

## Patient Information Report

<b>Patient:</b> TUCKER, HUGH M	<b>Insured ID:</b> H52787564	<b>Primary Payor:</b> HUMANA MCR ADV PDGM
<b>MR No:</b> 04200069275501		
<b>Legacy MR No:</b>		

<b>Employer Name</b>	<b>Employer ID</b>	<b>Insured Phone</b>	<b>Employer Address</b>
		<b>Employer City</b>	<b>Employer State    Employer Zip</b>
		<b>Employer Phone</b>	

<b>Program Name</b>	<b>Obtained Date</b>	<b>Obtained By/ Authorized By</b>	<b>Authorization No/ Active</b>	<b>Start Date/ End Date</b>
PPS PROGRAM	4/30/2025 12:15:48 PM	HCHB RECERTIFICATION	Y	05/14/2025 07/12/2025

Unit Type	Budget Type	Billing Code	Qty Per Period	Qty Per Day	Qty Per Week	Qty Per Month	Qty Per Year	Active
PPS PROGRAM	DISCIPLINES							Y
			5/21/2025 10:35:26 PM	ELIGIBILITY08 ELEMENT5, ELEMENT5		209237817		05/14/2025 07/12/2025
				Elisabet		Y		

Unit Type	Budget Type	Billing Code	Qty Per Period	Qty Per Day	Qty Per Week	Qty Per Month	Qty Per Year	Active
VISITS	DISCIPLINES	HHA	60					Y
VISITS	DISCIPLINES	MSW	60					Y
VISITS	DISCIPLINES	OT	60					Y
VISITS	DISCIPLINES	PT	60					Y
VISITS	DISCIPLINES	SN	60					Y
VISITS	DISCIPLINES	ST	60					Y

### Physician Info

<b>Primary Physician</b>	<b>NPI #</b>	<b>Date Last Seen</b>
MILUM, JOSEPH	1497759138	
<b>Address</b>	<b>City</b>	<b>State      Zip</b>
299 KINGS DAUGHTERS DR,	FRANKFORT	KY      40601
<b>Phone      Fax      Pager</b>		
(502)226-7872    (502)209-2335		

<b>Secondary Physician</b>	<b>Perform Add-On Evaluation Prior to Approval of the Plan of Care associated with the Completed SOC Visit?</b>
YAACOUBAGHA, WADDAH	N
<b>Requested Date of Evaluation</b>	<b>Admitting Discipline</b>
05/14/2025	SN
<b>Requested Date of Add-On Evaluation</b>	<b>Add-On Discipline</b>

### Clinical Info

<b>Case Manager</b>	<b>Team Member(s)</b>
MANDI MCBRIDE, RN	CHERYL COOK, LPN
	GRETCHEN OLDS-ROENTZ, OT
	LEESA HENSON, LPN
	MEGAN KIFER, PTA
	WALTER LUTTRELL, PT

<b>Patient:</b>	TUCKER, HUGH M	<b>Insured ID:</b>	H52787564	<b>Primary Payor:</b>	HUMANA MCR ADV PDGM
<b>MR No:</b>	04200069275501				
<b>Legacy MR No:</b>					

<b>Weight</b>	<b>Height</b>	<b>Pregnant</b>	<b>Paperwork Received By Patient</b>
		N	Y
<b>Medical Release Code</b>			
YES, PROVIDER HAS A SIGNED STATEMENT PERMITTING RELEASE OF MEDICAL BILLING DATA RELATED TO A CLAIM			
<b>Acuity Status</b>	<b>Disaster Status</b>		<b>Evacuation Location</b>
3 - WITHIN WEEK	CHAIR BOUND		FRIENDS

<b>Type</b>	<b>Location</b>	<b>Contents</b>	<b>Contact Name</b>	<b>Contact Phone</b>	<b>Was Adv Dir Info Left With Caregiver?</b>
LIVING WILL	IN THE HOME				N

Inpatient Facility	Hospital Admit Date	Hospital Discharge Date	Surgery Date	Inpatient MR No.	Reason for Admission
SELECT SPECIALTY - LEXINGTON	06/05/2024	07/06/2024			

