

## Visit Note Report

Client: DEMMONS, KIMBERLY M  
 Client DOB: 12/30/1966  
 Insured ID: 36092756

MR No: 04200076628001 Legacy MR No:  
 Primary Payor: WELLCARE MCR ADV PDGM

Visit Date: 07/01/2025 Visit Number: 7 Visit Type: RN05 - RN ROC/RECERT WITHIN 5 DAY WINDOW

ASSESSMENT	
<b>2 - SOMEONE MUST HELP THE PATIENT TO MAINTAIN TOILETING HYGIENE AND/OR ADJUST CLOTHING.</b> (E) (GG0130C1) SELF-CARE TOILETING HYGIENE SOC/ROC PERFORMANCE: THE ABILITY TO MAINTAIN PERINEAL HYGIENE, ADJUST CLOTHES BEFORE AND AFTER VOIDING OR HAVING A BOWEL MOVEMENT. IF MANAGING AN OSTOMY, INCLUDE WIPING THE OPENING BUT NOT MANAGING EQUIPMENT. CODE THE PATIENT'S USUAL PERFORMANCE AT SOC/ROC FOR EACH ACTIVITY USING THE 6-POINT SCALE. IF ACTIVITY WAS NOT ATTEMPTED AT SOC/ROC, CODE THE REASON. CODING: SAFETY AND QUALITY OF PERFORMANCE - IF HELPER ASSISTANCE IS REQUIRED BECAUSE PATIENT'S PERFORMANCE IS UNSAFE OR OF POOR QUALITY. SCORE ACCORDING TO AMOUNT OF ASSISTANCE PROVIDED. <b>02. SUBSTANTIAL/MAXIMAL ASSISTANCE - HELPER DOES MORE THAN HALF THE EFFORT. HELPER LIFTS OR HOLDS TRUNK OR LIMBS AND PROVIDES MORE THAN HALF THE EFFORT</b> (QM) (M1850) TRANSFERRING: CURRENT ABILITY TO MOVE SAFELY FROM BED TO CHAIR, OR ABILITY TO TURN AND POSITION SELF IN BED IF PATIENT IS BEDFAST. <b>3 - UNABLE TO TRANSFER SELF AND IS UNABLE TO BEAR WEIGHT OR PIVOT WHEN TRANSFERRED BY ANOTHER PERSON</b> (E) (GG0170A1) MOBILITY ROLL LEFT AND RIGHT SOC/ROC PERFORMANCE: THE ABILITY TO ROLL FROM LYING ON BACK TO LEFT AND RIGHT SIDE, AND RETURN TO LYING ON BACK ON THE BED. CODE THE PATIENT'S USUAL PERFORMANCE AT SOC/ROC FOR EACH ACTIVITY USING THE 6-POINT SCALE. IF ACTIVITY WAS NOT ATTEMPTED AT SOC/ROC, CODE THE REASON. CODING: SAFETY AND QUALITY OF PERFORMANCE - IF HELPER ASSISTANCE IS REQUIRED BECAUSE PATIENT'S PERFORMANCE IS UNSAFE OR OF POOR QUALITY. SCORE ACCORDING TO AMOUNT OF ASSISTANCE PROVIDED. <b>03. PARTIAL/MODERATE ASSISTANCE - HELPER DOES LESS THAN HALF THE EFFORT. HELPER LIFTS, HOLDS OR SUPPORTS TRUNK OR LIMBS, BUT PROVIDES LESS THAN HALF THE EFFORT</b> (E) (GG0170B1) MOBILITY SIT TO LYING SOC/ROC PERFORMANCE: THE ABILITY TO MOVE FROM SITTING ON SIDE OF BED TO LYING FLAT ON THE BED. CODE THE PATIENT'S USUAL PERFORMANCE AT SOC/ROC FOR EACH ACTIVITY USING THE 6-POINT SCALE. IF ACTIVITY WAS NOT ATTEMPTED AT SOC/ROC, CODE THE REASON. CODING: SAFETY AND QUALITY OF PERFORMANCE - IF HELPER ASSISTANCE IS REQUIRED BECAUSE PATIENT'S PERFORMANCE IS UNSAFE OR OF POOR QUALITY. SCORE ACCORDING TO AMOUNT OF ASSISTANCE PROVIDED. <b>03. PARTIAL/MODERATE ASSISTANCE - HELPER DOES LESS THAN HALF THE EFFORT. HELPER LIFTS, HOLDS OR SUPPORTS TRUNK OR LIMBS, BUT PROVIDES LESS THAN HALF THE EFFORT</b> (E) (GG0170C1) MOBILITY LYING TO SITTING ON SIDE OF BED SOC/ROC