

Form# 4

REV 10.27.24

RETURN FAX NUMBER: 859-278-0597 or 888-218-1137

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THANK YOU!

PHONE NO: 859-277-5111

FROM: VNA HEALTH AT HOME

NUMBER OF PAGES: (Including Lead Sheet)

Please let me know if you
can accept patient
859-447-0059
Teresa Hughes RD, MCS

MESSAGE:

RE: Samuel Isaacs

PHONE NO:

FAX NO:

COMPANY:

ATTENTION: McGrath wound care

DATE: 9/5/25

Fax Lead Sheet



VISITING NURSES ASSOCIATION HEALTH AT HOME LEXINGT

2464 FORTUNE DRIVE SUITE 110

LEXINGTON, KY 40509-4254

Phone: (859) 277-5111

Fax: (859) 317-2507

PHYSICIAN: MICHAEL ROYALTY, MD

1000 MONARCH ST, STE 100

LEXINGTON, KY 40513-

Phone: (859) 278-8421

Fax: (859) 276-2433

2nd Physician:

Send to Physician: Y

Verbal Order: Y

Verbal Date: 9/3/2025

Time: 9:19 AM

SSN:

DOB: 5/20/1984

MR#: 04200045838901

CERT: 7/7/2025 to 9/4/2025

Order Read Back to Physician/Agent of Physician?: Y

ABN Delivered to Patient?: NA

Hospital MR No	Inpatient Facility	Admit Date	Discharge Date	Reason For Admission
	UNIVERSITY OF KENTUCKY HOSPITAL	4/16/2025	5/6/2025	
	UNIVERSITY OF KENTUCKY HOSPITAL	6/10/2025	6/20/2025	UTI
	UNIVERSITY OF KENTUCKY HOSPITAL	8/7/2025	8/16/2025	ACUTE HYPOXIC RESPIRATORY FAILURE
Order Date:	9/3/2025 9:19 AM	Order Type:	PHYSICIAN ORDER	

Order Description:

REFER PATIENT TO IN HOME WOUND CARE, MCGRAPTH WOUND CARE

VO: MICHAEL ROYALTY

ENTERED / TAKEN BY (ELECTRONICALLY SIGNED):	TERESA HUGHES, RN	DATE: 09/03/2025
APPROVED / PROCESSED BY (ELECTRONICALLY SIGNED):	TERESA HUGHES, RN	DATE: 09/03/2025
PHYSICIAN SIGNATURE (ELECTRONICALLY SIGNED):	MICHAEL ROYALTY, MD	DATE: 09/04/2025

Patient Information Report

Patient: ISAACS, SAMUEL MR No: 04200045638901 Insured ID: 6U09KC65HM40 Primary Payor: MEDICARE PDGM Legacy MR No:

Assigned Branch VISITING NURSES ASSOCIATION HEALTH AT HOME LEXINGTON Patient Nickname Patient ID 458389 SSN Location

Referral Info Referral Date 05/06/2026 Referral Type RECERTIFICATION Referring Facility UNIVERSITY OF KENTUCKY HOSPITAL Referral Taken By INTERFACE Referring Facility Contact NONE

Patient Info Gender MALE DOB 05/20/1984 Race Email State KY Zip 40503- County FAYETTE Room 322 GLENDOWER RD Phone (659) 252-6609 MSA # CBSA 30460

Current Service Location: CLIENT'S HOME/RESIDENCE Street 322 GLENDOWER RD Phone (659) 252-6609 MSA # CBSA 30460 Travel Directions

Patient Contacts Contact Name DEBBIE SHARON Relationship FRIEND Primary Phone (659) 552-8888 Contact Type EMERGENCY CONTACT Address Contact Relationship Type Home Phone KRISTY ISAACS Relationship OTHER Primary Phone (659) 252-6609 Contact Type PRIMARY CAREGIVER - PHI APPROVED Address Contact Relationship Type Payor Source Info Payor Source Type Payor Type Payor Source

Patient Information Report

Patient: ISAACS, SAMUEL Insured ID: 6U09KC6H40 Primary Payor: MEDICARE PDGM MR No: 04200045838801 Legacy MR No:

PRIMARY	MEDICARE	MEDICARE PDGM	Medicare B Effective	Medicare A Effective	Medicaid Effective	Physician Name	Admission Source	1 - PHYSICIAN REFERRAL	ROYALTY, MICHAEL
Private Payor Type Info									
Claim No.		Insured ID		Insured Address		Insured City		Insured State	
Insured Name		Insured Relation		Insured Address		Insured City		Insured State	
Insured Phone		Insured Address		Insured City		Insured State		Insured Zip	
Employer Name		Employer ID		Employer Address		Employer City		Employer State	
Employer Phone		Employer Address		Employer City		Employer State		Employer Zip	

Program Name		Obtained Date		Obtained By/ Authorized By		Authorization No./ Active		Start Date/ End Date	
PPS PROGRAM		6/25/2025 1:51:01 PM		HCHB RECERTIFICATION		Y		07/07/2025 09/04/2025	
Unit Type		Budget Type		Billing Code		Qty Per		Qty Per	
VISITS		DISCIPLINES		SN		Day		Month	
Period		Qty Per		Day		Week		Year	
10		Qty Per		Period		Active		Y	