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	

Order	Code	Description	Onset / Exac.	O/E Date	Type	Sym. Ctrl. Rtg.	OASIS Item
1	L89.152	PRESSURE ULCER OF SACRAL REGION, STAGE 2	E	07/18/2024	D	2 - Symptoms controlled with difficulty, affecting daily functioning; patient needs ongoing monitoring.	M1021
2	L89.314	PRESSURE ULCER OF RIGHT BUTTOCK, STAGE 4	E	07/18/2024	D	1 - Symptoms well controlled with current therapy.	M1023
3	G35	MULTIPLE SCLEROSIS	E	07/18/2024	D	1 - Symptoms well controlled with current therapy.	M1023
4	I73.9	PERIPHERAL VASCULAR DISEASE, UNSPECIFIED	E	07/18/2024	D	1 - Symptoms well controlled with current therapy.	M1023
5	G82.20	PARAPLEGIA, UNSPECIFIED	E	07/18/2024	D	1 - Symptoms well controlled with current therapy.	M1023
6	I10	ESSENTIAL (PRIMARY) HYPERTENSION	E	07/18/2024	D	1 - Symptoms well controlled with current therapy.	M1023
7	I87.2	VENOUS INSUFFICIENCY (CHRONIC) (PERIPHERAL)	E	07/18/2024	D		M1023
8	D50.9	IRON DEFICIENCY ANEMIA, UNSPECIFIED	E	07/18/2024	D		M1023
9	G62.9	POLYNEUROPATHY, UNSPECIFIED	E	07/18/2024	D		M1023
10	Z99.3	DEPENDENCE ON WHEELCHAIR	E	07/18/2024	D		M1023
11	Z91.81	HISTORY OF FALLING	E	07/18/2024	D		M1023

Description	Date Entered
BETADINE	6/13/2025 2:52:24 PM
* denotes Non-Visit QI Reporting Collection	

## Visit Note Report

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Client DOB: 1/15/1966  
Insured ID: H52787564MR No: 04200069275501 Legacy MR No:  
Primary Payor: HUMANA MCR ADV PDGM

Visit Date: 06/24/2025 Visit Number: 5 Visit Type: SN11 - SN SUBSEQUENT VISIT

General: TUCKER, HUGH M. 04200069275501

Visit Date: 06/24/2025 Visit Number: 5 Visit Type: SN11 - SN SUBSEQUENT VISIT Branch Code: 042 Billable: ☒

Agent ID: 211549 Agent Name: CHERYL COOK LPN Mileage Payment Method: AM Trip Fees: 0.00 Mileage Start: 0 Mileage End: 0 Mileage: 0

## Time:

TRAVEL TIME	DRIVE START TIME	06/24/2025 01:47 PM	DRIVE END TIME	06/24/2025 01:48 PM
IN-HOME TIME	BEGAN	06/24/2025 01:48 PM	INCOMPLETE	06/24/2025 02:18 PM
DOCUMENTATION TIME	RESUMED	06/25/2025 10:50 AM	COMPLETED	06/25/2025 10:52 AM

Total In-Home Time:	0.51	Hours
Total Drive Time:	0.01	Hours
Total Doc Time:	0.04	Hours
Total Time:	0.55	Hours

## Vital Signs

Vital Signs	Reading	Time Recorded	Details	Instrument Problems
Temperature	97.6	06/24/2025 02:04 PM	TEMPORAL	N
Pulse	72	06/24/2025 02:04 PM	RADIAL	N
Pulse Characteristics:			WNL	
Respirations	16	06/24/2025 02:04 PM		N
Respiration Characteristics:			WNL	
Blood Pressure	118 / 62	06/24/2025 02:04 PM	SITTING ARM - RT	N
Oxygen Saturation Level (%)	97	06/24/2025 02:04 PM		N
Oxygen Saturation Characteristics:			ON ROOM AIR	

## Assessment

## PATIENT ELIGIBILITY

INDICATE TWO PATIENT IDENTIFIERS USED TO IDENTIFY THE PATIENT:

PATIENT NAME  
DATE OF BIRTH  
VISUAL RECOGNITION  
PATIENT ADDRESS

HAS PATIENT'S INSURANCE CHANGED SINCE LAST VISIT?

