

Discharge-Transfer Summary Report

01/05/2026 03:46:41 PM

Patient: GIFFORD, SHARON 935 N 10TH AVE DURANT, OK 74701- MR#: 48000024448801 Legacy MR#: Date of Birth: 4/10/1964 Branch Code: 480 Physician: REEL, PAUL 610 E 24TH ST TISHOMINGO, OK 73460-	Start Of Care Date: 2/16/2024 Episode Start Date: 12/7/2025 Episode End Date: 12/29/2025 First Visit Date: 12/8/2025 Last Visit Date: 12/29/2025 Episode Status: DISCHARGED Episode Type: RECERTIFICATION Episode Timing: LATER Physician Phone: (580)371-2343 Physician Fax: (580)371-2451 Physician Specialty: GENERAL MEDICINE Referring Facility:
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Case Manager: POINTS, ASHLEY

Discharge Information: Status: 01 - DISCHARGE TO HOME OR SELF CARE / Reason: PAYOR CHANGE / Condition: MODERATE ASSIST WITH TRANSFER/AMBULATION/ADLS

Date/Time of Death:

Patient Contacts

Contact Name	Relationship	Contact Type	Contact Relationship Type
TINA -	DAUGHTER	EMERGENCY	PRIMARY CAREGIVER
Home Phone	Primary Phone	Alternate Phone	Address
	(580) 380-8224		

Contact Name	Relationship	Contact Type	Contact Relationship Type
JEFFERY WISINGER	SON	PRIMARY CAREGIVER	
Home Phone	Primary Phone	Alternate Phone	Address
	(580) 740-5191		

Demographics

Gender	Race	Preferred Language
FEMALE		

Advanced Directives

Directive	Location
NONE	

ICD-10 Diagnoses/Procedures

Order	Code	Description	O/E	O/E Date	Type	Sym. Ctrl. Rtg.	OASIS Item
1	L89.153	PRESSURE ULCER OF SACRAL REGION, STAGE 3	E	02/05/2025	D	4 - Symptoms poorly controlled, history of re-hospitalizations.	M1021
10	E03.9	HYPOTHYROIDISM, UNSPECIFIED	O	02/05/2025	D	2 - Symptoms controlled with difficulty, affecting daily functioning; patient needs ongoing monitoring.	M1023
11	D53.0	PROTEIN DEFICIENCY ANEMIA	O	02/05/2025	D	2 - Symptoms controlled with difficulty, affecting daily functioning; patient needs ongoing monitoring.	M1023
12	J45.20	MILD INTERMITTENT ASTHMA, UNCOMPLICATED	O	02/05/2025	D	2 - Symptoms controlled with difficulty, affecting daily functioning; patient needs ongoing monitoring.	M1023
13	G89.29	OTHER CHRONIC PAIN	O	02/05/2025	D	2 - Symptoms controlled with difficulty, affecting daily functioning; patient needs ongoing monitoring.	M1023
14	I10	ESSENTIAL (PRIMARY) HYPERTENSION	O	02/05/2025	D	2 - Symptoms controlled with difficulty, affecting daily functioning; patient needs ongoing monitoring.	M1023

Financial Responsibility: PRO = Provider, PAT = Patient, PTD = Part D, OTH = Other

Clinician: Clinician, Agency

Signature:

