs. Ankle ROM 9 to 8 DF ARom, 15° PPRom, 21° PPRom, 25° PPRom, 10° inversion, 5° eversion mmr DF 4+, PP 4, inversion 4, eversion 4-5. Pt was taught general HEP as well as specific ankle ex. Pt had onset (D) shd/unst pain to zulu's eye - due to acute nature of injury, did not actively fx shd but educt pt in rest, ice, & use - Pt starts subpt at rest wk. for shd/unst.</u> <u>MD is aware of fagles etc</u>		
Goals Met? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No, if no, explain: <u>Pt met or exceeded all goals</u>		
SENT TO PHYSICIAN DATE/INITIAL <u>10-2-10</u> <u>RMT</u>		
COMPLETE FOR DISCHARGE/TRANSFER		
<input type="checkbox"/> 01 Discharge to Home or Self Care	<input type="checkbox"/> 10 Sent to Outpatient Rehab	<input type="checkbox"/> 17 Patient/Family Non-Compliant
<input type="checkbox"/> 02 Sent to Short-Term Hospital	<input type="checkbox"/> 11 Transfer by Doctor Request	<input type="checkbox"/> 18 Patient No Longer Homebound
<input type="checkbox"/> 03 Sent to Skilled Nursing Facility	<input type="checkbox"/> 12 Discharged for Lack of Progress	<input type="checkbox"/> 19 Patient Refuses Further Services
<input type="checkbox"/> 04 Sent to Intermediate Care Facility	<input type="checkbox"/> 13 Discharged for Lack of Funds	<input type="checkbox"/> 20 Expired
<input type="checkbox"/> 05 Sent to a Different Type of Institution	<input type="checkbox"/> 14 Discharged for Other Reason	<input type="checkbox"/> 40 Expired at Home
<input type="checkbox"/> 06 Sent Home with a Different Provider	<input type="checkbox"/> 15 Patient Moved Out of Area	<input type="checkbox"/> 41 Expired in Hospital, SNF, ICF
<input type="checkbox"/> 07 Left Against Medical Advice	<input checked="" type="checkbox"/> 16 Patient Has Achieved Maximum Rehab Possible	<input type="checkbox"/> 42 Expired, Place Unknown
<input type="checkbox"/> 09 Family/Friends Assume Responsibility		<input type="checkbox"/> 43 Discharged to Federal Hospital
<input type="checkbox"/> 50 Discharged to CHHA		<input type="checkbox"/> 51 Discharged to Long-Term Care Facility
<input type="checkbox"/> 52 Discharged to Long-Term Care Home Care Agency		<input type="checkbox"/> 53 Discharged to Department of Social Services
<input type="checkbox"/> 54 Discharged to Community Agency		
Date of last visit/shift <u>9/16/10</u> (Discharge/Transfer date): <u>9/16/10</u> Last discipline out <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Specify:		
Advance Directive Exists <input type="checkbox"/> Yes <input type="checkbox"/> No Specify:		
Discharge/Transfer to: <u>remain (P) at home</u> Referrals made to other community services? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Comments/Specify:		
Summary sent to: <input type="checkbox"/> Case Manager <input type="checkbox"/> Physician <input type="checkbox"/> Discharge Planner <input type="checkbox"/> Facility <input type="checkbox"/> Other		
Preparer's Signature/Title <u>[Signature] RMT</u>		Signature Required? <input type="checkbox"/> Yes <input type="checkbox"/> No Physician's Signature: _____
Date <u>9/16/10</u>		Date _____

EMPLOYEE TIME SLIP				<input checked="" type="checkbox"/> Cert. <input type="checkbox"/> Non-Cert.		Location Name: <u>Mulo</u>		Location No: <u>0247</u>	
Employee No. <u>138</u>		Employee Name (last, first) <u>Austin Patten</u>		Patient No. <u>18847</u>		Patient Name (last, first) <u>Brannon Maryann</u>			
Pay/Bill Code	Shift	Date of Service m/d/y		Service Time		Travel Time		Travel Duration	Mileage
<u>OTO</u>	<u>D</u>	<u>9/16/10</u>		<u>8:22</u> am to <u>8:47</u> am		<u>5:41</u> am to <u>8:22</u> am		<u>28</u>	Mileage <input type="checkbox"/> Bill Mileage <input type="checkbox"/> Yes <input type="checkbox"/> No
Patient Time		Non-Billable Visit Duration (NBD)		Chart Time		Total Time			
Hrs Min		Hrs Min		Hrs Min		Hrs Min			
<input type="checkbox"/> Bill/Pay <input type="checkbox"/> Bill <input type="checkbox"/> Pay	<input type="checkbox"/> Override Bill Rates <input type="checkbox"/> Yes <input type="checkbox"/> No		Payor Code		Bill Units	Pay Units	Bill Rate	Pay Rate	Product Category
<input type="checkbox"/> No Pay/No Bill <input type="checkbox"/> Overtime	<input type="checkbox"/> Override Pay Rates <input type="checkbox"/> Yes <input type="checkbox"/> No								Product Code
Patient Signature: <u>Maryann Brannon</u>			Employee Signature: <u>Austin Patten</u>			Validated By Initials/Date			
X									

Vital Signs					Supervision				
T: <u>97.6</u> P: <u>76</u> R: <u>18</u>					<input type="checkbox"/> N/A <input type="checkbox"/> Aide <input type="checkbox"/> LPN/LVN				
Weight: _____	BP	Lying	Sitting	Standing	Present on this visit: <input type="checkbox"/> Yes <input type="checkbox"/> No				
<input type="checkbox"/> Gain <input type="checkbox"/> Loss	Right:		<u>10/64</u>		Name if present: _____				
Since last visit:	Left:				Following Care Plan: <input type="checkbox"/> Yes <input type="checkbox"/> No Compatible: <input type="checkbox"/> Yes <input type="checkbox"/> No				
<input type="checkbox"/> Pt/cg self monitoring: <input type="checkbox"/> T <input type="checkbox"/> P <input type="checkbox"/> BP <input type="checkbox"/> SpO ₂					Report changes in patient status to office: <input type="checkbox"/> Yes <input type="checkbox"/> No				
Comments: _____					Changes to care plan: <input type="checkbox"/> Yes <input type="checkbox"/> No				
					Additional instructions provided during visit: <input type="checkbox"/> Yes <input type="checkbox"/> No				
					Comments: _____				

Pain Assessment					Respiratory				
Frequency of Pain interfering with patient's activity or movement:					<input type="checkbox"/> N/A Assessed/Observed the following:				
<input type="checkbox"/> Patient has no pain <input type="checkbox"/> Pain does not interfere with activity or movement					Breath Sounds: <input checked="" type="checkbox"/> Clear <input type="checkbox"/> R/L <input type="checkbox"/> Wheezes: R/L				
<input type="checkbox"/> Less often than daily <input checked="" type="checkbox"/> Daily, but not constantly <input type="checkbox"/> All of the time					<input type="checkbox"/> Crackles: R/L fine or coarse				
Pain Rating: <u>0</u> /10 Scale Used: <input type="checkbox"/> Numeric <input type="checkbox"/> FLACC <input type="checkbox"/> Faces					<input type="checkbox"/> Dyspnea at rest and/or supine <input type="checkbox"/> Dyspnea with ADLS				
Location(s): _____ Pain Precipitated by: _____					<input type="checkbox"/> Dyspnea on minimal exertion _____ ft/_____ min				
Pain Duration: _____ Pain Relieved by: _____					Cough: <input type="checkbox"/> Dry <input type="checkbox"/> Productive <input type="checkbox"/> Hemoptysis				
Is current pain management effective?: <input type="checkbox"/> Yes <input type="checkbox"/> No (explain below)					Sputum: color: _____ consistency: _____				
					Incentive Spirometry: _____ cc				
					<input type="checkbox"/> Oxygen _____ L/min <input type="checkbox"/> Nasal cannula <input type="checkbox"/> Mask				
					<input type="checkbox"/> Other _____ <input type="checkbox"/> Continuous <input type="checkbox"/> PRN				
					<input type="checkbox"/> Tracheostomy: _____				
					<input type="checkbox"/> Ventilator: _____				
					SpO ₂ : <u>98%</u> <input checked="" type="checkbox"/> No Problems Identified				
					Comments: _____				

Labs					Endocrine				
<input checked="" type="checkbox"/> N/A <input type="checkbox"/> VP # Attempts: _____					<input checked="" type="checkbox"/> N/A Assessed/Observed the following:				
Draw/Site: _____					<input type="checkbox"/> Performs own glucose monitoring without problems				
Test Performed: _____ Lab Delivered to: _____					Patient reported Blood Sugar range: _____				
Applicable Drug Last Dose/Time: _____					<input type="checkbox"/> Burning/numbness/tingling/loss of sensation of feet				
<input type="checkbox"/> PT/INR Results: _____					<input type="checkbox"/> Hypoglycemia <input type="checkbox"/> Hyperglycemia				
Results/Comments: _____					Blood Sugar: _____ mg/dl <input type="checkbox"/> Fasting <input type="checkbox"/> Random				
					<input type="checkbox"/> No Problems Identified				
					Comments: _____				

Neurological					Cardiovascular				
<input type="checkbox"/> N/A Assessed/Observed the following:					<input type="checkbox"/> N/A Assessed/Observed the following:				
<input checked="" type="checkbox"/> Alert <input checked="" type="checkbox"/> Oriented <input checked="" type="checkbox"/> Forgetful <input type="checkbox"/> Confused <input type="checkbox"/> Disoriented					Heart Sounds: <input checked="" type="checkbox"/> Regular <input type="checkbox"/> Muffled/Distant <input type="checkbox"/> Gallop				
<input type="checkbox"/> Lethargic <input type="checkbox"/> Depressed Weakness: <input type="checkbox"/> Right side <input type="checkbox"/> Left side					<input type="checkbox"/> Irregular <input type="checkbox"/> Murmur <input type="checkbox"/> Other: _____				
<input type="checkbox"/> Dizziness <input type="checkbox"/> Tremors Paralysis: <input type="checkbox"/> Right side <input type="checkbox"/> Left side					<input type="checkbox"/> Palpitations <input type="checkbox"/> Bradycardia <input type="checkbox"/> Tachycardia <input type="checkbox"/> Angina				
<input type="checkbox"/> Headaches <input type="checkbox"/> Difficulty Swallowing <input type="checkbox"/> Recent Seizure Activity					Pedal Pulses Palpable: <input type="checkbox"/> Right Side <input type="checkbox"/> Left Side				
<input type="checkbox"/> No Problems Identified					<input type="checkbox"/> Edema Location: _____ <input type="checkbox"/> Abnormal Capillary Refill (>3 seconds) <input type="checkbox"/> Pacemaker <input type="checkbox"/> AICD				
Comments: _____					Right: <input type="checkbox"/> 1+ <input type="checkbox"/> 2+ <input type="checkbox"/> 3+ <input type="checkbox"/> 4+ Left: <input type="checkbox"/> 1+ <input type="checkbox"/> 2+ <input type="checkbox"/> 3+ <input type="checkbox"/> 4+				
					<input checked="" type="checkbox"/> No Problems Identified				
					<u>Right side swollen minimal</u>				

Genitourinary					Nutrition				
<input type="checkbox"/> N/A Assessed/Observed the following:					<input checked="" type="checkbox"/> N/A Assessed/Observed the following:				
<input checked="" type="checkbox"/> Voiding without problems					Diet type: <input type="checkbox"/> Regular <input type="checkbox"/> Diabetic				
Incontinence: (type) <input type="checkbox"/> Functional <input type="checkbox"/> Stress <input type="checkbox"/> Urge <input type="checkbox"/> Overflow					<input type="checkbox"/> Low Fat/NAS/Low Cholesterol <input type="checkbox"/> Renal				
<input type="checkbox"/> Retention <input type="checkbox"/> Urine odor <input type="checkbox"/> Pain <input type="checkbox"/> Burning <input type="checkbox"/> Hesitancy					<input type="checkbox"/> Other: _____				
<input type="checkbox"/> Hematuria <input type="checkbox"/> Anuria <input type="checkbox"/> Dialysis <input type="checkbox"/> Renal insufficiency/Failure					Fluid Restriction: _____ /24 hrs <input type="checkbox"/> Poor Appetite				
<input type="checkbox"/> Nephrostomy: R/L/Bilateral <input type="checkbox"/> Self Intermittent Catheterization					<input type="checkbox"/> Poor Dietary Compliance <input type="checkbox"/> Chewing Problems				
Catheter Type: <input type="checkbox"/> Urethral <input type="checkbox"/> SP <input type="checkbox"/> External <input type="checkbox"/> Other _____ <input type="checkbox"/> BSD Bag <input type="checkbox"/> Leg Bag					<input type="checkbox"/> Lack of Food Available				
Catheter Change This Visit: _____ size catheter _____ size balloon filled with _____ sterile H ₂ O					<input type="checkbox"/> NG <input type="checkbox"/> G-tube/PEG <input type="checkbox"/> Jejunostomy				
Comments: _____					Enteral Feedings: <input type="checkbox"/> Continuous <input type="checkbox"/> Pump <input type="checkbox"/> Gravity				
					<input type="checkbox"/> Bolus Type: _____ Rate: _____				
					<input type="checkbox"/> No Problems Identified				
					Comments: _____				

Gastrointestinal					Medications				
<input type="checkbox"/> N/A Assessed/Observed the following:					<input checked="" type="checkbox"/> N/A Assessed/Observed the following:				
Date of last BM: <u>9/15/10</u>					Compliant with regimen: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				
<input type="checkbox"/> Abdomen Soft <input type="checkbox"/> Bowel Sounds Present <input type="checkbox"/> Bowel Sounds Sluggish					Available in home as ordered: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				
<input type="checkbox"/> Constipation <input type="checkbox"/> Bowel Sounds Absent <input type="checkbox"/> Incontinence					New/Changes since last visit: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (list below)				
<input type="checkbox"/> Bloody/Tarry Stools <input type="checkbox"/> Diarrhea <input type="checkbox"/> Increased Flatulence									
<input type="checkbox"/> Ileostomy <input type="checkbox"/> Abdomen Distended <input type="checkbox"/> Self Manages Ostomy									
<input type="checkbox"/> Gum Problems <input type="checkbox"/> Colostomy <input type="checkbox"/> Other: _____									
<input checked="" type="checkbox"/> No Problems Identified					<input type="checkbox"/> Adverse event/reaction/interaction/significant side effects:				
Comments: _____									

Communication				
Communication: <input type="checkbox"/> Physician <input type="checkbox"/> Pharmacy				
Meds managed by: <u>patient</u>				
Comments: _____				

Date: 9-10-10

Patient Name: Brannon

Patient No. 18847

Integumentary ☐ No Problems identified/Skin Intact ☐ Diabetic Foot/Skin Assessment Completed ☒ No S/S of infection
☐ (site) Surgical Wound Approximated/intact: ☐ Staples ☐ Sutures ☐ Steri-strips ☐ Skin/Surgical Adhesive

Location	Wound Type	Dimensions	Exudate, Amount, Type, Color	Wound Tissue Type (circle % for each type present)	Surrounding Skin, Wound Margins
Route surgi entile		L: _____ cm	<input checked="" type="checkbox"/> None <input type="checkbox"/> Serous <input type="checkbox"/> Yellow	Red: <25 25 50 75 100	<input checked="" type="checkbox"/> WNL/open wound margins
		W: _____ cm	<input type="checkbox"/> Scant <input type="checkbox"/> Serosanguineous <input type="checkbox"/> Tan	Pink: <25 25 50 75 100	<input type="checkbox"/> Redness <input type="checkbox"/> Swelling
		D: _____ cm	<input type="checkbox"/> Small <input type="checkbox"/> Purulent <input type="checkbox"/> Green	Yellow: <25 25 50 75 100	<input type="checkbox"/> Rash <input type="checkbox"/> Macerated
		Tunneling/Undermining @ _____ cm	<input type="checkbox"/> Medium <input type="checkbox"/> Foul Odor <input type="checkbox"/> Whitish	Black: <25 25 50 75 100	<input type="checkbox"/> Closed wound margins
			<input type="checkbox"/> Large <input type="checkbox"/> Other: _____	Others: <u>Scab</u> - 10%	<input type="checkbox"/> Other: _____
		L: _____ cm	<input type="checkbox"/> None <input type="checkbox"/> Serous <input type="checkbox"/> Yellow	Red: <25 25 50 75 100	<input type="checkbox"/> WNL/open wound margins
		W: _____ cm	<input type="checkbox"/> Scant <input type="checkbox"/> Serosanguineous <input type="checkbox"/> Tan	Pink: <25 25 50 75 100	<input type="checkbox"/> Redness <input type="checkbox"/> Swelling
		D: _____ cm	<input type="checkbox"/> Small <input type="checkbox"/> Purulent <input type="checkbox"/> Green	Yellow: <25 25 50 75 100	<input type="checkbox"/> Rash <input type="checkbox"/> Macerated
		Tunneling/Undermining @ _____ cm	<input type="checkbox"/> Medium <input type="checkbox"/> Foul Odor <input type="checkbox"/> Whitish	Black: <25 25 50 75 100	<input type="checkbox"/> Closed wound margins
			<input type="checkbox"/> Large <input type="checkbox"/> Other: _____	Others: _____ %	<input type="checkbox"/> Other: _____

Location: Route surgi Location: _____
Cleansed with: betadine Cleansed with: _____
Dressed with: alcohol wipe Dressed with: _____
Packed with: _____ Packed with: _____
Covered with: _____ Covered with: _____
Secured with: _____ Secured with: _____

Pressure Reduction Equipment In Use: ☐ Wheelchair Cushion ☐ Replacement Mattress ☐ Mattress Overlay ☐ Specialty Bed: _____
Comments: _____

Musculoskeletal ☐ N/A Assessed/Observed the following: ☐ Assistive Device(s) in Use: (list) cane
☒ Fall Risk Recent Fall Since Last Visit: ☐ Yes ☒ No ☐ If yes, Clinical Manager/Physician Notified ☒ No problems identified
Comments: _____

Homebound ☒ N/A ☐ Patient is Homebound due to (state in specific measurable and functional terms): _____
Comments: _____

Skilled Instruction - Key: 1 = verbalizes understanding; 2 = return demonstration; 3 = needs further instruction; 4 = goal met

Patient/Caregiver Instruction:	Specify:	1	2	3	4	Patient/Caregiver Instruction:	Specify:	1	2	3	4
<input type="checkbox"/> 1. disease process						<input type="checkbox"/> 10. ostomy care/foley care					
<input type="checkbox"/> 2. S/S complications						<input type="checkbox"/> 11. bowel/bladder training					
<input type="checkbox"/> 3. medications						<input type="checkbox"/> 12. infection control					
<input type="checkbox"/> 4. IV/TPN						<input type="checkbox"/> 13. emergency plan					
<input type="checkbox"/> 5. inhalation/O2 therapy/safety						<input type="checkbox"/> 14. falls precaution					
<input type="checkbox"/> 6. pain management						<input type="checkbox"/> 15. equipment					
<input type="checkbox"/> 7. wound/decubitus care						<input type="checkbox"/> 16. anticoagulant precautions					
<input type="checkbox"/> 8. nutrition/dehydration						<input type="checkbox"/> 17. hypoglycemic precautions					
<input type="checkbox"/> 9. diabetic care						<input type="checkbox"/> 18. Other:					

Details of Skilled instruction: _____

Additional Skilled Care Provided ☐ See (indicate Note/Addendum): for wound assessment
Comments: Reported wearing area clean & alcohol wipe on betadine
PT reports yesterday some yellow drainage. Instructed pt
that could have been betadine. Wound site looks clean
and no S/S of infection. PT also report (Wound) discomfort at
times. Instructed pt that do not use of cone could cause drying
and it stretch wrist and notify PT for any additional concerns
Patient response to care provided: pleased

Supplies Used _____

COORDINATION PLAN

Patient's Progress Towards Goal/Goals Resolved this Visit? (specify) progressing
Contacted/conference with: Physician SN PT OT SLP MSS HHA Other (circle) Name: _____ Date/Time: _____

Regarding: _____
Response: _____ See interim Order: ☐ Yes ☐ No
☐ Changes in the POC discussed with Patient/Caregiver ☐ Patient/Caregiver agreed with plan MD Appt. Date _____

Plan for Next Visit: skin assessment
Discharge Planning: Martha SN no longer needed

EMPLOYEE TIME SLIP				<input checked="" type="checkbox"/> Cert. <input type="checkbox"/> Non-Cert.		Location Name: <u>MUW</u>		Location No: <u>0247</u>	
Employee No: <u>138</u>		Employee Name (last, first): <u>Austin, Patty</u>		Patient No: <u>18847</u>		Patient Name (last, first): <u>Brannon, Mary Ann</u>			
Pay/Bill Code: <u>010</u>	Shift: <u>D</u>	Date of Service m/d/y: <u>9/8/10</u>		Service Time: Start <u>12:00</u> <input checked="" type="checkbox"/> am <input checked="" type="checkbox"/> pm Stop <u>2:00</u> <input checked="" type="checkbox"/> am <input checked="" type="checkbox"/> pm		Travel Time: Start <u>10:45</u> <input checked="" type="checkbox"/> am <input checked="" type="checkbox"/> pm Stop <u>12:00</u> <input checked="" type="checkbox"/> am <input checked="" type="checkbox"/> pm		Travel Duration: <u>1:15</u> Mileage: <u>10.4</u> Bill Mileage <input type="checkbox"/> Yes <input type="checkbox"/> No	
Patient Time: Hrs <u>1</u> Min <u>00</u>		Non-Billable Visit Duration (NBD): Hrs <u>0</u> Min <u>00</u>		Chart Time: Hrs <u>0</u> Min <u>05</u>		Total Time: Hrs <u>1</u> Min <u>05</u>			
<input type="checkbox"/> Bill/Pay <input type="checkbox"/> Bill <input type="checkbox"/> Pay <input type="checkbox"/> No Pay/No Bill <input type="checkbox"/> Overtime		Override Bill Rates <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Override Pay Rates <input type="checkbox"/> Yes <input type="checkbox"/> No		Payor Code: <u>0000</u> Bill Units: <u>0000</u> Pay Units: <u>0000</u> Bill Rate: <u>0000</u> Pay Rate: <u>0000</u> Product Category: <u>0000</u> Product Code: <u>0000</u>					
Patient Signature: <u>[Signature]</u>		Employee Signature: <u>[Signature]</u>		Validated By: <u>[Signature]</u> Initials/Date: <u>9-4-10</u>					
Vital Signs		T: <u>98.1</u> P: <u>100</u> R: <u>18</u>		Supervision <input type="checkbox"/> N/A <input type="checkbox"/> Aide <input type="checkbox"/> LPN/LVN					
Weight: <u>160</u> BP: <u>118/78</u> Lying: <u>118/78</u> Sitting: <u>118/78</u> Standing: <u>118/78</u>		BP Right: <u>118/78</u> Left: <u>118/78</u>		Present on this visit: <input type="checkbox"/> Yes <input type="checkbox"/> No					
<input type="checkbox"/> Gain <input type="checkbox"/> Loss Since last visit: <u>0</u>		<input type="checkbox"/> Pt/cg self monitoring: <input type="checkbox"/> T <input type="checkbox"/> P <input type="checkbox"/> BP <input type="checkbox"/> SpO ₂		Name if present: <u>None</u>					
Comments: <u>None</u>				Following Care Plan: <input type="checkbox"/> Yes <input type="checkbox"/> No Compatible: <input type="checkbox"/> Yes <input type="checkbox"/> No					
				Report changes in patient status to office: <input type="checkbox"/> Yes <input type="checkbox"/> No					
				Changes to care plan: <input type="checkbox"/> Yes <input type="checkbox"/> No					
				Additional instructions provided during visit: <input type="checkbox"/> Yes <input type="checkbox"/> No					
				Comments: <u>None</u>					
Pain Assessment		Frequency of Pain interfering with patient's activity or movement: <input type="checkbox"/> Patient has no pain <input type="checkbox"/> Pain does not interfere with activity or movement <input checked="" type="checkbox"/> Daily, but not constantly <input type="checkbox"/> All of the time							
Pain Rating: <u>7</u> / 10 Scale Used: <input type="checkbox"/> Numeric <input type="checkbox"/> FLACC <input type="checkbox"/> Faces		Location(s): <u>Right arm</u> Pain Precipitated by: <u>Using</u>							
Pain Duration: <u>Constant</u> Pain Relieved by: <u>Rest</u>		Is current pain management effective?: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (explain below)							
Labs <input checked="" type="checkbox"/> N/A <input type="checkbox"/> VP # Attempts: <u>0</u>		Respiratory <input type="checkbox"/> N/A Assessed/Observed the following:							
Draw/Site: <u>None</u>		Breath Sounds: <input checked="" type="checkbox"/> Clear: <u>R/L</u> <input type="checkbox"/> Wheezes: <u>R/L</u> <input type="checkbox"/> Crackles: <u>R/L</u> fine or coarse							
Test Performed: <u>None</u> Lab Delivered to: <u>None</u>		<input type="checkbox"/> Dyspnea at rest and/or supine <input type="checkbox"/> Dyspnea with ADLS							
Applicable Drug Last Dose/Time: <u>None</u>		<input type="checkbox"/> Dyspnea on minimal exertion <u>ft/min</u>							
<input type="checkbox"/> PT/INR Results: <u>None</u>		Cough: <input type="checkbox"/> Dry <input type="checkbox"/> Productive <input type="checkbox"/> Hemoptysis							
Results/Comments: <u>None</u>		Sputum: color: <u>None</u> consistency: <u>None</u>							
		Incentive Spirometry: <u>None</u> cc							
		<input type="checkbox"/> Oxygen <u>None</u> L/min <input type="checkbox"/> Nasal cannula <input type="checkbox"/> Mask							
		<input type="checkbox"/> Other: <u>None</u> <input type="checkbox"/> Continuous <input type="checkbox"/> PRN							
		<input type="checkbox"/> Tracheostomy: <u>None</u>							
		<input type="checkbox"/> Ventilator: <u>None</u>							
		<input type="checkbox"/> SpO ₂ : <u>95%</u> <input checked="" type="checkbox"/> No Problems Identified							
		Comments: <u>None</u>							
Neurological <input type="checkbox"/> N/A Assessed/Observed the following:		Endocrine <input checked="" type="checkbox"/> N/A Assessed/Observed the following:							
<input checked="" type="checkbox"/> Alert <input checked="" type="checkbox"/> Oriented <input checked="" type="checkbox"/> Forgetful <input type="checkbox"/> Confused <input type="checkbox"/> Disoriented		<input type="checkbox"/> Performs own glucose monitoring without problems							
<input type="checkbox"/> Lethargic <input type="checkbox"/> Depressed Weakness: <input type="checkbox"/> Right side <input type="checkbox"/> Left side		Patient reported Blood Sugar range: <u>None</u>							
<input type="checkbox"/> Dizziness <input type="checkbox"/> Tremors Paralysis: <input type="checkbox"/> Right side <input type="checkbox"/> Left side		<input type="checkbox"/> Burning/numbness/tingling/loss of sensation of feet							
<input type="checkbox"/> Headaches <input type="checkbox"/> Difficulty Swallowing <input type="checkbox"/> Recent Seizure Activity		<input type="checkbox"/> Hypoglycemia <input type="checkbox"/> Hyperglycemia							
<input type="checkbox"/> No Problems Identified		Blood Sugar: <u>None</u> mg/dl <input type="checkbox"/> Fasting <input type="checkbox"/> Random							
Comments: <u>None</u>		<input type="checkbox"/> No Problems Identified							
		Comments: <u>None</u>							
Cardiovascular <input type="checkbox"/> N/A Assessed/Observed the following:		Nutrition <input type="checkbox"/> N/A Assessed/Observed the following:							
Heart Sounds: <input checked="" type="checkbox"/> Regular <input type="checkbox"/> Muffled/Distant <input type="checkbox"/> Gallop		Diet type: <input checked="" type="checkbox"/> Regular <input type="checkbox"/> Diabetic							
<input type="checkbox"/> Irregular <input type="checkbox"/> Murmur <input type="checkbox"/> Other: <u>None</u>		<input type="checkbox"/> Low Fat/NAS/Low Cholesterol <input type="checkbox"/> Renal							
<input type="checkbox"/> Palpitations <input type="checkbox"/> Bradycardia <input type="checkbox"/> Tachycardia <input type="checkbox"/> Angina		<input type="checkbox"/> Other: <u>None</u>							
Pedal Pulses Palpable: <input type="checkbox"/> Right Side <input type="checkbox"/> Left Side		<input type="checkbox"/> Fluid Restriction: <u>None</u> /24 hrs <input type="checkbox"/> Poor Appetite							
<input type="checkbox"/> Edema Location: <u>None</u> <input type="checkbox"/> Abnormal Capillary Refill (>3 seconds) <input type="checkbox"/> Pacemaker <input type="checkbox"/> AICD		<input type="checkbox"/> Poor Dietary Compliance <input type="checkbox"/> Chewing Problems							
Right: <input type="checkbox"/> 0+ <input type="checkbox"/> 1+ <input type="checkbox"/> 2+ <input type="checkbox"/> 3+ <input type="checkbox"/> 4+ Left: <input type="checkbox"/> 0+ <input type="checkbox"/> 1+ <input type="checkbox"/> 2+ <input type="checkbox"/> 3+ <input type="checkbox"/> 4+		<input type="checkbox"/> Lack of Food Available							
<input checked="" type="checkbox"/> No Problems Identified		<input type="checkbox"/> NG <input type="checkbox"/> G-tube/PEG <input type="checkbox"/> Jejunostomy							
Comments: <u>None</u>		Enteral Feedings: <input type="checkbox"/> Continuous <input type="checkbox"/> Pump <input type="checkbox"/> Gravity							
		<input type="checkbox"/> Bolus Type: <u>None</u> Rate: <u>None</u>							
		<input checked="" type="checkbox"/> No Problems Identified							
		Comments: <u>None</u>							
Genitourinary <input type="checkbox"/> N/A Assessed/Observed the following:		Medications <input type="checkbox"/> N/A Assessed/Observed the following:							
<input checked="" type="checkbox"/> Voiding without problems		Compliant with regimen: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No							
Incontinence: (type) <input checked="" type="checkbox"/> Functional <input type="checkbox"/> Stress <input type="checkbox"/> Urge <input type="checkbox"/> Overflow		Available in home as ordered: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No							
<input type="checkbox"/> Retention <input type="checkbox"/> Urine odor <input type="checkbox"/> Pain <input type="checkbox"/> Burning <input type="checkbox"/> Hesitancy		New/Changes since last visit: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes (list below)							
<input type="checkbox"/> Hematuria <input type="checkbox"/> Anuria <input type="checkbox"/> Dialysis <input type="checkbox"/> Renal Insufficiency/Failure		<u>Naproxen 500mg - 1 tab PO BID</u>							
<input type="checkbox"/> Nephrostomy: R/L/Bilateral <input type="checkbox"/> Self intermittent Catheterization		<input type="checkbox"/> Adverse event/reaction/interaction/significant side effects:							
Catheter Type: <input type="checkbox"/> Urethral <input type="checkbox"/> SP <input type="checkbox"/> External <input type="checkbox"/> Other: <u>None</u> <input type="checkbox"/> BSD Bag <input type="checkbox"/> Leg Bag		Communication: <input type="checkbox"/> Physician <input type="checkbox"/> Pharmacy							
Catheter Change This Visit: <u>None</u> size catheter <u>None</u> size balloon filled with <u>None</u> sterile H ₂ O		Meds managed by: <u>None</u>							
Comments: <u>None</u>		Comments: <u>None</u>							
Gastrointestinal <input type="checkbox"/> N/A Assessed/Observed the following:									
Date: <u>9/8/10</u> last BM: <u>9/8/10</u>		<input type="checkbox"/> Oral Lesions, Sores							
<input type="checkbox"/> Bowel Sounds Present <input type="checkbox"/> Bowel Sounds Sluggish		<input type="checkbox"/> Incontinence							
<input type="checkbox"/> Bowel Sounds Absent <input type="checkbox"/> Diarrhea <input type="checkbox"/> Increased Flatulence		<input type="checkbox"/> Self Manages Ostomy							
<input type="checkbox"/> Abdomen Distended <input type="checkbox"/> Colostomy <input type="checkbox"/> Other: <u>None</u>									
<input type="checkbox"/> Vomiting without problems									
<input type="checkbox"/> Retention <input type="checkbox"/> Urine odor <input type="checkbox"/> Pain <input type="checkbox"/> Burning <input type="checkbox"/> Hesitancy									
<input type="checkbox"/> Hematuria <input type="checkbox"/> Anuria <input type="checkbox"/> Dialysis <input type="checkbox"/> Renal Insufficiency/Failure									
<input type="checkbox"/> Nephrostomy: R/L/Bilateral <input type="checkbox"/> Self intermittent Catheterization									
Catheter Type: <input type="checkbox"/> Urethral <input type="checkbox"/> SP <input type="checkbox"/> External <input type="checkbox"/> Other: <u>None</u> <input type="checkbox"/> BSD Bag <input type="checkbox"/> Leg Bag									
Catheter Change This Visit: <u>None</u> size catheter <u>None</u> size balloon filled with <u>None</u> sterile H ₂ O									
Comments: <u>None</u>									

Date: 9-8-10

Patient Name: Brannon

Patient No. 18847

Integumentary		<input type="checkbox"/> No Problems Identified/Skin Intact <input type="checkbox"/> (site) Surgical Wound Approximated/Intact: <input type="checkbox"/> Staples <input type="checkbox"/> Sutures <input type="checkbox"/> Steri-strips <input type="checkbox"/> Skin/Surgical Adhesive		<input checked="" type="checkbox"/> No S/S of Infection			
Location	Wound Type	Dimensions	Exudated, Amount, Type, Color		Wound Tissue Type (circle % for each type present)	Surrounding Skin, Wound Margins	
Right ankle	Surg	L: 0.2 cm W: 0.3 cm D: 0.5 cm Tunneling/Undermining @ _____ cm	<input checked="" type="checkbox"/> None <input type="checkbox"/> Scant <input type="checkbox"/> Small <input type="checkbox"/> Medium <input type="checkbox"/> Large	<input type="checkbox"/> Serous <input type="checkbox"/> Serosanguineous <input type="checkbox"/> Purulent <input type="checkbox"/> Foul Odor	<input type="checkbox"/> Yellow <input type="checkbox"/> Tan <input type="checkbox"/> Green <input type="checkbox"/> Whitish <input type="checkbox"/> Other: _____	Red: <25 25 50 75 100 Pink: <25 25 50 75 100 Yellow: <25 25 50 75 100 Black: <25 25 50 75 100 Other: _____ %	<input type="checkbox"/> WNL/open wound margins <input type="checkbox"/> Redness <input type="checkbox"/> Rash <input type="checkbox"/> Closed wound margins <input type="checkbox"/> Other: _____
		L: _____ cm W: _____ cm D: _____ cm Tunneling/Undermining @ _____ cm	<input type="checkbox"/> None <input type="checkbox"/> Scant <input type="checkbox"/> Small <input type="checkbox"/> Medium <input type="checkbox"/> Large	<input type="checkbox"/> Serous <input type="checkbox"/> Serosanguineous <input type="checkbox"/> Purulent <input type="checkbox"/> Foul Odor	<input type="checkbox"/> Yellow <input type="checkbox"/> Tan <input type="checkbox"/> Green <input type="checkbox"/> Whitish <input type="checkbox"/> Other: _____	Red: <25 25 50 75 100 Pink: <25 25 50 75 100 Yellow: <25 25 50 75 100 Black: <25 25 50 75 100 Other: _____ %	<input type="checkbox"/> WNL/open wound margins <input type="checkbox"/> Redness <input type="checkbox"/> Rash <input type="checkbox"/> Closed wound margins <input type="checkbox"/> Other: _____