Physician Info		Primary Physician		Address		City		State	
ROYALTY, MICHAEL		1000 MONARCH ST, STE 100		LEXINGTON		KY		40613-	
Phone		Fax		Pager		Date Last Seen		NPI #	
(859)278-8421		(859)276-2433						1083740377	
Secondary Physician		Requested Date of Evaluation		Admitting Discipline		Perform Add-On Evaluation Prior to Approval of the Plan of Care associated with the Completed SOC Visit?		Add-On Discipline	
07/07/2025		SN				N			
Requested Date of Add-On Evaluation		Requested Date of Add-On Evaluation		Add-On Discipline					

Clinical Info		Case Manager		Team Member(s)		Height		Weight	
MANDI MCBRIDE, RN		CHERYL COOK, LPN		Pregnant		Paperwork Received By Patient		N	
Medical Release Code		YES, PROVIDER HAS A SIGNED STATEMENT PERMITTING RELEASE OF MEDICAL BILLING DATA RELATED TO A CLAIM		Disaster Status		Evacuation Location		HOSPITAL	
Accuity Status		CHAIR BOUND		3 - WITHIN WEEK					

Patient Information Report

Patient:	ISAACS, SAMUEL	Insured ID:	5U09K65HM40	Primary Payor:	MEDICARE PDGM
MR No:	042000456388901				
Legacy MR No:					

Type	Location	Contents	Contact Name	Phone	Was Adv Dir Info Let With Caregiver?
DUR, PWR, OF ATTY	IN HOME	NA	DAVID BRAMLETT		N
Inpatient Events (Unaffiliated with your Agency)					
Inpatient Facility	Admit Date	Hospital Discharge Date	Surgery Date	Inpatient MR No.	Reason for Admission
UNIVERSITY OF KENTUCKY HOSPITAL	04/16/2025	05/08/2025			
UNIVERSITY OF KENTUCKY HOSPITAL	06/10/2025	06/20/2025			UTI
UNIVERSITY OF KENTUCKY HOSPITAL	08/07/2025	08/16/2025			ACUTE HYPOXIC RESPIRATORY FAILURE

Is care related to surgical discharge? Does patient have end-stage renal disease? Number of ADLs for which patient is not independent?

Has patient requested "No Publicity" status? Is maternity care the primary reason for home health care? Primary Spoken Language

N N

ICD-10 Diagnoses/Procedures

Order	Code	Description	Onset / Exac.	O/E Date	Type	Sym. Ctrl. Rtg.	Item
1	J86.21	ACUTE AND CHRONIC RESPIRATORY FAILURE WITH HYPOXIA	E	08/12/2025	D	2 - Symptoms controlled with difficulty, affecting daily functioning; patient needs ongoing monitoring.	M1021
2	L89.220	PRESSURE ULCER OF LEFT HIP, UNSTAGEABLE	E	08/12/2025	D	2 - Symptoms controlled with difficulty, affecting daily functioning; patient needs ongoing monitoring.	M1023
3	G82.50	QUADRIPLEGIA, UNSPECIFIED	E	08/12/2025	D	2 - Symptoms controlled with difficulty, affecting daily functioning; patient needs ongoing monitoring.	M1023
4	G40.908	EPILEPSY, UNSP, NOT INTRACTABLE, WITHOUT STATUS EPILEPTICUS	E	08/12/2025	D	2 - Symptoms controlled with difficulty, affecting daily functioning; patient needs ongoing monitoring.	M1023
5	K68.7	ILEUS, UNSPECIFIED	E	08/12/2025	D	2 - Symptoms controlled with difficulty, affecting daily functioning; patient needs ongoing monitoring.	M1023
6	E66.01	MORBID (SEVERE) OBESITY DUE TO EXCESS CALORIES	E	08/12/2025	D	2 - Symptoms controlled with difficulty, affecting daily functioning; patient needs ongoing monitoring.	M1023
7	Z93.1	GASTROSTOMY STATUS	E	08/12/2025	D	2 - Symptoms controlled with difficulty, affecting daily functioning; patient needs ongoing monitoring.	M1023
8	G89.29	OTHER CHRONIC PAIN	E	08/12/2025	D	2 - Symptoms controlled with difficulty, affecting daily functioning; patient needs ongoing monitoring.	M1023
9	F32.A	DEPRESSION, UNSPECIFIED	E	08/12/2025	D	2 - Symptoms controlled with difficulty, affecting daily functioning; patient needs ongoing monitoring.	M1023
10	I10	ESSENTIAL (PRIMARY) HYPERTENSION	E	08/12/2025	D	2 - Symptoms controlled with difficulty, affecting daily functioning; patient needs ongoing monitoring.	M1023
11	K21.9	GASTRO-ESOPHAGEAL REFLUX DISEASE WITHOUT ESOPHAGITIS	E	08/12/2025	D	2 - Symptoms controlled with difficulty, affecting daily functioning; patient needs ongoing monitoring.	M1023
12	M41.9	SCOLIOSIS, UNSPECIFIED	E	08/12/2025	D	2 - Symptoms controlled with difficulty, affecting daily functioning; patient needs ongoing monitoring.	M1023
13	G31.84	MILD COGNITIVE IMPAIRMENT OF UNCERTAIN OR UNKNOWN ETIOLOGY	E	08/12/2025	D	2 - Symptoms controlled with difficulty, affecting daily functioning; patient needs ongoing monitoring.	M1023
14	K59.2	NEUROGENIC BOWEL, NOT ELSEWHERE CLASSIFIED	E	08/12/2025	D	2 - Symptoms controlled with difficulty, affecting daily functioning; patient needs ongoing monitoring.	M1023
15	N31.9	NEURORUMUSCULAR DYSFUNCTION OF BLADDER, UNSPECIFIED	E	08/12/2025	D	2 - Symptoms controlled with difficulty, affecting daily functioning; patient needs ongoing monitoring.	M1023
16	K59.00	CONSTIPATION, UNSPECIFIED	E	08/12/2025	D	2 - Symptoms controlled with difficulty, affecting daily functioning; patient needs ongoing monitoring.	M1023
17	D64.8	ANEMIA, UNSPECIFIED	E	08/12/2025	D	2 - Symptoms controlled with difficulty, affecting daily functioning; patient needs ongoing monitoring.	M1023