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ICD-10 Diagnoses/Procedures

Order	Code	Description	O/E	O/E Date	Type	Sym. Ctrl. Rtg.	OASIS Item
15	G47.00	INSOMNIA, UNSPECIFIED	O	02/05/2025	D	2 - Symptoms controlled with difficulty, affecting daily functioning; patient needs ongoing monitoring.	M1023
16	N39.0	URINARY TRACT INFECTION, SITE NOT SPECIFIED	O	02/05/2025	D	2 - Symptoms controlled with difficulty, affecting daily functioning; patient needs ongoing monitoring.	M1023
17	M13.89	OTHER SPECIFIED ARTHRITIS, MULTIPLE SITES	O	02/05/2025	D	2 - Symptoms controlled with difficulty, affecting daily functioning; patient needs ongoing monitoring.	M1023
18	Z90.710	ACQUIRED ABSENCE OF BOTH CERVIX AND UTERUS	O	02/05/2025	D		M1023
19	Z99.3	DEPENDENCE ON WHEELCHAIR	O	02/05/2025	D		M1023
2	L89.622	PRESSURE ULCER OF LEFT HEEL, STAGE 2	O	02/05/2025	D	2 - Symptoms controlled with difficulty, affecting daily functioning; patient needs ongoing monitoring.	M1023
20	Z87.891	PERSONAL HISTORY OF NICOTINE DEPENDENCE	O	02/05/2025	D		M1023
21	Z79.82	LONG TERM (CURRENT) USE OF ASPIRIN	O	02/05/2025	D		M1023
22	Z79.4	LONG TERM (CURRENT) USE OF INSULIN	O	02/05/2025	D		M1023
23	Z79.01	LONG TERM (CURRENT) USE OF ANTICOAGULANTS	O	02/05/2025	D		M1023
24	Z79.84	LONG TERM (CURRENT) USE OF ORAL HYPOGLYCEMIC DRUGS	O	02/05/2025	D		M1023
25	Z43.3	ENCOUNTER FOR ATTENTION TO COLOSTOMY	O	02/05/2025	D		M1023
3	L89.612	PRESSURE ULCER OF RIGHT HEEL, STAGE 2	O	02/05/2025	D	2 - Symptoms controlled with difficulty, affecting daily functioning; patient needs ongoing monitoring.	M1023
4	I48.91	UNSPECIFIED ATRIAL FIBRILLATION	O	02/05/2025	D	2 - Symptoms controlled with difficulty, affecting daily functioning; patient needs ongoing monitoring.	M1023
5	E11.40	TYPE 2 DIABETES MELLITUS WITH DIABETIC NEUROPATHY, UNSP	O	02/05/2025	D	2 - Symptoms controlled with difficulty, affecting daily functioning; patient needs ongoing monitoring.	M1023
6	G82.50	QUADRIPLEGIA, UNSPECIFIED	O	02/05/2025	D	2 - Symptoms controlled with difficulty, affecting daily functioning; patient needs ongoing monitoring.	M1023
7	F32.0	MAJOR DEPRESSIVE DISORDER, SINGLE EPISODE, MILD	O	02/05/2025	D	2 - Symptoms controlled with difficulty, affecting daily functioning; patient needs ongoing monitoring.	M1023
8	N31.9	NEUROMUSCULAR DYSFUNCTION OF BLADDER, UNSPECIFIED	O	02/05/2025	D	2 - Symptoms controlled with difficulty, affecting daily functioning; patient needs ongoing monitoring.	M1023
9	F41.9	ANXIETY DISORDER, UNSPECIFIED	O	02/05/2025	D	2 - Symptoms controlled with difficulty, affecting daily functioning; patient needs ongoing monitoring.	M1023

Allergies

Description	Date Entered
CODEINE	12/5/2024
FENTANYL	12/5/2024
LEVAQUIN	12/5/2024
MORPHINE	12/5/2024

* denotes Non-Visit QI Reporting Collection

Medication List

Start Date	D/C Date	Medication	Dose	Route	Frequency	New/Changed	Financial Resp.	PRN
12/7/2016		AMLODIPINE 5 MG TABLET	1 tablet	ORAL	2 TIMES DAILY	Other	OTH	N
Reason:HIGH BLOOD PRESSURE								
Instructions:								