NO

THE PATIENT IS CONSIDERED HOMEBOUND/CONFINED TO HOME BECAUSE:

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

THE PATIENT HAS NORMAL INABILITY TO LEAVE THE HOME AND LEAVING THE HOME TAKES CONSIDERABLE AND TAXING EFFORT BECAUSE:

FALL RISK

## EYES/EARS/NOSE/THROAT

INDICATE EYES/EARS/NOSE/THROAT FINDINGS:

HARD OF HEARING

INDICATE HEAD AND NECK ASSESSMENT FINDINGS:

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### Assessment

WNL

#### PAIN

IS PATIENT UNCOMFORTABLE BECAUSE OF PAIN?

NO

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

NO

#### INTEGUMENTARY

INDICATE INTEGUMENTARY ASSESSMENT FINDINGS: (MARK ALL THAT APPLY)

NO PROBLEMS IDENTIFIED

#### CARDIOVASCULAR

CARDIOVASCULAR ASSESSMENT FINDINGS: (MARK ALL THAT APPLY)

HEART SOUNDS WITH NORMAL RATE AND RHYTHM

ARE COMPRESSION STOCKINGS ORDERED?

NO

#### RESPIRATORY

INDICATE RESPIRATORY ASSESSMENT FINDINGS: (MARK ALL THAT APPLY)

LUNGS CLEAR IN ALL LOBES

WAS O2 SATURATION LEVEL TESTED?

NO

WAS PERCEIVED FUNCTIONAL DYSPNEA SCALE PERFORMED?

NO

#### GENITOURINARY

INDICATE GENITOURINARY ASSESSMENT: (MARK ALL THAT APPLY)

EXTERNAL CATHETER

#### GASTROINTESTINAL

INDICATE GASTROINTESTINAL ASSESSMENT FINDINGS: (MARK ALL THAT APPLY)

OSTOMY FOR BOWEL ELIMINATION

INDICATE DATE OF LAST BOWEL MOVEMENT:

6/24/2025

NUTRITIONAL STATUS:

GOOD APPETITE

#### COGNITIVE/BEHAVIORAL

INDICATE CLIENT'S MENTAL STATUS: (MARK ALL THAT APPLY)

ALERT

ORIENTED TO PERSON

ORIENTED TO PLACE

ORIENTED TO TIME

INDICATE ABNORMAL NEUROLOGIC FINDINGS: (MARK ALL THAT APPLY)

WNL

#### PSYCHIATRIC

DOES THE PATIENT TAKE A PSYCHOTROPIC MEDICATION?

NO

WERE BEHAVIORAL SCALES ASSESSMENTS COMPLETED?

NO

#### ENDOCRINE/HEMATOPOIETIC

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## Assessment

INDICATE ENDOCRINE/HEMATOPOIETIC ASSESSMENT: (MARK ALL THAT APPLY)

WNL

IS THE CLIENT TAKING AN ANTICOAGULANT?

NO

## FUNCTIONAL

INDICATE MUSCULOSKELETAL ASSESSMENT: (MARK ALL THAT APPLY)

WNL

HAS THE PATIENT HAD ANY UNREPORTED FALLS SINCE LAST VISIT?

NO

## CARE COORDINATION

INDICATE IF YOU COMMUNICATED WITH OTHER DISCIPLINES INVOLVED IN THIS CASE:

NA-NOT APPLICABLE

INDICATE WHO YOU REVIEWED WRITTEN PLAN OF CARE INSTRUCTIONS WITH (MARK ALL THAT APPLY)

PATIENT

FAMILY MEMBER

WRITTEN PATIENT INSTRUCTIONS ARE KEPT IN THE FOLLOWING LOCATION IN THE HOME:

BEDSIDE

## SUPERVISORY FUNCTIONS

WERE SUPERVISORY FUNCTIONS PERFORMED?