Patient Information Report

Patient: ISAACS, SAMUEL Insured ID: 6U09KCG6HM40 Primary Payor: MEDICARE PDGM MR No: 04200045838801 Legacy MR No:

ICD-10 Diagnoses/Procedures									
Order	Code	Description	Onset / Exac.	O/E Date	Type	Sym. Ctrl.	Rtg.	Item	OASIS
18	Z79.899	OTHER LONG TERM (CURRENT) DRUG THERAPY	E	08/21/2025	D			M1023	
19	Z99.81	DEPENDENCE ON SUPPLEMENTAL OXYGEN	E	08/21/2025	D			M1023	
20	Z87.01	PERSONAL HISTORY OF PNEUMONIA	E	08/21/2025	D			M1023	
21	Z87.440	PERSONAL HISTORY OF URINARY (TRACT) INFECTIONS	E	08/21/2025	D			M1023	
22	Z97.8	PRESENCE OF OTHER SPECIFIED DEVICES	E	08/21/2025	D			M1023	
23	Z91.81	HISTORY OF FALLING	E	08/21/2025	D			M1023	
24	Z68.36	BODY MASS INDEX (BMI) 35.0-35.9, ADULT	E	08/21/2025	D			M1023	
25	L03.311	CELLULITIS OF ABDOMINAL WALL	E	08/21/2025	D			M1023	
2 - Symptoms controlled with difficulty, affecting daily functioning; patient needs ongoing monitoring.									
Allergies									
Description									
LEVOFLOXACIN									
MORPHINE									
* denotes Non-Vital QI Reporting Collection									
Date Entered									
5/8/2025 3:32:18 PM									
5/8/2025 3:31:37 PM									

Visit Note Report

Client: ISAACS, SAMUEL
Client DOB: 6/20/1984
Insured ID: 6U09KCSHM40
MR No: 04200045838901
Legacy MR No:
Primary Payor: MEDICARE PDGM
Visit Date: 08/21/2025
Visit Number: 5
Visit Type: RN15 - RN RESUMPTION OF CARE

General: ISAACS, SAMUEL 04200045838901

Visit Date: 08/21/2025
Visit Number: 5
Visit Type: RN15 - RN RESUMPTION OF CARE
Agent Name: RACHEL BUNKER RN
Agent ID: 616832
(M0090) Date Assessment Completed: 8/21/2025
(M0080) Discipline of Person Completing Assessment: RN
Branch Code: Billable: ☒
042
Mileage Payment Method: Trip Fees: Mileage Start: Mileage End: Mileage:
0.00 0 0 0 AM
(M0090) Date Assessment Completed: 8/21/2025
(M0080) Discipline of Person Completing Assessment: RN

Time:

TRAVEL TIME	08/21/2025 10:57 AM	DRIVE START TIME	08/21/2025 10:57 AM	DRIVE END TIME	08/21/2025 10:58 AM
IN-HOME TIME	08/21/2025 10:58 AM	BEGAN	08/21/2025 11:05 AM	INCOMPLETE	08/21/2025 12:04 PM
IN-HOME TIME	08/21/2025 11:05 AM	RESUMED	08/21/2025 12:54 PM	INCOMPLETE	08/21/2025 01:00 PM
DOCUMENTATION TIME	08/21/2025 12:54 PM	RESUMED	08/21/2025 01:57 PM	INCOMPLETE	08/21/2025 01:59 PM
DOCUMENTATION TIME	08/21/2025 01:57 PM	RESUMED	08/21/2025 02:02 PM	INCOMPLETE	08/21/2025 02:06 PM
DOCUMENTATION TIME	08/21/2025 02:02 PM	RESUMED	08/21/2025 02:34 PM	INCOMPLETE	08/21/2025 02:56 PM
DOCUMENTATION TIME	08/21/2025 02:34 PM	RESUMED	08/21/2025 04:00 PM	COMPLETED	08/21/2025 04:28 PM