PERFORMANCE: THE ABILITY TO MOVE FROM LYING ON THE BACK TO SITTING ON THE SIDE OF THE BED WITH NO BACK SUPPORT. CODE THE PATIENT'S USUAL PERFORMANCE AT SOC/ROC FOR EACH ACTIVITY USING THE 6-POINT SCALE. IF ACTIVITY WAS NOT ATTEMPTED AT SOC/ROC, CODE THE REASON. CODING: SAFETY AND QUALITY OF PERFORMANCE - IF HELPER ASSISTANCE IS REQUIRED BECAUSE PATIENT'S PERFORMANCE IS UNSAFE OR OF POOR QUALITY. SCORE ACCORDING TO AMOUNT OF ASSISTANCE PROVIDED. <b>03. PARTIAL/MODERATE ASSISTANCE - HELPER DOES LESS THAN HALF THE EFFORT. HELPER LIFTS, HOLDS OR SUPPORTS TRUNK OR LIMBS, BUT PROVIDES LESS THAN HALF THE EFFORT</b> (E) (GG0170D1) MOBILITY SIT TO STAND SOC/ROC PERFORMANCE: THE ABILITY TO COME TO A STANDING POSITION FROM SITTING IN A CHAIR, WHEELCHAIR, OR ON THE SIDE OF THE BED. CODE THE PATIENT'S USUAL PERFORMANCE AT SOC/ROC FOR EACH ACTIVITY USING THE 6-POINT SCALE. IF ACTIVITY WAS NOT ATTEMPTED AT SOC/ROC, CODE THE REASON. CODING: SAFETY AND QUALITY OF PERFORMANCE - IF HELPER ASSISTANCE IS REQUIRED BECAUSE PATIENT'S PERFORMANCE IS UNSAFE OR OF POOR QUALITY. SCORE ACCORDING TO AMOUNT OF ASSISTANCE PROVIDED. <b>02. SUBSTANTIAL/MAXIMAL ASSISTANCE - HELPER DOES MORE THAN HALF THE EFFORT. HELPER LIFTS OR HOLDS TRUNK OR LIMBS AND PROVIDES MORE THAN HALF THE EFFORT</b> (E) (GG0170E1) MOBILITY CHAIR/BED-TO-CHAIR TRANSFER SOC/ROC PERFORMANCE: THE ABILITY TO TRANSFER TO AND FROM A BED TO A CHAIR (OR WHEELCHAIR). CODE THE PATIENT'S USUAL PERFORMANCE AT SOC/ROC FOR EACH ACTIVITY USING THE 6-POINT SCALE. IF ACTIVITY WAS NOT ATTEMPTED AT SOC/ROC, CODE THE REASON. CODING: SAFETY AND QUALITY OF PERFORMANCE - IF HELPER ASSISTANCE IS REQUIRED BECAUSE PATIENT'S PERFORMANCE IS UNSAFE OR OF POOR QUALITY. SCORE ACCORDING TO AMOUNT OF ASSISTANCE PROVIDED. <b>02. SUBSTANTIAL/MAXIMAL ASSISTANCE - HELPER DOES MORE THAN HALF THE EFFORT. HELPER LIFTS OR HOLDS TRUNK OR LIMBS AND PROVIDES MORE THAN HALF THE EFFORT</b> (E) (GG0170G1) MOBILITY CAR TRANSFER SOC/ROC PERFORMANCE: THE ABILITY TO TRANSFER IN AND OUT OF A CAR OR VAN ON THE PASSENGER SIDE. DOES NOT INCLUDE THE ABILITY TO OPEN/CLOSE DOOR OR FASTEN SEAT BELT. CODE THE PATIENT'S USUAL PERFORMANCE AT SOC/ROC FOR EACH ACTIVITY USING THE 6-POINT SCALE. IF ACTIVITY WAS NOT ATTEMPTED AT SOC/ROC, CODE THE REASON. CODING: SAFETY AND QUALITY OF PERFORMANCE - IF HELPER ASSISTANCE IS REQUIRED BECAUSE PATIENT'S PERFORMANCE IS UNSAFE OR OF POOR QUALITY. SCORE ACCORDING TO AMOUNT OF ASSISTANCE PROVIDED. <b>02. SUBSTANTIAL/MAXIMAL ASSISTANCE - HELPER DOES MORE THAN HALF THE EFFORT. HELPER LIFTS OR HOLDS TRUNK OR LIMBS AND PROVIDES MORE THAN HALF THE EFFORT</b> (C1) (QM) (PRA) (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. <b>5 - CHAIRFAST, UNABLE TO AMBULATE AND IS UNABLE TO WHEEL SELF.</b>	