Location: Right ankle
 Cleansed with: NS
 Dressed with: Alcohol prep
 Packed with: _____
 Covered with: _____
 Secured with: _____

Pressure Reduction Equipment in Use: ☐ Wheelchair Cushion ☐ Replacement Mattress ☐ Mattress Overlay ☐ Specialty Bed: _____
 Comments: _____

Musculoskeletal ☐ N/A Assessed/Observed the following: ☐ Assistive Device(s) in Use: (list) Cane
☒ Fall Risk Recent Fall Since Last Visit: ☐ Yes ☒ No ☐ If yes, Clinical Manager/Physician Notified ☒ No problems identified
 Comments: _____

Homebound ☐ N/A ☐ Patient is Homebound due to (state in specific measurable and functional terms): PT. Fatigue, activity and pain/swelling to RLE which limits PT mobility
 Comments: mobility

Skilled Instruction Key: 1 = verbalizes understanding; 2 = return demonstration; 3 = needs further instruction; 4 = goal met

Patient/Caregiver Instruction:	Specify:	1	2	3	4	Patient/Caregiver Instruction:	Specify:	1	2	3	4
<input type="checkbox"/> 1. disease process						<input type="checkbox"/> 10. ostomy care/foley care					
<input type="checkbox"/> 2. S/S complications						<input type="checkbox"/> 11. bowel/bladder training					
<input type="checkbox"/> 3. medications						<input type="checkbox"/> 12. infection control					
<input type="checkbox"/> 4. IV/TPN						<input type="checkbox"/> 13. emergency plan					
<input type="checkbox"/> 5. inhalation/O2 therapy/safety						<input type="checkbox"/> 14. falls precaution					
<input type="checkbox"/> 6. pain management						<input type="checkbox"/> 15. equipment					
<input type="checkbox"/> 7. wound/decubitus care						<input type="checkbox"/> 16. anticoagulant precautions					
<input type="checkbox"/> 8. nutrition/dehydration						<input type="checkbox"/> 17. hypoglycemic precautions					
<input type="checkbox"/> 9. diabetic care						<input checked="" type="checkbox"/> 18. Other: <u>discharge</u>					

Details of Skilled Instruction: PT instructed that wound remains closed and will be dc next week and is referred to outpatient therapy by MD and will schedule for next week
PT instructed last SN visit on 9/13/10

Additional Skilled Care Provided ☐ See (Indicate Note/Addendum): SN for assessment of Right ankle
 Comments: Scab present. No S/S of infection. PT keeping clean and dry and using betadine/alcohol wipe and keeping open to air. PT using tubigrip to RLE to help swelling and is aware to elevate leg off/air daily to help control. PT understands to take new med 2x a day and agrees to dc next week.
 Patient response to care provided: pleased

Supplies Used: _____

COORDINATION PLAN

Patient's Progress Towards Goal/Goals Resolved this Visit? (specify) Progressing
 Contacted/conference with: Physician SN PT OT SLP MSS HHA Other (circle): None PT Date/Time: _____
 Regarding: dc pt 9/13/10 and PT to dc on 9/16 after Dr. Wilson appt
 Response: Agrees to sign off care See Interim Order: ☐ Yes ☐ No
☐ Changes in the POC discussed with Patient/Caregiver ☐ Patient/Caregiver agreed with plan MD Appt. Date: _____
 Plan for Next Visit: Wound care
 Discharge Planning: Wound SN no longer needed

EMPLOYEE TIME SLIP				<input checked="" type="checkbox"/> Cert. <input type="checkbox"/> Non-Cert.	Location Name: <u>Millwaukee</u>	Location No: <u>0247</u>	Client No: <u>18647</u>
Employee No: <u>0753</u>	Employee Name (last, first): <u>Worman Anne</u>				Patient Name (last, first): <u>Brannon, Mary Ann</u>		
Pay/Bill Code: <u>20</u>	Shift: <u></u>	Date of Service: <u>9/8/10</u>	Service Time: Start <u>10:30</u> <input checked="" type="checkbox"/> am <input type="checkbox"/> pm Stop <u>11:15</u> <input type="checkbox"/> am <input checked="" type="checkbox"/> pm		Travel Time: Start <u>10:10</u> <input checked="" type="checkbox"/> am <input type="checkbox"/> pm Stop <u>10:29</u> <input type="checkbox"/> am <input checked="" type="checkbox"/> pm		Travel Duration: <u>13</u>
Patient Time: <u>20</u> Hrs <u>40</u> Min		Non-Billable Visit Duration (NBD): <u></u> Hrs <u></u> Min		Chart Time: <u>5</u> Hrs <u></u> Min		Total Time: <u>58</u> Hrs <u></u> Min	
<input type="checkbox"/> Bill/Pay <input type="checkbox"/> Bill <input type="checkbox"/> Pay <input type="checkbox"/> OT	<input type="checkbox"/> No Pay/No Bill	Override Bill Rates <input type="checkbox"/> Yes <input type="checkbox"/> No	Override Pay Rates <input type="checkbox"/> Yes <input type="checkbox"/> No	Payor Code: <u></u>	Bill Units: <u></u>	Pay Units: <u></u>	Bill Rate: <u></u>
Patient Signature: <u>[Signature]</u>				Employee Signature: <u>[Signature]</u>		Approved by: <u>[Signature]</u>	
Code: <u></u>				Quantity: <u></u>		Product Category: <u></u>	

VITAL SIGNS		PAIN		PAIN PROFILE	
T: <u>97.9</u>	P: <u>64</u>	Pain Addendum <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Intensity: <u>7/10</u> <input checked="" type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9	
R: <u></u>	Wt: <u></u>	Frequency of Pain Interfering with patient's activity or movement:		Location(s): <u>7/10</u> <input checked="" type="checkbox"/> shd	
BP: <u>140/80</u> right	BP: <u></u> left	<input type="checkbox"/> 0 - Patient has no pain or pain does not interfere with activity or movement		Pain Precipitated by: <u>0/10</u> <input checked="" type="checkbox"/> ankles - still	
<input type="checkbox"/> Standing	<input type="checkbox"/> Lying	<input type="checkbox"/> 1 - Less often than daily		Pain Relieved by: <u>unmed @ swelling</u>	
<input checked="" type="checkbox"/> Sitting	<input type="checkbox"/> Other	<input checked="" type="checkbox"/> 2 - Daily, but not constantly		Current pain management & effectiveness: <u></u>	
Last BM: <u></u>		<input type="checkbox"/> 3 - All of the time		<input type="checkbox"/> Pain Management Teaching to patient/family (document below)	

Medication change since last visit? ☐ No ☒ Yes, Specify: naproxen 500mg - 1 tab po 2x/day off 9/7/10

Homebound Status (Describe): pt's cognition limits ability to follow precautions, limit mobility

SKILLED ASSESSMENT/INTERVENTION	
Assessment relative to problems addressed this visit/new problems identified and services provided: <u>pt saw 10 MD 9/7/10 - not dx'ed</u>	
<u>shd/unst pain/spas sprain - no known injury, no fall - pt states it no hurt x 2 wks but hasn't said anything to PT during any Rx session</u>	
<u>pt up @ apt no shoes, no cane - upset 20 family is not has 3 grandkids in the home today</u>	
<u>shd - pt's 1100, ER visit is very limited - pt also had flu shot so shd very sore today</u>	
<u>will assess further next Rx - pt will start outpt after 9/17/10 - also MD 9/15 for ankle - will refer to outpt p-tmo</u>	
Supplies Used: <u></u>	<input type="checkbox"/> Billing for supplies used by Patient/Caregiver

SKILLED TEACHING / PATIENT RESPONSE		SUPERVISION	
Instructions given to: <u>out-amb outdoors 2 blocks & corner</u>	Subject(s) taught: <u>no untangle out, safe mod walking on cane steps 1-4 cane step to parker onto to sequence on way up - wearing</u>	<input type="checkbox"/> Aide <input type="checkbox"/> LP/VN <input type="checkbox"/> Other: <u></u>	
Patient/Caregiver is able to repeat/demonstrate the following: <u>1) unst brace from MD - no SOB no s/s fatigue though pt states she usually gets tired</u>	Teaching plan for next visit: <u>top - pt doing steps 3-4 x/1wk stretch on outdoor incline ramp, standing there - will do ankle brace</u>	Present on this visit? <input type="checkbox"/> Yes <input type="checkbox"/> No	
		Following care plan? <input type="checkbox"/> Yes <input type="checkbox"/> No	
		Compatible? <input type="checkbox"/> Yes <input type="checkbox"/> No	
		Report changes in patient status to Office? <input type="checkbox"/> Yes <input type="checkbox"/> No	
		Patient satisfied with care? <input type="checkbox"/> Yes <input type="checkbox"/> No	
		Changes made to care plan? <input type="checkbox"/> Yes <input type="checkbox"/> No	
		Additional instruction given during visit? <input type="checkbox"/> Yes <input type="checkbox"/> No	
		Employee Name: <u></u>	

COORDINATION / PLAN	
Patients Progress Towards Goal/Goals Resolved this Visit? (specify) <u>pt doing well & out, assuming OK - will check back next visit (kids are @ home, pt very upset/distracted by them)</u>	
Conferenced With: SN PT OT SLP MSS HHA Other (circle) Name: <u></u>	Regarding: <u></u>

Physician Contacted Re: <u></u>	Date/Time: <u></u>
Physician Response/Result: <u></u>	See Interim Order <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Changes in the POC discussed with Patient/Caregiver <input type="checkbox"/> Patient/Caregiver agreed with plan: <u></u>	MD Appt. Date: <u></u>
Plan for Next Visit: <u>check @ unst/shd, ankle from @</u>	<input type="checkbox"/> Patient/Caregiver agreed with C
Discharge Planning: <u>dic next wk</u>	

Patient Name: Brannon, Mary AnnPatient#: 18847

Answering yes to the following questions indicates continued skilled assessment, instruction, direct skilled care and/or Observation and Assessment by Skilled Nursing may be medically necessary.

Has the patient:

- ☐ Been in the Emergency Room/Hospital within the current cert period?
- ☐ Had significantly fluctuating vital signs/lab values within the past three weeks indicating that the status is not stabilized?
- ☐ Demonstrated any significant difficulties with following or understanding the medication regimen?
- ☐ Had recent new/changed orders for medications that require skilled assessment to determine effectiveness of the change?
- ☐ Had recent treatments or multiple change orders over the cert period?
- ☐ Had recent changes in the plan of care indicating further skilled services are needed?

Does the patient have:

- ☐ A high risk for hospitalization due to exacerbation of the disease process?
- ☐ Co-morbidities (such as DM, PVD, renal failure, COPD) which could complicate the wound healing?
- ☐ Ulcer, surgical or other wound that is at risk for a change in condition (positive or negative)?
- ☐ Changes to wound treatment within the past three weeks?
- ☐ A wound that has healed within the past three weeks but remains at high risk for recurrence because of co-morbidities, for example poorly controlled diabetes, arterial PVD, peripheral edema or end stage renal disease? Additional supporting documentation is required.
- ☐ Teaching needs that have not yet been met?
- ☐ Tasks that have not been demonstrated properly?
- ☐ New problems since the certification period began?
- ☐ Unmet goals or outcomes not reached?
- ☐ Equipment that they are having difficulty managing?

Answering yes to any of the following questions may indicate that skilled assessment and skilled care by Therapy (PT, OT, and/or SLP) is medically necessary for patients who have potential to functionally improve.

- ☐ Unable to get on and off toilet.
- ☐ Unable to get in and out of shower/bath safely.
- ☐ Unable to wash body.
- ☐ Unable to prepare a light meal.
- ☐ Unable to ambulate in and out of the home safely.
- ☐ Difficulty eating, chewing and/or swallowing.

Answering yes to any of the following questions indicates continued care under Management and Evaluation of the care plan and/or continued care may be medically necessary.

Does the patient have:

- ☐ Complex, non-skilled needs?
- ☐ An unstable or complex caregiver situation?
- ☐ Multiple caregivers involved on a regular basis?
- ☐ Recent changes in the "in-home" care plan for the patient?
- ☐ Risk for becoming unstable due to unmet complex non-skilled needs?
- ☐ Recent changes in the status of caregivers?

Answering yes to any of the following questions may indicate continued care is not appropriate:

- ☐ Are instabilities part of a long-standing condition where further changes have not been made to the plan of care?
- ☐ Does the patient remain non-compliant after attempts have been made to educate them on the importance of following the treatment plan and there is documentation of patient's of non-compliance?
- ☐ Is there a lack of measurable progress towards goals (for more than three weeks)?

Comments: PT discharge next week with goals met.

SN discharge next week with goals met,
wound mostly healed.

Patient progress to outpatient for med therapy.

Clinician/Manager Print Name: Justin D. [Signature]Date: 9/8/10Signature: [Signature]Title: NCP

EMPLOYEE TIME SLIP

☒ Cert.
☐ Non-Cert.

Location Name: Milwaukee

Location No: 0217

Client No: 18847

Employee No: 0153

Employee Name (last, first): Hoffman Anne

Patient Name (last, first): Brannon Mary Ann

Pay/Bill Code	Shift	Date of Service	Service Time	Travel Time	Travel Duration	Mileage
20		Month Day Year 9/10/10	Start Stop 2:55 4:30 <input type="checkbox"/> am <input checked="" type="checkbox"/> pm	Start Stop 3:0 3:44 <input type="checkbox"/> am <input checked="" type="checkbox"/> pm	28	Mileage Bill Mileage <input type="checkbox"/> Yes <input type="checkbox"/> No
Patient Time		Non-Billable Visit Duration (NBD)		Chart Time		Total Time
Hrs Min 40		Hrs Min		Hrs Min 5		Hrs Min 1 13
<input type="checkbox"/> Bill/Pay <input type="checkbox"/> Bill <input type="checkbox"/> Pay <input type="checkbox"/> No Pay/No Bill <input type="checkbox"/> OT	Override Bill Rates <input type="checkbox"/> Yes <input type="checkbox"/> No	Override Pay Rates <input type="checkbox"/> Yes <input type="checkbox"/> No	Payor Code	Bill Units	Pay Units	Bill Rate
Code	Quantity	Patient Signature	Employee Signature	Approved by	Initials/Date	
					9-14-10	

SKILLED OBSERVATION

VITAL SIGNS

T 98.5
P 80
R
Wt
BP 128/76 right
left
☐ Standing
☐ Lying
☒ Sitting

Applicable lab/fingerstick values

Last BM:

PAIN

Pain Addendum ☐ Yes ☒ No
Frequency of Pain interfering with patient's activity or movement:
☐ 0 - Patient has no pain or pain does not interfere with activity or movement
☐ 1 - Less often than daily
☒ 2 - Daily, but not constantly
☐ 3 - All of the time

PAIN PROFILE

Intensity: 0 1 2 3 4 5 6 7 8 9 10
Location(s): Ankle
Pain Precipitated by: pain daily - hard
Pain Duration: also pain most days
Pain Relieved by:
Current pain management & effectiveness:
☐ Pain Management Teaching to patient/family (document below)
Unst - also - pt. has took brace 78
4 x pain - able to move in
all directions & pain - PRON or
PRON 8-9/10 - going to PT outpatient
HHS done next wk.

Medication change since last visit? ☒ No ☐ Yes, Specify

Homebound Status (Describe): unable to follow precautions

SKILLED ASSESSMENT/INTERVENTION

Assessment relative to problems addressed this visit/new problems identified and services provided: R reported to RN this am that ystd she felt a crack when moving her foot, likely just scar tissue & continues to be able to ambulate. pt said it was very swollen yesterday but today is just typical swelling.
2nd @ Shd/unst pain - educ pt to ice shd/unst - says she doesn't already on anti-inflammatory meds - needs to rest + ice for now - ce begin more active ex as outpt. Could use US as outpt for inflamm - Ankle ROM (R) PROM DF 15°, AROM 8° @ PF Active 20°, Passive 25° ☐ See Addendum

Supplies Used: inversion Active 10° eversion 5° -

☐ Billing for supplies used by Patient/Caregiver

SKILLED TEACHING / PATIENT RESPONSE

Instructions given to: MMT - DF 4/5, PF 4/5, inversion 4/5, eversion 4/5

Subject(s) taught:

- Ankle HOP - gave heel rises barefoot x 10 reps
DF standing barefoot x 10 reps - pt already doing hip exercises standing
Med do single leg heel raises - too difficult yet - needs @ support yet - also doing SLS
foot inside sink - does it @ US support

Teaching plan for next visit:

on sand surface.
Pt amb on home, @ dnce, @ shw, slight limpt & stance on (R)
Pt verbalizes understanding of all instructions consistently

SUPERVISION

☐ Aide ☐ LP/VN ☐ Other
Present on this visit? ☐ Yes ☐ No
Following care plan? ☐ Yes ☐ No
Compatible? ☐ Yes ☐ No
Report changes in patient status to Office? ☐ Yes ☐ No
Patient satisfied with care? ☐ Yes ☐ No
Changes made to care plan? ☐ Yes ☐ No
Additional instruction given during visit? ☐ Yes ☐ No
Employee Name:

COORDINATION / PLAN

Patients Progress Towards Goal/Goals Resolved this Visit? (specify) Unst - pt needs to cont rest/ice/brace
Conferenced With: SN PT OT SLP MSS HHA Other (circle) Name: ankle - doing well & strong strength -
Regarding: write note to MD for visit next week

Physician Contacted Re: LM - MD (one who ordered outpt PT for @ shd/unst) re pain

Physician Response/Result: acc to MD to cont ice/rest/brace - no ex now

☐ Changes in the POC discussed with Patient/Caregiver ☐ Patient/Caregiver agreed with plan

MD Appt Date

Plan for Next Visit: v get outdoors steps, reach again in wk to @ dnce

Discharge Planning:

☐ Patient/Caregiver agreed with DC

EMPLOYEE TIME SLIP				<input checked="" type="checkbox"/> Cert. <input type="checkbox"/> Non-Cert.		Location Name		Location No.	
Employee No. 738		Employee Name (last, first) Aison Patten		Patient No. 18847		Patient Name (last, first) Brannon Maryann			
Pay/Bill Code	Shift	Date of Service m/d/y		Service Time		Travel Time		Travel Duration	Mileage
010	D	9/10/10		Start 1050 Stop 1125		Start 1130 Stop 1150		20	Mileage Bill Mileage <input type="checkbox"/> Yes <input type="checkbox"/> No
Patient Time		Non-Billable Visit Duration (NBD)		Chart Time		Total Time			
Hrs Min		Hrs Min		Hrs Min		Hrs Min			
<input type="checkbox"/> Bill/Pay <input type="checkbox"/> Bill <input type="checkbox"/> Pay		<input type="checkbox"/> Override Bill Rates <input type="checkbox"/> Yes <input type="checkbox"/> No		Payor Code		Bill Units		Pay Units	Bill Rate
<input type="checkbox"/> No Pay/No Bill <input type="checkbox"/> Overtime		<input type="checkbox"/> Override Pay Rates <input type="checkbox"/> Yes <input type="checkbox"/> No						Pay Rate	Product Category
Patient Signature X		Employee Signature		Validated By		Initials/Date			
Vital Signs		T: 97.2 P: 86 R: 18		Supervision		<input type="checkbox"/> N/A <input type="checkbox"/> Aide <input type="checkbox"/> LPN/LVN			
Weight: <input type="checkbox"/> Gain <input type="checkbox"/> Loss		BP Lying Sitting Standing		Present on this visit: <input type="checkbox"/> Yes <input type="checkbox"/> No		Name if present: _____			
Since last visit: _____		Right: 118/88 Left: _____		Following Care Plan: <input type="checkbox"/> Yes <input type="checkbox"/> No		Compatible: <input type="checkbox"/> Yes <input type="checkbox"/> No			
<input type="checkbox"/> Pt/cg self monitoring: <input type="checkbox"/> T <input type="checkbox"/> P <input type="checkbox"/> BP <input type="checkbox"/> SpO ₂		Comments: _____		Report changes in patient status to office: <input type="checkbox"/> Yes <input type="checkbox"/> No		Changes to care plan: <input type="checkbox"/> Yes <input type="checkbox"/> No			
Pain Assessment		Frequency of Pain Interfering with patient's activity or movement:		Respiratory		<input checked="" type="checkbox"/> N/A Assessed/Observed the following:			
<input type="checkbox"/> Patient has no pain <input type="checkbox"/> Pain does not interfere with activity or movement		<input type="checkbox"/> Less often than daily <input checked="" type="checkbox"/> Daily, but not constantly <input type="checkbox"/> All of the time		<input type="checkbox"/> Breath Sounds: <input checked="" type="checkbox"/> Clear <input type="checkbox"/> R/L <input type="checkbox"/> Wheezes: R/L		<input type="checkbox"/> Crackles: R/L fine or coarse			
Pain Rating: 7/10 Scale Used: <input type="checkbox"/> Numeric <input type="checkbox"/> FLACC <input type="checkbox"/> Faces		Location(s): _____ Pain Precipitated by: _____		<input type="checkbox"/> Dyspnea at rest and/or supine <input type="checkbox"/> Dyspnea with ADLS		<input type="checkbox"/> Dyspnea on minimal exertion _____ ft/_____ min			
Pain Duration: _____ Pain Relieved by: _____		is current pain management effective?: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (explain below)		Cough: <input type="checkbox"/> Dry <input type="checkbox"/> Productive <input type="checkbox"/> Hemoptysis		Sputum: color: _____ consistency: _____			
Labs		<input checked="" type="checkbox"/> N/A <input type="checkbox"/> VP # Attempts: _____		Incentive Spirometry: _____ cc		<input type="checkbox"/> Oxygen _____ L/min <input type="checkbox"/> Nasal cannula <input type="checkbox"/> Mask			
Draw/Site: _____		Test Performed: _____ Lab Delivered to: _____		<input type="checkbox"/> Other _____ <input type="checkbox"/> Continuous <input type="checkbox"/> PRN		<input type="checkbox"/> Tracheostomy: _____			
Applicable Drug Last Dose/Time: _____		PT/INR Results: _____		<input type="checkbox"/> Ventilator: _____		<input type="checkbox"/> SpO ₂ : 95% <input checked="" type="checkbox"/> No Problems Identified			
Results/Comments: _____		Neurological		<input type="checkbox"/> N/A Assessed/Observed the following:		Endocrine		<input checked="" type="checkbox"/> N/A Assessed/Observed the following:	
<input checked="" type="checkbox"/> Alert <input checked="" type="checkbox"/> Oriented <input checked="" type="checkbox"/> Forgetful <input type="checkbox"/> Confused <input type="checkbox"/> Disoriented		<input type="checkbox"/> Lethargic <input type="checkbox"/> Depressed Weakness: <input type="checkbox"/> Right side <input type="checkbox"/> Left side		<input type="checkbox"/> Burning/numbness/tingling/loss of sensation of feet		<input type="checkbox"/> Hypoglycemia <input type="checkbox"/> Hyperglycemia			
<input type="checkbox"/> Dizziness <input type="checkbox"/> Tremors Paralysis: <input type="checkbox"/> Right side <input type="checkbox"/> Left side		<input type="checkbox"/> Headaches <input type="checkbox"/> Difficulty Swallowing <input type="checkbox"/> Recent Seizure Activity		<input type="checkbox"/> Blood Sugar: _____ mg/dl <input type="checkbox"/> Fasting <input type="checkbox"/> Random		<input type="checkbox"/> No Problems Identified			
<input checked="" type="checkbox"/> No Problems Identified		Comments: _____		Nutrition		<input type="checkbox"/> N/A Assessed/Observed the following:			
Cardiovascular		<input type="checkbox"/> N/A Assessed/Observed the following:		Diet type: <input type="checkbox"/> Regular <input type="checkbox"/> Diabetic		<input type="checkbox"/> Low Fat/NASA/Low Cholesterol <input type="checkbox"/> Renal			
Heart Sounds: <input checked="" type="checkbox"/> Regular <input type="checkbox"/> Muffled/Distant <input type="checkbox"/> Gallop		<input type="checkbox"/> Irregular <input type="checkbox"/> Murmur <input type="checkbox"/> Other: _____		<input type="checkbox"/> Fluid Restriction: _____ /24 hrs <input type="checkbox"/> Poor Appetite		<input type="checkbox"/> Poor Dietary Compliance <input type="checkbox"/> Chewing Problems			
<input type="checkbox"/> Palpitations <input type="checkbox"/> Bradycardia <input type="checkbox"/> Tachycardia <input type="checkbox"/> Angina		Pedal Pulses Palpable: <input type="checkbox"/> Right Side <input type="checkbox"/> Left Side		<input type="checkbox"/> Lack of Food Available		<input type="checkbox"/> NG <input type="checkbox"/> G-tube/PEG <input type="checkbox"/> Jejunostomy			
<input type="checkbox"/> Edema Location: _____ <input type="checkbox"/> Abnormal Capillary Refill(>3 seconds) <input type="checkbox"/> Pacemaker <input type="checkbox"/> AICD		Right: <input type="checkbox"/> 1+ <input type="checkbox"/> 2+ <input type="checkbox"/> 3+ <input type="checkbox"/> 4+ Left: <input type="checkbox"/> 1+ <input type="checkbox"/> 2+ <input type="checkbox"/> 3+ <input type="checkbox"/> 4+		Enteral Feedings: <input type="checkbox"/> Continuous <input type="checkbox"/> Pump <input type="checkbox"/> Gravity		<input type="checkbox"/> Bolus Type: _____ Rate: _____			
<input type="checkbox"/> No Problems Identified		Comments: _____		<input type="checkbox"/> No Problems Identified		Comments: _____			
Genitourinary		<input type="checkbox"/> N/A Assessed/Observed the following:		Medications		Assessed/Observed the following:			
<input checked="" type="checkbox"/> Voiding without problems		<input type="checkbox"/> Incontinence: (type) <input type="checkbox"/> Functional <input type="checkbox"/> Stress <input type="checkbox"/> Urge <input type="checkbox"/> Overflow		Compliant with regimen: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Available in home as ordered: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
<input type="checkbox"/> Retention <input type="checkbox"/> Urine odor <input type="checkbox"/> Pain <input type="checkbox"/> Burning <input type="checkbox"/> Hesitancy		<input type="checkbox"/> Hematuria <input type="checkbox"/> Anuria <input type="checkbox"/> Dialysis <input type="checkbox"/> Renal Insufficiency/Failure		New/Changes since last visit: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (list below)		_____			
<input type="checkbox"/> Nephrostomy: R/L/Bilateral <input type="checkbox"/> Self Intermittent Catheterization		Catheter Type: <input type="checkbox"/> Urethral <input type="checkbox"/> SP <input type="checkbox"/> External <input type="checkbox"/> Other _____ <input type="checkbox"/> BSD Bag <input type="checkbox"/> Leg Bag		_____		_____			
Catheter Change This Visit: _____ size catheter _____ size balloon filled with _____ sterile H ₂ O		Comments: _____		_____		_____			
Gastrointestinal		<input type="checkbox"/> N/A Assessed/Observed the following:		_____		_____			
Date of last BM: 9/10/10		<input type="checkbox"/> Oral Lesions, Sores		_____		_____			
<input type="checkbox"/> Abdomen Soft <input type="checkbox"/> Bowel Sounds Present <input type="checkbox"/> Bowel Sounds Sluggish		<input type="checkbox"/> Constipation <input type="checkbox"/> Bowel Sounds Absent <input type="checkbox"/> Incontinence		_____		_____			
<input type="checkbox"/> Bloody/Tarry Stools <input type="checkbox"/> Diarrhea <input type="checkbox"/> Increased Flatulence		<input type="checkbox"/> Ileostomy <input type="checkbox"/> Abdomen Distended <input type="checkbox"/> Self Manages Ostomy		_____		_____			
<input type="checkbox"/> Gum Problems <input type="checkbox"/> Colostomy <input type="checkbox"/> Other: _____		<input checked="" type="checkbox"/> No Problems Identified		_____		_____			
Comments: _____		_____		_____		_____			

SKILLED NURSING NOTE

Date: 9/18/10

Patient Name: Bannon

Patient No. 18847

Integumentary		No Problems Identified/Skin intact		Diabetic Foot/Skin Assessment Completed		No S/S of Infection					
		(Site) Surgical Wound Approximated/Intact:		Staples		Steri-strips					
Location	Wound Type	Dimensions	Exudated, Amount, Type, Color			Wound Tissue Type (circle % for each type present)			Surrounding Skin, Wound Margins		
		L: _____ cm W: _____ cm D: _____ cm Tunneling/Undermining @ _____ cm	<input type="checkbox"/> None <input type="checkbox"/> Scar <input type="checkbox"/> Small <input type="checkbox"/> Medium <input type="checkbox"/> Large	<input type="checkbox"/> Serous <input type="checkbox"/> Serosanguineous <input type="checkbox"/> Purulent <input type="checkbox"/> Foul Odor	<input type="checkbox"/> Yellow <input type="checkbox"/> Tan <input type="checkbox"/> Green <input type="checkbox"/> Whitish <input type="checkbox"/> Other: _____	Red: <25 25 50 75 100 Pink: <25 25 50 75 100 Yellow: <25 25 50 75 100 Black: <25 25 50 75 100 Other: _____ %	<input type="checkbox"/> WNL/open wound margins <input type="checkbox"/> Redness <input type="checkbox"/> Rash <input type="checkbox"/> Closed wound margins <input type="checkbox"/> Swelling <input type="checkbox"/> Macerated <input type="checkbox"/> Other: _____				
		L: _____ cm W: _____ cm D: _____ cm Tunneling/Undermining @ _____ cm	<input type="checkbox"/> None <input type="checkbox"/> Scar <input type="checkbox"/> Small <input type="checkbox"/> Medium <input type="checkbox"/> Large	<input type="checkbox"/> Serous <input type="checkbox"/> Serosanguineous <input type="checkbox"/> Purulent <input type="checkbox"/> Foul Odor	<input type="checkbox"/> Yellow <input type="checkbox"/> Tan <input type="checkbox"/> Green <input type="checkbox"/> Whitish <input type="checkbox"/> Other: _____	Red: <25 25 50 75 100 Pink: <25 25 50 75 100 Yellow: <25 25 50 75 100 Black: <25 25 50 75 100 Other: _____ %	<input type="checkbox"/> WNL/open wound margins <input type="checkbox"/> Redness <input type="checkbox"/> Rash <input type="checkbox"/> Closed wound margins <input type="checkbox"/> Swelling <input type="checkbox"/> Macerated <input type="checkbox"/> Other: _____				

Location: _____	Location: _____
Cleansed with: _____	Cleansed with: _____
Dressed with: _____	Dressed with: _____
Packed with: _____	Packed with: _____
Covered with: _____	Covered with: _____
Secured with: _____	Secured with: _____

Pressure Reduction Equipment in Use: ☐ Wheelchair Cushion ☐ Replacement Mattress ☐ Mattress Overlay ☐ Specialty Bed: _____

Comments: _____

Musculoskeletal ☐ N/A Assessed/Observed the following: ☐ Assistive Device(s) in Use: (list) noneFall Risk ☒ Recent Fall Since Last Visit: ☐ Yes ☒ No ☐ If yes, Clinical Manager/Physician Notified ☒ No problems identified

Comments: _____

Homebound ☒ N/A ☐ Patient is Homebound due to (state in specific measurable and functional terms): _____

Comments: _____

Skilled Instruction - Key: 1 = verbalizes understanding; 2 = return demonstration; 3 = needs further instruction; 4 = goal met

Patient/Caregiver Instruction:	Specify:	1	2	3	4	Patient/Caregiver Instruction:	Specify:	1	2	3	4
<input type="checkbox"/> 1. disease process						<input type="checkbox"/> 10. ostomy care/foley care					
<input type="checkbox"/> 2. S/S complications						<input type="checkbox"/> 11. bowel/bladder training					
<input type="checkbox"/> 3. medications						<input type="checkbox"/> 12. infection control					
<input type="checkbox"/> 4. IV/TPN						<input type="checkbox"/> 13. emergency plan					
<input type="checkbox"/> 5. Inhalation/O2 therapy/safety						<input type="checkbox"/> 14. falls precaution					
<input type="checkbox"/> 6. pain management						<input type="checkbox"/> 15. equipment					
<input type="checkbox"/> 7. wound/decubitus care						<input type="checkbox"/> 16. anticoagulant precautions					
<input type="checkbox"/> 8. nutrition/dehydration						<input type="checkbox"/> 17. hypoglycemic precautions					
<input type="checkbox"/> 9. diabetic care						<input type="checkbox"/> 18. Other: <u>dc next visit by SN</u>					

Details of Skilled Instruction: Pl instructed SN last visit Mon. Pt followed up, no Wed and reports she is starting outpatient for (wound) care on that day. Pt agrees to discharge.

Additional Skilled Care Provided: ☐ See (indicate Note/Addendum): SN did skin assessment of right ankle. Scar

Comments: remains present. Pt continues to wash daily and use alcohol wipe. Pt report yesterday thinking she twisted ankle yesterday. Pt reports stretching (ankle) and heard crackling and ankle swelled up. Pt stresses one step today. Swelling to ankle is same as last visit. Pt instructed to continue ice every 4 hours, and use of tubigrip. Also instructed if wound not thin to go to ER. Pt will be responding.