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Start Date End Date	D/C Date	Medication	Dose	Route	Frequency	New/Changed	Financial Resp.	PRN
7/10/2024		ASPIRIN 325 MG TABLET	1 tablet	ORAL	EVERY AM	Other	OTH	N
Reason:HEART HEALTH								
Instructions:								
2/26/2020		BACLOFEN 20 MG TABLET	1 tablet	ORAL	2 TIMES DAILY	Other	OTH	N
Reason:MUSCLE SPASMS								
Instructions:								
5/28/2025		CLOBETASOL 0.05 % TOPICAL CREAM	1 cm	NONE	3 TIMES A WEEK	New	OTH	N
Reason:SKIN IRRITATION								
Instructions:								
4/16/2024		ELIQUIS 5 MG TABLET	1 tablet	ORAL	2 TIMES DAILY	Other	OTH	N
Reason:BLOOD THINNER								
Instructions:								
12/3/2014		FUROSEMIDE 20 MG TABLET	1 tablet	ORAL	AS NEEDED	Other	OTH	Y
Reason:SWELLING								
Instructions:1 TAB ONE TO WO TIMES WEEK AS NEEDED FOR SWELLING								
11/5/2024		KLAYESTA 100,000 UNIT/GRAM TOPICAL POWDER	Per instructions	TOPICAL	3 TIMES DAILY	Other	OTH	N
Reason:YEAST RASH								
Instructions:APPLY TO AFFECTED AREA 2 TO 3 TIMES DAILY								
7/30/2024		LANTUS SOLOSTAR U-100 INSULIN 100 UNIT/ML (3 ML) SUBCUTANEOUS PEN	24 unit	SUBCUTANEOUS	DAILY	Other	OTH	N
Reason:BLOOD SUGAR								
Instructions:								
12/5/2017		LEVOTHYROXINE 100 MCG CAPSULE	1 capsule	ORAL	EVERY AM	Other	OTH	N
Reason:THYROID								
Instructions:								
12/4/2018		METFORMIN 500 MG TABLET	1 tablet	ORAL	2 TIMES DAILY	Other	OTH	N
Reason:SUGAR								
Instructions:								
8/20/2019		METOPROLOL SUCCINATE ER 25 MG TABLET,EXTENDED RELEASE 24 HR	1 tablet	ORAL	2 TIMES DAILY	Other	OTH	N
Reason:BLOOD PRESSURE								
Instructions:								
12/22/2015		OXYBUTYNIN CHLORIDE 5 MG TABLET	1 tablet	ORAL	2 TIMES DAILY	Other	OTH	N
Reason:BLADDER								
Instructions:								
6/17/2015		POTASSIUM CHLORIDE ER 20 MEQ TABLET,EXTENDED RELEASE	1 tablet	ORAL	DAILY	Other	OTH	N
Reason:ELECTROLYTES								
Instructions:1 TAB DAILY WHEN TAKING FUROSEMIDE								
12/6/2017		PRENATAL COMPLETE 14 MG IRON-400 MCG TABLET	1 tablet	ORAL	EVERY AM	Other	OTH	N
Reason:VITAMIN								
Instructions:								
5/16/2018		PROBIOTIC 10 BILLION CELL CAPSULE	1 capsule	ORAL	EVERY AM	Other	OTH	N
Reason:GUT HEALTH								
Instructions:								

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Medication List

Start Date End Date	D/C Date	Medication	Dose	Route	Frequency	New/Changed	Financial Resp.	PRN
9/2/2025		PROBIOTIC 100 BILLION CELL CAPSULE	2 capsule	ORAL	DAILY	New	OTH	N
Reason:URINARY AND GUT HEALTH								
Instructions:								
1/7/2025 2/24/2025 11:59:00 PM	2/24/2025	CEFTRIAXONE 2 GRAM INTRAVENOUS SOLUTION	Per instructions	INTRAVENOUS	DAILY	New	OTH	N
Reason:OSTEOMYELITIS								
Instructions:INFUSE IV VIA INFUSION BALL EVERY 24 HOURS								
8/5/2025 8/16/2025 11:59:00 PM	8/16/2025	CIPROFLOXACIN 500 MG TABLET	1 tablet	ORAL	2 TIMES DAILY	New	OTH	N
Reason:UTI								
Instructions:								
9/2/2025	9/12/2025	FLUCONAZOLE 200 MG TABLET	1 tablet	ORAL	DAILY	New	OTH	N
Reason:VAGINAL YEAST								
Instructions:								
8/15/2025 8/26/2025 11:59:00 PM	8/26/2025	FLUCONAZOLE 200 MG TABLET	1 tablet	ORAL	DAILY	New	OTH	N
Reason:VAGINAL YEAST								
Instructions:								
1/6/2025 2/24/2025 11:59:00 PM	2/24/2025	HEPARIN (PORCINE) (PF) 10 UNIT/ML IN 0.9 % SODIUM CHLORIDE IV SYRINGE	Per instructions	INTRAVENOUS	DAILY	New	OTH	Y
Reason:LINE MAINTENANCE								
Instructions:FLUSH BOTH LUMEN ON E DAILY WITH 3-5 ML AFTER ABX ADMINISTRATION AND LAB DRAWS								
10/7/2025 10/14/2025 11:59:00 PM	10/14/2025	LINEZOLID 600 MG TABLET	1 tablet	ORAL	2 TIMES DAILY	New	OTH	N
Reason:WOUND INFECTION								
Instructions:								
1/6/2025 3/7/2025	3/7/2025	NORMAL SALINE FLUSH 0.9 % INJECTION SYRINGE	5-10 mL	INJECTION	DAILY	New	OTH	Y
Reason:LINE MAINTENANCE								
Instructions:FLUSH BOTH LUMEN DAILY WITH 5-10 ML BEFORE AND AFTER ABX ADMINISTRATION AND LAB DRAWS								
7/14/2025 7/24/2025 11:59:00 PM	7/24/2025	SULFAMETHOXAZOLE 800 MG-TRIMETHOPRIM 160 MG TABLET	1 tablet	ORAL	2 TIMES DAILY	New	OTH	N
Reason:URINARY TRACT INFECTION								
Instructions:								
9/2/2025	9/12/2025	SULFAMETHOXAZOLE 800 MG-TRIMETHOPRIM 160 MG TABLET	1 tablet	ORAL	2 TIMES DAILY	New	OTH	N
Reason:UTI								
Instructions:								