Total In-Home Time:	1.03	Hours
Total Drive Time:	0.01	Hours
Total Doc Time:	1.04	Hours
Total Time:	2.07	Hours

ICD-10 Diagnoses/Procedures

Order	Code	Description	O/E	O/E Date	Type	Sym, Cntl, Rtg.	Item
1	J96.21	ACUTE AND CHRONIC RESPIRATORY FAILURE WITH HYPOXIA	E	08/21/2025	D	2 - Symptoms controlled with difficulty, affecting daily functioning; patient needs ongoing monitoring.	M1021
10	I10	ESSENTIAL (PRIMARY) HYPERTENSION	E	08/21/2025	D	2 - Symptoms controlled with difficulty, affecting daily functioning; patient needs ongoing monitoring.	M1023
11	K21.9	GASTRO-ESOPHAGEAL REFLUX DISEASE WITHOUT ESOPHAGITIS	E	08/21/2025	D	2 - Symptoms controlled with difficulty, affecting daily functioning; patient needs ongoing monitoring.	M1023
12	M41.9	SCOLIOSIS, UNSPECIFIED	E	08/21/2025	D	2 - Symptoms controlled with difficulty, affecting daily functioning; patient needs ongoing monitoring.	M1023
13	G31.84	MILD COGNITIVE IMPAIRMENT OF UNCERTAIN OR UNKNOWN ETIOLOGY	E	08/21/2025	D	2 - Symptoms controlled with difficulty, affecting daily functioning; patient needs ongoing monitoring.	M1023
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15	N31.9	NEUROMUSCULAR DYSFUNCTION OF BLADDER, UNSPECIFIED	E	08/21/2025	D	2 - Symptoms controlled with difficulty, affecting daily functioning; patient needs ongoing monitoring.	M1023
16	K59.00	CONSTIPATION, UNSPECIFIED	E	08/21/2025	D	2 - Symptoms controlled with difficulty, affecting daily functioning; patient needs ongoing monitoring.	M1023
17	D64.9	ANEMIA, UNSPECIFIED	E	08/21/2025	D	2 - Symptoms controlled with difficulty, affecting daily functioning; patient needs ongoing monitoring.	M1023
18	Z79.899	OTHER LONG TERM (CURRENT) DRUG THERAPY	E	08/21/2025	D		M1023
19	Z99.81	DEPENDENCE ON SUPPLEMENTAL OXYGEN	E	08/21/2025	D		M1023

Visit Note Report

Client: ISAACS, SAMUEL
Client DOB: 6/20/1984
Inured ID: 5U09KC5HM40
Primary Payor: MEDICARE PDGM
MR No: 04200045838801
Legacy MR No:
Visit Date: 08/21/2025
Visit Number: 5
Visit Type: RN15 - RN RESUMPTION OF CARE

ICD-10 Diagnosis/Procedures																									
Order	Code	Description	O/E	O/E Date	Type	Sym. Ctrl. Rtg.	Item																		
2	L89.220	PRESSURE ULCER OF LEFT HIP, UNSTAGABLE	E	08/21/2025	D	2 - Symptoms controlled with difficulty, affecting daily functioning; patient needs ongoing monitoring.	M1023																		
20	Z87.01	PERSONAL HISTORY OF PNEUMONIA (RECURRENT)	E	08/21/2025	D		M1023																		
21	Z87.440	PERSONAL HISTORY OF URINARY (TRACT) INFECTIONS	E	08/21/2025	D		M1023																		
22	Z97.8	PRESENCE OF OTHER SPECIFIED DEVICES	E	08/21/2025	D		M1023																		
23	Z91.81	HISTORY OF FALLING	E	08/21/2025	D		M1023																		
24	Z68.35	BODY MASS INDEX [BMI] 36.0-36.9, ADULT	E	08/21/2025	D		M1023																		
25	L03.311	CELLULITIS OF ABDOMINAL WALL	E	08/21/2025	D	2 - Symptoms controlled with difficulty, affecting daily functioning; patient needs ongoing monitoring.	M1023																		
3	G82.50	QUADRIPLEGIA, UNSPECIFIED	E	08/21/2025	D	2 - Symptoms controlled with difficulty, affecting daily functioning; patient needs ongoing monitoring.	M1023																		
4	G40.809	EPILEPSY, UNSP, NOT INTRACTABLE, WITHOUT STATUS EPILEPTICUS	E	08/21/2025	D	2 - Symptoms controlled with difficulty, affecting daily functioning; patient needs ongoing monitoring.	M1023																		
5	K56.7	ILEUS, UNSPECIFIED	E	08/21/2025	D	2 - Symptoms controlled with difficulty, affecting daily functioning; patient needs ongoing monitoring.	M1023																		
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7	Z93.1	GASTROSTOMY STATUS	E	08/21/2025	D	2 - Symptoms controlled with difficulty, affecting daily functioning; patient needs ongoing monitoring.	M1023																		
8	G89.28	OTHER CHRONIC PAIN	E	08/21/2025	D	2 - Symptoms controlled with difficulty, affecting daily functioning; patient needs ongoing monitoring.	M1023																		
9	F32.A	DEPRESSION, UNSPECIFIED	E	08/21/2025	D	2 - Symptoms controlled with difficulty, affecting daily functioning; patient needs ongoing monitoring.	M1023																		
Vital Signs																									
Vital Signs		Reading	Time Recorded	Details																					
Pulse		108	08/21/2025 11:10 AM	RADIAL																					
Pulse Characteristics:		WNL																							
Vital Sign Alert:		Reading	Lower Limit	Upper Limit	Physician Contacted	Comments																			
		108	60	100	N	PT HAS HISTORY OF RUNNING TACHY. WILL NOTIFY PCP WHEN CALLING FOR VERBAL ORDER.																			
Emergency Preparedness																									
Respirations		16	08/21/2025 11:10 AM	WNL																					
Respiration Characteristics:		WNL																							
Blood Pressure		124 / 86	08/21/2025 11:10 AM	LYING ARM - LT																					
Oxygen Saturation Level (%)		92	08/21/2025 11:14 AM	ON ROOM AIR																					
Oxygen Saturation Characteristics:		N																							
Evaluation Location																									
HOSPITAL																									
Acuity Status																									
3 - WITHIN WEEK																									
Disaster Status																									
CHAIR BOUND																									