Patient response to care provided: pleased

Supplies Used: _____

COORDINATION PLAN

Patient's Progress Towards Goal/Goals Resolved this Visit? (specify) <u>goal met</u>	
Contacted/conference with: Physician SN PT OT SLP MSS HHA Other (circle) Name: <u>Dr Wilson (SN)</u>	Date/Time: _____
Regarding: <u>Report of crackling sound / report of swelling; instructions given to pt</u>	
Response: _____	See Interim Order: <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Changes in the POC discussed with Patient/Caregiver <input type="checkbox"/> Patient/Caregiver agreed with plan	MD Appt. Date: _____
Plan for Next Visit: <u>dc</u>	
Discharge Planning: <u>next visit</u>	

Date: 9/18/10

Patient Name: Bannon

Patient No. 18747

Integumentary		<input checked="" type="checkbox"/> No Problems Identified/Skin Intact		<input type="checkbox"/> Diabetic Foot/Skin Assessment Completed		<input checked="" type="checkbox"/> No S/S of Infection	
		<input type="checkbox"/> (site) Surgical Wound Approximated/Intact:		<input type="checkbox"/> Staples <input type="checkbox"/> Sutures <input type="checkbox"/> Steri-strips		<input type="checkbox"/> Skin/Surgical Adhesive	
Location	Wound Type	Dimensions	Exudated, Amount, Type, Color			Wound Tissue Type (circle % for each type present)	Surrounding Skin, Wound Margins
		L: _____ cm W: _____ cm D: _____ cm Tunneling/Undermining @ _____ - _____ cm	<input type="checkbox"/> None <input type="checkbox"/> Scant <input type="checkbox"/> Small <input type="checkbox"/> Medium <input type="checkbox"/> Large	<input type="checkbox"/> Serous <input type="checkbox"/> Serosanguineous <input type="checkbox"/> Purulent <input type="checkbox"/> Foul Odor	<input type="checkbox"/> Yellow <input type="checkbox"/> Tan <input type="checkbox"/> Green <input type="checkbox"/> Whitish <input type="checkbox"/> Other: _____	Red: <25 25 50 75 100 Pink: <25 25 50 75 100 Yellow: <25 25 50 75 100 Black: <25 25 50 75 100 Other: _____ %	<input type="checkbox"/> WNL/open wound margins <input type="checkbox"/> Redness <input type="checkbox"/> Swelling <input type="checkbox"/> Rash <input type="checkbox"/> Macerated <input type="checkbox"/> Closed wound margins <input type="checkbox"/> Other: _____
		L: _____ cm W: _____ cm D: _____ cm Tunneling/Undermining @ _____ - _____ cm	<input type="checkbox"/> None <input type="checkbox"/> Scant <input type="checkbox"/> Small <input type="checkbox"/> Medium <input type="checkbox"/> Large	<input type="checkbox"/> Serous <input type="checkbox"/> Serosanguineous <input type="checkbox"/> Purulent <input type="checkbox"/> Foul Odor	<input type="checkbox"/> Yellow <input type="checkbox"/> Tan <input type="checkbox"/> Green <input type="checkbox"/> Whitish <input type="checkbox"/> Other: _____	Red: <25 25 50 75 100 Pink: <25 25 50 75 100 Yellow: <25 25 50 75 100 Black: <25 25 50 75 100 Other: _____ %	<input type="checkbox"/> WNL/open wound margins <input type="checkbox"/> Redness <input type="checkbox"/> Swelling <input type="checkbox"/> Rash <input type="checkbox"/> Macerated <input type="checkbox"/> Closed wound margins <input type="checkbox"/> Other: _____

Location: _____ Cleansed with: _____
 Dressed with: _____ Dressed with: _____
 Packed with: _____ Packed with: _____
 Covered with: _____ Covered with: _____
 Secured with: _____ Secured with: _____

Pressure Reduction Equipment in Use: ☐ Wheelchair Cushion ☐ Replacement Mattress ☐ Mattress Overlay ☐ Specialty Bed: _____

Comments: _____

Musculoskeletal ☐ N/A Assessed/Observed the following: ☐ Assistive Device(s) in Use: (list) none**Fall Risk** Recent Fall Since Last Visit: ☐ Yes ☒ No ☐ If yes, Clinical Manager/Physician Notified ☒ No problems identified

Comments: _____

Homebound ☒ N/A ☐ Patient is Homebound due to (state in specific measurable and functional terms): _____

Comments: _____

Skilled Instruction - Key: 1 = verbalizes understanding; 2 = return demonstration; 3 = needs further instruction; 4 = goal met

Patient/Caregiver Instruction:	Specify:	1	2	3	4	Patient/Caregiver Instruction:	Specify:	1	2	3	4
<input type="checkbox"/> 1. disease process						<input type="checkbox"/> 10. ostomy care/foley care					
<input type="checkbox"/> 2. S/S complications						<input type="checkbox"/> 11. bowel/bladder training					
<input type="checkbox"/> 3. medications						<input type="checkbox"/> 12. infection control					
<input type="checkbox"/> 4. IV/TPN						<input type="checkbox"/> 13. emergency plan					
<input type="checkbox"/> 5. Inhalation/O2 therapy/safety						<input type="checkbox"/> 14. falls precaution					
<input type="checkbox"/> 6. pain management						<input type="checkbox"/> 15. equipment					
<input type="checkbox"/> 7. wound/decubitus care						<input type="checkbox"/> 16. anticoagulant precautions					
<input type="checkbox"/> 8. nutrition/dehydration						<input type="checkbox"/> 17. hypoglycemic precautions					
<input type="checkbox"/> 9. diabetic care						<input checked="" type="checkbox"/> 18. Other: <u>dc next visit by SN</u>					

Details of Skilled Instruction: Pl instructed SN last visit Mon. Pl followed up on Wed and reports she is starting outpatient for (wound) care on that day. Pl agrees to discharge.

Additional Skilled Care Provided ☐ See (indicate Note/Addendum): SN for skin assessment & routine wound care

Comments: Remains present. Pl continues to wash daily and use alcohol wipe. Pl reports yesterday thinking she twisted ankle yesterday. Pl reports stretching (ankle) and heard crackling and ankle swelled up. Pl expresses knee pain today but swelling to (ankle) is same as last visit. Pl instructed to continue ice elev. & rest. Pl reports use of tubgrip. Also instructed if wound not thin to go to ER Pl well understanding.

Patient response to care provided: pleased

Supplies Used: _____

COORDINATION PLAN

Patient's Progress Towards Goal/Goals Resolved this Visit? (specify) Goal metContacted/conference with: Physician SN PT OT SLP MSS HH Other (circle) Name: Dr. Wilson (RN) Date/Time: _____Regarding: Report of crackling sound/report of stiffness; instructions given to PTResponse: _____ See Interim Order: ☐ Yes ☐ No☐ Changes in the POC discussed with Patient/Caregiver ☐ Patient/Caregiver agreed with plan _____ MD Appt. Date: _____Plan for Next Visit: dcDischarge Planning: Next visit

EMPLOYEE TIME SLIP				<input checked="" type="checkbox"/> Cert. <input type="checkbox"/> Non-Cert.		Location Name: <u>Milwaukee</u>		Location No: <u>0247</u>		Client No: <u>18847</u>	
Employee No: <u>0753</u>		Employee Name (last, first): <u>Coffman Anne</u>				Patient Name (last, first): <u>Baranum Mary Ann</u>					
Pay/Bill Code: <u>20</u>	Shift:	Date of Service: <u>9/13/10</u>		Service Time: Start <u>10:30</u> <input checked="" type="checkbox"/> am <input type="checkbox"/> pm Stop <u>11:15</u> <input checked="" type="checkbox"/> am <input type="checkbox"/> pm		Travel Time: Start <u>10:20</u> <input checked="" type="checkbox"/> am <input type="checkbox"/> pm Stop <u>10:25</u> <input checked="" type="checkbox"/> am <input type="checkbox"/> pm		Travel Duration: <u>9</u>		Mileage: <u>9</u>	
Patient Time: <u>40</u> Hrs <u>00</u> Min		Non-Billable Visit Duration (NBD):		Chart Time: <u>5</u> Hrs <u>00</u> Min		Total Time:		Mileage Bill Mileage: <input type="checkbox"/> Yes <input type="checkbox"/> No			
<input type="checkbox"/> Bill/Pay <input type="checkbox"/> Bill <input type="checkbox"/> Pay <input type="checkbox"/> No Pay/No Bill <input type="checkbox"/> OT		Override Bill Rates: <input type="checkbox"/> Yes <input type="checkbox"/> No		Override Pay Rates: <input type="checkbox"/> Yes <input type="checkbox"/> No		Payor Code:		Bill Units:		Pay Units:	
Code:		Quantity:		Patient Signature: <u>[Signature]</u>		Employee Signature: <u>[Signature]</u>		Approved by: <u>[Signature]</u>		Initials/Date: <u>9-21-10</u>	

VITAL SIGNS		PAIN		PAIN PROFILE	
T: <u>98.1</u>	Applicable lab/fingerstick values:	Pain Addendum: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Intensity: <u>0</u> <small>LOW</small>	
P: <u>74</u>		Frequency of Pain Interfering with patient's activity or movement:		Location(s): <u>hurts when she walks a lot</u>	
R: _____		<input type="checkbox"/> 0 - Patient has no pain or pain does not interfere with activity or movement		Pain Precipitated by: <u>down inversion/ eversion - pt really wants to walk - that is</u>	
WI: _____		<input checked="" type="checkbox"/> 1 - Less often than daily		Pain Duration: <u>more neutral, pt tends to not</u>	
BP: <u>120/80</u> right	Last BM: _____	<input type="checkbox"/> 2 - Daily, but not constantly		Current pain management & effectiveness: <u>pt on supination at rest</u>	
<input type="checkbox"/> Standing		<input type="checkbox"/> 3 - All of the time		<input type="checkbox"/> Pain Management Teaching to patient/family (document below)	
<input type="checkbox"/> Lying				<u>has to stop at 2 blocks</u>	
<input checked="" type="checkbox"/> Sitting				<u>to park (R) ankle</u>	

Medication change since last visit? ☒ No ☐ Yes, Specify _____

Homebound Status (Describe): recognitive status, pt doesn't follow instructions, precludes activity

SKILLED ASSESSMENT/INTERVENTION

Assessment relative to problems addressed this visit/new problems identified and services provided: pt using wrist brace most of the time & has no pain & brace off, 4/10 & brace on. Educate pt to cont brace ice to allow cont healing, inflammation - will start out pt next wk.

Gait - amb 2 blocks (roundtrip) x 1000-1200' & stel cane - pt amb & slight limp towards end of gait - has good step length, heel strike, good initial contact & supination on transition to pronation. Reports some fatigue at end of gait attempt. Pt cognitively aware. Pt concerned w/

Supplies Used: <u>transportation to outpt PT. but pt is able</u>		<input type="checkbox"/> Billing for supplies used by Patient/Caregiver	
SKILLED TEACHING / PATIENT RESPONSE		SUPERVISION	
Instructions given to: <u>to physically manage outpt. PT explained again</u>		<input type="checkbox"/> Alone <input type="checkbox"/> LP/VN <input type="checkbox"/> Other _____	
Subject(s) taught: <u>to pt that lack of transportation does not justify continued home health services.</u>		Present on this visit? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Patient/Caregiver is able to repeat/demonstrate the following: <u>thru ex - renewed HOPC pt - able to do all standing ex (P) including SLS + heel raise</u>		Following care plan? <input type="checkbox"/> Yes <input type="checkbox"/> No	
<u>(B) LE - pt to start outpt next wk for cont (R) ankle + to begin (L) shd / (L) wrist</u>		Compatible? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Teaching plan for next visit:		Report changes in patient status to Office? <input type="checkbox"/> Yes <input type="checkbox"/> No	
		Patient satisfied with care? <input type="checkbox"/> Yes <input type="checkbox"/> No	
		Changes made to care plan? <input type="checkbox"/> Yes <input type="checkbox"/> No	
		Additional instruction given during visit? <input type="checkbox"/> Yes <input type="checkbox"/> No	
		Employee Name: _____	

COORDINATION / PLAN

Patients Progress Towards Goal/Goals Resolved this Visit? (specify) needed to assess longer distance ambulation

Conferenced With: SN PT DT SLP MSS HHA Other (circle) Name: to ensure that pt can safely go to outpt P

Regarding: pt very worried that she couldn't tolerate it but is begin to believe that she can handle (P) long distance amb

Physician Contacted Re: _____ Date/Time: _____

Physician Response/Result: _____ See Interim Order ☐ Yes ☐ No

☐ Changes in the PDC discussed with Patient/Caregiver ☐ Patient/Caregiver agreed with plan: _____ MD Appt. Date: _____

Plan for Next Visit: DIC next visit & MD appt

Discharge Planning: _____ ☐ Patient/Caregiver agreed with Di

EMPLOYEE TIME SLIP				<input type="checkbox"/> Cert. <input type="checkbox"/> Non-Cert		Location Name <u>PH10</u>		Location No. <u>02-11</u>	
Employee No. <u>738</u>		Employee Name (last, first) <u>Houston Paity</u>		Patient No. <u>15847</u>		Patient Name (last, first) <u>Brannon Myron</u>			
Pay/Bill Code	Shift	Date of Service m/d/y	Service Time		Travel Time		Travel Duration		Mileage
<u>010</u>	<u>D</u>	<u>9/13/10</u>	Start <u>11:58</u> am/pm	Stop <u>12:23</u> am/pm	Start <u>11:30</u> am/pm	Stop <u>11:58</u> am/pm	<u>28</u>		Mileage <u>28</u>
Patient Time		Non-Billable Visit Duration (NBD)		Chart Time		Total Time			
Hrs <u>05</u> Min		Hrs Min		Hrs Min		Hrs Min			
<input type="checkbox"/> Bill/Pay <input type="checkbox"/> Bill <input type="checkbox"/> Pay	<input type="checkbox"/> No Pay/No Bill <input type="checkbox"/> OT	<input type="checkbox"/> Override Bill Rates <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Override Pay Rates <input type="checkbox"/> Yes <input type="checkbox"/> No	Payor Code	Bill Units	Pay Units	Bill Rate	Pay Rate	Product Category
									Product Code
Supplies				Supervisory Visit <input type="checkbox"/> Yes <input type="checkbox"/> No Caregiver Present <input type="checkbox"/> Yes <input type="checkbox"/> No Name/Discipline					
Code				Change Ancillary Care Plan <input type="checkbox"/> No <input type="checkbox"/> Yes Patient/Staff Compatible <input type="checkbox"/> Yes <input type="checkbox"/> No Staff followed CarePlan <input type="checkbox"/> Yes <input type="checkbox"/> No					
Quantity				Patient/RP notified of change (specify) (specify) (specify)					
Patient Signature <u>[Signature]</u>				Employee Signature <u>[Signature]</u>				Approved by <u>[Signature]</u>	
Initials/Date <u>9-21-11</u>									

☒ DISCHARGE VISIT (ON-SITE) ☐ NON-VISIT DISCHARGE/TRANSFER SUMMARY ☐ PROGRESS SUMMARY COVERING PERIOD TO ☐ CASE CONFERENCE

CARE DISCUSSED WITH (NAMES/TITLES): Krister MCP, Roscoe MCP, Ande C PT

SKILLED SERVICES PROVIDED THIS VISIT: Pain Lvl 3/10. Pox 95% HRR 82, BP 118/18, Temp 97.2 R16 Lung CTA. Daily Bms. No problem in walking. RLE 2 med and 1 pt continues to use tubigrip, elevation, ice, for management. He sets up down meds and husband does check because pt forgetful. Rtx ankle is 0.3x0.3 and dry/peeling skin. which is left open. MD will assess if lotion can start dec.

SUMMARY OF PATIENT'S CONDITION / SERVICES PROVIDED ON ADMISSION THROUGH DISCHARGE/TRANSFER: Assess for Rtx ankle surgical wound care. 2 hr of fever infection and cardio resp/med assessment and instruction. due to slow cognition and hr of asthma. MD notified and agrees to dc. Pt will be starting outpatient therapy.

OVERALL STATUS OF GOALS: ☒ GOALS MET ☐ GOALS NOT MET (EXPLAIN): Pt aware to contact md if any complications further arises and goals met

☐ CLINICAL RECORD REVIEWED ☐ ADVANCE DIRECTIVE EXISTS? ☐ YES ☐ NO SPECIFY:

COMPLETE THIS SECTION AT DISCHARGE:
 SOC Date: 9/13/10 PRIMARY DIAGNOSIS: Abs Sng wound (GH230) ICD: 00 01 02 03 04 (GH230) Severity Rating (see below): 00 01 02 03 04 Other Diagnoses: Asthma D/C/Transfer Date: 9/13/10 LAST DISCIPLINE: ☐ YES ☒ NO

(GH230) Severity Index:
 0 - Asymptomatic, no treatment needed at this time
 1 - Symptoms well controlled with current therapy
 2 - Symptoms controlled with difficulty, affecting daily functioning
 3 - Symptoms poorly controlled; patient needs frequent adjustment in treatment and close monitoring
 4 - Symptoms poorly controlled; history of rehospitalizations

SERVICES PROVIDED AND CLASSIFICATION:
☒ RN (06) ☐ LP/VN (18) ☒ PT (10) ☐ OT (12) ☐ SLP (14) ☐ MSW (16) ☐ HHA/PCW (24) ☐ RT (08) ☐ Nutritionist ☐ Other

REASON FOR DISCHARGE/TRANSFER

<input checked="" type="checkbox"/> 01 Discharge to Home or Self Care	<input type="checkbox"/> 11 Transferred by Doctor Request	<input type="checkbox"/> 65 Discharge to Psych Hospital
<input type="checkbox"/> 02 Sent to Short-Term Hospital	<input type="checkbox"/> 12 Discharge for Lack of Progress	<input type="checkbox"/> 20 Expired
<input type="checkbox"/> 03 Sent to Skilled Nursing Facility	<input type="checkbox"/> 13 Discharged for Lack of Funds	<input type="checkbox"/> 40 Expired at Home
<input type="checkbox"/> 04 Sent to Intermediate Care Facility	<input type="checkbox"/> 14 Discharged for Other Reason	<input type="checkbox"/> 41 Expired in Hospital, SNF, ICF
<input type="checkbox"/> 05 Sent to a Different Type of Institution	<input type="checkbox"/> 15 Patient Moved Out of Area	<input type="checkbox"/> 42 Expired, Place Unknown
<input type="checkbox"/> 06 Sent Home with a Different Provider	<input type="checkbox"/> 16 Patient Has Achieved Maximum Rehab Possible	<input type="checkbox"/> 50 Discharged to CHHA
<input type="checkbox"/> 07 Left Against Medical Advice	<input type="checkbox"/> 17 Patient/Family Non-Compliant	<input type="checkbox"/> 51 Discharged to Long Term Care Facility
<input type="checkbox"/> 09 Family/Friends Assume Responsibility	<input type="checkbox"/> 18 Patient No Longer Homebound	<input type="checkbox"/> 52 Discharged to Long Term Care Home Care Age
<input type="checkbox"/> 10 Sent to Outpatient Rehab	<input type="checkbox"/> 19 Patient Refuses Further Services	<input type="checkbox"/> 53 Discharged to Department of Social Services
		<input type="checkbox"/> 54 Discharged to Community Agency

TRANSFER TO: _____ REFERRALS MADE ☐ YES ☐ NO SPECIFY: _____

Sent To: ☐ Physician ☐ Case manager ☐ D/C Planner ☐ Facility ☐ Other Date: _____

Physician Signature (If Required): _____ Date: _____

**GENTIVA**

orthopedics

PATIENT PROGRESS REPORT(Circle one) **PT**

Physician <u>Dr Wilson</u>		Diagnosis/ Procedure <u>(R) ankle ORIF</u>	
Patient Name <u>Brannon Mary Ann</u>		DOB	Patient # <u>8847</u>
Patient Comments			Pain (0-10) Scale <u>usually 0/10 - occ 4-5/10 when she over does walking/ac</u>
Observation	<u>pt doing very well & all function mobility - is not really homebound - could manage outpt at this week.</u>		
ROM / Strength	<u>ROM (R) ankle DF active 80°, passive 150°, PF active 210°, passive 250°, inversion active 10° eversion active 5° - MMT - DF 4+/5, PF 4/5, inv. 4/5, ever. 4-5</u>		
Ambulation / Transfers	<u>(+) c cane in doors/ outdoors - it amb. to far (> 2 bl) gets fatigued, can do steps (+) Amb mostly c shoes on, occ c shoes off</u>		
Function	<u>(+) c all ADLs, IADLs - transportation is 10 limitation</u>		
Therapist Comments	<u>pt should begin outpt next wk for (+) should first - dx'ed c (+) shd sprain + (+) unstr sprain. - have had pt rest/ice/brace - needs US/ex if pain cont</u>		
Plan	<input checked="" type="checkbox"/> Complete remaining (<u>1</u>) visits per plan - <u>etc 9/16 - just want to inst follow up as need</u> <input type="checkbox"/> Extend current orders by () visits for () weeks <input type="checkbox"/> D/C Patient at this time to (self care) (outpatient PT) (Circle one) <u>pm's appt</u> <input type="checkbox"/> Other _____		
Therapist Name (Print)	<u>Anne Coffman</u>		
Therapist Signature	<u>A Coffman PTMS/CS</u>	Date <u>9/10/10</u>	
Phone Number	<u>414-550-7677</u>	Fax Number	

PHYSICIAN ORDERS/ COMMENTS:

- ☒ Approve plan as above
☐ Change plan as follows

re-plan as outpatient

Physician Signature: _____

Date: _____

9/15/10

DISCHARGE NOTICE (WISCONSIN)Patient Name: Branon, Mary Anne Patient #: 13847

Gentiva Health Services would like to inform you that home care services will end effective

9/16/10.

The reason for discharge is:

- ☒ Goals of treatment have been met.
- ☐ Services are being discharged per patient or patient's legal representative request.
- ☐ The patient no longer needs home health care as determined by the attending physician or advanced practice nurse.
- ☐ Gentiva is unable to provide the care required for the patient due to a change in the patient's condition that is not an emergency.
- ☐ The attending physician or advanced practice nurse has ordered the discharge for emergency medical reasons.
- ☐ The safety of staff is compromised.
- ☐ Following a reasonable opportunity to pay any unpaid bills, payment has not been made for patient care provided.

A complaint may be filed by writing the Bureau of Health Services, Division of Quality Assurance, P.O. Box 2969, Madison, Wisconsin 53701-2969 or by calling the Wisconsin Home health Hotline toll free at 1-800-642-6552.

Patient Signature: Mary Anne Branon Date: 9/16/10Employee Signature: Alfoman PTMSGS Date: 9/16/10

WRITTEN NOTICE OF CIRCUMSTANCES OF CLAIM
PURSUANT TO SECTION 893.80(1)(a), WIS. STATS.

To: City of Milwaukee
200 East Wells Street
Milwaukee, Wisconsin 53202

Served upon City Clerk pursuant to Sec. 801.11(4)(a)(3)

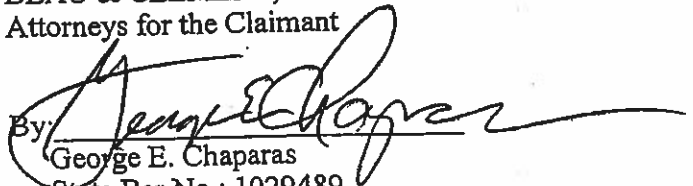
NOTICE OF CIRCUMSTANCES OF CLAIM as required by Section 893.80(1)(a), Wis. Stats. is hereby served upon the City of Milwaukee that Mary Ann Brannon suffered personal injuries and has a claim therefore under the following circumstances:

1. That Mary Ann Brannon is an adult residing at 2092 South 102nd Street, Apartment 109, West Allis, Wisconsin 53227.
2. That on or about the 2nd day of June, 2010, at approximately 12:00 p.m., Ms. Brannon suffered injuries while walking on the sidewalk directly in front of the Marcia P. Coggs Human Services Center located at 1220 West Vliet Street, Milwaukee, Wisconsin, when she tripped on the in-ground planter that is on the sidewalk and fell, causing injuries to her.
3. That as a direct and proximate result of the City of Milwaukee's negligence in said planter's poor design and/or maintenance which caused said planter to not be level with the sidewalk.
4. That as a direct and proximate result of the City of Milwaukee's negligence, Ms. Brannon was caused to suffer personal injuries including, but not limited to, a broken right fibula, broken right ankle and bruised left ankle, as well as other injuries.

PLEASE TAKE NOTE that this is a Notice of Circumstances of Claim, Section 893.80(1)(a), Wis. Stats. It is not a claim under Section 893.80(1)(b), Wis. Stats. Therefore, there is nothing for the City of Milwaukee to allow or disallow with respect to this document. After Mary Ann Brannon's treatment is completed and her injuries are evaluated, we will present a claim under Section 893.80(a)(b), Wis. Stats. for the City of Milwaukee to allow or disallow as it sees fit. There is no requirement that Mary Ann Brannon must file a claim, as opposed to a Notice of Circumstances of Claim, within 120 days of her June 2, 2010, injury. See Figgs v. City of Milwaukee, 121 Wis.2d 44, 357 N.W.2d 548 at 522 (1984).

Dated at Milwaukee, Wisconsin this 20th day of July, 2010.

WEIGEL, CARLSON,
BLAU & CLEMENS, S.C.
Attorneys for the Claimant

By: 
George E. Chaparas
State Bar No.: 1029489

P. O. ADDRESS:

3732 West Wisconsin Avenue, Suite 300
Milwaukee, Wisconsin 53208-3153
Phone: (414) 342-1000

CITY OF MILWAUKEE
10 JUL 30 AM 10:51
RONALD D. LEONHARDT
CITY CLERK

NOTICES SENT TO FOR FILE 111345

[illegible]



Legislation Details (With Text)

File #: 111238 **Version:** 0

Type: Resolution **Status:** In Committee

File created: 1/18/2012 **In control:** JUDICIARY & LEGISLATION COMMITTEE

On agenda: **Final action:**

Effective date:

Title: Resolution relating to an appeal from Barbara Orban for property damage. (10th Aldermanic District)

Sponsors: THE CHAIR

Indexes: CLAIMS APPEAL

Attachments: City Attorney Letter, Appeal, Hearing Notice List

Date	Ver.	Action By	Action	Result	Tally
1/18/2012	0	COMMON COUNCIL	ASSIGNED TO		
5/7/2012	0	JUDICIARY & LEGISLATION COMMITTEE	HEARING NOTICES SENT		
5/7/2012	0	JUDICIARY & LEGISLATION COMMITTEE	HEARING NOTICES SENT		
5/7/2012	0	JUDICIARY & LEGISLATION COMMITTEE	HEARING NOTICES SENT		

Number

111238

Version

ORIGINAL

Reference

Sponsor

THE CHAIR

Title

Resolution relating to an appeal from Barbara Orban for property damage. (10th Aldermanic District)

Drafter

CC-CC

dkf

12/22/11

GRANT F. LANGLEY
City Attorney

RUDOLPH M. KONRAD
LINDA ULISS BURKE
VINCENT D. MOSCHELLA
Deputy City Attorneys



THOMAS O. GARTNER
SUSAN D. BICKERT
STUART S. MUKAMAL
THOMAS J. BEAMISH
MAURITA F. HOUREN
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ROBIN A. PEDERSON
CHRISTINE M. QUINN
MARGARET C. OAUN
JEREMY R. MCKENZIE
MARY L. SCHANNING
Assistant City Attorneys

December 6, 2011

Barbara Orban
457 North 40th Street
Milwaukee, WI 53208

RE: Barbara Orban
C.I. File No.: 11-S-313

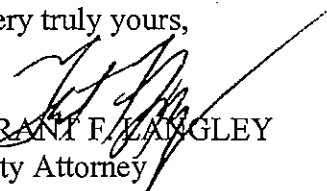
Dear Ms. Orban:

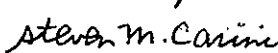
We have received your claim in the amount of \$264.00, relating to alleged damages to your vehicle due to it colliding with a pothole while you were traveling westbound on Bluemound at/near 46th Street on October 18, 2011.

Our investigation reveals that the Infrastructure Services Division records indicate that prior to October 18, 2011, the City had no notice of this hazard in the roadway and because of this lack of notice the City would not be liable. Therefore, we are denying your claim.

If you wish to appeal this decision, you may do so by sending a letter within 21 days of the receipt of this letter to the Milwaukee City Clerk, 200 East Wells Street, Room 205, Milwaukee, Wisconsin 53202, requesting a hearing.

Very truly yours,


GRANT F. LANGLEY
City Attorney


STEVEN M. CARINI
Investigator Adjuster

SMC:ms
1029-2011-2763:176132

*Mailed
12-13-11*

CITY OF MILWAUKEE

2011 DEC 19 AM 11:53

RONALD B. LEONHARDT
CITY CLERK

Mr. Carini,

Yes, I do want to appeal this
decision of yours. How is it that
there was not a notice, yet it got
fixed? I can barely keep up
with my bills now, let alone spending
money on fixing my car that was
clearly the city's fault!

Barbara J. Auber

CITY OF MILWAUKEE
RECEIVED

2011 DEC 19 PM 3:00

OFFICE OF
CITY ATTORNEY

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INVOICE

CUSTOMER COPY

PLEASE SEE REVERSE SIDE
FOR TERMS & CONDITIONS

REFERENCE NO. DATE TIME

26776 10/25/2011 08:10

P.O. NUMBER CUSTOMER NO.

DAN 3444464

S
O MIDAS, 37TH
L, MN
D 414-344-4464

S
H MIDAS, 37TH
I MARK, MIKE
P 3706 W. WISCONSIN AVE
T MILWAUKEE, WI 53208
O

SALESPERSON

TYPE OF SALE

TAX CODE

SHIP VIA

Page 1

1 - 1 JJH

DELIVERY TICKET

MN / 501051

NTTY PART NUMBER AND DESCRIPTION UNIT PRICE EXTENSION

1	560-06533B 1N-Wheel VIN# 1G2NW52E4XM877947; PO#67932; 16X6-1/2, 5 SPOKE, CHROME (OPT PY1); Requested:2004 GRAND AM; GRAND AM 02-05 16x6-1/2, 5 spoke, chrome, opt PY1; Q:392779; W:36981	250.00	250.00
---	--	--------	--------

CASH TICKET PLUS TAX

Paid Cash

Thank you for your business

Please circle Payment Type: Cash Check C/Card D/Card

Delivery Date Sub Total 250.00

Discount .00 Taxable 250.00

TAX 14.00

TOTAL 264.00

I HAVE READ, UNDERSTAND AND AGREE TO THE TERMS
& CONDITIONS ON BOTH SIDES OF THIS INVOICE.

CUSTOMER
SIGNATURE

[Signature]

Thank
You

To Whom This May Concern:

On Tuesday Oct 18th, approx 9:45Am, I was driving West on Bluemound and at about 46th Street hit what seemed to be a manhole! My front right tire was no longer able to hold air. I took my car in only to find out that I had cracked the rim when I hit that hole. I contacted Alderman Murphey's office and was told to send this info to you for reimbursement of damages.

Thank you,
Barbara J. Orban

Barbara Orban
457 N. 40th Street
Milwaukee, WI 53208
414-491-6689 (cell)
414-344-1158 (work)

CITY OF MILWAUKEE
2011 OCT 28 AM 8:29
RONALD D. LEONHART
CITY CLERK

OFFICE OF
CITY ATTORNEY

2011 OCT 28 PM 4:45

CITY OF MILWAUKEE
RECEIVED

NOTICES SENT TO FOR FILE 111238

[illegible]



Legislation Details (With Text)

File #: 111548 **Version:** 0
Type: Resolution **Status:** In Committee
File created: 3/20/2012 **In control:** JUDICIARY & LEGISLATION COMMITTEE
On agenda: **Final action:**
Effective date:
Title: Resolution relating to the claim of Cherisse Bozovic for personal injuries. (14th Aldermanic District)
Sponsors: THE CHAIR
Indexes: CLAIMS
Attachments: City Attorney Letter.pdf, Claim, Hearing Notice List

Date	Ver.	Action By	Action	Result	Tally
3/20/2012	0	COMMON COUNCIL	ASSIGNED TO		
5/7/2012	0	JUDICIARY & LEGISLATION COMMITTEE	HEARING NOTICES SENT		
5/7/2012	0	JUDICIARY & LEGISLATION COMMITTEE	HEARING NOTICES SENT		
5/7/2012	0	JUDICIARY & LEGISLATION COMMITTEE	HEARING NOTICES SENT		

Number
111548
Version
ORIGINAL
Reference

Sponsor
THE CHAIR
Title
Resolution relating to the claim of Cherisse Bozovic for personal injuries. (14th Aldermanic District)
Requestor
City Attorney
Drafter
JAS:ms
March 1, 2012
1029-2012-26:178770

GRANT F. LANGLEY
City Attorney

RUDOLPH M. KONRAD
LINDA ULISS BURKE
VINCENT D. MOSCHELLA
Deputy City Attorneys



THOMAS O. GARTNER
SUSAN D. BICKERT
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ROBIN A. PEDERSON
CHRISTINE M. QUINN
MARGARET C. DAUN
JEREMY R. MCKENZIE
MARY L. SCHANNING
PETER J. BLOCK
Assistant City Attorneys

March 1, 2012

To the Honorable Common Council
Of the City of Milwaukee
Room 205 – City Hall

Re: Resolution Relating to the Claim of Cherisse Bozovic
C.I. File No. 12-S-6

Dear Council Members:

We return the enclosed document which has been filed with the City Clerk, and ask that it be introduced and referred to the Committee on Judiciary & Legislation with the following recommendation.

Claimant, Cherisse Bozovic, 3746 South Clement Avenue, Milwaukee, WI 53207 alleges that on October 16, 2011 she sustained injuries when she tripped and fell on an uneven curb and pothole at/near 1211 East Saveland Avenue. She claims damages in the amount of \$14,895.31.

Our investigation reveals that the Infrastructure Services Division records indicate that prior to October 16, 2011, the City had no notice of this hazard in the roadway area and because of this lack of notice the City would not be liable. Therefore, we recommend denial of this claim.

Very truly yours,

GRANT F. LANGLEY
City Attorney

JAN A. SMOKOWICZ
Assistant City Attorney

JAS:ms
Enclosure
1029-2012-26:178768

Claim # 12-5-6.

City Clerk's Office -

CITY OF MILWAUKEE
2-10-12
2012 FEB 14 AM 7:42

CITY OF MILWAUKEE
RECEIVED

FEB 14 PM 4:40

CITY ATTORNEY

TO Whom it MAY CONCERN:

RONALD D. LEONHARDT
CITY CLERK

My name is Cherise Bongue and I am writing again concerning an injury I sustained back in October of 2011.

I had a slight problem getting the medical (written) records because for some reason the woman in medical records said that she hadn't gotten my message asking for the records.

Dr. Neubauer is the Orthopedic specialist I was referred to after the Emergency room. I do believe that I sent Bill's from the Doctor that took care of me at Wheaton/St. Francis Hospital.

I have more Bill's and receipts for medical equipment that we paid for because of not having insurance. We paid for office visits, Crutches and a walking boot.

I was given advice to send all of this information in along with an overall demand for pain and suffering which if I have to put

a price tag on what I've been
through it would be around \$10,000.00
along with my medical bills.

Well, to get this out to you, I'll
stop here. So thank you for working
with me and hope to hear from
you soon.

Cherise Bongiovanni

DISCHARGE INSTRUCTIONS

Patient Name: BOZOVIC, CHERISSE M.

Visit Date: 10/16/2011

Med Rec No: 209964

Acct No: 11653444

The examination and treatment you received in the Emergency Department has been given on an emergency basis only. Should your condition worsen or any new symptoms develop, or should you not recover as expected, contact your doctor or the doctor you were given for follow-up care. If you cannot contact your doctor, return to the Emergency Department.

You were treated today by :

Joel Smukowski MD

ADDITIONAL FOLLOWUP INSTRUCTIONS

Arrange for a follow up appointment with JOSHUA NEUBAUER, MD in 3 - 5 days or immediately if your symptoms get worse.

Neubauer, Joshua , MD
3111 W. RAWSON
SUITE 200
FRANKLIN, WI 53132
414- 325- 4320

CITY OF MILWAUKEE
RECEIVED
2012 FEB 14 PM 4:40
CITY ATTORNEY

DISCHARGE INSTRUCTIONS

Ankle Fracture- Brief

Fractured Ankle

A fractured or broken ankle may involve one or both bones (tibia and or fibula). Most of the time, broken ankles do not require surgery. They usually heal in 6-12 weeks with proper care. A cast, splint, or walking boot or brace is usually applied to immobilize the joint. Do not scratch the skin under your splint or cast.

Keep your injured ankle elevated to the level of your heart on pillows and chairs for the next 3-4 days. You can apply ice packs to the injured area for 20-30 minutes every 3-4 hours during this time to help control swelling and pain. Use crutches to as instructed. Do not bear weight on your injury until your caregiver approves. Walking on a broken ankle before advised by your provider may compromise the long term result. Take your pain medicine as prescribed. Be sure to arrange for follow-up care, such as physical therapy) as recommended. This allows your ankle to be fully rehabilitated as quickly and completely as possible.

CALL YOUR CAREGIVER OR SEEK IMMEDIATE MEDICAL CARE IF YOU HAVE:

Increasing pain uncontrolled by pain medicine.

Numb, cold, pale, or painful toes.

Are not improving or are getting worse.

Have any other questions or concerns.

MAKE SURE YOU:

Understand these instructions.

Will watch your condition.

DISCHARGE INSTRUCTIONS

Patient Name: BOZOVIC, CHERISSE M.