NOT APPLICABLE

## Wound Assessment

Historical wounds are retained as inactive and wound numbers continuously increment for subsequent episodes and admissions.

## Anatomical Figure

## Anatomical View

Wound # / Location / Type / Source

Question

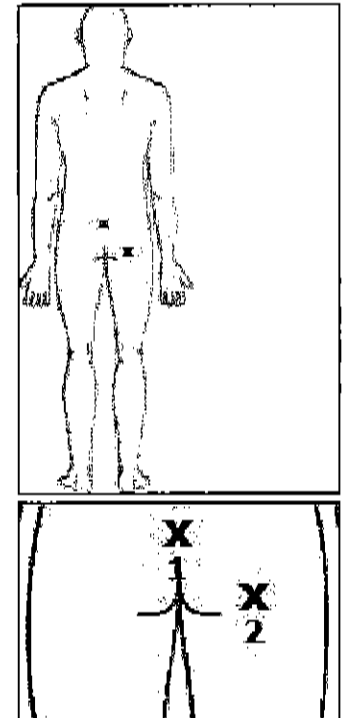
Answer

## MALE POSTERIOR

#1- MULTY/SCAR- SACRAL MID-POSTAGE II- HCHB

Onset Date: 07/18/2024

CHANGE IN STATUS	NONE
WOUND ASSESSED	YES
TOTAL WAT SCORE	30
MEASUREMENTS TAKEN	YES
LENGTHxWIDTHxDEPTH(CM)	6 X 4.5 X 0.5
SURFACE AREA (SQ CM)	27
DEPTH DESCRIPTION	NECROTIC
IS THIS A CLOSED SURGICAL WOUND OR SUSPECTED DEEP TISSUE INJURY?	NO
GRANULATION TISSUE	<75 & > 25%
EDGES	INDIST
SHAPE	IRREG
EXUDATE TYPE	SEROSANG
EXUDATE AMOUNT	SMALL
ODOR	NONE
EPITHELIALIZATION	25-<50%
NECROTIC TISSUE TYPE	YELLOW
NECROTIC TISSUE AMOUNT	<25%
TOTAL NECROTIC TISSUE SLOUGH	0-25%
TOTAL NECROTIC TISSUE ESCHAR	0-25%
EDGE / SURROUNDING TISSUE - MACERATION	ABSENT



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UNDERMINING	NONE
TUNNELING	NO
SKIN COLOR SURROUNDING WOUND	NORM
PERIPHERAL TISSUE EDEMA	NONE
PERIPHERAL TISSUE INDURATION	NONE
DOES PATIENT HAVE PAIN ASSOCIATED WITH THIS WOUND?	NO
STATE	CHRONIC
SIGNS AND SYMPTOMS OF INFECTION	NO
DEBRIDEMENT THIS VISIT	NO
DRAIN PRESENT	NO
WOUND CARE PROVIDED	<p>SKILLED NURSE TO PROVIDE SKILLED TEACHING TO PATIENT/CAREGIVER OF HYPERTENSION TO INCLUDE MEDICATION MANAGEMENT, SELF-ASSESSMENT, LOW SODIUM DIET, AND TRACKING OF BLOOD PRESSURE RESULTS.</p> <p>SKILLED NURSE TO INSTRUCT PATIENT / CAREGIVER ON COLOSTOMY / ILEOSTOMY MANAGEMENT INCLUDING APPLIANCE TYPE AND USAGE, STOMAL CARE, AND IRRIGATION. SKILLED NURSE MAY PERFORM COLOSTOMY / ILEOSTOMY APPLIANCE CHANGE AND STOMA CARE EACH VISIT AS NEEDED.</p> <p>SKILLED NURSE FOR OBSERVATION/ASSESSMENT OF PAIN, EFFECTIVENESS OF PAIN MANAGEMENT INCLUDING MEDICATION REVIEW AND PHARMACOLOGICAL AND NONPHARMACOLOGICAL TREATMENTS AND SKILLED TEACHING RELATED TO PAIN MANAGEMENT. SKILLED NURSE TO INTERVENE WITH INCREASED PAIN LEVEL TO MINIMIZE COMPLICATIONS.</p> <p>SKILLED NURSE TO FOCUS ON IDENTIFIED NEED FOR HIGH RISK MEDICATION INTERVENTION.</p> <p>SKILLED NURSE TO OBSERVE AND ASSESS INTEGUMENTARY STATUS TO IDENTIFY CHANGES AND INTERVENE TO MINIMIZE COMPLICATIONS. CLINICIAN TO PROVIDE SKILLED TEACHING RELATED TO ALTERED SKIN INTEGRITY INCLUDING PATHOPHYSIOLOGY, NUTRITION, MEDICATION REGIMEN, AND MEASURES TO PROMOTE OPTIMAL SKIN INTEGRITY.</p> <p>CLINICIAN TO PERFORM/TEACH PRESSURE ULCER CARE TO RIGHT LOWER BUTTOCK, AND COCCYX AREA USING CLEAN/ASEPTIC TECHNIQUE. CLEANSE WITH NS, OR WOUND CLEANSER. APPLY SKIN</p>