Visit Note Report

Client: ISAACS, SAMUEL
Client DOB: 6/20/1984
Insured ID: 6U09KC5HM40
Primary Payor: MEDICARE PDGM
MR No: 04200045838901
Legacy MR No:
Visit Date: 08/12/2025
Visit Number: 5
Visit Type: RN15 - RN RESUMPTION OF CARE

Contact Info	
David Bramlette	Contact Type: EMERGENCY - PHI
Relationship: STEPPARENT	APPROVED
Address:	
Home Ph: 8582526608	Alternate Ph:
Email:	
Primary Ph: 8582526608	Primary Caregiver
Contact: KRISTY ISAACS	Contact Type: PRIMARY CAREGIVER - PHI
Relationship: OTHER	PHI APPROVED
Address:	
Home Ph:	Alternate Ph:
Email:	
Primary Ph: 8586069025	Primary Caregiver
Contact: DEBBIE SHARON	Contact Type: EMERGENCY
Relationship: FRIEND	CONTACT
Address:	
Home Ph:	Alternate Ph:
Email:	
Primary Ph: 8585522898	Primary Caregiver
Contact: Representative Type:	Contact Type: Representative Type:
Caregiver Availability/Schedule:	Caregiver Availability/Schedule:
Assessment	
PATIENT IDENTIFIER	
INDICATE TWO PATIENT IDENTIFIERS USED TO IDENTIFY THE PATIENT.	
PATIENT NAME	
VISUAL RECOGNITION	
VERIFY INSURANCE	
HAS PATIENT'S INSURANCE CHANGED SINCE LAST VISIT?	
YES	
PLEASE ADD A PAYOR SOURCE CHANGE REQUEST COORDINATION NOTE.	
OK	
CLIENT DEMOGRAPHICS	
(JOBID/M0100) THIS ASSESSMENT IS CURRENTLY BEING COMPLETED FOR THE FOLLOWING REASON:	
3 - RESUMPTION OF CARE (AFTER INPATIENT STAY)	
SELECT THE CLIENT'S MARITAL STATUS:	
NOT MARRIED	
INDICATE THE CLIENT'S RELIGION:	
UNKNOWN	
(E/M0102) IS THE DATE OF PHYSICIAN-ORDERED START OF CARE /RESUMPTION OF CARE KNOWN?	
NA - NO SPECIFIC SOC/ROC DATE ORDERED BY PHYSICIAN	
(M0104) DATE OF REFERRAL: INDICATE THE DATE THAT THE WRITTEN OR VERBAL REFERRAL FOR INITIATION OR RESUMPTION OF CARE WAS RECEIVED BY THE PHA.	
8/18/2025	
HOMEBOUND STATUS	

Visit Note Report

Client: ISAACS, SAMUEL MR No: 04200045838901 Legacy MR No: Client DOB: 6/20/1984 Inured ID: 5U09KC5HM40 Primary Payor: MEDICARE PDGM Visit Date: 08/21/2025 Visit Number: 5 Visit Type: RN15 - RN RESUMPTION OF CARE