Visit Date: 10/16/2011

Med Rec No: 209964

Acct No: 11653444

DISCHARGE INSTRUCTIONS

Metatarsal Fracture(s), Undisplaced

Metatarsal Fracture(s), Undisplaced

A metatarsal fracture is a break in the bone(s) of the foot. These are the bones of the foot that connect your toes to the bones of the ankle.

DIAGNOSIS

The diagnoses of these fractures are usually made with X-rays. If there are problems in the forefoot and x-rays are normal a later bone scan will usually make the diagnosis.

TREATMENT & HOME CARE INSTRUCTIONS

Treatment may or may not include a cast or walking shoe. When casts are needed the use is usually for short periods of time so as not to slow down healing with muscle wasting (atrophy). Activities should be stopped until further advised by your caregiver.

Wear shoes with adequate shock absorbing capabilities and stiff soles.

Alternative exercise may be undertaken while waiting for healing. These may include bicycling and swimming, or as your caregiver suggests.

It is important to keep all follow-up visits or specialty referrals. The failure to keep these appointments could result in improper bone healing and chronic pain or disability.

Warning: Do not drive a car or operate a motor vehicle until your caregiver specifically tells you it is safe to do so.

IF YOU DO NOT HAVE A CAST OR SPLINT:

You may walk on your injured foot as tolerated or advised.

Do not put any weight on your injured foot for the first 1-2 weeks or as directed by your caregiver. Slowly increase the amount of time you walk on the foot as the pain allows or as advised.

Use crutches until you can bear weight without pain. A gradual increase in weight bearing may help.

Apply ice to the injury for 15 to 20 minutes each hour while awake for the first 2 days. Put the ice in a plastic bag and place a towel between the bag of ice and your skin.

Only take over-the-counter or prescription medicines for pain, discomfort, or fever as directed by your caregiver.

SEEK IMMEDIATE MEDICAL CARE IF:

Your cast gets damaged or breaks.

You have continued severe pain or more swelling than you did before the cast was put on, or the pain is not controlled with medications.

Your skin or nails below the injury turn blue or grey, or feel cold or numb.

There is a bad smell, or new stains and/or pus-like (purulent) drainage coming from under the cast.

MAKE SURE YOU:

DISCHARGE INSTRUCTIONS

Patient Name: BOZOVIC, CHERISSE M.

Visit Date: 10/16/2011

Med Rec No: 209964

Acct No: 11653444

DISCHARGE INSTRUCTIONS

Metatarsal Fracture(s), Undisplaced

Understand these instructions.

Will watch your condition.

Will get help right away if you are not doing well or get worse.

Document Released: 04/07/2004 Document Re-Released: 03/16/2010

ExitCare® Patient Information ©2011 ExitCare, LLC.

If you had an X-ray: X-rays do not always show any injury or disease. Fractures (breaks in bones) are not always revealed on the initial X-rays, but may be revealed on subsequent X-rays. Your X-ray has been read on preliminary basis. Final reading will be made by a radiologist in 24 hours. You will be notified of any additional findings. If you had a culture, the final results will be reviewed. You will be notified if additional treatment is required. If you need a release to return to work or school, or an extension of the time period indicated, it should be obtained from your physician, company physician or the physician given to you for follow-up care.

Location	Pat. Name	Sex	Age	MRN	Admission Date	Facility	Acct. Number
① DIS 10/16/11 10:34	BOZOVIC, CHERISSE MELAINE	F	46	209964	10/16/11 08:33	WFH-SF	11653444

Report for BOZOVIC, CHERISSE MELAINE (MRN: 209964)

TEST: RADIOLOGY

Collected Date & Time: 10/16/11 09:37

RADIOLOGY& Lat

cc:

JOEL SMUKOWSKI, MD, Ordering Physician

EXAM LOCATION: ST. FRANCIS

ORDERING PROVIDER: Joel Smukowski, MD

OCCURRENCE NUMBER: 202079089

EXAM DATE: 10/16/2011

EXAM: LEFT ANKLE THREE VIEWS

INDICATION: Fall and ankle pain.

FINDINGS: Three views of the ankle were performed and compared to the examination of February 8, 2011. There is a nondisplaced spiral fracture involving the distal shaft of the fibula at the level of the tibiotalar joint. There is no dislocation. Ankle joint appears normal. There is fracture of the proximal shafts of the second and third metatarsals.

IMPRESSION:

1. Nondisplaced spiral fracture of the distal fibular shaft at the level of the tibiotalar joint.
2. Nondisplaced fractures at the bases of the second and third metatarsals.

This document was electronically signed by PHILLIP BAINBRIDGE, MD on 10/16/2011 13:34:45.

Radiologist:

PHILLIP BAINBRIDGE, MD

PB/lb D. 10/16/2011 09:37:16 T. 10/16/2011 12:08:02

Doc ID #: 8286291 Voice ID #: 8456940

WHEATON FRANCISCAN HEALTHCARE - ST. FRANCIS

NAME: BOZOVIC, CHERISSE M MRN: 209964

DOB: 11/21/1964 ACCT #: 11653444

VISIT TYPE: E ROOM: ED

DOCTOR: PHILLIP BAINBRIDGE, MD

DATE: 10/16/2011

RADIOLOGY

Page 1 of 1

REPORT IS NOT FINAL UNLESS AUTHENTICATED

[View GE Images](#)

PATIENT INFORMATION SHEET

NAME Cherisse m. Bortolice AGE 46 SEX —
 ADDRESS 3746 S. Clement Ave. TELEPHONE (414) 763-9428
 CITY/STATE/ZIP Milwaukee, WI 53207 CELL PHONE —
 SOCIAL SECURITY # 396-66-0048 E-MAIL ADDRESS —
 EMPLOYER NAME Suds your Duds MARITAL STATUS Separated
 EMPLOYERS ADDRESS 3604 S. Clement Ave. IS PATIENT EMPLOYED (YES) OR NO
 CITY/STATE/ZIP Milwaukee, WI 53207 WORK RELATED INJURY - YES OR (NO)
 OCCUPATION Laundromat Attendant DATE OF INJURY 10-16-11
 IS THE PATIENT A FULL-TIME OR PART-TIME STUDENT (circle one) EMPLOYER PHONE (414) 455-4644
 NAME OF SCHOOL SCHOOL LOCATION
 RACE: American or Alaskan Native ☐ Asian ☐ Black or African American ☐ Native Hawaiian or Other Pacific Islander ☐ White ☐ Declined ☐
 ETHNICITY: Hispanic or Latino ☐ Non-Hispanic or Latino ☐ Declined ☐ Languages: English Open choice ☐ Declined ☐
 PHARMACY Walgreens - 6th - Oklahoma LOCATION/PHONE# (414) 744-1193
 Smoker: (Yes) No

INSURED INFORMATION

INSURED RELATIONSHIP TO THE PATIENT: (SELF) SPOUSE PARENT OTHER (Circle one)
 NAME DATE OF BIRTH SEX
 ADDRESS TELEPHONE#
 CITY/STATE/ZIP SOCIAL SECURITY #
 EMPLOYER NAME EMPLOYER PHONE
 EMPLOYER ADDRESS

INSURANCE INFORMATION

PRIMARY CARRIER Self Pay GROUP#
 ADDRESS ID#
 SECONDARY CARRIER GROUP#
 ADDRESS ID#

NAME OF REFERRING PHYSICIAN (if any) Wheaton - Franciscan St. Francis - Emergency
 NAME OF PRIMARY PHYSICIAN Dr. Amber Ellis - Omni Family Medical

Assignment of Benefits: I hereby assign all Medical and/or Surgical Benefits, including Major Medical Benefits to which I am entitled, private insurance and any other Health Plan to ORTHOPEDIC INSTITUTE OF WISCONSIN. This assignment will remain in effect until revoked by me in writing. A photocopy of this assignment is to be considered as valid as an original. I understand that I am financially responsible for all charges whether or not paid for by said insurance. I hereby authorize said assignee to release all information necessary to secure payment.

Cherisse m. Bortolice
 Signed

10-21-11
 Date

PATIENT HISTORY FORM

Note: This is a confidential record and will be kept in your doctor's office. Information contained here will not be released to anyone without your authorization to do so.

TODAY'S DATE 10/21/11 DATE OF LAST PHYSICAL EXAM 10/13/11

LAST NAME Bozovic FIRST NAME Cherisse

NAME OF PHYSICIAN REQUESTING THIS EVALUATION _____ DATE OF BIRTH: 11/21/64

CHIEF COMPLAINT

What is the main reason for your visit today? (Describe your problem in detail)

Fractured Ankle

History of Present Illness

Please answer the following questions

Location of the problem

Front Back



How long does the problem last?

30 minutes 1 hour It is always there

Other _____

On a scale of 1-10, with 10 being the most severe, circle the number that best describes the problem?

1 2 3 4 5 6 7 8 9 10

When did you first notice the problem?

2 days ago 2 weeks ago 1 month ago

Other 5 days ago

Is anything else occurring at the same time?

YES No If yes, please explain.

Nausea Rash Headaches

Other Sprained Right Ankle

Is the problem constant or variable?

Dull then Sharp Very sharp then leaves Always there

Other _____

Does anything help or make the problem worse?

Moving around Standing up Lying on my side

Other _____

Does the problem interfere with your normal functions?

Yes ☒ No ☐ If yes, please explain

walking, bathing, leaving my home

Past Medical, Family & Social History

List all serious illnesses in your immediate family. (Example: diabetes, tuberculosis, breast cancer, heart disease, etc.,)

Diabetes - Father
Breast Cancer - Sister
COPD

List any personal past illness and/or surgeries and when they occurred.

Illness or Surgery Hysterectomy Date 8-2000

Are you on a special diet? Yes ☐ No ☒ (If Yes, please explain)

Do you have allergies? Yes No (If Yes, please explain)

Penicillin - Amoxicillin - Codein

Do you smoke? ☒ Yes ☐ No

If yes, how much? 1 pk/day

Do you drink? ☐ Yes ☒ No

If yes, how much? _____

Do you exercise regularly? ☐ Yes ☒ No

If yes, how much? _____

Are you currently taking any medication? If Yes, please list all.

Flunoxen 40 mg
Methadone 80 mg

Review of Systems

Do you now or have you had any problems related to the following systems? Circle **Yes** or **No**.

Constitutional Symptoms

Fever	Y	N
Chills	Y	N
Headache	Y	N
Other		

Eyes

Blurred vision	<input checked="" type="radio"/>	N
Double vision	<input type="radio"/>	N
Pain	<input type="radio"/>	N
Other		

Allergic/Immunologic

Hay Fever	Y	N
Drug allergies	<input checked="" type="radio"/>	N
Other		

Neurological

Tremors	Y	N
Dizzy spells	Y	N
Numbness/tingling	Y	N
Other		

Endocrine

Excessive thirst	Y	N
Too hot/cold	Y	N
Tired/sluggish	Y	N
Other		

Gastrointestinal

Abdominal pain	Y	N
Nausea/vomiting	Y	N
Indigestion/heartburn	Y	N
Other		

Cardiovascular

Chest pain	Y	N
Varicose veins	Y	N
High blood pressure	Y	N
Other		

Integumentary

Skin rash	Y	N
Boils	Y	N
Persistent itch	Y	N
Other _____		

Musculoskeletal

Joint pain	Y	N
Neck pain	Y	N
Back pain	Y	N
Other		

Ear/Nose/Throat/Mouth

Ear infection	Y	N
Sore throat	Y	N
Sinus problem	Y	N
Other		

Genitourinary

Urine retention	Y	N
Painful urination	Y	N
Urinary frequency	Y	N
Other		

Respiratory

Wheezing	(Y)	M
Frequent cough	Y	M
Shortness of breath	Y	M
Other		

Hematologic/Lymphatic

Swollen glands	Y	N
Blood clotting problem	Y	N
Other		

Psychologic

Are you generally satisfied with your life?	(Y)	N
Do you feel severely depressed?	Y	(N)
Have you considered suicide?	(Y)	N
Other		

Physician use only: (Comments/Notes)

[illegible]

Progress Notes

Page: 1

Name: Bozovic, Cherisse

ID: 109191

Date Printed: 01/25/12

SEX:F AGE:47 years

Date: 11/18/11 : 12:35pm

Title: Followup patient visit

Providers: JN

D.O.S. 11/18/11

Bozovic, Cherisse

D.O.B.11/21/64

ID #:109191

The patient returns for her left ankle. She has a distal fibula fracture.

X-rays taken today show stable position of the fracture. Her foot and ankle are neurovascularly intact. She has present dorsiflexion and plantar flexion though with limited range of motion as expected. She will continue range of motion exercises on her own. She will return to see me in 4 weeks for an x-ray which an insertion shift questions, problems, concerns.

Procedure: Established Patient Level 2: 99212

Diagnosis: FIBULA FRACTURE, UNSPECIFIED: 823.81

Dictated by Joshua M Neubauer, M.D.

SIGNED BY Joshua M Neubauer (JN) 11/18/2011 12:36PM

Progress Notes

Page: 1

Name: Bozovic, Cherisse

ID: 109191

Date Printed: 01/25/12

SEX:F AGE:47 years

Date: 10/21/11 : 01:56pm

Title: New patient visit

Providers: JN

D.O.S. 10/21/11

Bozovic, Cherisse

D.O.B.11/21/64

ID #:109191

History of Present Illness:Cherisse Bozovic

The patient comes in today for her left ankle. She is a pleasant 46-year-old patient who fell proximally 5 days ago injuring her left ankle. She was seen at St. Francis Hospital emergency department and subsequently given follow up with me.

Past medical history

Asthma

Substance abuse

Past surgical history

Hysterectomy

Medications

Fluoxetine

Methadone

Allergies to medications

Penicillin

Codeine

Cataracts

Family history

Noncontributory

Social history

The patient smokes cigarettes. She denies alcohol and illicit drug use.

Examination

This is a pleasant 46 roll patient was moderately over nourished however she is in no acute distress. Her left ankle demonstrates intact dorsiflexion plantar flexion inversion and eversion. She has brisk capillary refill to her toes and a palpable dorsalis pedis pulse. She has intact sensation first web space, lateral foot, plantar foot. She has soft tissue swelling laterally as well as ecchymosis to the lateral aspect of her ankle and extending posteriorly.

Assessment and plan

Progress Notes

Page: 2

Name: Bozovic, Cherisse

ID: 109191

Date Printed: 01/25/12

SEX:F AGE:47 years

46 roll patient with left ankle fracture.

X-rays were taken in the office today which demonstrate stable position of the fracture as well as stable syndesmosis. She has a fracture of the distal aspect of the fibula at the level of the syndesmosis. She will continue with crutches for assistance. In addition I have given her a prescription for a cam walker boot. She was placed back in a splint prior to leaving the office today. She will return to see me in 4 weeks with new x-rays of her left ankle.

Her patient history form and review of symptoms was reviewed and signed by me today.

Procedure: New Patient Level 3: 99203

Procedure: Ankle: 73610

Diagnosis: FIBULA FRACTURE, UNSPECIFIED: 823.81

Dictated by Joshua M Neubauer, M.D.

SIGNED BY Joshua M Neubauer (JN) 10/21/2011 01:59PM

EMPLOYEE NAME		SOC. SEC. NO.	Employee #	Department	PAYROLL PERIOD	CK. NUMBER	CK. DATE
Cherisse M Bozovic		*** ** ****	436	51500	1/15-- 1/28/2012	12144	2/01/2012
EARNINGS	HOURS	RATE	CURRENT	YEAR TO DATE	DEDUCTIONS	CURRENT	YEAR TO DATE

WAGES	18.00	7.50	135.00	427.50	FICA Ins	5.67	19.37
Overtime				33.75	FICA Med	1.96	6.69
* Total *			135.00	461.25	*Net Pay*	127.37	435.19

OFFICE OF
CITY ATTORNEY

2012 FEB 14 PM 4:40

CITY OF MILWAUKEE
RECEIVED

Froebel Realty Co., Inc.

Gross Pay	Fed W/H	FICA Ins	FICA Med	State W/H	Fed Ex Cd	St Ex Cd	Addon FWH	Addon SWH
461.25		19.37	6.69		M 0	M 0		

EMPLOYEE NAME		SOC. SEC. NO.	Employee #	Department	PAYROLL PERIOD	CK. NUMBER	CK. DATE
Cherisse M Bozovic		*** ** ****	436	51500	1/01-- 1/14/2012	12118	1/18/2012
EARNINGS	HOURS	RATE	CURRENT	YEAR TO DATE	DEDUCTIONS	CURRENT	YEAR TO DATE
WAGES	18.00	7.50	135.00	292.50	FICA Ins	6.14	13.70
Overtime	1.00	11.25	11.25	33.75	FICA Med	2.12	4.73
* Total *			146.25	326.25	*Net Pay*	137.99	307.82

Froebel Realty Co., Inc.

Gross Pay	Fed W/H	FICA Ins	FICA Med	State W/H	Fed Ex Cd	St Ex Cd	Addon FWH	Addon SWF
326.25		13.70	4.73		M 0	M 0		

EMPLOYEE NAME		SOC. SEC. NO.	Employee #	Department	PAYROLL PERIOD		CK. NUMBER	CK. DATE
Cherisse M Bozovic		*** ** *****	436	51500	12/18--12/31/2011		12092	1/04/2012
EARNINGS	HOURS	RATE	CURRENT	YEAR TO DATE	DEDUCTIONS	CURRENT	YEAR TO DATE	
WAGES	21.00	7.50	157.50	157.50	FICA Ins	7.56	7.56	
Overtime	2.00	11.25	22.50	22.50	FICA Med	2.61	2.61	
* Total *			180.00	180.00	*Net Pay*	169.83	169.83	

Froebel Realty Co., Inc.

Gross Pay	Fed W/H	FICA Ins	FICA Med	State W/H	Fed Ex Cd	St Ex Cd	Addn FWH	Addn SWH
180.00		7.56	2.61		M 0	M 0		

Cherisse M Bozovic	*** ** ****	436	51500	11/06--11/19/2011	12013	11/23/2011
WAGES	4.00	7.50	30.00	4891.27	Fed W/H	13.11
Overtime				149.07	FICA Ins	211.69
* Total *			30.00	5040.34	FICA Med	73.08
					WI W/H	41.07
					Net Pay	4701.39
						28.31

Froebel Realty Co., Inc.

Gross Pay	Fed W/H	FICA Ins	FICA Med	State W/H	Fed Ex Cd	St Ex Cd	Addon FWH	Addon SMH
5040.34	13.11	211.69	73.08	41.07	M 0	M 0		

EMPLOYEE NAME		SOC. SEC. NO.	Employee #	Department	PAYROLL PERIOD	CK. NUMBER	CK. DATE
Cherisse M Bozovic		*** ** *****	436	51500	10/09--10/22/2011	11960	10/26/2011
EARNINGS	HOURS	RATE	CURRENT	YEAR TO DATE	DEDUCTIONS	CURRENT	YEAR TO DATE
WAGES	11.25	7.50	84.38	4831.27	Fed W/H		13.11
Overtime				149.07	FICA Ins	3.54	209.17
* Total *			84.38	4980.34	FICA Med	1.22	72.21
					WI W/H		41.07
					Net Pay	79.62	4644.78

Froebel Realty Co., Inc.

Gross Pay	Fed W/H	FICA Ins	FICA Med	State W/H	Fed Ex Cd	St Ex Cd	Addon FMH	Addon SMH
4980.34	13.11	209.17	72.21	41.07	M 0	M 0		

		Check#	Regular	Overtime	Vac Pay	Sick Pay	Other	Gross
Cherisse M Bozovic								
3746 S Clement Avenue		11908 Hrs:	29.25	.00	.00	.00		29.25
Milwaukee WI 53207		9/28 Amt:	219.38	.00	.00	.00		219.38
436 396 66 0048		M T D Hrs:	55.25	2.00	.00	.00		57.25
Born: 11/21/64 Dept: 51500		Amt:	414.38	22.50	.00	.00		436.88
Hire: 1/16/11 Rate: 7.5000		Q T D Hrs:	220.25	5.50	.00	.00		225.75
Chgd: 2/15/11 Prev: 7.2500		Amt:	1651.88	61.88	.00	.00		1713.76
Pension: N Depr Comp: N		Y T D Hrs:	608.00	13.25	.00	.00		621.25
Gender: F Non Emp: N		Amt:	4551.89	149.07	.00	.00		4700.96
Deduct: Fed WH FICA State WH S.D.I.		ERROR	DRAW				Misc	Net Pay
11908 .00 12.39 .36 .00								206.63
M T D .00 24.68 .63 .00								411.57
Q T D .00 96.83 10.71 .00								1606.22
Y T D 13.11 265.60 41.07 .00								4381.18

		Check#	Regular	Overtime	Vac Pay	Sick Pay	Other	Gross
Cherisse M Bozovic								
3746 S Clement Avenue		11934 Hrs:	26.00	.00	.00	.00		26.00
Milwaukee WI 53207		10/12 Amt:	195.00	.00	.00	.00		195.00
436 396 66 0048		M T D Hrs:	26.00	.00	.00	.00		26.00
Born: 11/21/64 Dept: 51500		Amt:	195.00	.00	.00	.00		195.00
Hire: 1/16/11 Rate: 7.5000		Q T D Hrs:	26.00	.00	.00	.00		26.00
Chgd: 2/15/11 Prev: 7.2500		Amt:	195.00	.00	.00	.00		195.00
Pension: N Depr Comp: N		Y T D Hrs:	634.00	13.25	.00	.00		647.25
Gender: F Non Emp: N		Amt:	4746.89	149.07	.00	.00		4895.96
Deduct: Fed WH FICA State WH S.D.I.		ERROR	DRAW				Misc	Net Pay
11934 .00 11.02 .00 .00								183.98
M T D .00 11.02 .00 .00								183.98
Q T D .00 11.02 .00 .00								183.98
Y T D 13.11 276.62 41.07 .00								4565.16

		Check#	Regular	Overtime	Vac Pay	Sick Pay	Other	Gross
Cherisse M Bozovic								
3746 S Clement Avenue		11960 Hrs:	11.25	.00	.00	.00		11.25
Milwaukee WI 53207		10/26 Amt:	84.38	.00	.00	.00		84.38
436 396 66 0048		M T D Hrs:	37.25	.00	.00	.00		37.25
Born: 11/21/64 Dept: 51500		Amt:	279.38	.00	.00	.00		279.38
Hire: 1/16/11 Rate: 7.5000		Q T D Hrs:	37.25	.00	.00	.00		37.25
Chgd: 2/15/11 Prev: 7.2500		Amt:	279.38	.00	.00	.00		279.38
Pension: N Depr Comp: N		Y T D Hrs:	645.25	13.25	.00	.00		658.50
Gender: F Non Emp: N		Amt:	4831.27	149.07	.00	.00		4980.34
Deduct: Fed WH FICA State WH S.D.I.		ERROR	DRAW				Misc	Net Pay
11960 .00 4.76 .00 .00								79.62
M T D .00 15.78 .00 .00								263.60
Q T D .00 15.78 .00 .00								263.60
Y T D 13.11 281.38 41.07 .00								1414.70

Check stubs are a continuation of wage statement from prior

RECEIPT		DATE <u>11.18.11</u>	No. <u>584340</u>
RECEIVED FROM <u>Cherisse Bozovic 109191</u>		<u>\$50.00</u>	
<u>Fifty and 00/100</u>		DOLLARS	
<input type="radio"/> FOR RENT		<u>Self pay Dr. Newbauer</u>	
<input type="radio"/> FOR			
ACCOUNT		<input checked="" type="radio"/> CASH	
PAYMENT	<u>50 00</u>	<input type="radio"/> CHECK	
BAL. DUE		<input type="radio"/> MONEY ORDER	
		<input checked="" type="radio"/> CREDIT CARD	
		FROM	TO
		BY <u>CRS</u>	

Y110447780



Wheaton Medical Equipment Team
PO Box 860012
Minneapolis MN 55486-6000
ADDRESS SERVICE REQUESTED



Wheaton Franciscan
Medical Equipment Team

Date:	1/10/2012
Patient Name:	CHERISSE M BOZOVIC
Account:	919987
Balance:	\$51.00



0026020024005208447053207406746---Y110447780 557

Cherisse M Bozovic
3746 S Clement Ave
Milwaukee WI 53207-4067



Wheaton Medical Equipment Team
PO Box 860012
Minneapolis MN 55486-6000

*** Please detach the upper portion and return with your payment ***

Statement

Serv.Date	Description	Amount	Payment	Balance
10/16/2011	CRUTCH UNDERARM (Purchase)	\$51.00		
			Total Balance Due	\$51.00

PAYMENT DUE BY: 15 days from statement date.

Call 414-258-2800, select Option 4 to be connected to the Billing Department option #4 or ask to speak to the Billing Department.

Please retain this statement for tax purposes. This will be your only copy.

MAKE CHECKS PAYABLE TO:

Orthopedic Institute of Wisconsin

2901 Kinnickinnic River Parkway
Suite 102
Milwaukee, WI 53215
(414) 384-6700
www.theorthoinstitute.com
Business Address

Return Service Requested

ADDRESSEE:

1 5
Cherisse Bozovic
3746 S CLEMENT AVE
MILWAUKEE, WI 53207-4067

IF PAYING BY CREDIT CARD, FILL OUT BELOW		
CHECK CARD USING FOR PAYMENT		
<input type="checkbox"/> DISCOVER	<input type="checkbox"/> MASTERCARD	<input type="checkbox"/> VISA
CARD NUMBER	SECURITY CODE	
SIGNATURE	EXP. DATE	
STATEMENT DATE	PAY THIS AMOUNT	ACCOUNT #
01/09/12	724.00	279126
Payment Due:	01/29/12	SHOW AMOUNT PAID HERE \$

REMIT TO:

ORTHOPEDIC INSTITUTE OF WISCONSIN
2901 KINNICKINNIC RIVER PKWY STE 102
MILWAUKEE WI 53215-3660

☐ Please check box if above address is incorrect or insurance information has changed, and indicate change(s) on reverse side.

PLEASE DETACH AND RETURN TOP PORTION WITH YOUR PAYMENT

CHARGES APPEARING ON THIS STATEMENT ARE NOT INCLUDED ON ANY HOSPITAL BILL OR STATEMENT

Page 1

Date	Patient	Description	Charge	Payment/ Adjustment	Patient Balance
10/21/11	Cherisse	FX DISTAL FIBULAR/LATERAL MA	1197.00		548.00
10/21/11	Cherisse	X - Ray: Ankle Ap / Lat / O	175.00		38.00
10/27/11	Cherisse	CREDIT SELF PAY PATIENT		-686.00	
11/18/11	Cherisse	GLOBAL VISIT	50.00		50.00
11/18/11	Cherisse	X - Ray: Ankle Ap / Lat / O	88.00		88.00
Orthopedic Institute of Wisconsin					
ACCOUNT # 279126		STATEMENT DATE 01/09/12	PAY THIS AMOUNT 724.00		
			PAYMENT DUE BY: 01/29/12		

Orthopedic Institute of Wisconsin
2901 Kinnickinnic River Parkway
Suite 102
Milwaukee, WI 53215
(414) 384-6700
www.theorthoinstitute.com
Business Address

BILLING QUESTIONS: (414) 384-6700
Jeffrey J. Butler, M.D.
James W. Stone, M.D.
Daniel W. Guehlstorf, M.D.
Steven R. Trinkl, M.D.
William T. Pennington, M.D.
Jamie O. Edwards, M.D.
Thomas J. Perlewitz, M.D.
Eric R. Pifef, M.D.
Joshua M. Neubauer, M.D.
Christopher J. Evanich, M.D.
Brian A. McCarty, M.D.
Bindu S. Bamrah, M.D.
Brian C. Law, M.D.

If you have questions regarding how your insurance company handled reimbursement for the services, please call your insurance company directly. For other billing inquiries, please call (414) 384-6700

Corporate Office
1444 S. 113th St.
West Allis, WI 53214
414.258.2800 or 800.942.6422
www.knueppels.com



Retail Locations
West Allis: 414.258.2800
Racine: 262.321.0110
Mequon: 262.240.1700

INVOICE

DATE	NUMBER
10/22/2011	284968

TO BOZOVIC, CHERISSE
3746 S CLEMENT AVE
MILWAUKEE WI 53207

Private

SERVICE DATE	SERVICE TIME
10/22/2011	

ITEM	QTY		PRICE	DISCOUNT
BLEAL032005EB	1	WALKING BOOT NON-PNUEMATIC	\$175.00	\$0.00

Cash Amount Tendered: \$200.00

Total Price: \$175.00
Total Disc.: \$0.00
Total Tax: \$0.00
Amount Paid: \$175.00
Balance: \$0.00

PLEASE READ BEFORE SIGNING

- I certify that the equipment provided was done so with my consent and approval, is in satisfactory condition, is appropriate for my current needs and can be used safely and effectively in the settings of anticipated use. I have received warranty information and instructions regarding its proper operation, use and care.
- I understand that benefit quotes are based on information provided by my insurance and are not a guarantee of payment, that I will be personally responsible for all charges not covered by my insurance, that I am required to promptly pay any balance owed on my account and if I default on payment, I will be responsible for paying all collection costs including, but not limited to, third-party collection agency fees, attorney's fees and court costs.
- Returns are accepted only within 14 days of purchase with the original receipt, in the original, unopened and undamaged packaging. Products are NOT RETURNABLE if they are used, custom-made, for personal care or worn against the body. All returns are subject to a 20% re-stocking fee.

Melanie Boyer
Person Ordering/Receiving Product

Relationship to Client

Date

☐ Minor ☒ Adult

Prepared by:

Ailove

Delivered by:

10-22-2011



Wheaton Franciscan Healthcare

Correspondence
Wheaton Franciscan Healthcare
PO Box 5995
Peoria, IL 61601-5995

SUMMARY STATEMENT

Account Summary

Guarantor name:	CHERRISSE M BOZOVIC
Statement date:	02/03/2012
Total charges*:	\$1,054.00
Insurance payments and adjustments:	\$0.00
Patient payments and adjustments:	\$-474.30

Due Date: 02/24/2012
Amount you owe: \$579.70

*This reflects all charges to date.

Account Activity

Balance by Location

St. Francis Hospital:	\$579.70
Amount you owe for all services:	\$579.70

0-30 Days	31-60 Days	61-90 Days	91+ Days
\$0.00	\$0.00	\$0.00	\$579.70

The balance due should be paid within 21 days. This chart shows you the time that has passed since the initial billing for each amount due.

Please detach bottom portion and return with your payment.



**Wheaton
Franciscan
Healthcare**

Correspondence
Wheaton Franciscan Healthcare
PO Box 5995
Peoria IL 61601-5995

☐ Check here if address or insurance information is incorrect, and indicate change(s) on reverse side.

CHERRISSE M BOZOVIC
3746 S CLEMENT AVE
BAY VIEW WI 53207-4067

CITY ATTORNEY

RECEIVED
FEB 14 2012

P-TVDHT-48169-LDKFQM

FINAL NOTICE

Payment Information



Pay your bill online!

Visit: www.mywheaton.org/billpayment

Document Code: P-TVDHT-48169-LDKFQM

Reference Account #: 11653444

Amount Due:

\$579.70

Important Message

Please note your account has balances older than 90 days that are considered past due. **To avoid future collection activity, the balance needs to be paid immediately.** If you are unable to make full payment, you need to contact our office to discuss payment options.

Questions

Please contact:

Customer Service (877) 304-6332

Hours: Monday through Thursday 8 am - 8 pm
Friday 8 am - 5 pm



Online: www.mywheaton.org/contact_us
E-mail: wheatonbusinessoffice@wfhc.org

Page 1

IF PAYING BY CREDIT CARD, FILL OUT BELOW		
CHECK CARD USING FOR PAYMENT	<input type="checkbox"/> MASTERCARD	<input type="checkbox"/> DISCOVER
	<input type="checkbox"/> VISA	<input type="checkbox"/> AMERICAN EXPRESS
CARD NUMBER	SIGNATURE CODE	
SIGNATURE	EXP. DATE	
PRINT CARDHOLDER NAME		
DOCUMENT CODE	DUE DATE	AMOUNT DUE
P-TVDHT-48169-LDKFQM	02/24/2012	\$579.70
SHOW AMOUNT PAID HERE		
\$		

MAKE CHECKS PAYABLE AND SEND TO:

WHEATON FRANCISCAN HEALTHCARE
SDS 12-3088
PO BOX 86
MINNEAPOLIS MN 55486



WPH-177



For questions, please contact:

Customer Service (877) 304-6332

Hours: Monday through Thursday 8 am - 8 pm

Friday 8 am - 5 pm

E-mail: wheatonbusinessoffice@wfhc.org

Guarantor Name: **CHERISSE M BOZOVIC**

Statement Date: 02/03/2012

Page: Page 3

Note: Charges appear as patient responsibility is determined; therefore, some charges may not appear on the statement.

St. Francis Hospital				
Service Description		Payment Activity		
	Date	Activity Description	Amount	Due from Patient
Date of Service:	10/16/2011	Initial Charge	\$1,054.00	
Patient Name:	CHERISSE M BOZ	10/20/2011 ALLOW SELF PAY DISCOUNT	\$-474.30	
Visit Type:	OUTPATIENT			
Service Area:	EMERGENCY MEDI			
Account Number:	11653444	Due from Patient		\$579.70
Primary Insurance:	SELF PAY			
Secondary Insurance:				
St. Francis Hospital services		Total due from patient:		\$579.70

Total due from patient for all services:

\$579.70

For questions or itemized bill requests, call toll free at (877) 304-6332 or e-mail wheatonbusinessoffice@wfhc.org. Financial assistance is available to those who qualify. For more information please call (877) 304-6332. You may pay your bill online at www.mywheaton.org/billpayment. For information on scheduling an in-person billing consultation, go to www.mywheaton.org/billconsult.

CITY

CITY OF MILWAUKEE

2012 JAN

2012 JAN 3 PM 3:36

RONALD D. LEONHARDT

CITY CLERK

On October 16th 2011 at 8:30 a.m. I had left my home at 3746 S. Clement Ave. to go to my car for work. I tripped over something that made me fall and injure myself. After the injury I realized that what made me fall and sprain my right ankle was an uneven curb and a pot hole all in one spot. Further more my left ankle was fractured in the fall and I broke 3 toes.

I feel that as a direct result of this portion of the curb being uneven and the pot hole that these injuries resulted. My husband called 911 but the EMT's believed that my foot was just sprained so transportation to the Hospital would be too expensive so my husband drove me to Wheaton/Franciscan Hospital/St. Francis where X-ray revealed a fracture in the left ankle and a break across my toes. I was then referred to an Orthopedic Specialist whom I saw

2012 JAN -4 PM 2:55

CITY OF MILWAUKEE
RECEIVED

28:8 149 8' MAL 5185

113

L 8105

11A102

Shortly Afterward. He determined that I did not need surgery. But I needed to follow up with him every 4 weeks. Also as a result of this injury, I was off of work for 5 weeks. I work in a laundromat located at 3604 S. Clement Ave. and I do have to walk around to Clean machines, rest room etc.

If you would, kindly review my evidence I greatly appreciate it and can be reached either at Home at (414) 763-9428 or my cell phone which is (414) 721-6631.

I work approximately 38 hrs. every 2 weeks.

I look forward to hearing from you.

Thank You
Cherise Bongiovanni

Loss Location:

Cents said at 1700 E.

Saveland Ave. where her car was

parked (around corner from her home)

(INCLUDE)

F0209964

STATEMENT

EMERGENCY MEDICINE SPECIALISTS
9875 S FRANKLIN DR
PO BOX 320930
FRANKLIN WI 53132

5901d
5392A
SU06

We accept Master Card, Visa
Discover, American Express.
Please see back of statement.