Vital Sign Statistics

Vital Sign	Low	High
Temperature	96.7	98.6
Pulse	58	77
Respirations	18	18
Blood Pressure	104 / 72	122 / 86
Fasting Blood Sugar	188	188

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Vital Sign Statistics

Vital Sign	Low	High
Random Blood Sugar	185	185
Oxygen Saturation Level (%)	94	96

Disciplines and Services Provided

Discipline	No. Visits Provided	Patient Last Seen by Discipline on
SN	4	12/29/2025
Totals:	4	

Services Provided

HOME HEALTH AGENCY MAY ACCEPT ORDERS FROM THE FOLLOWING PHYSICIANS: ABBIE MCCLEM9RE AND OTHER TOTAL WOUND CARE PROVIDERS.

PATIENT/CAREGIVER TO PERFORM ADMINISTRATION OF BLADDER INSTILLATION/IRRIGATION WITH 200ML SALINE/IODINE SOLUTION. SN MAY PERFORM WHILE IN HOME PER PATIENT REQUEST

SKILLED NURSE FOR ASSESSMENT OF PAIN, EFFECTIVENESS OF PAIN MANAGEMENT REGIMEN AND SKILLED TEACHING RELATED TO PAIN MANAGEMENT. SKILLED NURSE TO INTERVENE WITH INCREASED PAIN LEVEL TO MINIMIZE COMPLICATIONS.

SKILLED NURSE MAY COLLECT URINE SPECIMEN FOR URINALYSIS WITH CULUTRE AND SENSITIVITY AS NEED FOR REPORTS OF BURNING WITH CATHETERIZATION, FEVER, INCREASED SEDIMENT IN URINE, ODOROUS URINE.

SKILLED NURSE MAY PERFORM UP TO 3 PRN VISITS RELATED TO WOUND DRESSING CHANGE CATHETER / INTERMITTENT CATHETERIZATION DUE TO WOUND DRESSING SOILAGE/DISLODGEEMENT, CLOGGED CATHETER, INCREASED SEDIMENT, PAIN, BURNING AND PAIN WITH CATHETERIZATION.

SKILLED NURSE TO ASSESS VITAL SIGNS AND ALL BODY SYSTEMS, KNOWLEDGE OF DISEASE PROCESSES AND ASSOCIATED CARE AND MEDICATION REGIMEN, EVALUATE CO-MORBID AND OTHER CONDITIONS THAT PRESENT DURING THE EPISODE TO IDENTIFY CHANGES REQUIRING MEDICAL ATTENTION AND INTERVENE TO MINIMIZE COMPLICATIONS.

AGENCY HAS DETERMINED THE PATIENT TO BE COMPETENT AND SAFE FOR THE HANDLING AND SELF-ADMINISTERING MEDICATIONS WITH ASSISTANCE. AGENCY WILL CONTINUE TO MONITOR THE PLAN TO ASSURE SAFE ADMINISTRATION OF MEDICATIONS.

SKILLED NURSE TO INSTRUCT PATIENT / CAREGIVER ON INTERMITTENT CATHETERIZATION WITH INTERMITTENT URINARY CATH KIT WITH COLLECTION BAG AND 16 F RED RUBBER CATHETER TO BE DONE 6 TIMES DAILY AND AS NEEDED. SN TO EDUCATE ON SIGNS / SYMPTOMS OF INFECTIONS/COMPLICATIONS, AND PROPER PERISTOMAL CARE.

