



**CASPER Report  
IRF-PAI Assessment Print**

Run Date 05/09/2019

Page 11 of 14

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

**Quality Indicators****Bladder and Bowel**

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

**Active Diagnosis**

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

**Health Conditions**

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

**Swallowing/Nutritional Status**

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



**CASPER Report**  
**IRF-PAI Assessment Print**

Run Date 05/09/2019

Page 11 of 14

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

---

**Quality Indicators**

**Bladder and Bowel**

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

**Active Diagnosis**

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

**Health Conditions**

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

**Swallowing/Nutritional Status**

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



**CASPER Report**  
**IRF-PAI Assessment Print**

Run Date 05/09/2019

Page 11 of 14

State: MO

Facility Name: FOUNTAIN CITY REHABILITATION HOSPITAL

Patient Name: MARTINEZ, TONYA

Assessment ID: 7967329

---

**Quality Indicators**

**Bladder and Bowel**

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

**Active Diagnosis**

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

**Health Conditions**

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

**Swallowing/Nutritional Status**

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