RETURN SERVICE REQUESTED

Please Include Security Code From Back Of Card	
CHECK CARD USING FOR PAYMENT	
<input type="checkbox"/> MASTERCARD	<input type="checkbox"/> VISA
<input type="checkbox"/> DISCOVER	<input type="checkbox"/> AMERICAN EXPRESS
CARD NUMBER	EXP. DATE
CARDHOLDER NAME	SECURITY CODE
SIGNATURE	AMOUNT

REMIT TO:

EMERGENCY MEDICINE SPECIALISTS
9875 S FRANKLIN DR
PO BOX 320930
FRANKLIN WI 53132-6151



>02136 8077640 001 092096
CHERISSE M BOZOVIC
3746 S CLEMENT AVE
MILWAUKEE WI 53207-4067

PLEASE RETURN THIS PORTION WITH PAYMENT

Office Phone Number (414) 858-2200	Statement Date 11/06/11	Your Account Number F0209964	Page No. 01	Patient Balance 433.00	SHOW AMOUNT PAID HERE \$
---------------------------------------	----------------------------	---------------------------------	----------------	---------------------------	-----------------------------

CHARGES APPEARING ON THIS STATEMENT ARE NOT INCLUDED ON ANY HOSPITAL BILL OR STATEMENT

DATE	PROVIDER NAME	EXPLANATION OF ACTIVITY	PATIENT NAME	CHARGES AND DEBITS	PAYMENTS AND CREDITS	BALANCE
11/16/11	SMUKOWSKI M	CPT: 99284 LEVEL 4 VISIT	C BOZOVIC	433.00		433.00
For services at St. Joseph's, Franklin Hospital, St. Francis Hospital or Elmbrook Memorial Hospital						

Statement Date: 11/06/11	PLEASE INDICATE YOUR ACCOUNT NUMBER WHEN CALLING OUR OFFICE: F0209964
--------------------------	---

CURRENT	30-60 DAYS	60-90 DAYS	> 90 DAYS	TOTAL	INS PENDING	PATIENT BALANCE PAY THIS AMOUNT
433.00				433.00	0.00	433.00

FOR INQUIRIES/PAYMENTS TO:
EMERGENCY MEDICINE SPECIALISTS
9875 S FRANKLIN DR
PO BOX 320930
FRANKLIN WI 53132-8895
(414) 858-2200

136 8077640 002137 00001/00001 920966912

PLEASE RETURN THIS STUB WITH YOUR PAYMENT



"IF IT DOESN'T SAY BELL ON THE SIDE,
YOU'VE JUST BEEN TAKEN FOR A RIDE!!!"

549 E WILSON ST
MILWAUKEE, WI,
53207-1635

#BUNDSD
#26 11 0289 0025 0 10#

CHERISSE M BOZOVIC
324 S CLEMENT AVE
MILWAUKEE, WI 53207-4067

Client Name: **BOZOVIC, CHERISSE M**

Trip Number:

11-2890025

Service Date: **10/16/2011**

Amount Due: **\$ 131.28**

Billing Date: **11/03/2011**

Billing Department: **(414) 486-2000**

Toll-Free Number: **(800) 896-6200**

Se Habla Español: **(414) 486-4016**

Service Date:

Trip Number: **11-2890025**

Client Name: **BOZOVIC, CHERISSE M**

Caller:

From Location: **1207 E SAVELAND AVE**

To Location: **<NO TRANSPORT>**

Insurance Information



"IF IT DOESN'T SAY BELL ON THE SIDE,
YOU'VE JUST BEEN TAKEN FOR A RIDE!!!"

Billing Department: **(414) 486-2000**

Toll-Free: **(800) 896-6200**

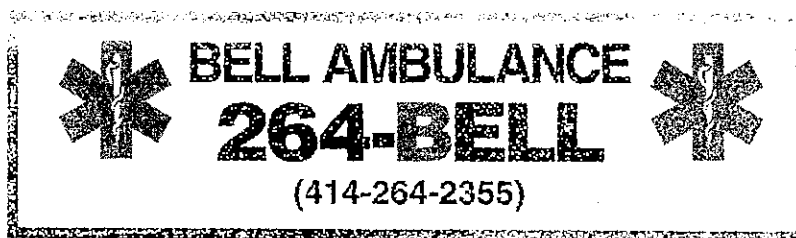
549 E WILSON ST
MILWAUKEE, WI, 53207-1635

Bill Patient

Patient SSN

DATE	DESCRIPTION OF TRANSACTION
10/16/11	BLS Emerg First Response - F
10/16/11	BLS Disposables

HCPC	QUANTITY	UNIT PRICE	AMOUNT
A0429	1	\$120.00	\$120.00
A0382	1	\$11.28	\$11.28



"IF IT DOESN'T SAY BELL ON THE SIDE,
YOU'VE JUST BEEN TAKEN FOR A RIDE!!!"

PLEASE PAY THIS AMOUNT => **\$131.28**

You have not provided us with insurance information, therefore immediate
payment in full is now due. Thank you.

DO NOT SEND PAYMENTS OR CORRESPONDENCE TO THIS ADDRESS.

RADIOLOGY SPECIALISTS OF MILWAUKEE, S.C.

PO Box 1259 Dept #88681

Oaks, PA 19456



12-15-11

OFFICE PHONE: 414-455-4794

Office Hours: 9:00AM-4:00PM MON-FRI

Fax: 414-359-5701



1912-7

CHERRISSE MELAINE BOZOVIC

3746 S CLEMENT AVE

MILWAUKEE WI 53207-4067

Patient Name: CHERRISSE MELAINE BOZOVIC

Account #: RSM11653444

Amount Due: \$103.00

FINAL NOTICE!

According to our records, your balance of \$103.00 is delinquent and remains unpaid to our practice. Please pay the amount in full immediately using the bottom portion of this letter or call 414-455-4794 to make payment arrangements.

To pay online go to: <https://pay.instamed.com/MILWAUKEERAD>

If payment is not received within 10 days your account may be placed for collection without further involvement by RADIOLOGY SPECIALISTS OF MILWAUKEE, S.C.

Please understand that failure to pay could adversely affect your credit rating.

Respond to this collection notice today.

CC: Collection Coordinator

FINAL NOTICE!

Please detach and return bottom portion with your payment in enclosed envelope

GUARANTOR NAME AND ADDRESS:

CHERRISSE MELAINE BOZOVIC

3746 S CLEMENT AVE

MILWAUKEE WI 53207-4067

AMOUNT OF
PAYMENT

\$

Payment Due
12/25/11

SERVICES PROVIDED BY:

RADIOLOGY SPECIALISTS OF MILWAUKEE, S.C.

PO BOX 14307

MILWAUKEE WI 53214-0307



Patient Name: CHERRISSE MELAINE BOZOVIC

Account #: RSM11653444

Amount Due: \$103.00

06 2 116 53444 12151 10300

**PLEASE SEND ALL PAYMENTS AND
CORRESPONDENCE TO THIS ADDRESS.**

Y10D2E20D5



Wheaton Medical Equipment Team
PO Box 860012
Minneapolis MN 55486-6000
ADDRESS SERVICE REQUESTED



Wheaton Franciscan
Medical Equipment Team

Date:	12/9/2011
Patient Name:	CHERISSE M BOZOVIC
Account:	919987
Balance:	\$51.00



0026020024005029240553207406746---Y1002E20D5 787

Cherisse M Bozovic
3746 S Clement Ave
Milwaukee WI 53207-4067



Wheaton Medical Equipment Team
PO Box 860012
Minneapolis MN 55486-6000

*** Please detach the upper portion and return with your payment ***

Statement

Serv.Date	Description	Amount	Payment	Balance
10/16/2011	CRUTCH UNDERARM (Purchase)	\$51.00		

Total Balance Due \$51.00

PAYMENT DUE BY: 15 days from statement date.

Call 414-258-2800, select Option 4 to be connected to the Billing Department option #4 or ask to speak to the Billing Department.

Please retain this statement for tax purposes. This will be your only copy.

DO NOT SEND PAYMENTS OR CORRESPONDENCE TO THIS ADDRESS

Radiology Specialists Of Milwaukee, S.C.

PO Box 1259 Dept #88681

Oaks, PA 19456



Billing Questions: 414-455-4794

Fax: 414-359-5701

Office Hours: 9:00AM-4:00PM MON-FRI

To pay online go to: <https://pay.instamed.com/MILWAUKEERAD>
Credit cards are accepted for payment

STATEMENT DATE	PAY THIS AMOUNT	ACCOUNT NO
11-15-11	\$103.00	RSM11663444

CHARGES AND CREDITS MADE AFTER STATEMENT
DATE WILL APPEAR ON NEXT STATEMENT.

SHOW AMOUNT
PAID HERE \$

MAKE CHECKS PAYABLE / REMIT TO:



1910-8

CHERISSE MELAINE BOZOVIC
3746 S CLEMENT AVE
MILWAUKEE WI 53207-4067

Radiology Specialists Of Milwaukee, S.C.

PO BOX 14307

MILWAUKEE WI 53214-0307



06 2 116 534 44 111 511 10300

Patient: CHERISSE MELAINE BOZOVIC

☐ Please check box if above address is incorrect or Insurance
Information has changed, and indicate change(s) on reverse side.

STATEMENT

PLEASE DETACH AND RETURN TOP PORTION WITH
YOUR PAYMENT IN ENCLOSED ENVELOPE

Patient: CHERISSE MELAINE BOZOVIC

Referring Physician SMUKOWSKI JOEL

Account No: RSM11663444

Services Were Provided at: WFH ST FRANCIS

DATE	PROC CODE	DIAGNOSIS	UNITS	DESCRIPTION OF SERVICES	CHARGES	PAY/ ADJ	INSUR. PENDING	PATIENT BALANCE
10-16-11	73564	959.7	1	Knee, 4 Or More Views	58.00			58.00
10-16-11	73610	825.25	1	Ankle Complete Min 3 Views	45.00			45.00
Se habla espanol 866-729-7008								
Current		31-60 Days	61-90 Days	Over 90 Days	PAYMENT DUE: 11/29/11		PATIENT BALANCE DUE : \$103.00	
\$103.00		\$0.00	\$0.00	\$0.00				

If you have insurance please contact our office: You are
responsible for the amount indicated in PATIENT BALANCE
DUE.

RADIOLOGY SPECIALISTS OF MILWAUKEE, S.C.

PO BOX 14307

MILWAUKEE WI 53214-0307

414-455-4794

Tax ID: 391984839

STATEMENT

SEE REVERSE SIDE FOR IMPORTANT BILLING INFORMATION



Wheaton Franciscan Healthcare

Correspondence
Wheaton Franciscan Healthcare
PO Box 5995
Peoria, IL 61601-5995

SUMMARY STATEMENT

Account Summary

Guarantor name:	CHERISSE M BOZOVIC
Statement date:	11/07/2011
Total charges*:	\$1,054.00
Insurance payments and adjustments:	\$0.00
Patient payments and adjustments:	\$-474.30

Due Date:	12/01/2011
Amount you owe:	\$579.70

*This reflects all charges to date.

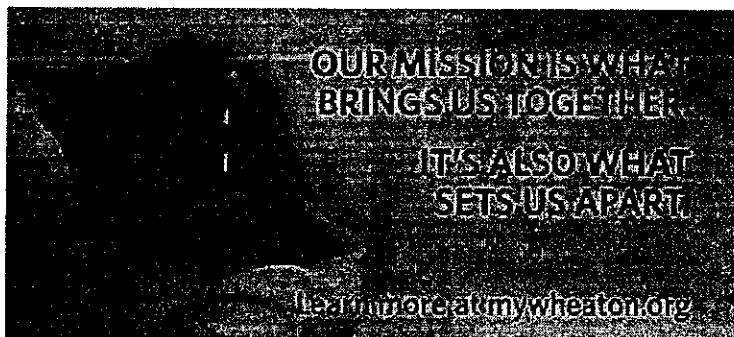
Account Activity

Balance by Location

St. Francis Hospital:	\$579.70
Amount you owe for all services:	\$579.70

0-30 Days	31-60 Days	61-90 Days	91+ Days
\$579.70	\$0.00	\$0.00	\$0.00

The balance due should be paid within 21 days. This chart shows you the time that has passed since the initial billing for each amount due.



Payment Information



Online bill pay is now available!

Visit: www.mywheaton.org/billpayment

Document Code: P-BNDMJ-74626-KCXRPL

Amount Due:

\$579.70

Important Message

All payments are posted to the oldest visit first unless specified on the back of the tear off portion of this statement. If you prefer, payments can be made online at www.mywheaton.org/billpayment or by calling Customer Service toll free at (877) 304-6332. **If you are paying less than the full amount due, you need to contact our office to discuss payment options.**

For information on scheduling an in-person billing consultation, go to www.mywheaton.org/billconsult.

Questions

Please contact:

Customer Service (877) 304-6332

Hours: Monday through Thursday 8 am - 8 pm
Friday 8 am - 5 pm



Online: www.mywheaton.org/contact_us

E-mail: wheatonbusinessoffice@wfhc.org

Page 1

Please detach bottom portion and return with your payment.



**Wheaton
Franciscan
Healthcare**

Correspondence
Wheaton Franciscan Healthcare
PO Box 5995
Peoria IL 61601-5995

☐ Check here if address or insurance information is incorrect, and indicate change(s) on reverse side.

CHERISSE M BOZOVIC
3746 S CLEMENT AVE
BAY VIEW WI 53207-4067

IF PAYING BY CREDIT CARD, FILL OUT BELOW.			
CHECK CARD USING FOR PAYMENT	<input type="checkbox"/> MasterCard	<input type="checkbox"/> DISCOVER	<input type="checkbox"/> VISA <input type="checkbox"/> AMERICAN EXPRESS
CARD NUMBER	SIGNATURE CODE		
SIGNATURE	EXP. DATE		
PRINT CARDHOLDER NAME			
DOCUMENT CODE	DUE DATE	AMOUNT DUE	
P-BNDMJ-74626-KCXRPL	12/01/2011	\$579.70	
SHOW AMOUNT PAID HERE			
\$			

MAKE CHECKS PAYABLE AND SEND TO:

WHEATON FRANCISCAN HEALTHCARE
SDS 12-3088
PO BOX 86
MINNEAPOLIS MN 55486



00703920-00888

WFF-177

BPD112 - 00703920-007785-0102-0-0



For questions, please contact:
Customer Service (877) 304-6332
Hours: Monday through Thursday 8 am - 8 pm
Friday 8 am - 5 pm
E-mail: wheatonbusinessoffice@wfhc.org

Guarantor Name: **CHERISSE M BOZOVIC**
Statement Date: 11/07/2011
Page: Page 3

Note: Charges appear as patient responsibility is determined; therefore, some charges may not appear on the statement.

Service Description		Payment Activity		
		Date	Activity Description	Amount Due from Patient
Date of Service:	10/16/2011		Initial Charge	\$1,054.00
Patient Name:	CHERISSE M BOZ	10/20/2011	ALLOW SELF PAY DISCOUNT	\$-474.30
Visit Type:	OUTPATIENT			
Service Area:	EMERGENCY MEDI		Due from Patient	\$579.70
Account Number:	11653444			
Primary Insurance:	SELF PAY			
Secondary Insurance:				

St. Francis Hospital services

Total due from patient:

\$579.70

Total due from patient for all services:

\$579.70

For questions or itemized bill requests, call toll free at (877) 304-6332 or e-mail wheatonbusinessoffice@wfhc.org. Financial assistance is available to those who qualify. For more information please call (877) 304-6332. You may pay your bill online at www.mywheaton.org/billpayment. For information on scheduling an in-person billing consultation, go to www.mywheaton.org/billconsult.

MAKE CHECKS PAYABLE TO:

Orthopedic Institute of Wisconsin

2901 Kinnickinnic River Parkway
Suite 102
Milwaukee, WI 53215
(414) 384-6700
www.theorthoinstitute.com
Business Address

Return Service Requested

ADDRESSEE:

Cherisse Bozovic 1 2
3746 S CLEMENT AVE
MILWAUKEE, WI 53207-4067

IF PAYING BY CREDIT CARD, FILL OUT BELOW

CHECK CARD USING FOR PAYMENT

<input type="checkbox"/> DISCOVER <input type="checkbox"/> MASTERCARD <input type="checkbox"/> VISA	
CARD NUMBER	SECURITY CODE
SIGNATURE	EXP. DATE
STATEMENT DATE	PAY THIS AMOUNT
12/12/11	1272.00
ACCOUNT # 279126	
Payment Due:	01/01/12
SHOW AMOUNT PAID HERE \$	

REMIT TO:

ORTHOPEDIC INSTITUTE OF WISCONSIN
2901 KINNICKINNIC RIVER PKWY STE 102
MILWAUKEE WI 53215-3660

☐ Please check box if above address is incorrect or insurance information has changed, and indicate change(s) on reverse side.

PLEASE DETACH AND RETURN TOP PORTION WITH YOUR PAYMENT

CHARGES APPEARING ON THIS STATEMENT ARE NOT INCLUDED ON ANY HOSPITAL BILL OR STATEMENT

Page 1

Date	Patient	Description	Charge	Payment/ Adjustment	Patient Balance
10/21/11	Cherisse	FX DISTAL FIBULAR/LATERAL MA	1197.00		1197.00
10/21/11	Cherisse	X - Ray: Ankle Ap / Lat / O	175.00		175.00
10/27/11	Cherisse	PAYMENT BY CREDIT CARD FROM		-50.00	
11/22/11	Cherisse	PAYMENT BY CREDIT CARD FROM		-50.00	

Orthopedic Institute of Wisconsin

ACCOUNT # 279126

STATEMENT DATE 12/12/11

PAY THIS AMOUNT 1272.00

PAYMENT DUE BY: 01/01/12

BILLING QUESTIONS: (414) 384-6700

Jeffrey J. Butler, M.D.
James W. Stone, M.D.
Daniel W. Guehlstorf, M.D.
Steven R. Trinkl, M.D.
William T. Pennington, M.D.
Jamie O. Edwards, M.D.
Thomas J. Perlewitz, M.D.
Eric B. Pifel, M.D.
Joshua M. Neubaner, M.D.
Christopher J. Evanich, M.D.
Brian A. McCarty, M.D.
Bindu S. Bamrah, M.D.
Brian C. Law, M.D.

Orthopedic Institute of Wisconsin
2901 Kinnickinnic River Parkway
Suite 102
Milwaukee, WI 53215
(414) 384-6700
www.theorthoinstitute.com
Business Address

If you have questions regarding how your insurance company handled reimbursement for the services, please call your insurance company directly. For other billing inquiries, please call (414) 384-6700

NOTICES SENT TO FOR FILE 111548:

[illegible]



Legislation Details (With Text)

File #: 111670 **Version:** 1
Type: Resolution **Status:** In Committee
File created: 4/11/2012 **In control:** JUDICIARY & LEGISLATION COMMITTEE
On agenda: **Final action:**
Effective date:

Title: Substitute resolution authorizing the return of real estate located at 2235 W. Middlemass Street, in the 8th Aldermanic District to its former owner. (Jeffrey Doepke)
Sponsors: THE CHAIR
Indexes: IN REM JUDGMENTS
Attachments: Application, DNS Letter, Treasurer Letter, Hearing Notice List

Date	Ver.	Action By	Action	Result	Tally
4/11/2012	0	COMMON COUNCIL	ASSIGNED TO		
5/7/2012	0	JUDICIARY & LEGISLATION COMMITTEE	HEARING NOTICES SENT		
5/7/2012	0	JUDICIARY & LEGISLATION COMMITTEE	HEARING NOTICES SENT		

Number

111670

Version

SUBSTITUTE 1

Sponsor

THE CHAIR

Title

Substitute resolution authorizing the return of real estate located at 2235 W. Middlemass Street, in the 8th Aldermanic District to its former owner. (Jeffrey Doepke)

Analysis

Permits return of property owned by the City under conditions imposed by s. 304-50, Milw. Code of Ordinances

Body

Whereas, The property located at 2235 W. Middlemass Street, previously owned by Jeffrey Doepke, has delinquent taxes for 2008-2011 and was foreclosed upon pursuant to Sec. 75.521, Wis. Stats., and a fee simple absolute was obtained in favor of the City of Milwaukee dated January 30, 2012 111670; and

Whereas, Jeffrey Doepke would like to reclaim said property by paying all City and County real estate taxes, plus accrued interest and penalties to date of payment, and all costs as sustained by the City in the foreclosing and management of said property since January 30, 2012; and

Whereas, Jeffrey Doepke has agreed to pay all related city charges up until the point that the property is returned, as well as all charges and conditions which are detailed in the letters submitted by the Department of Neighborhood Services, Department of City Development, the Health Department and the Treasurer's Office, as though set forth in this resolution; now, therefore, be it

Resolved, By the Common Council of the City of Milwaukee, that in order to return the property at 2235 W. Middlemass Street, a cashier's check must be submitted in the amount indicated by the City Treasurer within thirty (30) calendar days of the adoption of this resolution; and, be it

Further Resolved, That the City Attorney is then authorized to enter into a stipulation with the former owner to reopen and vacate the City's judgment in Milwaukee County Circuit Court Case No. 11CV-15030 known as the 2011-04 In Rem Parcel 237, securing the court's order and recording said order with the Milwaukee County Register of Deeds; and, be it

Further Resolved, That if the above delinquent taxes, interest, and penalties are not paid within thirty (30) calendar days of the adoption of this resolution, this process becomes null and void.

Drafter

CC CC

Jp


5/8/12



OFFICE OF THE CITY TREASURER
Milwaukee, Wisconsin

March 28, 2012

To: Milwaukee Common Council
City Hall, Room 205

From: James F. Klajbor 
City Treasurer

Re: Request for Vacation of Inrem Judgment
Tax Key No.: 470-0303-100-0
Address: 2235 W MIDDLEMASS ST
Owner Name: JEFFREY E DOEPKE CHERYL A DOEPKE
2011-4 Inrem File
Parcel: 237
Case: 11CV-15030

Attached is a completed application for Vacation of Inrem Judgment and documentation of payment of costs.

The City of Milwaukee acquired this property on 1/30/2012.

JFK/slk

REQUEST FOR VACATION OF IN REM JUDGMENT

FOLLOW THE INSTRUCTIONS LISTED BELOW:

Return by 4/29/12

1. Type or print firmly with ball point pen.
2. Use separate form for each property.
3. Check the copy of the attached ordinance for guidelines and eligibility. No written request to proceed under the ordinance may be submitted for consideration to the Common Council where more than 90 days has elapsed from the date of entry of the in rem judgment to the date of receipt of the request by the City Clerk.
4. **Administrative costs totaling \$1,370.00, must be paid by Cashiers Check or cash to the City Treasurer's Office prior to acceptance of this application.**
5. Complete boxes a, b c, d, and e.
6. Forward completed application to City Treasurer, 200 East Wells Street, Room 103, Milwaukee, WI 53202

APPLICANT INFORMATION:

A. PROPERTY ADDRESS 2235 W. MIDDLEMASS ST.

TAXKEY NUMBER 470-0303-100-0

NAME OF APPLICANT JEFFREY B. DOEPKE

MAILING ADDRESS 2126 W. FOREST HOME AVE.

MILWAUKEE
CITY

WI
STATE

53215
ZIP CODE

414-217-9563
TELEPHONE NUMBER

B. FORMER OWNER YES X NO _____

If no, describe interest in this property _____

C. LIST ALL OTHER REAL PROPERTY IN THE CITY OF MILWAUKEE THAT THE FORMER OWNER HAS AN OWNERSHIP INTEREST IN (If not applicable, write NONE).

2126 W. FOREST HOME AVE. MILW. WI 53215

(Use reverse side, if additional space is needed)

D. HAVE MONIES FOR ADMINISTRATIVE COSTS BEEN DEPOSITED WITH THE CITY TREASURER'S OFFICE? (Documentation must be attached)

YES X NO _____

E. DEPT OF NEIGHBORHOOD SERVICES FILING:

Have applications to record the subject property and any other unrecorded properties in which the former owner has an ownership interest been filed with the Department of Neighborhood Services per s. 200-51.5.

YES _____ NO _____

Applicant warrants and represents that all of the information provided herein is true and correct and agrees that if title to the property is restored to the former owner, applicant will indemnify and hold City harmless from and against any cost or expense which may be asserted against City as a result of its being in the chain of title to the property. All charges incurred such as Water usage, city services, etc. while the City held title to the property are the responsibility of the applicant if request to vacate is approved. Applicant understands that if this request is withdrawn or denied the City shall retain all of the administrative costs applicant paid.

APPLICANT'S SIGNATURE

Jeffrey B. Doepke

DATE 3-28-12

Office of the City Treasurer - Milwaukee, Wisconsin
Administration Division
Cash Deposit of Delinquent Tax Collection

<u>Cashier Category</u>	<u>Cashier Payclass</u>	<u>Dollar Amount</u>
1910	Delinquent Tax Collection	
	1911 City Treasurer Costs	220.00
	1912 DCD Costs	450.00
	1913 City Clerk Costs	200.00 ✓
	1914 City Attorney Costs	500.00
	Grand Total	1,370.00

Date 3/28/2012

Comments for Treasurer's Use Only

Administrative Costs - Request for Vacation of Judgment

File Number: 2011 - 4
Taxkey Number: 470-0303-100 - 0
Property Address: 2235 2235 W MIDDLEMASS ST
Owner Name JEFFREY E DOEPKE
CHERYL A DOEPKE

Applicant:

Parcel Number: 236
CaseNumber: 11CV-15030



Department of Neighborhood Services
Inspectional services for health, safety and neighborhood improvement

Art Dahlberg
Commissioner

Thomas G. Mishefske
Operations Manager

May 7, 2012

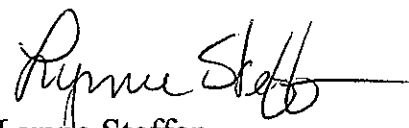
Alderman Ashanti Hamilton, Chair
Judiciary and Legislation Committee
Office of the City Clerk
Room 205, City Hall

Re: File No. 111670
 Address 2235 W Middlemass St

Dear Alderman Hamilton:

The owner of the above-referenced property has applied for a Vacation of In Rem Judgment. The Department of Neighborhood Services has no outstanding orders or charges and does not object to the request.

Sincerely,


Lynne Steffen
Business Operations Manager



Office of the City Treasurer

City Hall, Room 103 • 200 East Wells Street • Milwaukee, Wisconsin 53202
Telephone: (414) 286-2240 • TTY: (414) 286-2025 • FAX: (414) 286-3186

May 7, 2012

To: Milwaukee Common Council
Room 205, City Hall

From: Spencer Coggs, City Treasurer
Office of the City Treasurer

Re: 111670 Reopening and Vacating InRem Judgment
Tax Key No.: 470-0303-100-0
Address: 2235 W MIDDLEMASS ST
Owner Name: JEFFREY E DOEPKE CHERYL A DOEPKE
2011-4 in rem, Parcel: 236
Case: 11CV-15030, Acquired: 1/30/2012

Listed below are the outstanding taxes on the above parcel. The administrative costs in the amount of \$1,370.00 have been paid.

TAX YEARS	IF PAID IN MAY	IF PAID BY JUNE 21, 2012
2008-2011	\$14,674.11	\$14,674.11
Interest	\$3,123.64	\$3,269.04
Penalty	\$1,561.83	\$1,634.51
TOTAL*	\$19,359.58	\$19,577.66

The applicant also lists ownership interest in the following property:
2126 W Forest Home Ave – Tax Key #470-2508-5, See Resolution 111671.

***The above figures may change prior to payment due to possible additional costs.**

SC/slk



Department of City Development

City Plan Commission
Historic Preservation Commission
Neighborhood Improvement
Development Corporation
Redevelopment Authority

Rocky Marcoux
Commissioner

Martha L. Brown
Deputy Commissioner

May 8, 2012

Ms. Joanna Polanco, Staff Assistant
Judiciary & Legislation Committee
Room 205, City Hall
City of Milwaukee

Dear Ms. Polanco:

Re: File Number 111670
2235 West Middlemass Street

The Department of City Development reports that the tax foreclosed property located at 2235 West Middlemass Street, Tax Key No. 470-0303-100-0, is not suitable for use by a public agency or community based organization. Also, said property is not located in an existing or planned project area.

This residential structure is vacant. Administrative costs incurred by our Department total \$450.00.

If you have any questions, feel free to contact Ms. Karen Taylor at Extension 5738.

Sincerely,

Clifton W. Crump
Real Estate Project Manager

c: K. Urban, City Treasurer/Customer Service
K. Sullivan, City Attorney's Office

NOTICES SENT TO FOR FILE 111670:

[illegible]



Legislation Details (With Text)

File #: 111671 **Version:** 1

Type: Resolution **Status:** In Committee

File created: 4/11/2012 **In control:** JUDICIARY & LEGISLATION COMMITTEE

On agenda: **Final action:**

Effective date:

Title: Substitute resolution authorizing the return of real estate located at 2126 W Forest Home Ave, in the 8th Aldermanic District to its former owner. (Jeffrey Doepke)

Sponsors: THE CHAIR

Indexes: IN REM JUDGMENTS

Attachments: Application, DNS Letter, Treasurer Letter, Hearing Notice List

Date	Ver.	Action By	Action	Result	Tally
4/11/2012	0	COMMON COUNCIL	ASSIGNED TO		
5/7/2012	0	JUDICIARY & LEGISLATION COMMITTEE	HEARING NOTICES SENT		
5/7/2012	0	JUDICIARY & LEGISLATION COMMITTEE	HEARING NOTICES SENT		

Number

111671

Version

SUBSTITUTE 1

Sponsor

THE CHAIR

Title

Substitute resolution authorizing the return of real estate located at 2126 W Forest Home Ave, in the 8th Aldermanic District to its former owner. (Jeffrey Doepke)

Analysis

Permits return of property owned by the City under conditions imposed by s. 304-50, Milw. Code of Ordinances

Body

Whereas, The property located at 2126 W Forest Home Ave, previously owned by Jeffrey Doepke, has delinquent taxes for 2008-2011 and was foreclosed upon pursuant to Sec. 75.521, Wis. Stats., and a fee simple absolute was obtained in favor of the City of Milwaukee dated January 30, 2012 111671; and

Whereas, Jeffrey Doepke would like to reclaim said property by paying all City and County real estate taxes, plus accrued interest and penalties to date of payment, and all costs as sustained by the City in the foreclosing and management of said property since January 30, 2012; and

Whereas, Jeffrey Doepke has agreed to pay all related city charges up until the point that the property is returned, as well as all charges and conditions which are detailed in the letters submitted by the Department of Neighborhood Services, Department of City Development, the Health Department and the Treasurer's Office, as though set forth in this resolution; now, therefore, be it

Resolved, By the Common Council of the City of Milwaukee, that in order to return the property at 2126 W Forest Home Ave, a cashier's check must be submitted in the amount indicated by the City Treasurer within thirty (30) calendar days of the adoption of this resolution; and, be it

Further Resolved, That the City Attorney is then authorized to enter into a stipulation with the former owner to reopen and vacate the City's judgment in Milwaukee County Circuit Court Case No. 11CV-15030 known as the 2011-04 In Rem Parcel 237, securing the court's order and recording said order with the Milwaukee County Register of Deeds; and, be it

Further Resolved, That if the above delinquent taxes, interest, and penalties are not paid within thirty (30) calendar days of the adoption of this resolution, this process becomes null and void.

Drafter

CC CC

Jp


5/8/12



OFFICE OF THE CITY TREASURER
Milwaukee, Wisconsin

March 28, 2012

To: Milwaukee Common Council
City Hall, Room 205

From: James F. Klajbor 
City Treasurer

Re: Request for Vacation of Inrem Judgment
Tax Key No.: 470-2508-000-5
Address: 2126 W FOREST HOME AV
Owner Name: JEFFREY E DOEPKE CHERYL A DOEPKE
2011-4 Inrem File
Parcel: 237
Case: 11CV-15030

Attached is a completed application for Vacation of Inrem Judgment and documentation of payment of costs.

The City of Milwaukee acquired this property on 1/30/2012.

JFK/slk

REQUEST FOR VACATION OF IN REM JUDGMENT

FOLLOW THE INSTRUCTIONS LISTED BELOW:

Return by 4/29/12

1. Type or print firmly with ball point pen.
2. Use separate form for each property.
3. Check the copy of the attached ordinance for guidelines and eligibility. No written request to proceed under the ordinance may be submitted for consideration to the Common Council where more than 90 days has elapsed from the date of entry of the in rem judgment to the date of receipt of the request by the City Clerk.
4. **Administrative costs totaling \$1,370.00, must be paid by Cashiers Check or cash to the City Treasurer's Office prior to acceptance of this application.**
5. Complete boxes a, b c, d, and e.
6. Forward completed application to City Treasurer, 200 East Wells Street, Room 103, Milwaukee, WI 53202

APPLICANT INFORMATION:

A. PROPERTY ADDRESS 2126 W. FOREST HOME AVE

TAXKEY NUMBER 470-2508-000-5

NAME OF APPLICANT JEFFREY E. DOOPKE

MAILING ADDRESS 2126 W. FOREST HOME AVE.

MILWAUKEE
CITY

WI
STATE

53215
ZIP CODE

414-217-9563
TELEPHONE NUMBER

B. FORMER OWNER YES X NO _____

If no, describe interest in this property _____

C. LIST ALL OTHER REAL PROPERTY IN THE CITY OF MILWAUKEE THAT THE FORMER OWNER HAS AN OWNERSHIP INTEREST IN (If not applicable, write NONE).

2235 W. MIDDLEMASS ST. MILW. WI. 53215

(Use reverse side, if additional space is needed)

D. HAVE MONIES FOR ADMINISTRATIVE COSTS BEEN DEPOSITED WITH THE CITY TREASURER'S OFFICE? (Documentation must be attached)

YES X NO _____

E. DEPT OF NEIGHBORHOOD SERVICES FILING:

Have applications to record the subject property and any other unrecorded properties in which the former owner has an ownership interest been filed with the Department of Neighborhood Services per s. 200-51.5.

YES _____ NO _____

Applicant warrants and represents that all of the information provided herein is true and correct and agrees that if title to the property is restored to the former owner, applicant will indemnify and hold City harmless from and against any cost or expense which may be asserted against City as a result of its being in the chain of title to the property. All charges incurred such as Water usage, city services, etc. while the City held title to the property are the responsibility of the applicant if request to vacate is approved. Applicant understands that if this request is withdrawn or denied the City shall retain all of the administrative costs applicant paid.

APPLICANT'S SIGNATURE

Jeffrey E. Doopke

DATE 3-28-12

Office of the City Treasurer - Milwaukee, Wisconsin
Administration Division
Cash Deposit of Delinquent Tax Collection

<u>Cashier Category</u>	<u>Cashier Payclass</u>	<u>Dollar Amount</u>
1910	Delinquent Tax Collection	
	1911 City Treasurer Costs	220.00
	1912 DCD Costs	450.00
	1913 City Clerk Costs	200.00 ✓
	1914 City Attorney Costs	500.00
	Grand Total	1,370.00

Date 3/28/2012

Comments for Treasurer's Use Only

Administrative Costs - Request for Vacation of Judgment

File Number: 2011 - 4
Taxkey Number: 470-2508-000 - 5
Property Address: 2126 2126 W FOREST HOME AV
Owner Name JEFFREY E DOEPKE
CHERYL A DOEPKE

Applicant:

Parcel Number: 237
CaseNumber: 11CV-15030



Department of Neighborhood Services
Inspectional services for health, safety and neighborhood improvement

Art Dahlberg
Commissioner

Thomas G. Mishefske
Operations Manager

May 7, 2012

Alderman Ashanti Hamilton, Chair
Judiciary and Legislation Committee
Office of the City Clerk
Room 205, City Hall

Re: File No. 111671
 Address 2126 W Forest Home Av

Dear Alderman Hamilton:

The owner of the above-referenced property has applied for a Vacation of In Rem Judgment. The Department of Neighborhood Services has no outstanding orders or charges and does not object to the request.