SKILLED NURSE TO PERFORM MULTIFACTOR FALL RISK ASSESSMENT AND IMPLEMENT INTERVENTIONS TO DECREASE RISK OF FALLS. SKILLED NURSE TO INSTRUCT ON HOME SAFETY, IMPACT OF POLYPHARMACY, ENVIRONMENTAL SAFETY, AND FALL PREVENTION.

SKILLED NURSE TO PERFORM/INSTRUCT PRESSURE ULCER CARE TO COCCYX

CLEANSE HYPOCHLOROUS ACID SOLUTION AND 4X4S, ALLOW TO SOAK FOR 10 MINUTES, PQT DRY WITH 4X4S. APPLY COLLAGEN PAD, THEN APPLY HYDROFERA BLUE CLASSIC. COVER WITH BORDERED FOAM DRESSIG. USING CLEAN/ASEPTIC TECHNIQUE. TO BE PERFORMED BY HOME HEALTH ON MONDAYS AND PRN LOOSENING OR SOILAGE OF DRESSING.

SN TO APPLY BORDERED FOAM DRESSINGS TO BILATERAL HEELS ONCE WEEKLY AND PRN LOOSENG OR SOILAGE OF DRESSING.

SKILLED NURSE TO PROVIDE INSTRUCTION REGARDING MANAGEMENT OF DISEASE PROCESS RELATED TO URIBARY TRACT INFECTION INCLUDING PATHOPHYSIOLOGY, NUTRITIONAL/FLUID REQUIREMENTS, AND MEDICATION REGIMEN.

SKILLED NURSE TO PROVIDE SKILLED TEACHING RELATED TO ALTERED SKIN INTEGRITY INCLUDING PATHOPHYSIOLOGY, NUTRITION, MEDICATION REGIMEN, AND PRESSURE ULCER PREVENTION MEASURES. SKILLED NURSE TO REPORT SIGNIFICANT CHANGES IN STATUS TO PHYSICIAN FOR EARLY INTERVENTION.

MAY APPLY BORDERED FOAM ADHESIVE DRESSING TO AREAS PRONE TO BREAKDOWN FOR PREVENTION.

SKILLED NURSE WILL INSTRUCT PATIENT ON HIGH RISK MEDICATIONS.

SN MAY OBTAIN A RANDOM BLOOD SUGAR READING FOR SYMPTOMOLOGY

SN TO INSTRUCT PT/CG ON IMPACT OF STRESS ON WOUND HEALING INCLUDING TECHNIQUES FOR DEALING WITH STRESS, LIFESTYLE CONSIDERATIONS, AND WHEN TO CONTACT THE HEALTHCARE TEAM.

SN TO INSTRUCT PT/CG ON BENEFITS OF QUALITY SLEEP AND WOUND HEALING INCLUDING ACTIONS TO TAKE TO IMPROVE SLEEP QUALITY

SN TO INSTRUCT PT/CG ON FOODS THAT MAY INCREASE GAS PRODUCTION AND STOOL ODOR.

SN TO INSTRUCT PT/CG ON NEGATIVE PRESSURE WOUND THERAPY HOME CARE

SN TO INSTRUCT PT/CG ON NORMAL SKIN STRUCTURE AND FUNCTION, COMMON CONDITIONS THAT AFFECT THE SKIN, AND WHEN TO CONTACT THE HEALTHCARE TEAM.

SN TO INSTRUCT PT/CG ON OSTOMY COMPLICATIONS.

PATIENT/ CAREGIVER TO CHANGE 2 PIECE OSTOMY POUCH EVERY 3 DAYS AND PRN DISLODGMET. SN MAY PERFORM WHILE IN HOME.

PATIENT MAY USE BATRIER EXTENDERS AND NO STING SKIN PREP AS NEEDED WITH OSTOMY APPLIANCE CHANGES.

SN TO INSTRUCT PT/CG ON PAIN RELIEF MEASURES

SN TO INSTRUCT PT/CG ON RISK FACTORS FOR NON-HEALING WOUNDS.

SN TO INSTRUCT PT/CG ON WOUND PAIN AND STRATIGIES FOR PAIN RELIEF.