Assessment

THE PATIENT IS CONSIDERED HOMEBOUND/CONFINED TO HOME BECAUSE: (MARK ALL THAT APPLY)
BECAUSE OF ILLNESS OR INJURY, PATIENT NEEDS AID OF SUPPORTIVE DEVICES - WHEELCHAIR - LEVEL 1
ASSISTANCE OF ANOTHER PERSON IN ORDER TO LEAVE PLACE OF RESIDENCE - LEVEL 1
OTHER (SPECIFY)
INDICATE OTHER HOMEBOUND STATUS REASON:
NON AMBULATORY AT BASELINE
THE PATIENT HAS NORMAL ABILITY TO LEAVE THE HOME AND LEAVING THE HOME TAKES CONSIDERABLE AND TAKING EFFORT BECAUSE:
FALL RISK
ARE ENVIRONMENTAL BARRIERS PRESENT THAT PREVENT/RESTRICT THE PATIENT FROM LEAVING HOME?
NO
FINANCIAL
(C1) (M0160) CURRENT PAYMENT SOURCES FOR HOME CARE: (MARK ALL THAT APPLY)
1 - MEDICARE (TRADITIONAL FEE-FOR-SERVICE)
3 - MEDICAID (TRADITIONAL FEE-FOR-SERVICE)
HEALTH HISTORY
WAS THE PATIENT DISCHARGED FROM AN INPATIENT FACILITY WITHIN THE LAST 14 DAYS?
YES
(C1) (PRA) (M1000) FROM WHICH OF THE FOLLOWING INPATIENT FACILITIES WAS THE PATIENT DISCHARGED WITHIN THE PAST 14 DAYS?
(MARK ALL THAT APPLY)
3 - SHORT-STAY ACUTE HOSPITAL (PPS)
IS DATE OF INPATIENT DISCHARGE KNOWN?
YES
(M1005) INPATIENT DISCHARGE DATE (MOST RECENT): MONTH/DAY/YEAR
8/16/2025
INDICATE SIGNIFICANT PAST HISTORY: (MARK ALL THAT APPLY)
CHRONIC UTI
BACK SURGERY/INJURY
INDICATE IMMUNIZATIONS HISTORY: (MARK ALL THAT APPLY AND RECORD IN VACCINATION SECTION)
UP TO DATE
(DMM028) ACTIVE DIAGNOSES, COMORBIDITIES AND CO-EXISTING CONDITIONS - CHECK ALL THAT APPLY
3 - NONE OF THE ABOVE
(PRA) (M1033) RISK FOR HOSPITALIZATION: WHICH OF THE FOLLOWING SIGNS OR SYMPTOMS CHARACTERIZE THIS PATIENT AS AT RISK
FOR HOSPITALIZATION? (MARK ALL THAT APPLY)
7 - CURRENTLY TAKING 6 OR MORE MEDICATIONS
WAS HEIGHT ASSESSED?
NOT ASSESSED
REASON WHY HEIGHT NOT ASSESSED (MARK ALL THAT APPLY)
IMMOBILITY
WAS WEIGHT ASSESSED?
NOT ASSESSED
REASON WHY WEIGHT NOT ASSESSED (MARK ALL THAT APPLY)
IMMOBILITY
WAS CLIENT KNOWLEDGE ASSESSED?
NO
INDICATE REASON CLIENT KNOWLEDGE NOT ASSESSED:
NOT APPLICABLE
WAS CAREGIVER KNOWLEDGE ASSESSED?

Visit Note Report

Client: ISAACS, SAMUEL	MR No: 04200045838801	Legacy MR No:
Client DOB: 5/20/1984	Primary Payor: MEDICARE PDGM	
Insured ID: 5U09KC5HM40	Visit Type: RN15 - RN RESUMPTION OF CARE	
Visit Date: 08/21/2025	Visit Number: 5	

Assessment

YES

INDICATE CAREGIVER KNOWLEDGE BASE DEFICITS: (MARK ALL THAT APPLY)

SIGNS AND SYMPTOMS TO REPORT

WHO AND WHEN TO CALL FOR HELP

SPECIAL DIET/FLUID RESTRICTIONS OR REQUIREMENTS

BASIC PRINCIPALS OF CARE

PROPER EQUIPMENT USE

HOME SAFETY/EMERGENCY PROCEDURES

(B1300) HEALTH LITERACY (FROM CREATIVE COMMONS (C)): HOW OFTEN DO YOU NEED TO HAVE SOMEONE HELP YOU WHEN YOU READ INSTRUCTIONS, PAMPHLETS, OR OTHER WRITTEN MATERIAL FROM YOUR DOCTOR OR PHARMACY?

1. RARELY

(A1250) TRANSPORTATION (NAHC (C)): HAS LACK OF TRANSPORTATION KEPT YOU FROM MEDICAL APPOINTMENTS, MEETINGS, WORK, OR FROM GETTING THINGS NEEDED FOR DAILY LIVING?

C. NO

ENVIRONMENTAL

(QM) (M1109) PATIENT LIVING SITUATION, WHICH OF THE FOLLOWING BEST DESCRIBES THE PATIENT'S RESIDENTIAL CIRCUMSTANCE AND AVAILABILITY OF ASSISTANCE? (CHECK ONE BOX ONLY)

B - PATIENT LIVES WITH OTHER PERSON(S) IN THE HOME

(QM) (M1100B) PATIENT LIVES WITH OTHER PERSON(S) IN THE HOME, WHICH OF THE FOLLOWING BEST DESCRIBES THE PATIENT'S AVAILABILITY OF ASSISTANCE AT THEIR RESIDENCE?

06 - AROUND THE CLOCK

IS THE CLIENT RECEIVING ASSISTANCE FROM PERSONS OTHER THAN HOME CARE STAFF?

NO

(MAKE 380) COMMUNITY SERVICES INVOLVED OR NEEDED IN THE CLIENT'S CARE: (MARK ALL THAT APPLY)

0 - NO COMMUNITY RESOURCES NEEDED AT THIS TIME

INDICATE TYPE OF MOBILITY BARRIERS PRESENT IN THE HOME (MARK ALL THAT APPLY):

NONE

INDICATE STRUCTURAL BARRIERS: (MARK ALL THAT APPLY)

NONE

INDICATE SAFETY HAZARDS: (MARK ALL THAT APPLY)

PETS

INDICATE SANITATION ISSUES: (MARK ALL THAT APPLY)

NONE

HEAD/NECK

WERE HEAD AND NECK ASSESSED?