Sincerely,

Lynne Steffen
Business Operations Manager



Office of the City Treasurer

City Hall, Room 103 • 200 East Wells Street • Milwaukee, Wisconsin 53202
Telephone: (414) 286-2240 • TTY: (414) 286-2025 • FAX: (414) 286-3186

May 7, 2012

To: Milwaukee Common Council
Room 205, City Hall

From: Spencer Coggs, City Treasurer
Office of the City Treasurer

Re: 111671 Reopening and Vacating InRem Judgment
Tax Key No.: 470-2508-000-5
Address: 2126 W FOREST HOME AV
Owner Name: JEFFREY E DOEPKE CHERYL A DOEPKE
2011-4 in rem, Parcel: 237
Case: 11CV-15030, Acquired: 1/30/2012

Listed below are the outstanding taxes on the above parcel. The administrative costs in the amount of \$1,370.00 have been paid.

TAX YEARS	IF PAID IN MAY	IF PAID BY JUNE 21, 2012
2008-2011	\$16,039.93	\$16,039.93
Interest	\$3,827.43	\$3,986.48
Penalty	\$1,913.72	\$1,993.23
TOTAL*	\$21,781.08	\$22,019.64

The applicant also lists ownership interest in the following property:

2235 W Middlemass St. – Tax Key #470-0303-100-0, See Resolution No. 111670.

***The above figures may change prior to payment due to possible additional costs.**

SC/slk



Department of City Development

City Plan Commission
Historic Preservation Commission
Neighborhood Improvement
Development Corporation
Redevelopment Authority

Rocky Marcoux
Commissioner

Martha L. Brown
Deputy Commissioner

May 8, 2012

Ms. Joanna Polanco, Staff Assistant
Judiciary & Legislation Committee
Room 205, City Hall
City of Milwaukee

Dear Ms. Polanco:

Re: File Number 111671
2126 West Forest Home Avenue

The Department of City Development reports that the tax foreclosed property located at 2126 West Forest Home Avenue, Tax Key No. 470-2508-000-5, is not suitable for use by a public agency or community based organization. Also, said property is not located in an existing or planned project area.

This residential structure is occupied. Administrative costs incurred by our Department total \$450.00.

If you have any questions, feel free to contact Ms. Karen Taylor at Extension 5738.

Sincerely,

Clifton W. Crump
Real Estate Project Manager

c: K. Urban, City Treasurer/Customer Service
K. Sullivan, City Attorney's Office

NOTICES SENT TO FOR FILE 111671:

[illegible]



Legislation Details (With Text)

File #:	111672	Version:	1
Type:	Resolution	Status:	In Committee
File created:	4/11/2012	In control:	JUDICIARY & LEGISLATION COMMITTEE
On agenda:		Final action:	
Effective date:			
Title:	Substitute resolution authorizing the return of real estate located at 4102 N 7th Street, in the 6th Aldermanic District to its former owner. (Strouse Law Office on behalf of Kevin Baublitz and Shelley Baublitz Kindred)		
Sponsors:	THE CHAIR		
Indexes:	IN REM JUDGMENTS		
Attachments:	Application, DNS Letter, Treasurer Letter, Hearing Notice List		

Date	Ver.	Action By	Action	Result	Tally
4/11/2012	0	COMMON COUNCIL	ASSIGNED TO		
5/7/2012	0	JUDICIARY & LEGISLATION COMMITTEE	HEARING NOTICES SENT		
5/7/2012	0	JUDICIARY & LEGISLATION COMMITTEE	HEARING NOTICES SENT		

Number

111672

Version

SUBSTITUTE 1

Sponsor

THE CHAIR

Title

Substitute resolution authorizing the return of real estate located at 4102 N 7th Street, in the 6th Aldermanic District to its former owner. (Strouse Law Office on behalf of Kevin Baublitz and Shelley Baublitz Kindred)

Analysis

Permits return of property owned by the City under conditions imposed by s. 304-50, Milw. Code of Ordinances

Body

Whereas, The property located at 4102 N 7th Street, previously owned by Kevin Baublitz and Shelley Baublitz Kindred, has delinquent taxes for 2006-2011 and was foreclosed upon pursuant to Sec. 75.521, Wis. Stats., and a fee simple absolute was obtained in favor of the City of Milwaukee dated January 30, 2012 111672; and

Whereas, Kevin Baublitz and Shelley Baublitz Kindred would like to reclaim said property by paying all City and County real estate taxes, plus accrued interest and penalties to date of payment, and all costs as sustained by the City in the foreclosing and management of said property since January 30, 2012; and

Whereas, Kevin Baublitz and Shelley Baublitz Kindred has agreed to pay all related city charges up until the point that the property is returned, as well as all charges and conditions which are detailed in the letters submitted by the Department of Neighborhood Services, Department of City Development, the Health Department and the Treasurer's Office, as though set forth in this resolution; now, therefore, be it

Resolved, By the Common Council of the City of Milwaukee, that in order to return the property at 4102 N 7th Street, a cashier's check must be submitted in the amount indicated by the City Treasurer within thirty (30) calendar days of the adoption of this resolution; and, be it

Further Resolved, That the City Attorney is then authorized to enter into a stipulation with the former owner to reopen and vacate the City's judgment in Milwaukee County Circuit Court Case No. 11CV-15030 known as the 2011-04 In Rem Parcel 47, securing the court's order and recording said order with the Milwaukee County Register of Deeds; and, be it

Further Resolved, That if the above delinquent taxes, interest, and penalties are not paid within thirty (30) calendar days of the adoption of this resolution, this process becomes null and void.

Drafter

CC CC

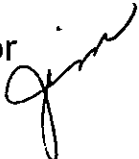
Jp 5/8/12



OFFICE OF THE CITY TREASURER
Milwaukee, Wisconsin

March 28, 2012

To: Milwaukee Common Council
City Hall, Room 205

From: James F. Klajbor
City Treasurer 

Re: Request for Vacation of Inrem Judgment
Tax Key No.: 243-0914-000-8
Address: 4102 N 7TH ST
Owner Name: KEVIN LEE BAUBLIT
SHELLEY R BAUBLIT KINDRED
Applicant/Requester: STROUSE LAW OFFICE ON BEHALF
OF OWNERS
2011-4 Inrem File
Parcel: 47
Case: 11CV-15030

Attached is a completed application for Vacation of Inrem Judgment and documentation of payment of costs.

The City of Milwaukee acquired this property on 1/30/2012.

JFK/slk

FOLLOW THE INSTRUCTIONS LISTED BELOW:

1. Type or print firmly with ball point pen.
2. Use separate form for each property.
3. Check the copy of the attached ordinance for guidelines and eligibility. No written request to proceed under the ordinance may be submitted for consideration to the Common Council where more than 90 days has elapsed from the date of entry of the in rem judgment to the date of receipt of the request by the City Clerk.
4. Administrative costs totaling \$1,370.00, must be paid by Cashiers Check or cash to the City Treasurer's Office prior to acceptance of this application.
5. Complete boxes a, b c, d, and e.
6. Forward completed application to City Treasurer, 200 East Wells Street, Room 103, Milwaukee, WI 53202

APPLICANT INFORMATION:

A. PROPERTY ADDRESS 4102 N 7th St., Milwaukee, WI 53209-7002
 TAXKEY NUMBER 243-0914-8
 NAME OF APPLICANT Strouse Law Offices, on behalf of Kevin Lee Baublitz & Shelley R. Baublitz-Kindred
 MAILING ADDRESS 4102 N 7th St 413 N 2nd Ste 150 53203 Send notice to Atty
Milwaukee WI 53209-7002 414-406-4764
 CITY STATE ZIP CODE TELEPHONE NUMBER
414-390-0820 - Atty

B. FORMER OWNER YES ☒ NO ☐

If no, describe interest in this property _____

C. LIST ALL OTHER REAL PROPERTY IN THE CITY OF MILWAUKEE THAT THE FORMER OWNER HAS AN OWNERSHIP INTEREST IN (If not applicable, write NONE).

None

(Use reverse side, if additional space is needed)

D. HAVE MONIES FOR ADMINISTRATIVE COSTS BEEN DEPOSITED WITH THE CITY TREASURER'S OFFICE? (Documentation must be attached)

YES ☒ NO ☐

E. DEPT OF NEIGHBORHOOD SERVICES FILING:

Have applications to record the subject property and any other unrecorded properties in which the former owner has an ownership interest been filed with the Department of Neighborhood Services per s. 200-51.5.

YES ☒ NO ☐

Applicant warrants and represents that all of the information provided herein is true and correct and agrees that if title to the property is restored to the former owner, applicant will indemnify and hold City harmless from and against any cost or expense which may be asserted against City as a result of its being in the chain of title to the property. All charges incurred such as Water usage, city services, etc. while the City held title to the property are the responsibility of the applicant if request to vacate is approved. Applicant understands that if this request is withdrawn or denied the City shall retain all of the administrative costs applicant paid.

APPLICANT'S SIGNATURE

Paul Strouse

DATE

3-28-12

MILWAUKEE CITY TREASURER
RECEIVED
2012 MAR 28 AM 9:38

Office of the City Treasurer - Milwaukee, Wisconsin
Administration Division
Cash Deposit of Delinquent Tax Collection

<u>Cashier Category</u>	<u>Cashier Payclass</u>	<u>Dollar Amount</u>
1910	Delinquent Tax Collection	
	1911 City Treasurer Costs	220.00
	1912 DCD Costs	450.00
	1913 City Clerk Costs	200.00
	1914 City Attorney Costs	500.00
	Grand Total	1,370.00

Date 3/28/2012

Comments for Treasurer's Use Only

Administrative Costs - Request for Vacation of Judgment

File Number: 2011 - 4
Taxkey Number: 243-0914-000 - 8
Property Address: 4102 4102 N 7TH ST
Owner Name KEVIN LEE BAUBLIT
SHELLEY R BAUBLIT KINDRED

Applicant:

Parcel Number: 47
CaseNumber: 11CV-15030



Department of Neighborhood Services
Inspectional services for health, safety and neighborhood improvement

Art Dahlberg
Commissioner

Thomas G. Mishefske
Operations Manager

May 7, 2012

Alderman Ashanti Hamilton, Chair
Judiciary and Legislation Committee
Office of the City Clerk
Room 205, City Hall

Re: File No. 111672
Address 4102 N 7th St

Dear Alderman Hamilton:

The owner of the above-referenced property has applied for a Vacation of In Rem Judgment. The Department of Neighborhood Services has no outstanding orders or charges and does not object to the request.

Sincerely,

Lynne Steffen
Business Operations Manager



Office of the City Treasurer

City Hall, Room 103 • 200 East Wells Street • Milwaukee, Wisconsin 53202
Telephone: (414) 286-2240 • TTY: (414) 286-2025 • FAX: (414) 286-3186

May 7, 2012

To: Milwaukee Common Council
Room 205, City Hall

From: Spencer Coggs, City Treasurer
Office of the City Treasurer

Re: 111672 Reopening and Vacating InRem Judgment
Tax Key No.: 243-0914-000-8
Address: 4102 4102 N 7TH ST
Owner Name: KEVIN LEE BAUBLIT SHELLEY R BAUBLIT KINDRED
Applicant/Requester: STROUSE LAW OFFICE ON BEHALF OF OWNERS
2011-4 in rem, Parcel: 47
Case: 11CV-15030, Acquired: 1/30/2012

Listed below are the outstanding taxes on the above parcel. The administrative costs in the amount of \$1,370.00 have been paid.

TAX YEARS	IF PAID IN MAY	IF PAID BY JUNE 21, 2012
2006-2011	\$26,350.69	\$26,350.69
Interest	\$8,049.83	\$8,309.82
Penalty	\$4,024.92	\$4,154.92
TOTAL*	\$38,425.44	\$38,815.43

***The above figures may change prior to payment due to possible additional costs.**

SC/slk



Department of City Development

City Plan Commission
Historic Preservation Commission
Neighborhood Improvement
Development Corporation
Redevelopment Authority

Rocky Marcoux
Commissioner

Martha L. Brown
Deputy Commissioner

May 8, 2012

Ms. Joanna Polanco, Staff Assistant
Judiciary & Legislation Committee
Room 205, City Hall
City of Milwaukee

Dear Ms. Polanco:

Re: File Number 111672
4102 North 7th Street

The Department of City Development reports that the tax foreclosed property located at 4102 North 7th Street, Tax Key No. 243-0914-000-8, is not suitable for use by a public agency or community based organization. Also, said property is not located in an existing or planned project area.

This residential structure is occupied. Administrative costs incurred by our Department total \$450.00.

If you have any questions, feel free to contact Ms. Karen Taylor at Extension 5738.

Sincerely,

Clifton W. Crump
Real Estate Project Manager

c: K. Urban, City Treasurer/Customer Service
K. Sullivan, City Attorney's Office

NOTICES SENT TO FOR FILE 111672:

[illegible]



Legislation Details (With Text)

File #: 110995 **Version:** 1

Type: Resolution **Status:** In Committee

File created: 11/30/2011 **In control:** JUDICIARY & LEGISLATION COMMITTEE

On agenda: **Final action:**

Effective date:

Title: Substitute resolution authorizing the return of real estate located at 3002 W Juneau Ave, in the 4th Aldermanic District to its former owner. (Deidre Cox)

Sponsors: THE CHAIR

Indexes: IN REM JUDGMENTS

Attachments: Request for Vacation of In Rem Judgment, Treasurer Office, DNS Letter, DCD Letter, Treasurer (Jan 5 2012), Treasurer Letter (May 14 mtg), Hearing Notice List

Date	Ver.	Action By	Action	Result	Tally
11/30/2011	0	COMMON COUNCIL	ASSIGNED TO		
12/7/2011	0	JUDICIARY & LEGISLATION COMMITTEE	HEARING NOTICES SENT		
12/12/2011	0	JUDICIARY & LEGISLATION COMMITTEE	HELD TO CALL OF THE CHAIR	Pass	5:0
1/5/2012	1	JUDICIARY & LEGISLATION COMMITTEE	HEARING NOTICES SENT		
1/5/2012	1	JUDICIARY & LEGISLATION COMMITTEE	HEARING NOTICES SENT		
1/5/2012	1	JUDICIARY & LEGISLATION COMMITTEE	HEARING NOTICES SENT		
1/5/2012	1	JUDICIARY & LEGISLATION COMMITTEE	HEARING NOTICES SENT		
1/9/2012	1	JUDICIARY & LEGISLATION COMMITTEE	RECOMMENDED FOR ADOPTION	Pass	4:0
1/18/2012	1	COMMON COUNCIL	ASSIGNED TO	Pass	15:0
3/26/2012	1	JUDICIARY & LEGISLATION COMMITTEE	HEARING NOTICES SENT		
5/7/2012	1	JUDICIARY & LEGISLATION COMMITTEE	HEARING NOTICES SENT		
5/7/2012	1	JUDICIARY & LEGISLATION COMMITTEE	HEARING NOTICES SENT		

Number

110995

Version

SUBSTITUTE 1

Sponsor

THE CHAIR

Title

Substitute resolution authorizing the return of real estate located at 3002 W Juneau Ave, in the 4th Aldermanic District to its former owner. (Deidre Cox)

Analysis

Permits return of property owned by the City under conditions imposed by s. 304-50, Milw. Code of Ordinances

Body

Whereas, The property located at 3002 W Juneau Ave, previously owned by Deidre Cox, has delinquent taxes for 2008-2010 and was foreclosed upon pursuant to Sec. 75.521, Wis. Stats., and a fee simple absolute was obtained in favor of the City of Milwaukee dated September 16, 2011 110995; and

Whereas, Deidre Cox would like to reclaim said property by paying all City and County real estate taxes, plus accrued interest and penalties to date of payment, and all costs as sustained by the City in the foreclosing and management of said property since September 16, 2011; and

Whereas, Deidre Cox has agreed to pay all related city charges up until the point that the property is returned, as well as all charges and conditions which are detailed in the letters submitted by the Department of Neighborhood Services, Department of City Development, the Health Department and the Treasurer's Office, as though set forth in this resolution; now, therefore, be it

Resolved, By the Common Council of the City of Milwaukee, that in order to return the property at 3002 W Juneau Ave, a cashier's check must be submitted in the amount indicated by the City Treasurer within thirty (30) calendar days of the adoption of this resolution; and, be it

Further Resolved, That the City Attorney is then authorized to enter into a stipulation with the former owner to reopen and vacate the City's judgment in Milwaukee County Circuit Court Case No. 11CV7456 known as the 2011-02 In Rem Parcel 202, securing the court's order and recording said order with the Milwaukee County Register of Deeds; and, be it

Further Resolved, That if the above delinquent taxes, interest, and penalties are not paid within thirty (30) calendar days of the adoption of this resolution, this process becomes null and void.

Drafter

CC CC

jp

12/7/11

WAYNE F. WHITTOW
City Treasurer



James L. Hanna
Deputy City Treasurer

James F. Klajbor
Special Deputy City Treasurer

OFFICE OF THE CITY TREASURER
Milwaukee, Wisconsin

November 14, 2011

To: Milwaukee Common Council
City Hall, Room 205

From:  Wayne F. Whittow
City Treasurer

Re: Request for Vacation of Inrem Judgment
Tax Key No.: 365-1483-000-7
Address: 3002 3002 W JUNEAU AV
Owner Name: TOM ELIHU ARNOLD DEIRDRE DEE ZOFIA

ALICIA

Applicant/Requester: DEIRDRE COX
2011-2 Inrem File
Parcel: 202
Case: 11CV7456

Attached is a completed application for Vacation of Inrem Judgment and documentation of payment of costs.

The City of Milwaukee acquired this property on 09/16/2011.

WFW/ku

REQUEST FOR VACATION OF IN REM JUDGMENT

FOLLOW THE INSTRUCTIONS LISTED BELOW:

Return by 12-15-11

1. Type or print firmly with ball point pen.
2. Use separate form for each property.
3. Check the copy of the attached ordinance for guidelines and eligibility. No written request to proceed under the ordinance may be submitted for consideration to the Common Council where more than 90 days has elapsed from the date of entry of the in rem judgment to the date of receipt of the request by the City Clerk.
4. **Administrative costs totaling \$1,370.00, must be paid by Cashiers Check or cash to the City Treasurer's Office prior to acceptance of this application.**
5. Complete boxes a, b c, d, and e.
6. Forward completed application to City Treasurer, 200 East Wells Street, Room 103, Milwaukee, WI 53202

APPLICANT INFORMATION:

A. PROPERTY ADDRESS 3002 W Juneau
 TAXKEY NUMBER 365-1483-7
 NAME OF APPLICANT Deirdre D.Z.A. Cox
 MAILING ADDRESS 3002 W Juneau
Milwaukee IL 53208 414-342-1267
 CITY STATE ZIP CODE TELEPHONE NUMBER

B. FORMER OWNER YES X NO _____

If no, describe interest in this property _____

C. LIST ALL OTHER REAL PROPERTY IN THE CITY OF MILWAUKEE THAT THE FORMER OWNER HAS AN OWNERSHIP INTEREST IN (If not applicable, write NONE).

None

(Use reverse side, if additional space is needed)

D. HAVE MONIES FOR ADMINISTRATIVE COSTS BEEN DEPOSITED WITH THE CITY TREASURER'S OFFICE? (Documentation must be attached)

YES X NO _____

E. DEPT OF NEIGHBORHOOD SERVICES FILING:

Have applications to record the subject property and any other unrecorded properties in which the former owner has an ownership interest been filed with the Department of Neighborhood Services per s. 200-51.5.

YES _____ NO N/A X

Applicant warrants and represents that all of the information provided herein is true and correct and agrees that if title to the property is restored to the former owner, applicant will indemnify and hold City harmless from and against any cost or expense which may be asserted against City as a result of its being in the chain of title to the property. **All charges incurred such as Water usage, city services, etc. while the City held title to the property are the responsibility of the applicant if request to vacate is approved. Applicant understands that if this request is withdrawn or denied the City shall retain all of the administrative costs applicant paid.**

APPLICANT'S SIGNATURE Deirdre DZA Cox DATE 11-14-11



Payment Receipt

CT-11

Office of the City Treasurer • City Hall, Room 103
200 East Wells Street • Milwaukee, Wisconsin 53202
Telephone: (414) 286-2240

Received of: Deirdre Cox

Tax Account No.: 365-1483-7

Property Address: 3002 W Sunbeam

Cash \$ _____ Check \$ 1370.00

Installment Payment ☐ Bond Payment ☐

Delinquent Tax Payment ☐ Year: _____

Current Collection Tax Payment ☐

Duplicate Tax Bill Fee ☐

Other ☒

Received by: Deirdre Cox

vacated
judgment

Date: 11/14/19

Office of the City Treasurer - Milwaukee, Wisconsin
Administration Division
Cash Deposit of Delinquent Tax Collection

<u>Cashier Category</u>	<u>Cashier Payclass</u>	<u>Dollar Amount</u>
1910	Delinquent Tax Collection	
	1911 City Treasurer Costs	220.00
	1912 DCD Costs	450.00
	1913 City Clerk Costs	200.00
	1914 City Attorney Costs	500.00
	Grand Total	1,370.00

Date 11/14/2011

Comments for Treasurer's Use Only

Administrative Costs - Request for Vacation of Judgment

File Number: 2011 - 2
Taxkey Number: 365-1483-000 - 7
Property Address: 3002 3002 W JUNEAU AV
Owner Name TOM ELIHU ARNOLD
DEIRDRE DEE ZOFIA ALICIA
Applicant: DEIRDRE COX

Parcel Number: 202
CaseNumber: 11CV7456



Office of the City Treasurer

City Hall, Room 103 • 200 East Wells Street • Milwaukee, Wisconsin 53202
Telephone: (414) 286-2240 • TTY: (414) 286-2025 • FAX: (414) 286-3186

December 7, 2011

To: Milwaukee Common Council
Room 205, City Hall

From: James F. Klajbor, City Treasurer
Office of the City Treasurer

Re: 110995 Reopening and Vacating InRem Judgment
Tax Key No.: 365-1483-000-7
Address: 3002 W JUNEAU AV
Owner Name: TOM ELIHU ARNOLD
Applicant/Requester: TOM ELIHU ARNOLD
2011-2 in rem, Parcel: 202
Case: 11CV7456, Acquired: 09/16/2011

Listed below are the outstanding taxes on the above parcel. The administrative costs in the amount of \$1,370.00 have been paid.

TAX YEARS	IF PAID IN DEC	IF PAID BY JAN 19, 2012
2008-2010*	\$7,735.71	\$7,735.71
Interest	\$1,300.09	\$1,376.09
Penalty	\$650.04	\$688.05
TOTAL**	\$9,685.84	\$9,799.85

***The 2011 tax bill is available and due by January 31, 2012.**

****The above figures may change prior to payment due to possible additional costs.**

JFK/slk



Department of Neighborhood Services
Inspectional services for health, safety and neighborhood improvement

Art Dahlberg
Commissioner

Thomas G. Mishefske
Operations Manager

December 6, 2011

Alderman Ashanti Hamilton, Chair
Judiciary and Legislation Committee
Office of the City Clerk
Room 205, City Hall

Re: File No. 110995
Address 3002 W Juneau Av

Dear Alderman Hamilton:

The owner of the above-referenced property has applied for a Vacation of In Rem Judgment. The Department of Neighborhood Services does not object to the return of this property provided the applicant pays \$900.00 in pending recording enforcement fees.

Sincerely,

Lynne Steffen
Business Operations Manager



Department of City Development

City Plan Commission
Historic Preservation Commission
Neighborhood Improvement
Development Corporation
Redevelopment Authority

Rocky Marcoux
Commissioner

Martha L. Brown
Deputy Commissioner

December 5, 2011

Ms. Joanna Polanco, Staff Assistant
Judiciary & Legislation Committee
Room 205, City Hall
City of Milwaukee

Dear Ms. Polanco:

Re: File Number 110995
3002 West Juneau Avenue

The Department of City Development reports that the tax foreclosed property located at 3002 West Juneau Avenue, Tax Key No. 365-1483-000-7, is not suitable for use by a public agency or community based organization. Although the property is in the Near Westside Plan, it is not needed for implementation of the plan.

This residential structure is occupied. Administrative costs incurred by our Department total \$483.00.

If you have any questions, feel free to contact Ms. Karen Taylor at Extension 5738.

Sincerely,

Clifton W. Crump
Real Estate Project Manager

c: K. Urban, City Treasurer/Customer Service
K. Sullivan, City Attorney's Office



Office of the City Treasurer

City Hall, Room 103 • 200 East Wells Street • Milwaukee, Wisconsin 53202
Telephone: (414) 286-2240 • TTY: (414) 286-2025 • FAX: (414) 286-3186

January 5, 2012

To: Milwaukee Common Council
Room 205, City Hall

From: James F. Klajbor, City Treasurer
Office of the City Treasurer

Re: 110995 Reopening and Vacating InRem Judgment
Tax Key No.: 365-1483-000-7
Address: 3002 W JUNEAU AV
Owner Name: TOM ELIHU ARNOLD & DEIRDRE D.Z.A. COX
Applicant/Requester: DEIRDRE D.Z.A. COX
2011-2 in rem, Parcel: 202
Case: 11CV7456, Acquired: 09/16/2011

Listed below are the outstanding taxes on the above parcel. The administrative costs in the amount of \$1,370.00 have been paid.

TAX YEARS	IF PAID IN JAN	IF PAID BY FEB 17, 2012
2008-2011*	\$7,735.71	*\$9,792.09
Interest	\$1,376.09	\$1,472.66
Penalty	\$688.05	\$736.33
TOTAL**	\$9,799.85	\$12,001.08

***The 2011 tax bill is included.**

****The above figures may change prior to payment due to possible additional costs.**

JFK/slk



Office of the City Treasurer

City Hall, Room 103 • 200 East Wells Street • Milwaukee, Wisconsin 53202
Telephone: (414) 286-2240 • TTY: (414) 286-2025 • FAX: (414) 286-3186

May 7, 2012

To: Milwaukee Common Council
Room 205, City Hall

From: Spender Coggs, City Treasurer
Office of the City Treasurer

Re: 110995 Reopening and Vacating InRem Judgment
Tax Key No.: 365-1483-000-7
Address: 3002 W JUNEAU AVE
Owner Name: TOM ELIHU ARNOLD & DEIRDRE D.Z.A. COX
Applicant/Requester: DEIRDRE D.Z.A. COX
2011-2 in rem, Parcel: 202
Case: 11CV7456, Acquired: 09/16/2011

Listed below are the outstanding taxes on the above parcel. The administrative costs in the amount of \$1,370.00 have been paid.

TAX YEARS	IF PAID IN MAY	IF PAID BY JUNE 21, 2012
2008-2011	\$9,792.09	\$9,792.09
Interest	\$1,762.38	\$1,858.95
Penalty	\$881.19	\$929.48
TOTAL*	\$12,435.66	\$12,580.52

***The above figures may change prior to payment due to possible additional costs.**

SC/slk

NOTICES SENT TO FOR FILE 110995:

[illegible]



Legislation Details (With Text)

File #: 111450 **Version:** 1
Type: Resolution **Status:** In Committee
File created: 2/28/2012 **In control:** JUDICIARY & LEGISLATION COMMITTEE
On agenda: **Final action:**
Effective date:
Title: Substitute resolution authorizing the return of real estate located at 116-116A W. Keefe Ave., in the 6th Aldermanic District to its former owner. (Cheryl Pope)
Sponsors: THE CHAIR
Indexes: IN REM JUDGMENTS
Attachments: Application, DCD Letter, Treasurer Letter, DNS Letter, Treasurer Letter (May 14 mtg), Hearing Notice List

Date	Ver.	Action By	Action	Result	Tally
2/28/2012	0	COMMON COUNCIL	ASSIGNED TO		
3/1/2012	0	JUDICIARY & LEGISLATION COMMITTEE	HEARING NOTICES SENT		
3/1/2012	0	JUDICIARY & LEGISLATION COMMITTEE	HEARING NOTICES SENT		
3/1/2012	0	JUDICIARY & LEGISLATION COMMITTEE	HEARING NOTICES SENT		
3/6/2012	0	JUDICIARY & LEGISLATION COMMITTEE	HELD TO CALL OF THE CHAIR	Pass	4:0
5/7/2012	1	JUDICIARY & LEGISLATION COMMITTEE	HEARING NOTICES SENT		
5/7/2012	1	JUDICIARY & LEGISLATION COMMITTEE	HEARING NOTICES SENT		

Number

111450

Version

SUBSTITUTE 1

Sponsor

THE CHAIR

Title

Substitute resolution authorizing the return of real estate located at 116-116A W. Keefe Ave., in the 6th Aldermanic District to its former owner. (Cheryl Pope)

Analysis

Permits return of property owned by the City under conditions imposed by s. 304-50, Milw. Code of Ordinances

Body

Whereas, The property located at 116-116A W. Keefe Ave., previously owned by Cheryl Pope, has delinquent taxes for 2009-2011 and was foreclosed upon pursuant to Sec. 75.521, Wis. Stats., and a fee simple absolute was obtained in favor of the City of Milwaukee dated November 14, 2011 111450; and

Whereas, Cheryl Pope would like to reclaim said property by paying all City and County real estate taxes, plus

accrued interest and penalties to date of payment, and all costs as sustained by the City in the foreclosing and management of said property since November 14, 2011; and

Whereas, Cheryl Pope has agreed to pay all related city charges up until the point that the property is returned, as well as all charges and conditions which are detailed in the letters submitted by the Department of Neighborhood Services, Department of City Development, the Health Department and the Treasurer's Office, as though set forth in this resolution; now, therefore, be it

Resolved, By the Common Council of the City of Milwaukee, that in order to return the property at 116-116A W. Keefe Ave., a cashier's check must be submitted in the amount indicated by the City Treasurer within thirty (30) calendar days of the adoption of this resolution; and, be it

Further Resolved, That the City Attorney is then authorized to enter into a stipulation with the former owner to reopen and vacate the City's judgment in Milwaukee County Circuit Court Case No. 11CV-11374 known as the 2011-3 In Rem Parcel 72, securing the court's order and recording said order with the Milwaukee County Register of Deeds; and, be it

Further Resolved, That if the above delinquent taxes, interest, and penalties are not paid within thirty (30) calendar days of the adoption of this resolution, this process becomes null and void.

Drafter

CC CC

Jp

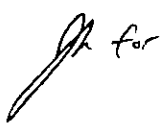
3/11/12



OFFICE OF THE CITY TREASURER
Milwaukee, Wisconsin

February 15, 2012

To: Milwaukee Common Council
City Hall, Room 205

From: James F. Klajbor  for
City Treasurer

Re: Request for Vacation of Inrem Judgment
Tax Key No.: 273-0342-100-4
Address: 116 116 A W KEEFE AV
Owner Name: CHERYL POPE
2011-3 Inrem File
Parcel: 72
Case: 11CV-11374

Attached is a completed application for Vacation of Inrem Judgment and documentation of payment of costs.

The City of Milwaukee acquired this property on 11/14/2011.

JFK/slk

REQUEST FOR VACATION OF IN REM JUDGMENT

FOLLOW THE INSTRUCTIONS LISTED BELOW:

Ret by 2/13/12

1. Type or print firmly with ball point pen.
2. Use separate form for each property.
3. Check the copy of the attached ordinance for guidelines and eligibility. No written request to proceed under the ordinance may be submitted for consideration to the Common Council where more than 90 days has elapsed from the date of entry of the in rem judgment to the date of receipt of the request by the City Clerk.
4. **Administrative costs totaling \$1,370.00, must be paid by Cashiers Check or cash to the City Treasurer's Office prior to acceptance of this application.**
5. Complete boxes a, b c, d, and e.
6. Forward completed application to City Treasurer, 200 East Wells Street, Room 103, Milwaukee, WI 53202

APPLICANT INFORMATION:

A. PROPERTY ADDRESS 116-116A W KEEPE AVE
 TAXKEY NUMBER 273-0342-100-4
 NAME OF APPLICANT CHERYL Y. POPE
 MAILING ADDRESS 116 W KEEPE AVE
MILWAUKEE WISCONSIN 53212 (414) 419-8150
 CITY STATE ZIP CODE TELEPHONE NUMBER

B. FORMER OWNER YES ☒ NO ☐

If no, describe interest in this property _____

MILWAUKEE CITY TREASURER
RECEIVED ON
2012 FEB -7 PM 2:33

C. LIST ALL OTHER REAL PROPERTY IN THE CITY OF MILWAUKEE THAT THE FORMER OWNER HAS AN OWNERSHIP INTEREST IN (If not applicable, write NONE).

NONE

(Use reverse side, if additional space is needed)

D. HAVE MONIES FOR ADMINISTRATIVE COSTS BEEN DEPOSITED WITH THE CITY TREASURER'S OFFICE? (Documentation must be attached)

YES ☒ NO ☐

E. DEPT OF NEIGHBORHOOD SERVICES FILING:

Have applications to record the subject property and any other unrecorded properties in which the former owner has an ownership interest been filed with the Department of Neighborhood Services per s. 200-51.5.

YES ☐ NO ☐

Applicant warrants and represents that all of the information provided herein is true and correct and agrees that if title to the property is restored to the former owner, applicant will indemnify and hold City harmless from and against any cost or expense which may be asserted against City as a result of its being in the chain of title to the property. **All charges incurred such as Water usage, city services, etc. while the City held title to the property are the responsibility of the applicant if request to vacate is approved. Applicant understands that if this request is withdrawn or denied the City shall retain all of the administrative costs applicant paid.**

APPLICANT'S SIGNATURE

Cheryl Y. Pope

DATE

1-25-12

Office of the City Treasurer - Milwaukee, Wisconsin
Administration Division
Cash Deposit of Delinquent Tax Collection

<u>Cashier Category</u>	<u>Cashier Payclass</u>	<u>Dollar Amount</u>
1910	Delinquent Tax Collection	
	1911 City Treasurer Costs	220.00
	1912 DCD Costs	450.00
	1913 City Clerk Costs	200.00 ✓
	1914 City Attorney Costs	500.00
	Grand Total	1,370.00

Date 2/7/2012

Comments for Treasurer's Use Only

Administrative Costs - Request for Vacation of Judgment

File Number: 2011 - 3
Taxkey Number: 273-0342-100 - 4
Property Address: 116 116 A W KEEFE AV
Owner Name CHERYL POPE

Applicant:

Parcel Number: 72
CaseNumber: 11CV-11374



Department of City Development

City Plan Commission
Historic Preservation Commission
Neighborhood Improvement
Development Corporation
Redevelopment Authority

Rocky Marcoux
Commissioner

Martha L. Brown
Deputy Commissioner

February 29, 2012

Ms. Joanna Polanco, Staff Assistant
Judiciary & Legislation Committee
Room 205, City Hall
City of Milwaukee

Dear Ms. Polanco:

Re: File Number 111450
116-A West Keefe Avenue

The Department of City Development reports that the tax foreclosed property located at 116-A West Keefe Avenue, Tax Key No. 273-0342-100-4, is not suitable for use by a public agency or community based organization. Also, said property is not located in an existing or planned project area.

This residential structure is occupied. Administrative costs incurred by our Department total \$466.87.

If you have any questions, feel free to contact Ms. Karen Taylor at Extension 5738.