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PROTECTANT TO PERI WOUND  
TISSUE. APPLY COLLAGEN AG, AND  
CALCIUM ALGINATE TO WOUND  
BED. COVER/SECURE WITH ABD  
PADS AND MEPORE TAPE.  
CHANGE DRESSING EVERY 2 DAYS  
AND PRN FOR LOOSE OR SOILED  
DRESSING. OFFLOAD PRESSURE  
TO WOUND BY REPOSITIONING.  
WOUND CARE TO BE COMPLETED  
BY CLINICIAN OR CAREGIVER.  
SKILLED NURSE PRN VISIT ORDER:  
1 REMOTE AND 2 PRN VISITS MAY  
BE PERFORMED DURING THIS  
CERTIFICATION PERIOD FOR THE  
FOLLOWING REASON(S): WOUND  
CARE, MEDICATION ISSUES,  
FALLS, LABS, OSTOMY ISSUES...  
SKILLED NURSE TO EVALUATE AND  
DEVELOP PLAN OF CARE TO BE  
SIGNED BY THE PHYSICIAN.  
SKILLED NURSE TO  
ASSESS/EVALUATE ANY  
CONDITIONS THAT PRESENT  
THEMSELVES AND THAT WILL  
IMPACT THE PLAN OF CARE DURING  
THE COURSE OF THE EPISODE TO  
IDENTIFY CHANGES AND  
INTERVENE TO MINIMIZE  
COMPLICATIONS. TEACH AND  
MONITOR PATIENT/CAREGIVER  
ABILITY TO SAFELY ADMINISTER  
MEDICATIONS. PHONE  
TOUCHPOINTS CAN BE  
PERFORMED AS NEEDED TO  
SUPPLEMENT THE PLAN OF CARE.  
PATIENT RECEIVES THE  
FOLLOWING SERVICES WOUND  
CARE FROM DR. JOSEPH MILUM  
PATIENT/CAREGIVER WILL BE  
KNOWLEDGEABLE OF DISCHARGE  
PLANS AND WILL  
DEMONSTRATE/PROVIDE  
EDUCATION AND RESOURCES  
NEEDED TO MAINTAIN HEALTH.  
AGENCY WILL DISCHARGE PATIENT  
TO PHYSICIAN/HEALTH CARE  
PROVIDER AND MAY ACCEPT  
ORDERS FROM THE FOLLOWING  
PHYSICIANS: DR. JOSEPH MILUM,  
DR. ROBBIE HUTCHINSON  
SN REMOTE VIDEO VISIT(S) TO  
ASSESS/EVALUATE AND PROVIDE  
EDUCATION/TRAINING ON  
INTERVENTIONS/PROCEDURES PER  
THE POC, SAFE MEDICATION  
ADMINISTRATION, DISEASE  
MANAGEMENT, SIGNS/SYMPTOMS  
OF EXACERBATION, METHODS TO  
PREVENT EXACERBATION, AND  
SIGNS/SYMPTOMS TO REPORT  
AGENCY, PHYSICIAN OR 911.  
CLINICIAN TO EDUCATE PATIENT /  
CAREGIVER IN FALL PREVENTION