Distinct Outcomes

Goal Description	Discipline	Met/ Not Met	Exception Code	Excluded From Stats
PATIENT / CAREGIVER VERBALIZES UNDERSTANDING OF PURPOSE OF PRESCRIBED CULTURE TEST	SN	NOT MET	NOT APPLICABLE TO CLIENT'S POC	YES

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Distinct Outcomes

Goal Description	Discipline	Met/ Not Met	Exception Code	Excluded From Stats
PATIENT DEMONSTRATES TOLERANCE TO SPECIMEN COLLECTION	SN	NOT MET	NOT APPLICABLE TO CLIENT'S POC	YES
CHANGES TO CO-MORBID CONDITIONS WILL BE IDENTIFIED AND REPORTED TO THE PHYSICIAN.	SN	NOT MET	NOT APPLICABLE TO CLIENT'S POC	YES
PATIENT / CAREGIVER VERBALIZES UNDERSTANDING OF THE USE OF MEDICATIONS TO TREAT GENITOURINARY DISEASE	SN	NOT MET	NOT APPLICABLE TO CLIENT'S POC	YES
PATIENT TOLERATED BLADDER INSTILLATION/IRRIGATION WELL	SN	MET	OUTCOME ACHIEVED ON PREVIOUS VISIT	
FALL RISK IS PROMPTLY IDENTIFIED TO IMPLEMENT INTERVENTIONS QUICKLY.	SN	NOT MET	NOT APPLICABLE TO CLIENT'S POC	YES
PT/CG NOW UNDERSTANDS NEED FOR BLOOD SUGAR MONITORING.	SN	NOT MET	NOT APPLICABLE TO CLIENT'S POC	YES
PT/CG NOW UNDERSTANDS COMPLICATIONS OF OSTOMY	SN	MET		
PT/CG NOW UNDERSTANDS FOODS THAT MAY INCREASE GAS PRODUCTION AND STOOL ODOR.	SN	MET		
PATIENT / CAREGIVER VERBALIZES UNDERSTANDING OF PATHOPHYSIOLOGY / UNDERLYING CAUSES OF GENITOURINARY DISEASE	SN	MET		
PATIENT / CAREGIVER VERBALIZES UNDERSTANDING OF DIETARY REQUIREMENTS THAT PROMOTE CONTROL OF GENITOURINARY DISEASE	SN	MET		
PATIENT / CAREGIVER VERBALIZES / DEMONSTRATES UNDERSTANDING OF/ PURPOSE FOR PROPER TECHNIQUE IN INTERMITTENT CATHETERIZATION.	SN	MET		
PATIENT / CAREGIVER VERBALIZES UNDERSTANDING OF THE PATHOPHYSIOLOGY / UNDERLYING CAUSES OF SKIN BREAKDOWN	SN	MET		
PT/CG VERBALIZE 100% UNDERSTANDING OF NORMAL SKIN STRUCTURE AND FUNCTION, COMMON CONDITIONS THAT AFFECT THE SKIN, AND WHEN TO CONTACT THE HEALTHCARE TEAM AS EVIDENCED BY ACCURATE TEACH BACK.	SN	MET		
PT/CG VERBALIZE UNDERSTANDING 100% UNDERSTANDING OF RISK FACTORS FOR NON-HEALING WOUNDS AS EVIDENCED BY ACCURATE TEACH BACK.	SN	MET		
PT/CG VERBALIZE 100% UNDERSTANDING OF WOUND PAIN AND STRATEGIES FOR PAIN RELIEF AS EVIDENCED BY DEMONSTRATION OF ACCURATE TEACH BACK.	SN	MET		
PT/CG VERBALIZE UNDERSTANDING 100% UNDERSTANDING OF NEGATIVE PRESSURE WOUND THERAPY HOME CARE AS EVIDENCED BY ACCURATE TEACH BACK	SN	MET		
PT/CG VERBALIZE UNDERSTANDING OF BENEFITS OF QUALITY SLEEP AND WOUND HEALING INCLUDING ACTIONS TO TAKE TO IMPROVE SLEEP QUALITY AS EVIDENCED BY ACCURATE DEMONSTRATION OF TEACH BACK	SN	MET		
PATIENT VERBALIZES TOLERANCE TO PRESSURE ULCER CARE. PATIENT / CAREGIVER VERBALIZES / RETURNS DEMONSTRATION OF WOUND CARE.	SN	MET		
PATIENT / CAREGIVER VERBALIZE/DEMONSTRATE APPROPRIATE METHODS TO REDUCE FALL RISK.	SN	MET		
INCREASED PAIN OR INEFFECTIVE PAIN CONTROL MEASURES ARE IDENTIFIED AND PROMPTLY REPORTED TO THE PHYSICIAN	SN	MET		
PATIENT / CAREGIVER VERBALIZES UNDERSTANDING OF PHARMACOLOGIC AND NON PHARMACOLOGIC PAIN CONTROL TECHNIQUES	SN	MET		
PT/CG IS NOW UTILIZING ALTERNATIVE PAIN RELIEF MEASURES	SN	MET		
PATIENT/CAREGIVER VERBALIZES PRINCIPLES OF SAFE, APPROPRIATE USE OF HIGH RISK MEDICATIONS.	SN	MET		