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<b>ASSESSMENT</b>	
<p>(E) (GG0100B) INDOOR MOBILITY (AMBULATION) PRIOR FUNCTIONING: EVERYDAY ACTIVITIES: INDICATE THE PATIENT'S USUAL ABILITY WITH EVERYDAY ACTIVITIES PRIOR TO THE CURRENT ILLNESS, EXACERBATION, OR INJURY. CODE THE PATIENT'S NEED FOR ASSISTANCE WITH WALKING FROM ROOM TO ROOM (WITH OR WITHOUT A DEVICE SUCH AS CANE, CRUTCH OR WALKER) PRIOR TO THE CURRENT ILLNESS, EXACERBATION, OR INJURY.</p> <p>2. NEEDED SOME HELP - PATIENT NEEDED PARTIAL ASSISTANCE FROM ANOTHER PERSON TO COMPLETE ANY ACTIVITIES</p> <p>(E) (GG0170J1) MOBILITY WALK 10 FEET SOC/ROC PERFORMANCE: ONCE STANDING, THE ABILITY TO WALK AT LEAST 10 FEET IN A ROOM, CORRIDOR, OR SIMILAR SPACE. CODE THE PATIENT'S USUAL PERFORMANCE AT SOC/ROC FOR EACH ACTIVITY USING THE 6-POINT SCALE. IF ACTIVITY WAS NOT ATTEMPTED AT SOC/ROC, CODE THE REASON. CODING: SAFETY AND QUALITY OF PERFORMANCE - IF HELPER ASSISTANCE IS REQUIRED BECAUSE PATIENT'S PERFORMANCE IS UNSAFE OR OF POOR QUALITY, SCORE ACCORDING TO AMOUNT OF ASSISTANCE PROVIDED.</p> <p>02. SUBSTANTIAL/MAXIMAL ASSISTANCE - HELPER DOES MORE THAN HALF THE EFFORT. HELPER LIFTS OR HOLDS TRUNK OR LIMBS AND PROVIDES MORE THAN HALF THE EFFORT</p> <p>(E) (GG0170J1) MOBILITY WALK 50 FEET WITH TWO TURNS SOC/ROC PERFORMANCE: ONCE STANDING, THE ABILITY TO WALK 50 FEET AND MAKE TWO TURNS. CODE THE PATIENT'S USUAL PERFORMANCE AT SOC/ROC FOR EACH ACTIVITY USING THE 6-POINT SCALE. IF ACTIVITY WAS NOT ATTEMPTED AT SOC/ROC, CODE THE REASON. CODING: SAFETY AND QUALITY OF PERFORMANCE - IF HELPER ASSISTANCE IS REQUIRED BECAUSE PATIENT'S PERFORMANCE IS UNSAFE OR OF POOR QUALITY, SCORE ACCORDING TO AMOUNT OF ASSISTANCE PROVIDED.</p> <p>02. SUBSTANTIAL/MAXIMAL ASSISTANCE - HELPER DOES MORE THAN HALF THE EFFORT. HELPER LIFTS OR HOLDS TRUNK OR LIMBS AND PROVIDES MORE THAN HALF THE EFFORT</p> <p>(E) (GG0170K1) MOBILITY WALK 150 FEET SOC/ROC PERFORMANCE: ONCE STANDING, THE ABILITY TO WALK AT LEAST 150 FEET IN A CORRIDOR OR SIMILAR SPACE. CODE THE PATIENT'S USUAL PERFORMANCE AT SOC/ROC FOR EACH ACTIVITY USING THE 6-POINT SCALE. IF ACTIVITY WAS NOT ATTEMPTED AT SOC/ROC, CODE THE REASON. CODING: SAFETY AND QUALITY OF PERFORMANCE - IF HELPER ASSISTANCE IS REQUIRED BECAUSE PATIENT'S PERFORMANCE IS UNSAFE OR OF POOR QUALITY, SCORE ACCORDING TO AMOUNT OF ASSISTANCE PROVIDED.