Sincerely,



Clifton W. Crump
Real Estate Project Manager

c: K. Urban, City Treasurer/Customer Service
K. Sullivan, City Attorney's Office



Department of Neighborhood Services
Inspectional services for health, safety and neighborhood improvement

Art Dahlberg
Commissioner

Thomas G. Mishefske
Operations Manager

March 5, 2012

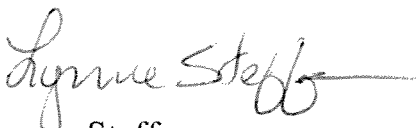
Alderman Ashanti Hamilton, Chair
Judiciary and Legislation Committee
Office of the City Clerk
Room 205, City Hall

Re: File No. 111450
 Address 116-16A W Keefe Av

Dear Alderman Hamilton:

The owner of the above-referenced property has applied for a Vacation of In Rem Judgment. The Department of Neighborhood Services has no outstanding orders or charges and does not object to the request.

Sincerely,


Lynne Steffen
Business Operations Manager



Office of the City Treasurer

City Hall, Room 103 • 200 East Wells Street • Milwaukee, Wisconsin 53202
Telephone: (414) 286-2240 • TTY: (414) 286-2025 • FAX: (414) 286-3186

May 7, 2012

To: Milwaukee Common Council
Room 205, City Hall

From: Spencer Coggs, City Treasurer
Office of the City Treasurer

Re: 111450 Reopening and Vacating InRem Judgment
Tax Key No.: 273-0342-100-4
Address: 116 116 A W KEEFE AV
Owner Name: CHERYL POPE
Applicant/Requester: CHERYL POPE
2011-3 in rem, Parcel: 72
Case: 11CV-11374, Acquired: 11/14/2011

Listed below are the outstanding taxes on the above parcel. The administrative costs in the amount of \$1,370.00 have been paid.

TAX YEARS	IF PAID IN MAY	IF PAID BY JUNE 21, 2012
2009-2011	\$7,804.98	\$7,804.98
Interest	\$1306.08	\$1,384.13
Penalty	\$653.05	\$692.06
TOTAL*	\$9,764.11	\$9,881.17

***The above figures may change prior to payment due to possible additional costs.**

SC/slk

NOTICES SENT TO FOR FILE : 111450

[illegible]



Legislation Details (With Text)

File #: 111678 **Version:** 0
Type: Ordinance **Status:** In Committee
File created: 4/11/2012 **In control:** JUDICIARY & LEGISLATION COMMITTEE
On agenda: **Final action:**
Effective date:
Title: An ordinance relating to revision of the code for purposes of correcting errors, clarifying language and eliminating obsolete provisions.
Sponsors: THE CHAIR
Indexes: REVISORS BILL
Attachments: Hearing Notice List

Date	Ver.	Action By	Action	Result	Tally
4/11/2012	0	COMMON COUNCIL	ASSIGNED TO		
5/7/2012	0	JUDICIARY & LEGISLATION COMMITTEE	HEARING NOTICES SENT		
5/7/2012	0	JUDICIARY & LEGISLATION COMMITTEE	HEARING NOTICES SENT		

Number

111678

Version

ORIGINAL

Reference

Sponsor

THE CHAIR

Title

An ordinance relating to revision of the code for purposes of correcting errors, clarifying language and eliminating obsolete provisions.

Sections

78-22-0 am
78-23-1-b am
78-25-2-a am
106-1-2 am
108-7-3-0 am
222-52-4 am
222-54 am
222-58 am
222-59 am
225-01 am

Analysis

This ordinance revises various provisions of the code for purposes of revising errors, clarifying language and eliminating obsolete provisions.

Body

The Mayor and Common Council of the City of Milwaukee do ordain as follows:

Part 1. Section 78-22-0 of the code is amended to read:

78-22. Pit-Bull and Rottweiler Dogs. The owner of any pit bull dog, as defined in ~~[[s. 78-1-21]]~~ >> s. 78-1-33<<, or any rottweiler dog, as defined in ~~[[s. 78-1-23]]~~ >> s. 78-1-35<<, shall comply with all of the following:

Part 2. Section 78-23-1-b of the code is amended to read:

78-23. Harboring Dangerous Animals.

1. DANGEROUS ANIMALS REGULATED.

b. The commissioner may determine an animal to be a dangerous animal whenever the commissioner finds that an animal meets the definition of a dangerous animal in ~~[[s. 78-1-9]]~~ >> s. 78-1-13<<.

Part 3. Section 78-25-2-a of the code is amended to read:

78-25. Prohibited Dangerous Animals.

2. DETERMINATION OF A PROHIBITED DANGEROUS ANIMAL. a. The commissioner may determine an animal to be a prohibited dangerous animal whenever the commissioner finds that an animal meets the definition of a prohibited dangerous animal in ~~[[s. 78-1-22]]~~ >> 78-1-34<< or is a dangerous animal in non-compliance with any of the provisions of s. 78 23.

Part 4. Section 106-1-2 of the code is amended to read:

106-1. Disorderly Conduct.

2. PENALTIES. Any person violating this section shall upon conviction forfeit not more than \$500 or, upon default of payment thereof, be imprisoned in the house of correction of Milwaukee county for not more than 20 days; and, for offenses occurring between the hours of ~~[[8:00 a.m. and 5:00 p.m.]]~~ >> 8:00 p.m. and 5:00 a.m.<< upon a street designated as a cruising area under s. 101-20.5, including the land within the street lines whether or not improved, shall be fined not less than \$200 nor more than \$1,000 and in default of payment shall be imprisoned ~~[[in the county jail or house of correction for not more than 40 days, or until the fine and costs are paid]]~~ >> as provided by law<<. In lieu of paying a forfeiture, any person violating this section may be ordered to perform community service work, in accordance with s. 800.09, Wis. Stats.

Part 5. Section 108-7-3-0 of the code is amended to read:

108-7. Issuance of License.

3. AUTHORIZED OCCUPANCY. Every premises authorized for a public entertainment premises license shall, notwithstanding the legal occupancy limit of the premises specified on the plan of operation under ~~[[s. 108-5-3-b-8-c]]~~ >> s. 108-5-3-b-7-c<<, be authorized by the common council to serve a specified occupancy. In determining the specified occupancy, the council shall consider the legal occupancy limit set forth on the plan of operation, other information provided in the plan of operation, evidence concerning the character of the surrounding neighborhood and evidence concerning traffic and parking patterns. The council shall authorize one of the following occupancies for each licensed premises:

Part 6. Section 222-52-4 of the code is amended to read:

222-52. Construction Permits.

4. WORK WITHOUT PERMIT. Where any work is begun on the installation, alteration, repair or replacement of any elevator or other device regulated in ~~[[s. Comm 18.1002]]~~ >>s. SPS 318.1002<< Wis. Adm. Code, without obtaining a permit as regulated in sub. 1, the commissioner shall have the power and authority to stop such work until a permit has been procured and quadruple fees paid as regulated in s. 200-32-3.

Part 7. Section 222-54 of the code is amended to read:

222-54. Safety Tests and Tags. A tag shall be fastened to the governor releasing carrier upon completion of a satisfactory test of the car safety device and speed governor. Reports of tests as specified in ~~[[ch. Comm 18]]~~ >>ch. SPS 318<<, Wis. Adm. Code, shall also be submitted to the department of city development.

Part 8. Section 222-58 of the code is amended to read:

222-58. Drains in Elevator Pits. In all elevator shaftways located on or below grade, a floor drain or sump pump shall be installed in accordance with ~~[[ch. Comm 82]]~~ >>ch. SPS 382<<, Wis. Adm. Code.

Part 9. Section 222-59 of the code is amended to read:

222-59. Door Interlock or Contact and Lock. All existing passenger elevators, except roped hydraulic elevators, shall be provided with an approved interlock or contact and lock on each hoistway entrance door or gate in the same manner as required by ~~[[ch. Comm. 18]]~~ >>ch. SPS 318 <<, Wis. Adm. Code, as amended, for new elevators. All necessary requirements of emergency keys and keyways shall also be provided.

Part 10. Section 225-01 of the code is amended to read:

225-01. Adoption of State Law. Except as otherwise provided in this chapter, the city of Milwaukee adopts ss. 145.01, 145.06, 145.11, 145.15(4) and 145.175, Wis. Stats., as amended, and ~~[[chs. SPS 81-87]]~~ >>chs. SPS 381 to 387<<, Wis. Adm. Code, as amended, as part of this code.

LRB
APPROVED AS TO FORM

Legislative Reference Bureau

Date: _____

Attorney

IT IS OUR OPINION THAT THE ORDINANCE
IS LEGAL AND ENFORCEABLE

Office of the City Attorney

Date: _____

Requestor

Drafter

LRB138234-2

Teodros W. Medhin:lp

4/5/2012

NOTICES SENT TO FOR FILE 111678

[illegible]



Legislation Details (With Text)

File #: 111734 **Version:** 0
Type: Resolution **Status:** In Committee
File created: 4/11/2012 **In control:** JUDICIARY & LEGISLATION COMMITTEE
On agenda: **Final action:**

Effective date:

Title: Resolution urging the U.S. Congress to amend the Clean Air Act to eliminate the requirement for use of reformulated gasoline in 6 counties in southeastern Wisconsin.

Sponsors: ALD. BOHL

Indexes: AIR QUALITY

Attachments: Exhibit 1, Exhibit 2, Exhibit 3, Exhibit 4, Hearing Notice List

Date	Ver.	Action By	Action	Result	Tally
4/11/2012	0	COMMON COUNCIL	ASSIGNED TO	Pass	15:0
5/7/2012	0	JUDICIARY & LEGISLATION COMMITTEE	HEARING NOTICES SENT		
5/7/2012	0	JUDICIARY & LEGISLATION COMMITTEE	HEARING NOTICES SENT		
5/7/2012	0	JUDICIARY & LEGISLATION COMMITTEE	HEARING NOTICES SENT		
5/7/2012	0	JUDICIARY & LEGISLATION COMMITTEE	HEARING NOTICES SENT		

Number
111734
Version
ORIGINAL
Reference

Sponsor
ALD. BOHL
Title

Resolution urging the U.S. Congress to amend the Clean Air Act to eliminate the requirement for use of reformulated gasoline in 6 counties in southeastern Wisconsin.

Analysis

This resolution urges the U.S. Congress to amend the Clean Air Act to eliminate the requirement for use of reformulated gasoline in 6 counties in southeastern Wisconsin. It also directs the City Clerk to send copies of this resolution to all Wisconsin representatives in the United States Congress.

Body

Whereas, Since 1995, a federal Clean Air Act mandate has required the use of reformulated gasoline in 6 southeastern Wisconsin counties - Kenosha, Milwaukee, Ozaukee, Racine, Washington and Waukesha; and

Whereas, As reported in the March 31, 2012, edition of the *Milwaukee Journal Sentinel*, since the introduction of reformulated gasoline, the environmental advantages of this fuel relative to

conventional gas have diminished for a variety of reasons, including:

1. The quality of conventional gasoline has been greatly improved, meaning that fewer pollutants are produced. For example, federal regulations enacted in 2004 reduced the sulfur content in all gasoline, thereby virtually eliminating the difference between the two types of gasoline in terms of the amount of smog-forming nitrogen oxides produced.

2. Improved emission-control equipment on motor vehicles has reduced the amount of emissions, even when the fuel burned is conventional gasoline. Vehicles built in 2004 or later were 77% to 93% cleaner than those built in 2003 or earlier.

; and

Whereas, According to the same *Journal Sentinel* article, the U.S. Environmental Protection Agency (“EPA”) has not released any findings of its ongoing study of the effectiveness of the reformulated gas requirement; and

Whereas, One of the primary reasons for establishing the reformulated gas requirement was to address the problem of volatile organic compound emissions that lead to formation of ground-level ozone; and

Whereas, The 6 southeastern Wisconsin counties with the reformulated gas requirement were designated as “nonattainment” with respect to the 1997 federal ozone standard (84 parts per billion, or ppb) on April 15, 2004; and

Whereas, Compliance with the ozone standard is determined by looking at 3 years of ozone measurements; and

Whereas, The 6-county Milwaukee-Racine Nonattainment Area began meeting the 1997 federal ozone standard in the 2006-2008 data collection period (78 ppb) and has continued to meet the standard ever since (76 ppb in 2007-2009, 74 ppb in 2008-2010 and 77 ppb in 2009-2011); and

Whereas, The EPA formally recognized these achievements by proposing reclassification of the area to “attainment” on February 9, 2012 (77 FR 6727), an action that is expected to be finalized by the end of May, 2012; and

Whereas, The EPA notified the State of Wisconsin through letters dated December 9, 2011, and January 31, 2012, that it intends to designate Kenosha and Sheboygan Counties as “nonattainment” with respect to a second federal ozone standard, the 2008 standard (75 ppb); and

Whereas, According to the Wisconsin Department of Natural Resources, compliance with the 2008 standard - which is again determined by looking at 3 years of ozone values - has been attained in all of southeastern Wisconsin’s reformulated-gas counties except Kenosha during the 2008-2010 and 2009-2011 periods (Sheboygan is not currently a reformulated-gas county); and

Whereas, Reformulated gasoline contains a blend of corn-based ethanol; and

Whereas, The growing of corn for ethanol production is diverting agricultural land from other crops or land-conservation efforts, as well as from corn production for animals or human consumption,

thereby driving up corn and food prices; and

Whereas, While corn ethanol has been promoted as a environmentally-friendly fuel that reduces greenhouse gas emissions, the production of corn for ethanol, and the production of the ethanol itself, involve a number of processes that actually increase carbon dioxide emissions; and

Whereas, Incentives to grow corn for ethanol lead to less crop rotation, necessitating the use of more fertilizer and increasing the amount of nitrate runoff, thereby compromising surface and ground water quality; and

Whereas, The process of converting corn to ethanol is a water-intensive one, requiring between 4 to 6 gallons of municipal or well water to generate one gallon of ethanol; and

Whereas, Among the various biofuels, corn ethanol has, by far, the worst “energy balance” ratio (amount of energy input versus energy output) -- 1:1.3, versus 1:2.5 for biodiesel, 1:8 for sugarcane and as much as 1:36 for cellulosic ethanol; and

Whereas, According to the U.S. Department of Energy, using gasoline with a 10% ethanol blend reduces fuel economy by 3-4%, while reformulated gasoline reduces it by another 1-3%; and

Whereas, Because of the special additives and other improvements required to make reformulated gasoline, it costs more to produce this type of fuel than conventional gasoline, thereby making retail gasoline considerably more expensive in regions required to use reformulated gas than in regions where conventional gasoline is sold; and

Whereas, According to the U.S. Energy Information Administration, as of April 2, 2012, the average retail price of reformulated regular gasoline nationwide was \$4.08 per gallon, compared to an average nationwide price of \$3.87 per gallon for conventional regular gasoline; and

Whereas, The price differential between reformulated and conventional gas is reflected just as dramatically by variations in gas prices within the state of Wisconsin, which, according to the April 4, 2012, AAA Daily Fuel Gauge Report, range from a high of \$4.12 per gallon in the Milwaukee metro area to \$3.85 and \$3.89 in the La Crosse and Eau Claire areas, respectively; and

Whereas, At the same time that gas prices nationwide are approaching record levels, the requirement to use reformulated gasoline is exacerbating the “pain at the pump” in regions of the country where reformulated fuel is sold, including southeastern Wisconsin; and

Whereas, Sky-high gas prices in reformulated-fuel areas are harming those regions economically, not only by driving gas-station customers to purchase cheaper gasoline in conventional-fuel areas but, much more significantly, by forcing consumers in reformulated-fuel areas to spend a larger portion of their income on gasoline, leaving less for other purchases that would have stronger multiplier effects on the local economy; and

Whereas, The Common Council finds that the greatly diminished, if not negligible, environmental benefits of reformulated gasoline no longer justify the significantly higher retail price of this fuel and the resulting negative economic effects; and

Whereas, The Common Council further finds that, because all 6 counties in the region now meet the 1997 federal ozone standard, with all but one county meeting the 2008 standard as well, it is no

1997 federal ozone standard, with all but one county meeting the 2008 standard as well, it is no longer necessary or appropriate to require the use of reformulated gasoline in southeastern Wisconsin; now, therefore, be it

Resolved, By the Common Council of the City of Milwaukee, that the City of Milwaukee urges the U.S. Congress to amend the Clean Air Act to eliminate the requirement for use of reformulated gasoline in 6 counties in southeastern Wisconsin; and, be it

Further Resolved, That the City Clerk shall send copies of this resolution to all Wisconsin representatives in the U.S. Congress.

Requestor

Drafter
LRB138344-1
Jeff Osterman
04/05/2012



Our View | Gasoline

Time to change the rules on reformulated gasoline

With cleaner regular gasoline and vehicles that emit less pollution, the benefits from using reformulated gasoline aren't as dramatic.

April 7, 2012

Reformulated gasoline has played a key role in helping clean up the air in southeastern Wisconsin. Motorists here have been required to use it since 1995 in an effort to reduce ground-level ozone pollution, otherwise known as smog, which can cause respiratory problems for healthy people as well as those with heart and lung problems.

That's a necessary goal, and reformulated gasoline has helped reach it: Wisconsin Department of Natural Resources data shows that air quality has been improving and that reformulated gasoline emits less pollution than regular gasoline.

But as with other environmental success stories, the federal requirement to use reformulated gasoline may have outlived its usefulness. Congress and the Environmental Protection Agency need to revisit the issue. It may be time to lift the regulation, which adds to the cost of gasoline and has been controversial as a fuel for small engines.

An article last week by the Journal Sentinel's Lee Bergquist and Joe Taschler pointed out that the advantages of reformulated gasoline are disappearing as conventional gas gets cleaner and emissions-control equipment on cars and trucks has improved. The result is vehicles that do a lot less polluting.

At the same time, the extra cost for motorists and companies puts the region at an economic disadvantage. And any disadvantage hurts when the economic recovery has yet to pick up any real steam.

According to the article: On March 31, regular gas sold for an average of \$4.173 a gallon in metro Milwaukee. That was 22.6 cents higher than in Green Bay and 35.3 cents higher than in La Crosse, according to the AAA Daily Fuel Gauge, produced by the American Automobile Association, the Oil Price Information Service and Wright Express.

And a driver filling up a Toyota Camry in Milwaukee was paying \$6.53 more than a motorist doing the same in La Crosse. The owner of a Chevrolet Silverado 2500 pickup, with a 36-gallon tank, was paying \$12.71 more than someone on the other side of state.

<http://www.printthis.clickability.com/pt/cpt?expire=&title=Time+to+change+the+rules+on...> 4/10/2012

While prices have been dropping slightly recently, regular reformulated gasoline since 1995 has cost an average of 10 cents more a gallon than conventional regular gasoline, according to a Journal Sentinel analysis of Energy Information Administration data.

That may not seem like much to some folks, but this is pretty basic stuff: Manufacturing and other southeastern Wisconsin industries need to physically move things from one site to another. Commuters use cars to get to jobs. Retail businesses still rely on shoppers who use vehicles to get to them. All that requires gasoline. If gasoline costs more here than elsewhere, all those businesses and workers and families feel the crunch.

And in an increasingly competitive marketplace, such things matter.

Granted, when the fuel was first used in 1995, there was nothing that could touch it in terms of the benefits, as Bob Lopez, a DNR air policy analyst, pointed out. But the story is different today: "The gap has narrowed," Lopez said.

The EPA still defends the benefits of reformulated gas, but if that cost-to-benefits gap continues to narrow - if cleaner vehicles and regular gasoline mean that Wisconsin is not getting that much more benefit from using reformulated gasoline - it's time to consider changing the rules.

That won't be easy. While the EPA has made a preliminary determination that the region is in compliance with federal ozone standards, another tougher ozone standard is looming. And beyond that, the reformulated gas mandate for southeastern Wisconsin "is hard-wired into the Clean Air Act," said Joseph Hoch, a DNR air pollution administrator. "It would take an act of Congress to change it."

Wisconsin Reps. Paul Ryan and Jim Sensenbrenner have in the past tried to limit or stop the use of reformulated gas. Given the apparent diminishing benefits of reformulated gasoline, maybe it's time the congressmen renewed those efforts.

In 2001, Sensenbrenner sent a letter to the EPA in which he said the mandate has "cost Wisconsin consumers dearly" and added that "if my constituents are to be able to buy gasoline at reasonable prices, the RFG program must be scrapped or fixed."

It seems that's even more the case now, more than a decade later. Congress should at least start talking about it again.

WHAT IS RFG?

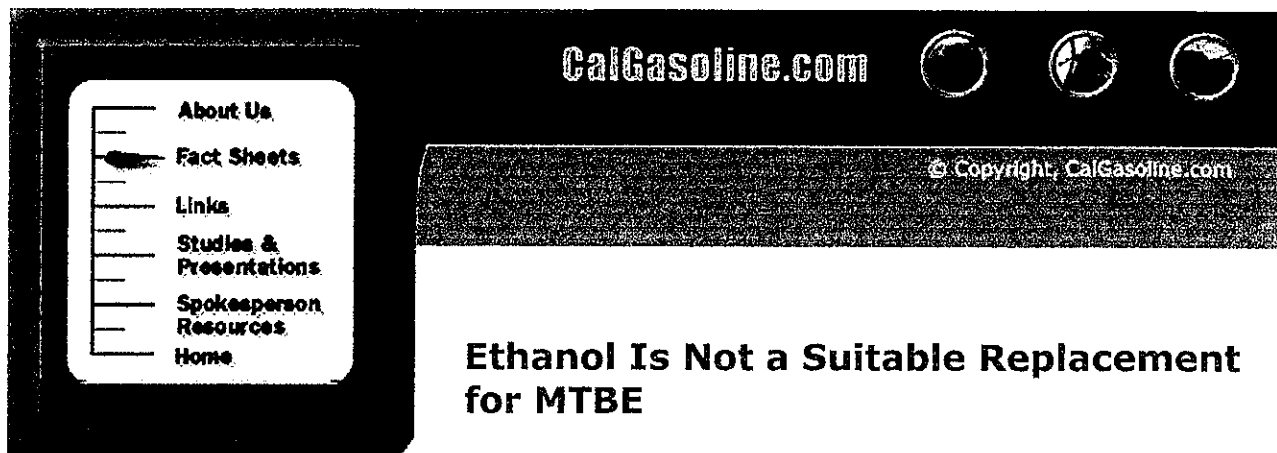
- Reformulated gasoline, or RFG, is gasoline **blended to burn more cleanly** than conventional gasoline and to reduce smog-forming and toxic pollutants in the air we breathe.
- The RFG program was **mandated by Congress** in the 1990 Clean Air Act amendments. The first phase of the RFG program began in 1995, and the second (current) phase began in 2000.
- RFG is required in cities with high smog levels and is optional elsewhere. RFG is **used in 17 states** and the District of Columbia. About 30% of gasoline sold in the U.S. is reformulated.
- The air quality benefits that RFG has achieved represent a significant part of the country's smog-reduction strategy. The RFG program, combined with other industrial and transportation controls aimed at smog reduction, is contributing to the long-term **downward trend in U.S. smog levels**. About 75 million people breathe cleaner air because of RFG.

Should the reformulated gasoline mandate for southeastern Wisconsin be ended? To be considered for publication as a letter to the editor, e-mail your opinion to the Journal Sentinel editorial department.

Find this article at:

<http://www.jsonline.com/news/opinion/time-to-change-the-rules-on-reformulated-gasoline-394t7vi-146491815.html>

☐ Check the box to include the list of links referenced in the article.



FACT SHEETS

MTBE Extends Gasoline Supplies & Prevents Fuel Price Increases

Price Comparison of the MTBE and Ethanol Markets

MTBE's Role in Reformulated Gasoline

Underground Gasoline Storage Tank Program

Technology Provides for Quick, Easy Clean-up of Gasoline Leaks

MTBE Is Not Hazardous to Human Health

MTBE Groundwater Impact

Ethanol Is Not a Suitable Replacement for MTBE

Top Ten Facts about Ethanol

Ethanol Is Not a Suitable Replacement for MTBE

In 1990, Congress passed a law requiring fuel oxygenates – such as Methyl Tertiary-Butyl Ether (MTBE) and ethanol – to be added to Reformulated Gasoline (RFG) to reduce automotive emissions and improve the air we breathe. However, for a variety of economic, logistic and environmental reasons, refiners overwhelmingly favored MTBE over ethanol:

Gasoline Production Economics: Ethanol blends evaporate more readily than MTBE blends. Therefore, using ethanol increases refiner production costs and reduces operating flexibility. For example, the Chicago/Milwaukee ethanol market saw gasoline prices increase 25 cents/gallon over the national average during the summer of 2000. In addition, ethanol contributes about one half the blending volume provided by MTBE, and the maximum amount of ethanol that can be blended into gasoline is capped at 10% (versus 15% for MTBE). As a result, ethanol is unable to dilute many, less desirable, gasoline components.

Ethanol's Tax Subsidy: Ethanol is not economically viable without its substantial federal tax subsidy – currently 53 cents per gallon – and supplemental state tax incentives.

Supply Uncertainties & Distribution Concerns: Ethanol use is generally limited to the Midwest, with little capacity for expansion. Ethanol supplies can be uncertain due to feedstock (i.e., corn) shortages caused by summer droughts. Ethanol's high affinity for water does not allow blending at the refinery, nor transportation through the existing nation-wide gasoline pipeline infrastructure. Ethanol must be stored in segregated tanks, can only be transported by rail or truck and must be blended into gasoline at the terminal or retail station.

Environmental Concerns: Ethanol emits more harmful smog-forming emissions in the summertime than MTBE due to its high tendency to evaporate. Because ethanol is used in lower volumes, it provides less reduction in toxic air emissions than MTBE. Ethanol also can contribute to increased NOx emissions.

Consumer Acceptance: Automaker owner manuals warn buyers of performance problems with ethanol. Some consumers perceive ethanol-blended gasoline or "gasohol" as an "inferior product."

In addition, energy security implications and consumer costs remain a concern as ethanol's role in future national energy policy is debated:

- Ethanol's federal tax subsidy currently reduces money for state road maintenance and transportation infrastructure by over \$1.1 billion/year. If ethanol were used to replace MTBE, this figure would grow to over \$3.5 billion/year.
- MTBE supplies 2.5 times more non-petroleum energy into the nation's gasoline pool than ethanol (at the same oxygen content), thus increasing overall gasoline supplies.
- * { • Despite its "renewable fuel" billing, producing ethanol consumes as much energy as it yields as a finished fuel. Lower fuel economy (by as much as 2-5 %) should be expected for ethanol blended gasoline versus conventional, or MTBE-blended, gasoline.
- Increasing the use of ethanol would increase the fragility of our nation's gasoline supply outlook and potentially result in a net increase of crude and product imports.
- Calls to triple the required use of ethanol would cost U.S. consumers \$17 billion over the next nine years.
- The large ethanol subsidy generally benefits the large agribusiness interests rather than average farmers.

Ethanol's use is uneconomic without a large government subsidy and, outside of the Midwest, it can not be integrated into the nation's gasoline supply and transportation system. Increased reliance on ethanol would result in air quality backsliding. And, most importantly, it can destabilize the nation's gasoline supply without offering significant energy security benefits and without even benefiting America's farmers.

Gas prices expected to rise

Summer to eclipse 2011 cost by 6.3%

By CHRIS KAHN
Associated Press

New York — U.S. drivers will pay an average of 24 cents more per gallon for gasoline during this summer's travel season, the government said Tuesday.

Gasoline will cost an average of \$3.95 per gallon from April through September, an increase of 6.3% from the same period last year, the Energy Information Administration predicted. The peak should come in May, when gas averages \$4.01 per gallon, the agency said.

Gasoline already has jumped by 20% this year to a national average of \$3.922 per gallon, according to auto club AAA's Daily Fuel Gauge Report. In Milwaukee, a gallon of regular averaged \$3.945, or 4 cents higher than the statewide average,

according to AAA.

Prices have both a financial and psychological effect on drivers, experts say. Already, high prices have led to strong sales of gas-sipping vehicles like the Toyota Prius, and they've become a major issue in the presidential campaign.

Further price hikes will affect the kind of vacations Americans take and will likely impact how they feel about the economy. They may even influence how Americans vote in November.

"People are going to notice" if the national average crosses \$4, said Fred Rozell, retail pricing director at Oil Price Information Service. "Any time the price goes up, it's going to affect things."

The government said there's a small chance the price could climb as high as \$4.50 a gallon in June.

Pump prices have risen with crude oil, which is re-

fining into gasoline and other fuels. Brent crude, which is used to price most of the oil used by U.S. refineries, has jumped by 14% this year. Benchmark U.S. crude has increased by 4%. The increase is largely due to a dispute over Iran's nuclear program that has raised fears of a disruption in Middle East supplies.

Americans have responded to high prices by using less gasoline. That should continue over the summer, the government says. But energy forecasters still expect households to spend an average of \$3,410 for gas this year, up \$250 from last year.

The tourism industry pays close attention to gasoline prices during the summer since it has such a big impact on their bottom line.

Anne Banas, executive editor of the travel website SmarterTravel.com, said that higher gas prices might force travelers to stay at

cheaper hotels this summer. They also may decide to cut their trips short. But most won't stay home.

"People will still travel for summer vacation and still perceive a driving vacation as cheaper than flying," Banas said.

The government made a number of other predictions in its report:

■ Refineries will produce less gasoline and other fuels this summer. The decline of about 0.6% is due partly to closures of three refineries that feed East Coast markets. Another refinery in Philadelphia is expected to be closed by July 1 if the owner, Sunoco Inc., can't find a buyer.

■ Diesel prices should be 27 cents per gallon higher during the summer driving season at an average of \$4.21 per gallon. Prices could peak at a monthly average of \$4.25 per gallon in the middle of the driving season.

Forgiving home debt may pay

Official says it might help Freddie, Fannie

By JOHN H. CUSHMAN JR.
New York Times

Washington — The director of the government's housing finance agency said Tuesday that it might make sense for Fannie Mae and Freddie Mac to reduce the amount of money homeowners owe on loans held by the agencies.

Because of new incentives put in place by the Obama administration, the ailing agencies might cut their losses from bad loans by easing up on the borrowers, he said.

Edward J. DeMarco, who as acting head of the Federal Housing Finance Agency

has long opposed this type of relief for people whose homes are worth less than their mortgage debts, said that a new analysis showed that Fannie and Freddie could end up losing less money by forgiving some of the principal than by facing more widespread losses on loans that are underwater. The new analysis was conducted to estimate the effects of an Obama administration program that increased incentives for investors to cut the principal owed by borrowers.

But he warned that the idea has its limits and would affect fewer than 1 in 10 of the 11 million troubled U.S. borrowers.

"This is not about some huge difference-making pro-

gram that will rescue the housing market," he said.

Many experts on housing and the economy consider loan forgiveness to be one of the most promising but least used tools for keeping people in their homes and reversing the economic drain from the collapse of the housing market. But others call it an unfair form of meddling in the marketplace.

Drawbacks cited

DeMarco, up until now, has said that it was not in the best interests of Fannie and Freddie, which held many of the troubled loans and were put under his conservatorship when the government had to bail them out during the financial crisis.

But in his speech, he said

that under certain assumptions, allowing the enterprises to forgive some debt could cut their losses by \$1.7 billion.

DeMarco, who is an independent regulator, said the analysis was still being completed and cited several drawbacks.

For one thing, because the savings to the enterprises come from new incentives paid for by the Treasury, taxpayers would still be footing the bill at a net cost to the taxpayer overall of \$2.1 billion.

And he asked whether some homeowners who have been keeping up with their payments might claim hardship or even stop making payments to qualify for relief.

From: Bohl, James
Sent: Thursday, April 12, 2012 8:48 AM
To: Polanco, Joanna
Subject: FW: E-10 gas - Good VS Harm - let's put this to an END!
[One more for the file. jb](#)

From: paul rollmann [mailto:paulrollmann@gmail.com]
Sent: Thursday, April 12, 2012 12:04 AM
To: Bohl, James
Subject: E-10 gas - Good VS Harm - let's put this to an END!

Mr. Bohl,

Thank you for announcing and pushing for the reduction of ethanol fuels.

Most of the public does NOT know the additional costs both to buyer and incentives paid by government (again most buyers) this fuel costs them. Not to mention, the wasteful use of clean potable water used to produce this lesser efficient fuel source.

I know lots of people that would get behind the removal of RFG in WI.
First of all.. why is it, that only 7 counties are required to have it.. and I can't find non reformulated fuel anywhere in the state? Standard Gas cost less to make, it is more efficient. Is it that every gas station owner believes it is his duty to save the environment? No. Something is motivating this.
Let the store owners decide what they want to carry for gas.. and post the prices. Let the person buying the fuel decide.

The approximate 5% loss in efficiency using RFG fuels. If the public knew that they could get 5% better fuel mileage by using regular gas (that costs less) most would use it. Keep in mind.. 5% is the difference between \$4.00 / gallon and \$3.80 / gallon. This is 20 cents savings on TOP of the difference in cost to buy it.

** I have read many website saying 2-3% loss in efficiency, but I have personally seen over 10% losses using E-10 fuel over non Oxygenated

I am not against shutting down the corn farmers of wi, nor reduction CO levels.. but if it is not mandated for the whole state, then I should be able to buy it at most stations outside of the 7 counties mandated.. and in the many travels I have made, I only know of 1 place, where I can buy non ethanol fuel (87 octane) Steven's Point Fleet farm.

A couple things I have found to back this...

However, substantial evidence exists showing that the unique chemical and physical properties of MtBE pose an unacceptable risk to our region's potable water supply. In response to this threat, the Northeast states are seeking ways to dramatically reduce or eliminate MtBE from the region's gasoline supply. The challenge facing policymakers is to maintain the air quality benefits of the RFG program while reducing the threat that MtBE poses to the region's critical water resources.

Source: http://www.neiwpcc.org/neiwpcc_docs/ethvol1.pdf

Fresh Water Demands	Corn Ethanol: Dry Grind	Cellulosic Ethanol: Biochemical	Cellulosic Ethanol: Thermochemical
Cooling tower makeup (percent)	68	71	71
Boiler and process makeup (percent)	32	29	29
Overall water demand (Gal H2O / Gal EtOH)	3-4	6	1.9

Estimates of water usage during ethanol production range from 3 to 4 gallons of water per gallon of ethanol produced. IATP (2006) states that Minnesota ethanol plants in 2005 averaged 4.2 gallons of water per gallon of ethanol produced. Other industry experts calculate ratios closer to 3:1. Thus, a 50-million-gallon per year ethanol facility can expect to use 150 to 200 million gallons of water per year, or over 400,000 gallons per day (1.2 acre-feet). In the corn belt, the source of this is often groundwater.

Source: http://www.swhydro.arizona.edu/archive/V6_N5/feature4.pdf

Thanks for reading!

Sincerely,

Paul Rollmann

NOTICES SENT TO FOR FILE 111734

[illegible]



Legislation Details (With Text)

File #: 111271 **Version:** 0

Type: Resolution **Status:** In Committee

File created: 1/18/2012 **In control:** JUDICIARY & LEGISLATION COMMITTEE

On agenda: **Final action:**

Effective date:

Title: Resolution relating to legislative bills.

Sponsors: THE CHAIR

Indexes: FEDERAL LEGISLATION, STATE LEGISLATION

Attachments: Agenda 05-14-12.pdf, 2011-12 Legislative Session Wrap-up.pdf, Government Accountability Board_2011-2012_Relating to_Status.pdf, Hearing Notice List

Date	Ver.	Action By	Action	Result	Tally
1/18/2012	0	COMMON COUNCIL	ASSIGNED TO		
5/7/2012	0	JUDICIARY & LEGISLATION COMMITTEE	HEARING NOTICES SENT		
5/7/2012	0	JUDICIARY & LEGISLATION COMMITTEE	HEARING NOTICES SENT		
5/8/2012	0	JUDICIARY & LEGISLATION COMMITTEE	HEARING NOTICES SENT		

Number

111271

Version

Original

Reference

Sponsor

The Chair

Title

Resolution relating to legislative bills.