Number of Distinct Goals Met:	18	Percentage (%) of Distinct Goals Met:	$\frac{\text{Goals met}}{\text{(Total Goals - Excluded Goals)}} = 100.00\%$
Number of Distinct Goals Not Met:	6		
Total Distinct Goals:	24		

Note: Of Goals Note Met, 6 are excluded from % Goals Met based on exception code noted

Patient Goals

Effective From: 12/02/2025 **Established By:** POINTS,ASHLEY

Effective To: 12/29/2025 **Established In:** RN02

Patient Goals:

I WANT TO GET MY WOUND HEALED.

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Patient Disposition

Status	Date	Discharge Reason
DISCHARGED	12/29/2025	DISCHARGE TO HOME OR SELF CARE

Discharge Summary

Entered By	Note Date	DC Coordination Note
AMANDA REED,	1/2/2026	<p>PAYOR CHANGED-PATIENT NOT DISCHARGED NOTE</p> <p>THIS PATIENT IS STILL SHOWING TO BE ACTIVE UNDER UHC</p> <p>NEW INSURANCE: HUMANA EFFECTIVE DATE: 1/1/26</p> <p>IF VISITS HAVE BEEN DONE SINCE THIS INSURANCE BEGAN, YOU WILL NEED TO SUBMIT A PAYOR CHANGE TICKET ASAP TO CORRECT THIS BEFORE BILLING.</p> <p>DO NOT BILL CURRENT EPISODE UNTIL THIS IS CORRECTED TO AVOID A REJECTION - THE PAYORS CANNOT OVERLAP.</p> <p>IT IS CRITICAL THIS IS CORRECTED ASAP SINCE ANY VISITS DONE AFTER THE DATE LISTED ABOVE ARE NOT BILLABLE. DO NOT CLEAR THIS COORDINATION NOTE UNTIL THIS IS RESOLVED. FOLLOW-UP COMMENT ENTERED BY RACHEL MASTERSON, LPN ON 01/05/2026 PATIENT DC ON 12/28/25.</p>
AMANDA REED,	1/2/2026	<p>PAYOR CHANGED-PATIENT NOT DISCHARGED NOTE</p> <p>THIS PATIENT IS STILL SHOWING TO BE ACTIVE UNDER UHC</p> <p>NEW INSURANCE: HUMANA EFFECTIVE DATE: 1/1/26</p> <p>IF VISITS HAVE BEEN DONE SINCE THIS INSURANCE BEGAN, YOU WILL NEED TO SUBMIT A PAYOR CHANGE TICKET ASAP TO CORRECT THIS BEFORE BILLING.</p> <p>DO NOT BILL CURRENT EPISODE UNTIL THIS IS CORRECTED TO AVOID A REJECTION - THE PAYORS CANNOT OVERLAP.</p> <p>IT IS CRITICAL THIS IS CORRECTED ASAP SINCE ANY VISITS DONE AFTER THE DATE LISTED ABOVE ARE NOT BILLABLE. DO NOT CLEAR THIS COORDINATION NOTE UNTIL THIS IS RESOLVED. FOLLOW-UP COMMENT ENTERED BY RACHEL MASTERSON, LPN ON 01/05/2026 PATIENT DC ON 12/28/25.</p>
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Clinician: Clinician, Agency

Signature:

Date: 1/6/2026

Discharge-Transfer Summary Report

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