YES

INDICATE HEAD AND NECK ASSESSMENT FINDINGS: (MARK ALL THAT APPLY)

NECK STIFFNESS

EYES/EARS/NOSE/THROAT

WERE EYES ASSESSED?

YES

INDICATE EYES ASSESSMENT: (MARK ALL THAT APPLY)

PERRL

WERE EARS ASSESSED?

YES

INDICATE EARS ASSESSMENT: (MARK ALL THAT APPLY)

WNL

WAS MOUTH AND THROAT ASSESSED?

Visit Note Report

Client: ISAACS, SAMUEL
Client DOB: 5/20/1984
Insured ID: 5U09KC6HM40
Primary Payer: MEDICARE PDGM
Legacy MR No: MR No: 04200045838901
Visit Date: 08/21/2025
Visit Number: 6
Visit Type: RN15 - RN RESUMPTION OF CARE

Assessment

NO

INDICATE REASON MOUTH AND THROAT NOT ASSESSED.

NOT APPROPRIATE AT TIME OF EVALUATION

WERE NOSE AND SINUSES ASSESSED?

YES

INDICATE NOSE AND SINUS ASSESSMENT. (MARK ALL THAT APPLY)

OTHER (SPECIFY)

INDICATE OTHER NOSE/SINUS ABNORMALITIES:

PT UNABLE TO VERBALIZE COMPLAINTS

PAIN

IS PATIENT UNCOMFORTABLE BECAUSE OF PAIN?

NO

(J0510) PAIN EFFECT ON SLEEP. ASK PATIENT: "OVER THE PAST 5 DAYS, HOW MUCH OF THE TIME HAS PAIN MADE IT HARD FOR YOU TO SLEEP AT NIGHT?"

0. UNABLE TO ANSWER

(J0620) PAIN INTERFERENCE WITH THERAPY ACTIVITIES. ASK PATIENT: "OVER THE PAST 5 DAYS, HOW OFTEN HAVE YOU LIMITED YOUR PARTICIPATION IN REHABILITATION THERAPY SESSIONS DUE TO PAIN?"

0. UNABLE TO ANSWER

(J0630) PAIN INTERFERENCE WITH DAY-TO-DAY ACTIVITIES. ASK PATIENT: "OVER THE PAST 5 DAYS, HOW OFTEN HAVE YOU LIMITED YOUR DAY-TO-DAY ACTIVITIES (EXCLUDING REHABILITATION THERAPY SESSIONS) BECAUSE OF PAIN?"

0. UNABLE TO ANSWER

ARE THERE ANY ADDITIONAL DETAILS THAT NEED TO BE PROVIDED TO DESCRIBE THE CLIENT'S PAIN?

NO

BRADEN RISK ASSESSMENT SCALE

SENSORY PERCEPTION - ABILITY TO RESPOND MEANINGFULLY TO PRESSURE-RELATED DISCOMFORT

VERY LIMITED - RESPONDS ONLY TO PAINFUL STIMULI. CANNOT COMMUNICATE DISCOMFORT EXCEPT BY MOANING OR RESTLESSNESS, OR HAS A SENSORY IMPAIRMENT WHICH LIMITS THE ABILITY TO FEEL PAIN OR DISCOMFORT OVER HALF OF BODY.

MOISTURE - DEGREE TO WHICH SKIN IS EXPOSED TO MOISTURE

OCCASIONALLY MOIST - SKIN IS OCCASIONALLY MOIST, REQUIRING AN EXTRA LINEN CHANGE APPROXIMATELY ONCE A DAY.

ACTIVITY - DEGREE OF PHYSICAL ACTIVITY

CHAIRFAST - ABILITY TO WALK SEVERELY LIMITED OR NON-EXISTENT. CANNOT BEAR OWN WEIGHT AND/OR MUST BE ASSISTED INTO CHAIR OR WHEELCHAIR.

MOBILITY - ABILITY TO CHANGE AND CONTROL BODY POSITION

COMPLETELY IMMOBILE - DOES NOT MAKE EVEN SLIGHT CHANGES IN BODY OR EXTREMITY POSITION WITHOUT ASSISTANCE.

NUTRITION - USUAL FOOD INTAKE PATTERN

PROBABLY INADEQUATE - 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 RECEIVES LESS THAN OPTIMUM AMOUNT OF LIQUID DIET OR TUBE FEEDING.

FRICITION AND SHEAR

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.

TOTAL SCORE (PATIENTS WITH A TOTAL SCORE OF 12 OR LESS ARE CONSIDERED TO BE AT HIGH RISK OF DEVELOPING PRESSURE ULCERS)

12

BASED ON THE SCORE, THE RISK LEVEL FOR THIS PATIENT IS:

HIGH

INDICATE THE BRADEN RISK LEVEL PRESENTED:

MILD RISK (16-18)

A STANDARD MATTRESS IS APPROPRIATE AT THIS TIME.