</p> <p>88. ACTIVITY WAS NOT ATTEMPTED - NOT ATTEMPTED DUE TO MEDICAL CONDITION OR SAFETY CONCERN</p> <p>(E) (GG0170L1) MOBILITY WALKING 10 FEET ON UNEVEN SURFACES SOC/ROC PERFORMANCE: THE ABILITY TO WALK 10 FEET ON UNEVEN OR SLOPING SURFACES (INDOOR OR OUTDOOR), SUCH AS TURF OR GRAVEL. CODE THE PATIENT'S USUAL PERFORMANCE AT SOC/ROC FOR EACH ACTIVITY USING THE 6-POINT SCALE. IF ACTIVITY WAS NOT ATTEMPTED AT SOC/ROC, CODE THE REASON. CODING: SAFETY AND QUALITY OF PERFORMANCE - IF HELPER ASSISTANCE IS REQUIRED BECAUSE PATIENT'S PERFORMANCE IS UNSAFE OR OF POOR QUALITY, SCORE ACCORDING TO AMOUNT OF ASSISTANCE PROVIDED.</p> <p>88. ACTIVITY WAS NOT ATTEMPTED - NOT ATTEMPTED DUE TO MEDICAL CONDITION OR SAFETY CONCERN</p> <p>(E) (GG0170M1) MOBILITY 1 STEP (CURB) SOC/ROC PERFORMANCE: THE ABILITY TO GO UP AND DOWN A CURB OR UP AND DOWN ONE STEP. CODE THE PATIENT'S USUAL PERFORMANCE AT SOC/ROC FOR EACH ACTIVITY USING THE 6-POINT SCALE. IF ACTIVITY WAS NOT ATTEMPTED AT SOC/ROC, CODE THE REASON. CODING: SAFETY AND QUALITY OF PERFORMANCE - IF HELPER ASSISTANCE IS REQUIRED BECAUSE PATIENT'S PERFORMANCE IS UNSAFE OR OF POOR QUALITY, SCORE ACCORDING TO AMOUNT OF ASSISTANCE PROVIDED.</p> <p>88. ACTIVITY WAS NOT ATTEMPTED - NOT ATTEMPTED DUE TO MEDICAL CONDITION OR SAFETY CONCERN</p> <p>(E) (GG0170P1) MOBILITY PICKING UP OBJECT SOC/ROC PERFORMANCE: THE ABILITY TO BEND/STOOP FROM A STANDING POSITION TO PICK UP A SMALL OBJECT, SUCH AS A SPOON, FROM THE FLOOR. CODE THE PATIENT'S USUAL PERFORMANCE AT SOC/ROC FOR EACH ACTIVITY USING THE 6-POINT SCALE. IF ACTIVITY WAS NOT ATTEMPTED AT SOC/ROC, CODE THE REASON. CODING: SAFETY AND QUALITY OF PERFORMANCE - IF HELPER ASSISTANCE IS REQUIRED BECAUSE PATIENT'S PERFORMANCE IS UNSAFE OR OF POOR QUALITY, SCORE ACCORDING TO AMOUNT OF ASSISTANCE PROVIDED.</p> <p>03. PARTIAL/MODERATE ASSISTANCE - HELPER DOES LESS THAN HALF THE EFFORT. HELPER LIFTS, HOLDS OR SUPPORTS TRUNK OR LIMBS, BUT PROVIDES LESS THAN HALF THE EFFORT</p> <p>(GG0170Q1) MOBILITY DOES PATIENT USE WHEELCHAIR/SCOOTER?</p> <p>1 - YES</p> <p>(E) (GG0170R1) MOBILITY WHEEL 50 FEET WITH TWO TURNS SOC/ROC PERFORMANCE: ONCE SEATED IN WHEELCHAIR/SCOOTER, THE ABILITY TO WHEEL AT LEAST 50 FEET AND MAKE TWO TURNS. CODE THE PATIENT'S USUAL PERFORMANCE AT SOC/ROC FOR EACH ACTIVITY USING THE 6-POINT SCALE. IF ACTIVITY WAS NOT ATTEMPTED AT SOC/ROC, CODE THE REASON. CODING: SAFETY AND QUALITY OF PERFORMANCE - IF HELPER ASSISTANCE IS REQUIRED BECAUSE PATIENT'S PERFORMANCE IS UNSAFE OR OF POOR QUALITY, SCORE ACCORDING TO AMOUNT OF ASSISTANCE PROVIDED.</p> <p>01. DEPENDENT - HELPER DOES ALL OF THE EFFORT. PATIENT DOES NONE OF THE EFFORT TO COMPLETE THE ACTIVITY. OR, THE ASSISTANCE OF 2 OR MORE HELPERS IS REQUIRED FOR THE PATIENT TO COMPLETE THE ACTIVITY</p> <p>(GG0170RR1) MOBILITY INDICATE THE TYPE OF WHEELCHAIR OR SCOOTER USED.</p> <p>1 - MANUAL</p>	