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AND PROVIDE INTERVENTIONS TO  
 REDUCE FALL RISK AND ENHANCE  
 HOME SAFETY  
 PSYCHOSOCIAL / COGNITIVE  
 ASSESSMENT INDICATES NO NEED  
 FOR SOCIAL, FINANCIAL, OR  
 TRANSPORTATION SUPPORT OR  
 FOR ADDITIONAL CARE  
 PROVIDERS/DISCIPLINES OR  
 REFERRALS TO OUTSIDE ENTITIES.  
 TOLERATED WELL

Wound Images  
 N/A

#2 - DIST MED LOW BUTTOCK RT PU STAGE IV - HGBB  
 ON 6/23/2025

CHANGE IN STATUS	NONE
WOUND ASSESSED	YES
TOTAL WAT SCORE	27
MEASUREMENTS TAKEN	YES
LENGTHxWIDTHxDEPTH(CM)	6.8 X 3 X 0.1
SURFACE AREA (SQ CM)	20.4
DEPTH DESCRIPTION	FULL THICK
IS THIS A CLOSED SURGICAL WOUND OR SUSPECTED DEEP TISSUE INJURY?	NO
GRANULATION TISSUE	75-100%
EDGES	DISTINCT
SHAPE	ELONG
EXUDATE TYPE	SEROSANG
EXUDATE AMOUNT	SMALL
ODOR	NONE
EPITHELIALIZATION	<25%
NECROTIC TISSUE TYPE	NONE
NECROTIC TISSUE AMOUNT	NONE
TOTAL NECROTIC TISSUE SLOUGH	0-25%
TOTAL NECROTIC TISSUE ESCHAR	0-25%
EDGE / SURROUNDING TISSUE - MACERATION	ABSENT
UNDERMINING	NONE
TUNNELING	NO
SKIN COLOR SURROUNDING WOUND	NORM
PERIPHERAL TISSUE EDEMA	NONE
PERIPHERAL TISSUE INDURATION	NONE
DOES PATIENT HAVE PAIN ASSOCIATED WITH THIS WOUND?	NO
STATE	CHRONIC
SIGNS AND SYMPTOMS OF INFECTION	NO
DEBRIDEMENT THIS VISIT	NO
DRAIN PRESENT	NO

## WOUND CARE PROVIDED

SKILLED NURSE TO PROVIDE  
 SKILLED TEACHING TO  
 PATIENT/CAREGIVER OF  
 HYPERTENSION TO INCLUDE  
 MEDICATION MANAGEMENT, SELF-  
 ASSESSMENT, LOW SODIUM DIET,  
 AND TRACKING OF BLOOD  
 PRESSURE RESULTS.  
 SKILLED NURSE TO INSTRUCT  
 PATIENT / CAREGIVER ON