Drafter

CC-CC

jp:dkf

1/10/12

LEGISLATIVE HEARING CALENDAR

COMMITTEE ON JUDICIARY-LEGISLATION

MONDAY, MAY 14, 2012 AT 1:30PM

Room 301-B City Hall

2011-12 Legislative Session Wrap-Up

2011-12 Legislative Session Wrap-up

The City of Milwaukee's Intergovernmental Relations Division (IRD) recently concluded its efforts for the 2011-12 Wisconsin Legislative Session. The following are some statistics regarding the City's legislative efforts.

- The Legislature introduced 1325 bills in the 2011-12 session, 748 in the Assembly and 577 in the Senate. In addition, 75 bills were introduced between the January and September Special Sessions.
- IRD reviewed all of those bills and the City of Milwaukee registered to lobby on 131 of them (roughly 10%), including 69 Assembly bills and 62 Senate bills. We supported 43 of those bills and opposed 39.
- Of the bills that were introduced, the Governor signed 286 into law and partially vetoed 3.

Items we Supported

- IRD was authorized to register in support of 43 bills plus their companions. Nineteen of those bills were enacted.
- Ten of the bills that were enacted were items from the City of Milwaukee legislative agenda. One additional item from our legislative agenda was enacted in the State Budget.
 - Act 3 – Provides tax credits for businesses relocating to this state
 - Act 4 - Expands economic development tax credits
 - Act 12 – Corrects the filing of forms related to Milwaukee's TID #72
 - Act 17 – Allows the City of Milwaukee to sell MPS real estate
 - Act 31 – Prohibits the sale of synthetic marijuana
 - Act 32 (State Budget) – Eliminates prevailing wage requirement for residential properties with less than 4 units
 - Act 98 – restrictions on disabled parking identification cards
 - Act 133 – Allows Milwaukee to participate in the state health insurance pool
 - Act 136 – Expedites the foreclosure process for abandoned properties
 - Act 211 – Provides that veterans with the same test score are treated equally by our City Service rules
 - Act 270 – Allows for sharing of juvenile records with law enforcement

- An additional 9 of the bills that were enacted were supported through separate Judiciary and Legislation action.
 - Act 77 – Authorizes the creation of multijurisdictional tax incremental districts
 - Act 97 - Closing hours for certain alcoholic beverage retailers
 - Act 106 – Excludes expenditures made as a result of a purchasing agreement with a school district from the calculation of expenditure restraint payment expenditures
 - Act 132 - Extends immunity from liability to discretionary highway maintenance decisions
 - Act 134 – Extends the deadline for adopting a maintenance program for private sewage systems
 - Act 135 – Affirms municipal authority to set timelines for variances
 - Act 204 – Allows public depositors to use deposit placement programs
 - Act 267 – Increases penalties for prohibited contact in domestic abuse incidents
 - Act 269 – Allows police to recover costs from false information providers

- Another 14 items from the legislative package were introduced as bills or budget amendments but did not pass into law.
 - Allowing for red light safety cameras (State Budget)
 - Changing the format of vehicle registration stickers (study directed in State Budget)
 - Micro-stamping requirement for handguns
 - Increasing recycling grants
 - Allowing countywide residence of elected officials
 - Restricting the interest rates on pay day loans
 - Repealing the maintenance of effort requirement for emergency services
 - Exceptions to levy limits for service consolidation
 - Municipal consolidation loans
 - Increasing municipal court fees
 - Creating a Joint Committee on State Mandates
 - Restoring indexing to the Homestead Credit
 - Licensing of taxi cabs
 - Allowing for booting of legally parked vehicles

- Another 5 items were drafted as bills but were not introduced.
 - Recommendations to the Waste, Fraud and Abuse Commission (includes 14 items)
 - Allowing a staggered timeline for the issuance of food licenses
 - Strengthening regulations for motor vehicle salvage transactions
 - Mandatory licensing of real estate appraisers
 - Concealed Carry trailer bill

Items we Opposed

- IRD was authorized to oppose 39 bills that were introduced. Seven of those bills were enacted, one of which was amended into the State Budget.
- Six of the bills that were enacted were items IRD was authorized by the Judiciary and Legislation Committee to oppose. One was an item we opposed in our legislative agenda.
 - Act 10 - Changes to collective bargaining for public employees
 - Act 23 - Voter identification requirement (now under legal challenge)
 - Act 32 (State Budget) – Expanding the Milwaukee Parental Choice Program
 - Act 35 - Concealed carry
 - Act 39 – Redistricting
 - Act 168 – Rules for spending stewardship funds
 - Act 216 - Changes to sexual education curricula
- We opposed 32 bills that did not become law. Some highlights of the bills we defeated include:
 - AB 44/SB 34 – Eliminating MPS residency requirements
 - AB 65/SB 30 – Restricting the residency requirement for Milwaukee police officers and firefighters
 - AB 234 – Restricting local ordinances restricting bow hunting
 - AB 262/SB 182 – Restricting the taxation of billboard licenses and permits
 - AB 219/SB 240 – Requiring local governments to actuarially fund postretirement health care benefits
 - AB 286/SB 207 – Permitting employers to refuse to employ felons under the state fair employment law
 - AB 295 – Requiring a local government to hold a referendum prior to enacting a vehicle registration fee
 - SB 58 – Eliminating liability of public utility customers for unbilled utility service.
 - SJR 48 – Taxpayer Bill of Rights
- We opposed one additional item in the version of the State Budget passed by the Senate and Assembly. We were able to obtain a partial veto of this item.
 - Provision requiring the City of Milwaukee to pay discharged police officers while their appeal is pending before the Fire and Police Commission.

BILLS REPORTED TO THE GOVERNMENT ACCOUNTABILITY BOARD
2011-2012 Legislative Session

05/08/12

BILL	POSITION	AUTHORITY	RELATING TO:	STATUS
SS AB-3 January	Support	Leg/Pkg Per J. Gonda Comp. SS SB-3	An income and franchise tax credit for businesses that relocate to this state.	2011 Wisconsin Act 3
SS AB-4 January	Support	Leg/Pkg Per J. Gonda Comp. SS SB-4	Increasing the amount of the credits under the economic development tax credit program.	2011 Wisconsin Act 4
SS AB-11 January	Oppose/ Need Amendments	Per P. Vornholt Comp. SS SB-11 Jud/Leg 2/21/11	State finances, collective bargaining for public employees, compensation and fringe benefits of public employees, the state civil service system, the Medical Assistance program, sale of certain facilities, granting bonding authority, and making an appropriation.	2011 Wisconsin Act 10
SS AB-12 January	No Position	Per P. Vornholt Comp. SB-23 Comp. AB-41	Preemption of city, village, town, or county ordinances requiring employers to provide employees with leave from employment to deal with family, medical, or health issues.	Companion to 2011 Wisconsin Act 16
SS AB-14 January	For Information Only	Per P. Vornholt Comp. SS SB-13	Regulation of telecommunications utilities and alternative telecommunications utilities; telecommunications provider of last-resort obligations; telecommunications intrastate switched access rates; interconnected voice over Internet protocol service; and use of transmission equipment and property by video service providers.	Companion to 2011 Wisconsin Act 22
SS AB-1 September	Support	Jud/Leg 10/24/11 Comp. AB-179 Comp. SS SB-1	Authorizing the creation of a multijurisdictional tax incremental financing district.	Companion to 2011 Wisconsin Act 77
AB-7	Oppose	Jud/Leg 1/31/11 CC 2/8/11 Seeking Amendments Comp. SB-6	Requiring certain identification in order to vote at a polling place or obtain an absentee ballot, verification of the addresses of electors, absentee voting procedure in certain residential care apartment complexes and adult family homes, identification cards issued by the DOT, creating an identification certificate issued by the DOT, requiring the exercise of rule-making authority, and providing a penalty.	2011 Wisconsin Act 23
AB-8	Support	Leg/Pkg Comp. SB-11	The filing of certain forms related to Tax Incremental Financing District #72 in the city of Milwaukee.	Companion to 2011 Wisconsin Act 12
AB-14	Support	Leg/Pkg Per J. Gonda	County and municipal expenditures for emergency services.	Public hearing held on 4/26/11. FAILED TO PASS
AB-37	Support	Leg/Pkg Comp. SB-20	Authorizing the City of Milwaukee to sell city-owned property used for school purposes.	Companion to 2011 Wisconsin Act 17
AB-41	No Position	Leg/Pkg Per P. Vornholt Comp. SB-23 Comp. SS AB-12	Preemption of city, village, town, or county ordinances requiring employers to provide employees with leave from employment to deal with family, medical, or health issues.	Companion to 2011 Wisconsin Act 16

AB-44	Oppose	Leg/Pkg Per P. Vornholt Comp. SB-34	Prohibiting the Milwaukee Public Schools from imposing residency requirements on teachers.	Public hearing held on 4/7/11. FAILED TO PASS
AB-51	For Information Only	Per P. Vornholt Comp. SB-22	Creating a Charter School Authorizing Board, providing additional charter school authorizers, etc.	Recommended for passage by committee on 10/27/11. FAILED TO PASS
AB-57	Support	Leg/Pkg Per J. Gonda Comp. SB-54	Certain controlled substances and providing a penalty.	Companion to 2011 Wisconsin Act 31
AB-63	No Position Support as Amended AA1-AB63	Per B. Wood Comp. SB-44 Jud/Leg 4/4/11	Closing hours for certain alcohol beverage retailers.	2011 Wisconsin Act 97.
AB-65	Oppose	Leg/Pkg Per P. Vornholt Comp. SB-30	Placing limits on residency requirements for 1 st class city police officers and fire fighters.	Recommended for passage by committee on 5/25/11. FAILED TO PASS
AB-69	Undecided	Per J. Gonda Comp. SB-79	The privilege of self-defense.	2011 Wisconsin Act 94.
AB-81	Support	Leg/Pkg Per J. Gonda	Special identification cards issued by the DOT providing parking privileges for persons with physical disabilities and providing a penalty.	2011 Wisconsin Act 98.
AB-92	Oppose	Leg/Pkg Per P. Vornholt	Eliminating the enrollment cap for the Milwaukee Parental Choice Program and extending the program to permit private schools located in Milwaukee County to participate.	Enacted in State Budget.
AB-115	Oppose	Leg/Pkg Per P. Vornholt Comp. SB-66	A property tax exemption for a nonprofit resale store.	Referred to committee on 5/5/11. FAILED TO PASS
AB-116	Support	Leg/Pkg Per P. Vornholt Comp. SB-71	Creating a microstamping requirement for certain handguns, certification of compliance with the microstamping requirement, requiring the exercise of rule-making authority, and providing penalties.	Referred to committee on 5/5/11. FAILED TO PASS
AB-126	For Information Only	Jud/Leg 5/16/11 Comp. SB-90	Carrying a concealed weapon; licenses authorizing persons to carry concealed weapons; possessing or transporting a firearm, bow, or crossbow under certain circumstances; disorderly conduct limitations; photographic identification cards for former law enforcement officers; providing an exemption from emergency rule procedures; requiring the exercise of rule-making authority; making appropriations; and providing penalties.	Public hearing held. Bill content was consolidated with SB-93 and enacted as 2011 Wisconsin Act 35.
AB-135	Oppose	Leg/Pkg Per J. Gonda	The interest rate on delinquent property taxes.	Referred to committee on 5/17/11. FAILED TO PASS
AB-138	Support	Leg/Pkg Per P. Vornholt	County and municipal expenditures for emergency services.	Referred to committee on 5/17/11. FAILED TO PASS

AB-139	Support	Leg/Pkg Per P. Vornholt	Loans to study or implement the consolidation, or cooperation for the provision, of local governmental unit services or the consolidation of local governmental units and granting rule-making authority.	Referred to committee on 5/17/11. FAILED TO PASS
AB-140	Support	Leg/Pkg Per P. Vornholt	Exceptions to county and municipal levy limits and school district revenue limits for expenditures related to the implementation of service consolidation or cooperation, or to the implementation of political subdivision or school district consolidation.	Referred to committee on 5/17/11. FAILED TO PASS
AB-150	Support	Leg/Pkg Per P. Vornholt Comp. SB-99	Interest rates on payday loans and loans by licensed lenders	Referred to committee on 5/25/11. FAILED TO PASS
AB-155	No Position	Leg/Pkg Per J. Gonda Comp. SB-107	Prohibiting ordinances that place certain limits on landlords.	Companion to 2011 Wisconsin Act 108
AB-169	Support	Leg/Pkg Comp. SB-269	Residency of election officials.	Public hearing held on 6/9/11. FAILED TO PASS
AB-179	Support	Per P. Vornholt Jud/Leg 10/24/11 Comp. SS SB-1 Comp. SS AB-1	Authorizing the creation of a multijurisdictional tax incremental financing district.	2011 Wisconsin Act 77
AB-180	Support	Jud/Leg 7/18/11 Comp. SB-125	Liability of cities, villages, towns, and counties for damages caused by an insufficiency or want of repair of a highway.	Companion to 2011 Wisconsin Act 132.
AB-182	Oppose	Per P. Vornholt Per J/L Previous Session	Assignment of income, prizes, and earnings to pay a municipal court judgment and prohibiting municipal electric or water utilities from collecting certain utility arrearages from owners of rental properties as property liens.	Referred to committee on 6/13/11. FAILED TO PASS
AB-190	No Position	Per P. Vornholt Comp. SB-131	Carrying a concealed weapon if prohibited from possessing a firearm, purchasing a firearm for a person who is prohibited from possessing a firearm, and providing a penalty.	Referred to committee on 6/21/11. FAILED TO PASS
AB-219	Oppose	Jud/Leg 9/12/11 Comp. SB-240	Funding postretirement health care benefits of local government employees.	Recommended for passage by committee on 10/19/11. FAILED TO PASS
AB-226	Support	Per P. Vornholt/ Jud/Leg on AB-7 Comp. SB-162	Notice of the fee for identification cards issued by the DOT.	Referred to committee on 8/26/11. FAILED TO PASS
AB-234	Oppose	Jud/Leg 10/24/11	Ordinances, regulations, resolutions, or other restrictions of local governmental units that restrict hunting with a bow and arrow.	Recommended for passage by committee on 10/19/11. FAILED TO PASS
AB-240	Support/Seeking Amendments	Leg/Pkg Per J. Gonda Comp. SB-173	The disclosure of electronic juvenile court records to law enforcement agencies and providing a penalty.	Companion to 2011 Wisconsin Act 270.
AB-244	Oppose	Jud/Leg 10/24/11 Comp. SB-175	Restricting eligibility for the homestead tax credit.	Public hearing held on 11/1/11. FAILED TO PASS

AB-262	Oppose	Leg/Pkg Per J. Gonda Jud/Leg 10/24/11 Comp. SB-182	Excluding permits and licenses from the definition of real property for property tax purposes.	Referred to committee on 9/15/11. FAILED TO PASS
AB-263	Support	Jud/Leg 10/24/11	Costs associated with providing false information to a law enforcement officer.	2011 Wisconsin Act 269.
AB-269	Support	Jud/Leg 10/24/11	Prohibitions against contacting certain persons and providing penalties.	2011 Wisconsin Act 267.
AB-285	Support	Leg/Pkg Per J. Hooper Comp. SB-252	Municipal Court fees.	Recommended for passage by committee on 2/22/12. FAILED TO PASS
AB-286	Oppose	Comp. SB-207 (Jud/Leg 10/24/11)	Permitting an employer to refuse to employ or to bar or terminate from employment an individual who has been convicted of a felony and who has not been pardoned for that felony and preempting cities, villages, towns, and counties from adopting provisions concerning employment discrimination based on arrest or conviction record that prohibit activity that is allowed under the state fair employment law.	Recommended for passage by committee on 12/7/11. FAILED TO PASS
AB-288	Support	Jud/Leg 10/24/11 Comp. SB-199	Adoption by governmental units of a maintenance program that applies to private sewage systems.	Companion to 2011 Wisconsin Act 134.
AB-295	Oppose	Per J. Gonda Jud/Leg 10/24/11	Requiring a referendum before a municipality or county may impose a local motor vehicle registration fee.	Public hearing held on 12/13/11. FAILED TO PASS
AB-311	Oppose	Jud/Leg 10/24/11	Creating a sporting recruitment and retention council, programs to encourage recruitment of hunters and trappers, restrictions on expenditures under the Warren Knowles-Gaylord Nelson stewardship program, reduced fees for certain first-time hunting and trapping approvals, high school credit under and administration of the hunter and trapper education programs, waiving fishing license requirements for a weekend ice fishing event, and sturgeon spearing license age requirements.	2011 Wisconsin Act 168.
AB-316	Support	Leg/Pkg Per J. Gonda Comp. SB-209	Financial assistance for local recycling programs and making an appropriation.	Referred to committee on 10/12/11. FAILED TO PASS
AB-326	Support	Leg/Pkg Per J. Gonda	Creation of a Joint Committee on State Mandates and required funding of state mandates.	Recommended for passage by committee on 2/29/12. FAILED TO PASS
AB-337	Oppose	Comp. SB-237 (Jud/Leg 10/24/11)	Providing instruction in human growth and development.	Companion to 2011 Wisconsin Act 216.
AB-366	Support	Per P. Vornholt Jud/Leg on AB-7	Notice of the fee for identification cards issued by the Department of Transportation.	Referred to committee on 11/9/11. FAILED TO PASS
AB-368	Support	Per Leg/Pkg Comp. SB-272	Restoring indexing provisions to the homestead tax credit.	Referred to committee on 11/9/11. FAILED TO PASS

AB-403	Support–Amend to include special use permits.	Jud/Leg 2/20/12 Comp. SB-300	The length of time for which a variance applies.	Companion to 2011 Wisconsin Act 135.
AB-407	Support	LRB-3141/1 to Jud/Leg 11/21/11	Creating an individual income tax deduction for certain amounts paid for sewer, water, and garbage collection fees.	Referred to committee on 12/7/11. FAILED TO PASS
AB-414	Support	Per Leg/Pkg Comp. SB-307	Foreclosure on abandoned properties.	Companion to 2011 Wisconsin Act 136.
AB-428	Support	Per J. Gonda - Leg/Pkg (Waste,Fraud&Abuse Comm. recommendations Jud/Leg11/21/11 Comp. SB-339	Noncompetitive appointment of certain disable veterans to classified positions in the state civil service system. (See Amendment)	Companion to 2011 Wisconsin Act 211.
AB-435	Support	Per P. Vornholt Jud/Leg on AB-7	Services of the DOT relating to operator's licenses and identification cards.	Referred to committee on 12/20/11. FAILED TO PASS
AB-484	Oppose	Per J. Gonda (Contrary to LRB-2745, J/L 1/30/12, Regulation of Motor Vehicle Salvage Dealers)	Buyer identification cards and the definition of junk vehicles.	Referred to committee on 1/24/12. FAILED TO PASS
AB-510	Support	Jud/Leg 3/6/12 Comp. SB-308	Deposit placement programs of public depositories.	Companion to 2011 Wisconsin Act 204.
AB-523	Undisclosed	Per J. Gonda	Permitting a funeral establishment to be located in cemetery, prohibiting discrimination against a funeral establishment that has no relationship with a cemetery, prohibiting discrimination against a cemetery that has no relationship with a funeral establishment, and eliminating a property tax exemption for cemetery authority property.	Public hearing held on 2/28/12. FAILED TO PASS
AB-526	Support	Per P. Vornholt Comp. SB-425 (Per previous session)	Loans and repayment assistance by a political subdivision for energy and water improvements to premises and collection of the debt by special charge.	Companion to 2011 Wisconsin Act 138.
AB-529	Support	Leg/Pkg Per B. Wood Comp. SB-437	Licensing of taxicabs by a 1 st class city.	Passed by Assembly. SENATE FAILED TO CONCUR
AB-536	Undecided	Per J. Gonda Comp. SB-440	Increasing the allowable number of project plan amendments, and lengthening the time during which tax increments may be allocated and expenditures for project costs may be made, for Tax Incremental District Number 3 in the city of Middleton.	Companion to 2011 Wisconsin Act 139.
AB-538	Opposed	Jud/Leg 2/20/12 Comp. AB-544; SB-373	Changes to product liability law and the law governing remedies against manufacturers, distributors, sellers, and promoters of a product.	Referred to committee on 2/7/12. FAILED TO PASS
AB-544	Opposed	Jud/Leg 2/20/12 Comp. AB-538; SB-373	Changes to product liability law and the law governing remedies against manufacturers, distributors, sellers, and promoters of a product.	Referred to committee on 2/8/12. FAILED TO PASS
AB-561	Undisclosed	Per J. Gonda Comp. SB-466	Miscellaneous landlord-tenant provisions and prohibiting a local government from imposing a moratorium on eviction actions.	Companion to 2011 Wisconsin Act 143.

AB-563	Undecided	Per J. Gonda Comp. SB-438	Changes to the local room tax and providing a penalty.	Public hearing held on 2/22/12. FAILED TO PASS
AB-569	Support	Leg/Pkg Per B. Wood Comp. SB-521	The immobilization or removal, impoundment, and disposal of motor vehicles for multiple nonmoving traffic violations.	Recommended for passage by committee on 2/29/12. FAILED TO PASS
AB-617	Opposed	Jud/Leg 3/6/12 Similar to SB-482	Lodging establishments and restricting a local government's ability to prohibit or restrict an individual from renting his or her home.	Recommended for passage by committee on 3/9/12. FAILED TO PASS
AB-618	Opposed	Jud/Leg 3/6/12 Comp. SB-493	Outdoor advertising signs that are relocated because of state highway projects.	Public hearing held 2/28/12. FAILED TO PASS
AJR-41	Support	Per P. Vornholt (League of WI Municipalities)	Different property tax levy rates for parts of cities, villages, towns, counties, and school districts added by attachments to school districts, consolidations, and boundary changes under cooperative agreements (first consideration).	Recommended for adoption by Assembly committee on 10/12/11. FAILED TO ADOPT
SS SB-3 January	Support	Leg/Pkg Per J. Gonda Comp. SS AB-3	An income and franchise tax credit for businesses that relocate to this state.	Companion to 2011 Wisconsin Act 3
SS SB-4 January	Support	Leg/Pkg Per J. Gonda Comp. SS AB-4	Increasing the amount of the credits under the economic development tax credit program.	Companion to 2011 Wisconsin Act 4
SS SB-11 January	Oppose/ Need Amendments	Per P. Vornholt Comp. SS AB-11 J/L 2/21/11 - Oppose	State finances, collective bargaining for public employees, compensation and fringe benefits of public employees, the state civil service system, the Medical Assistance program, sale of certain facilities, granting bonding authority, and making an appropriation.	Companion to 2011 Wisconsin Act 10
SS SB-13 January	For Information Only	Per P. Vornholt Comp. SS AB-14	Regulation of telecommunications utilities and alternative telecommunications utilities; telecommunications provider of last-resort obligations; telecommunications intrastate switched access rates; interconnected voice over Internet protocol service; and use of transmission equipment and property by video service providers.	2011 Wisconsin Act 22
SS SB-1 September	Support	Jud/Leg 10/24/11 Comp. AB-179 Comp. SS AB-1	Authorizing the creation of a multijurisdictional tax incremental financing district.	Companion to 2011 Wisconsin Act 77
SB-6	Oppose	Jud/Leg 1/31/11 CC 2/8/11 Seeking Amendments Comp. AB-7	Requiring certain identification in order to vote at a polling place or obtain an absentee ballot, verification of the addresses of electors, absentee voting procedure in certain residential care apartment complexes and adult family homes, identification cards issued by the DOT, creating an identification certificate issued by the DOT, requiring the exercise of rule-making authority, and providing a penalty.	Companion to 2011 Wisconsin Act 23

SB-8	Support	Jud/Leg 1/31/11	Conforming the state family and medical leave law to the federal family and medical leave law and granting rule-making authority.	Referred to committee on 1/21/11. FAILED TO PASS
SB-11	Support	Leg/Pkg Comp. AB-8	The filing of certain forms related to Tax Incremental Financing District #72 in the city of Milwaukee.	2011 Wisconsin Act 12
SB-20	Support	Leg/Pkg Comp. AB-37	Authorizing the City of Milwaukee to sell city-owned property used for school purposes.	2011 Wisconsin Act 17
SB-22	For Information Only	Per P. Vornholt Comp. AB-51	Creating a Charter School Authorizing Board, providing additional charter school authorizers, etc.	Recommended for passage by committee on 10/26/11. FAILED TO PASS
SB-23	No Position	Per P. Vornholt Comp. SS AB-12 Comp. AB-41	Preemption of city, village, town, or county ordinances requiring employers to provide employees with leave from employment to deal with family, medical, or health issues.	2011 Wisconsin Act 16
SB-30	Oppose	Leg/Pkg Per P. Vornholt Comp. AB-65	Placing limits on residency requirements for 1 st class city police officers and fire fighters.	Recommended for passage by committee on 2/29/12. FAILED TO PASS
SB-32	Oppose	Per P. Vornholt; J. Hooper Jud/Leg 4/26/11	Ordinances establishing standards for places of employment and public buildings.	Referred to committee 3/9/11. FAILED TO PASS
SB-34	Oppose	Leg/Pkg Per P. Vornholt Comp. AB-44	Prohibiting the Milwaukee Public Schools from imposing residency requirements on teachers.	Public hearing held 3/23/11. FAILED TO PASS
SB-44	No Position	Per B. Wood Jud/Leg 4/4/11 Comp. AB-63	Closing hours for certain alcohol beverage retailers.	Companion to 2011 Wisconsin Act 97.
SB-54	Support	Leg/Pkg Per J. Gonda Comp. AB-57	Certain controlled substances and providing a penalty.	2011 Wisconsin Act 31
SB-58	Oppose	Jud/Leg 4/26/11	Liability of public utility customers for unbilled utility service.	Passed by Senate. ASSEMBLY FAILED TO CONCUR
SB-66	Oppose	Leg/Pkg Per P. Vornholt Comp. AB-115	A property tax exemption for a nonprofit resale store.	Referred to committee on 4/19/11. FAILED TO PASS
SB-71	Support	Leg/Pkg Per P. Vornholt Comp. AB-116	Creating a microstamping requirement for certain handguns, certification of compliance with the microstamping requirement, requiring the exercise of rule-making authority, and providing penalties.	Referred to committee on 4/20/11. FAILED TO PASS
SB-79	Undecided	Per J. Gonda Comp. AB-69	The privilege of self-defense.	Companion to 2011 Wisconsin Act 94.
SB-83	Oppose	Per P. Vornholt Jud/Leg 7/18/11	Various changes to the eminent domain laws.	Recommended for passage by committee on 5/12/11. FAILED TO PASS

SB-90	For Information Only	Jud/Leg 5/16/11 Comp. AB-126	Carrying a concealed weapon; licenses authorizing persons to carry concealed weapons; possessing or transporting a firearm, bow, or crossbow under certain circumstances; disorderly conduct limitations; photographic identification cards for former law enforcement officers; providing an exemption from emergency rule procedures; requiring the exercise of rule-making authority; making appropriations; and providing penalties.	Bill content was consolidated with SB-93 and enacted as 2011 Wisconsin Act 35.
SB-93	Oppose	Jud/Leg 5/16/11	Going armed with weapons, possessing or transporting a firearm, bow, or crossbow under certain circumstances, disorderly conduct limitations, and electric weapons.	2011 Wisconsin Act 35
SB-99	Support	Leg/Pkg Per P. Vornholt Comp. AB-150	Interest rates on payday loans and loans by licensed lenders	Referred to committee on 5/20/11. FAILED TO PASS
SB-107	No Position	Leg/Pkg Per J. Gonda Comp. AB-155	Prohibiting ordinances that place certain limits on landlords.	2011 Wisconsin Act 108.
SB-125	Support	Jud/Leg 7/18/11 Comp. AB-180	Liability of cities, villages, towns, and counties for damages caused by an insufficiency or want of repair of a highway.	2011 Wisconsin Act 132.
SB-131	No Position	Per P. Vornholt Comp. AB-190	Carrying a concealed weapon if prohibited from possessing a firearm, purchasing a firearm for a person who is prohibited from possessing a firearm, and providing a penalty.	Public hearing held on 6/21/11. FAILED TO PASS
SB-150	Oppose	Jud/Leg 7/18/11	Division of municipalities into wards and redistricting of supervisory and aldermanic districts and appointing a panel to hear challenges to the apportionment of a congressional or legislative district, and hearing certain appeals.	2011 Wisconsin Act 39
SB-153	Support	Leg/Pkg Per J. Gonda	Permitting governmental employers who are not participating employers in the Wisconsin Retirement System to be covered in the local government health insurance plan offered by the group insurance board.	2011 Wisconsin Act 133.
SB-162	Support	Per P. Vornholt Jud/Leg on AB-7 Comp. AB-226	Notice of the fee for identification cards issued by the DOT.	Referred to committee on 8/10/11. FAILED TO PASS
SB-165	Support	CC #110741	Birth certificates for Milwaukee County residents.	Referred to committee on 8/11/11. FAILED TO PASS
SB-173	Support/Seeking Amendments	Leg/Pkg Per J. Gonda Comp. AB-240	The disclosure of electronic juvenile court records to law enforcement agencies and providing a penalty.	2011 Wisconsin Act 270.
SB-175	Oppose	Jud/Leg 10/24/11 Comp. AB-244	Restricting eligibility for the homestead tax credit.	Referred to committee on 8/30/11. FAILED TO PASS
SB-182	Oppose	Leg/Pkg Per J. Gonda Jud/Leg 10/24/11 Comp. AB-262	Excluding permits and licenses from the definition of real property for property tax purposes.	Referred to committee on 9/14/11. FAILED TO PASS
SB-196	Support	Jud/Leg 10/24/11	Excluding from the calculation of expenditure restraint payments expenditures made pursuant to a purchasing agreement with a school district.	2011 Wisconsin Act 106.

SB-199	Support	Jud/Leg 10/24/11 Comp. AB-288	Adoption by governmental units of a maintenance program that applies to private sewage systems.	2011 Wisconsin Act 134.
SB-201	Support	Jud/Leg 10/24/11	An income and franchise tax credit for hiring unemployed individuals.	Public hearing held on 10/18/11. FAILED TO PASS
SB-207	Oppose	Jud/Leg 10/24/11 Comp. AB-286	Permitting an employer to refuse to employ or to bar or terminate from employment an individual who has been convicted of a felony and who has not been pardoned for that felony and preempting cities, villages, towns, and counties from adopting provisions concerning employment discrimination based on arrest or conviction record that prohibit activity that is allowed under the state fair employment law.	Recommended for passage by committee on 11/2/11. FAILED TO PASS
SB-209	Support	Leg/Pkg Per J. Gonda Comp. AB-316	Financial assistance for local recycling programs and making an appropriation.	Referred to committee on 9/29/11. FAILED TO PASS
SB-237	Oppose	Jud/Leg 10/24/11 Comp. AB-337	Providing instruction in human growth and development.	2011 Wisconsin Act 216.
SB-240	Oppose	Jud/Leg 9/12/11 Comp. AB-219	Funding postretirement health care benefits of local government employees.	Public hearing held on 12/13/11. FAILED TO PASS
SB-252	Support	Leg/Pkg Per J. Hooper Comp. AB-285	Municipal Court fees.	Referred to committee on 10/21/11. FAILED TO PASS
SB-263	Undecided	Per P. Vornholt	Setback requirements for wind energy systems and granting rule-making authority.	Withdrawn and re-referred to a different committee on 12/2/11. FAILED TO PASS
SB-269	Support	Leg/Pkg Comp. AB-169	Residency of election officials.	Public hearing held on 10/31/11. Passed by Senate. ASSEMBLY FAILED TO CONCUR
SB-272	Support	Per Leg/Pkg Comp. AB-368	Restoring indexing provisions to the homestead tax credit.	Referred to committee. Attempt to refer to committee on Senate Organization failed on 11/3/11. FAILED TO PASS
SB-289	Undecided	Per B. Wood	The appointment of adult school crossing guards.	Public hearing held on 12/14/11. FAILED TO PASS
SB-300	Support–Amend to include special use permits.	Jud/Leg 2/20/12 Comp. AB-403	The length of time for which a variance applies.	2011 Wisconsin Act 135.
SB-307	Support	Per Leg/Pkg Comp. AB-414	Foreclosure on abandoned properties.	2011 Wisconsin Act 136.
SB-308	Support	Jud/Leg 3/6/12 Comp. AB-510	Deposit placement programs of public depositories.	2011 Wisconsin Act 204.

SB-323	Support	Per P. Vornholt See C.C. #110741	Birth certificates that are requested for the purpose of voting.	Referred to committee on 12/7/11. FAILED TO PASS
SB-339	Support	Per J. Gonda – Leg/Pkg (Waste,Fraud&Abuse Comm. recommendations Jud/Leg11/21/11 Comp. AB-428	Noncompetitive appointment of certain disable veterans to classified positions in the state civil service system. (See Amendment)	2011 Wisconsin Act 211.
SB-373	Undisclosed Opposed	Per J. Gonda Jud/Leg 2/20/12 Comp. AB-538; AB-544	Changes to product liability law and the law governing remedies against manufacturers, distributors, sellers, and promoters of a product.	Public hearing held on 1/19/12. FAILED TO PASS
SB-425	Support	Per P. Vornholt Comp. AB-526 (Per previous session)	Loans and repayment assistance by a political subdivision for energy and water improvements to premises and collection of the debt by special charge.	2011 Wisconsin Act 138.
SB-437	Support	Leg/Pkg Per B. Wood Comp. AB-529	Licensing of taxicabs by a 1 st class city.	Public hearing held on 3/8/12. FAILED TO PASS
SB-438	Undecided	Per J. Gonda Comp. AB-563	Changes to the local room tax and providing a penalty.	Referred to committee on 2/7/12. FAILED TO PASS
SB-440	Undecided	Per J. Gonda Comp. AB-536	Increasing the allowable number of project plan amendments, and lengthening the time during which tax increments may be allocated and expenditures for project costs may be made, for Tax Incremental District Number 3 in the city of Middleton.	2011 Wisconsin Act 139.
SB-466	? Undisclosed	Per J. Gonda Comp. AB-561	Miscellaneous landlord-tenant provisions and prohibiting a local government from imposing a moratorium on eviction actions.	2011 Wisconsin Act 143.
SB-468	Support	Leg/Pkg Per J. Gonda	Prohibiting the expenditure of moneys from the national mortgage settlement without legislative approval.	Referred to committee on 2/13/12. FAILED TO PASS
SB-482	Opposed	Jud/Leg 3/6/12 Similar to AB-617	Lodging establishments and restricting a local government's ability to prohibit or restrict an individual from renting his or her home.	Referred to committee on 2/15/12. FAILED TO PASS
SB-493	Opposed	Jud/Leg 3/6/12 Comp. AB-618	Outdoor advertising signs that are relocated because of state highway projects.	Referred to committee on 2/20/12. FAILED TO PASS
SB-521	Support	Leg/Pkg Per B. Wood Comp. AB-569	The immobilization or removal, impoundment, and disposal of motor vehicles for multiple nonmoving traffic violations.	Referred to committee on 2/27/12. FAILED TO PASS
SJR-48	Oppose	Leg/Pkg Per J. Gonda	Creating fiscal year allowable revenues for the state and local governmental units, returning excess revenue to the taxpayers, requiring electoral approval for certain taxing and spending decisions, and allowing local governmental units to exempt themselves from certain state mandates (first consideration).	Recommended for adoption by senate committee on 3/5/12. FAILED TO ADOPT