Visit Note Report

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Legacy MR No:
Visit Date: 08/21/2025
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Visit Type: RN15 - RN RESUMPTION OF CARE

Assessment

OK

INTEGUMENTARY

(D)(C)(Q)(M) (M1300) DOES THE PATIENT HAVE AT LEAST ONE UNHEALED PRESSURE ULCER/INJURY AT STAGE 2 OR HIGHER OR DESIGNATED AS UNSTAGEABLE? (EXCLUDES STAGE 1 PRESSURE INJURIES AND ALL HEALED PRESSURE ULCERS/INJURIES)

1 - YES

(D)(Q)(M) (PRA) (M1311 A1) CURRENT NUMBER OF UNHEALED PRESSURE ULCERS/INJURIES AT STAGE 2: PARTIAL THICKNESS LOSS OF DERMIS PRESENTING AS A SHALLOW OPEN ULCER WITH A RED OR PINK WOUND BED, WITHOUT SLOUGH, MAY ALSO PRESENT AS AN INTACT OR OPEN/RUPTURED BLISTER.

1

(D)(Q)(M) (PRA) (M1311 B1) CURRENT NUMBER OF UNHEALED PRESSURE ULCERS/INJURIES AT STAGE 3: FULL THICKNESS TISSUE LOSS, SUBCUTANEOUS FAT MAY BE VISIBLE BUT BONE, TENDON, OR MUSCLE IS NOT EXPOSED. SLOUGH MAY BE PRESENT BUT DOES NOT OBSCURE THE DEPTH OF TISSUE LOSS, MAY INCLUDE UNDERMINING AND TUNNELING.

0

(D)(Q)(M) (PRA) (M1311 C1) CURRENT NUMBER OF UNHEALED PRESSURE ULCERS/INJURIES AT STAGE 4: FULL THICKNESS TISSUE LOSS WITH EXPOSED BONE, TENDON, OR MUSCLE. SLOUGH OR ESCHAR MAY BE PRESENT ON SOME PARTS OF THE WOUND BED, OFTEN INCLUDES UNDERMINING AND TUNNELING.

0

(D)(Q)(M) (PRA) (M1311 D1) CURRENT NUMBER OF UNHEALED PRESSURE ULCERS/INJURIES AT UNSTAGEABLE: NON-REMOVABLE DRESSING/DEVICE: KNOWN BUT NOT STAGEABLE DUE TO NON-REMOVABLE DRESSING/DEVICE.

1

(D)(Q)(M) (PRA) (M1311 E1) CURRENT NUMBER OF UNHEALED PRESSURE ULCERS/INJURIES AT UNSTAGEABLE: SLOUGH AND/OR ESCHAR: KNOWN BUT NOT STAGEABLE DUE TO COVERAGE OF WOUND BED BY SLOUGH AND/OR ESCHAR.

1

(D)(Q)(M) (PRA) (M1311 F1) CURRENT NUMBER OF UNHEALED PRESSURE ULCERS/INJURIES AT UNSTAGEABLE: DEEP TISSUE INJURY.

1

(D)(Q)(M) (M1322) CURRENT NUMBER OF STAGE 1 PRESSURE INJURIES: INTACT SKIN WITH NON-BLANCHABLE REDNESS OF A LOCALIZED AREA USUALLY OVER A BONY PROMINENCE, DARKLY PIGMENTED SKIN MAY NOT HAVE A VISIBLE BLANCHING; IN DARK SKIN TONES ONLY IT MAY APPEAR WITH PERSISTENT BLUE OR PURPLE HUES.

0

(D)(Q)(M) (PRA) (M1324) STAGE OF MOST PROBLEMATIC UNHEALED PRESSURE ULCER/INJURY THAT IS STAGEABLE: (EXCLUDES PRESSURE ULCER/INJURY THAT CANNOT BE STAGED DUE TO A NON-REMOVABLE DRESSING/DEVICE, COVERAGE OF WOUND BED BY SLOUGH AND/OR ESCHAR, OR DEEP TISSUE INJURY)

NA - PATIENT HAS NO PRESSURE ULCERS/INJURIES OR NO STAGEABLE PRESSURE ULCERS/INJURIES

(C1) (PRA) (M1330) DOES THIS PATIENT HAVE A STASIS ULCER?

0 - NO

(CQ) (Q)(M) (PRA) (M1340) DOES THIS PATIENT HAVE A SURGICAL WOUND?

0 - NO

WAS INTEGUMENTARY ASSESSED?

YES

INDICATE INTEGUMENTARY ASSESSMENT FINDINGS: (MARK ALL THAT APPLY)

WOUND(S)

RESPIRATORY

WAS RESPIRATORY SYSTEM ASSESSED?

YES

INDICATE RESPIRATORY ASSESSMENT FINDINGS: (MARK ALL THAT APPLY)

O2 USE

INDICATE RATE/ROUTE OF O2 ADMINISTRATION:

1.76-2 AT BEDTIME

WAS O2 SATURATION LEVEL TESTED?

YES

INDICATE O2 SATURATION CONDITIONS TESTED: (MARK ALL THAT APPLY)