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COLOSTOMY / ILEOSTOMY MANAGEMENT INCLUDING APPLIANCE TYPE AND USAGE, STOMAL CARE, AND IRRIGATION. SKILLED NURSE MAY PERFORM COLOSTOMY / ILEOSTOMY APPLIANCE CHANGE AND STOMA CARE EACH VISIT AS NEEDED. SKILLED NURSE FOR OBSERVATION/ASSESSMENT OF PAIN, EFFECTIVENESS OF PAIN MANAGEMENT INCLUDING MEDICATION REVIEW AND PHARMACOLOGICAL AND NONPHARMACOLOGICAL TREATMENTS AND SKILLED TEACHING RELATED TO PAIN MANAGEMENT. SKILLED NURSE TO INTERVENE WITH INCREASED PAIN LEVEL TO MINIMIZE COMPLICATIONS. SKILLED NURSE TO FOCUS ON IDENTIFIED NEED FOR HIGH RISK MEDICATION INTERVENTION. SKILLED NURSE TO OBSERVE AND ASSESS INTEGUMENTARY STATUS TO IDENTIFY CHANGES AND INTERVENE TO MINIMIZE COMPLICATIONS. CLINICIAN TO PROVIDE SKILLED TEACHING RELATED TO ALTERED SKIN INTEGRITY INCLUDING PATHOPHYSIOLOGY, NUTRITION, MEDICATION REGIMEN, AND MEASURES TO PROMOTE OPTIMAL SKIN INTEGRITY. CLINICIAN TO PERFORM/TEACH PRESSURE ULCER CARE TO RIGHT LOWER BUTTOCK, AND COCCYX AREA USING CLEAN/ASEPTIC TECHNIQUE. CLEANSE WITH NS, OR WOUND CLEANSER. APPLY SKIN PROTECTANT TO PERI WOUND TISSUE. APPLY COLLAGEN AG, AND CALCIUM ALGINATE TO WOUND BED. COVER/SECURE WITH ABD PADS AND MEPORE TAPE. CHANGE DRESSING EVERY 2 DAYS AND PRN FOR LOOSE OR SOILED DRESSING. OFFLOAD PRESSURE TO WOUND BY REPOSITIONING. WOUND CARE TO BE COMPLETED BY CLINICIAN OR CAREGIVER. SKILLED NURSE PRN VISIT ORDER: 1 REMOTE AND 2 PRN VISITS MAY BE PERFORMED DURING THIS CERTIFICATION PERIOD FOR THE FOLLOWING REASON(S): WOUND CARE, MEDICATION ISSUES, FALLS, LABS, OSTOMY ISSUES ... SKILLED NURSE TO EVALUATE AND DEVELOP PLAN OF CARE TO BE SIGNED BY THE PHYSICIAN. SKILLED NURSE TO

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ASSESS/EVALUATE ANY CONDITIONS THAT PRESENT THEMSELVES AND THAT WILL IMPACT THE PLAN OF CARE DURING THE COURSE OF THE EPISODE TO IDENTIFY CHANGES AND INTERVENE TO MINIMIZE COMPLICATIONS. TEACH AND MONITOR PATIENT/CAREGIVER ABILITY TO SAFELY ADMINISTER MEDICATIONS. PHONE TOUCHPOINTS CAN BE PERFORMED AS NEEDED TO SUPPLEMENT THE PLAN OF CARE. PATIENT RECEIVES THE FOLLOWING SERVICES WOUND CARE FROM DR. JOSEPH MILUM PATIENT/CAREGIVER WILL BE KNOWLEDGEABLE OF DISCHARGE PLANS AND WILL DEMONSTRATE/PROVIDE EDUCATION AND RESOURCES NEEDED TO MAINTAIN HEALTH. AGENCY WILL DISCHARGE PATIENT TO PHYSICIAN/HEALTH CARE PROVIDER AND MAY ACCEPT ORDERS FROM THE FOLLOWING PHYSICIANS: DR. JOSEPH MILUM, DR. ROBBIE HUTCHINSON SN REMOTE VIDEO VISIT(S) TO ASSESS/EVALUATE AND PROVIDE EDUCATION/TRAINING ON INTERVENTIONS/PROCEDURES PER THE POC, SAFE MEDICATION ADMINISTRATION, DISEASE MANAGEMENT, SIGNS/SYMPTOMS OF EXACERBATION, METHODS TO PREVENT EXACERBATION, AND SIGNS/SYMPTOMS TO REPORT AGENCY, PHYSICIAN OR 911. CLINICIAN TO EDUCATE PATIENT / CAREGIVER IN FALL PREVENTION AND PROVIDE INTERVENTIONS TO REDUCE FALL RISK AND ENHANCE HOME SAFETY PSYCHOSOCIAL / COGNITIVE ASSESSMENT INDICATES NO NEED FOR SOCIAL, FINANCIAL, OR TRANSPORTATION SUPPORT OR FOR ADDITIONAL CARE PROVIDERS/DISCIPLINES OR REFERRALS TO OUTSIDE ENTITIES. TOLERATED WELL

**Wound Images**  
N/A

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**Visit Date:** 06/24/2025    **Visit Number:** 5    **Visit Type:** SN11 - SN SUBSEQUENT VISIT

### Narrative

SITTING UP IN BED ON ARRIVAL. NO ACUTE DISTRESS NOTED. DENIES ANY PAIN, FALLS, ED VISITS OR MED CHANGES. STILL HAS NOT BEEN SCHEDULED WITH PERSONIC. SN NOTIFIED MCS AND STATES SHE WILL SEND NEEDED MEDICAL RECORDS TO PERSONIC. PATIENT HAS APPT WITH DR MILLUM AT FRANKFORT WOUND CLINIC THIS THURSDAY BUT DOES NOT PLAN TO GO TO APPT. STATES HE PREFERS TO CONTINUE WITH CURRENT WOUND CARE ORDERS UNTIL SEEN IN HOME BY PERSONIC PROVIDERS. WOUNDS MEASURED AND WOUND CARE PROVIDED PER ORDERS. EDUCATED ON HIGH PROTEIN INTAKE AND OFFLOADING WOUND PRESSURE. NO FURTHER COMPLAINTS OR CONCERNS AT THIS TIME. INSTRUCTED TO NOTIFY VNA OF ANY CONCERNS AND NOTIFY 911 OF ANY EMERGENT NEEDS.

### Patient Goals

#### Patient Goal

FOR HH NOT TO COME, AND WOUND TO HEAL

### Interventions Provided

1. COLLABORATE WITH PATIENT/CAREGIVER AND APPROPRIATE PHYSICIAN(S) IN POC DEVELOPMENT. CHANGES IN POC ARE AGREED UPON AND COMMUNICATED WITH THE PATIENT/CAREGIVER, PHYSICIANS WRITING ORDERS ON THE POC AND/OR THE RECEIVING PHYSICIAN/HEALTH CARE PROVIDER.

DETAILS/COMMENTS: COLLABORATED WITH PATIENT/CAREGIVER IN THE DEVELOPMENT OF THE POC.

2. ASSESS AND EVALUATE CO-MORBID CONDITIONS

DETAILS/COMMENTS: REVIEWED AND INSTRUCTED ON RECENT EXACERBATION OF CO-MORBID CONDITIONS

WHEN TO REPORT TO NURSE/PHYSICIAN

REVIEWED DIETARY NEEDS AND RESTRICTIONS

MEDICATION REGIMEN, SIDE EFFECTS/DESIRED EFFECTS, POTENTIAL INTERACTIONS AND REFILL PROCESS

BALANCING ACTIVITIES AND NEED FOR FREQUENT REST PERIODS

3. PROVIDE/INSTRUCT ON PRESSURE ULCER CARE. (ALL INTERVENTION DETAILS MUST BE INSTRUCTED ON PRIOR TO MARKING THE INTERVENTION GOAL AS ACHIEVED)

DETAILS/COMMENTS: INSTRUCTED ON PROPER WOUND CARE TO PATIENT/CAREGIVER

PATIENT/CAREGIVER DEMONSTRATE PROPER WOUND CARE TECHNIQUE AND MAINTAINING ADEQUATE SUPPLIES.

INSTRUCTED ON PRINCIPLES OF STANDARD PRECAUTIONS: PROPER HANDLING/DISPOSAL OF ITEMS COMING IN CONTACT WITH BODY FLUIDS.

INSTRUCTED ON SIGNS / SYMPTOMS OF INFECTION TO WOUND (REDNESS, DRAINAGE, ODOR)

4. INSTRUCT ON THE USE OF MEDICATION THERAPY ASSOCIATED WITH SKIN INTEGRITY

DETAILS/COMMENTS: MANAGEMENT OF MEDICATION REGIMEN INCLUDING CORRECT MEDICATION DOSAGE, FREQUENCY, ROUTE

SPECIFIC MEDICATION EDUCATION INCLUDING PURPOSE, DOSE, SCHEDULE, SIDE EFFECTS, INEFFECTIVE DRUG THERAPY, DUPLICATE DRUG THERAPY, SPECIAL CONSIDERATIONS, AND POTENTIAL INTERACTIONS