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(E) (GG0170S1) MOBILITY WHEEL 150 FEET SOC/ROC PERFORMANCE: ONCE SEATED IN WHEELCHAIR/SCOOTER, THE ABILITY TO WHEEL AT LEAST 150 FEET IN A CORRIDOR OR SIMILAR SPACE. CODE THE PATIENT'S USUAL PERFORMANCE AT SOC/ROC FOR EACH ACTIVITY USING THE 6-POINT SCALE. IF ACTIVITY WAS NOT ATTEMPTED AT SOC/ROC, CODE THE REASON. CODING: SAFETY AND QUALITY OF PERFORMANCE - IF HELPER ASSISTANCE IS REQUIRED BECAUSE PATIENT'S PERFORMANCE IS UNSAFE OR OF POOR QUALITY, SCORE ACCORDING TO AMOUNT OF ASSISTANCE PROVIDED.

**01. DEPENDENT - HELPER DOES ALL OF THE EFFORT. PATIENT DOES NONE OF THE EFFORT TO COMPLETE THE ACTIVITY. OR, THE ASSISTANCE OF 2 OR MORE HELPERS IS REQUIRED FOR THE PATIENT TO COMPLETE THE ACTIVITY**

(GG0170SS1) MOBILITY INDICATE THE TYPE OF WHEELCHAIR OR SCOOTER USED.

**1 - MANUAL**

(E) (GG0100C) STAIRS PRIOR FUNCTIONING: EVERYDAY ACTIVITIES: INDICATE THE PATIENT'S USUAL ABILITY WITH EVERYDAY ACTIVITIES PRIOR TO THE CURRENT ILLNESS, EXACERBATION, OR INJURY. CODE THE PATIENT'S NEED FOR ASSISTANCE WITH INTERNAL OR EXTERNAL STAIRS (WITH OR WITHOUT A DEVICE SUCH AS CANE, CRUTCH, OR WALKER) PRIOR TO THE CURRENT ILLNESS, EXACERBATION, OR INJURY.

**2. NEEDED SOME HELP - PATIENT NEEDED PARTIAL ASSISTANCE FROM ANOTHER PERSON TO COMPLETE ANY ACTIVITIES**

(E) (GG0100A) SELF CARE PRIOR FUNCTIONING: EVERYDAY ACTIVITIES: INDICATE THE PATIENT'S USUAL ABILITY WITH EVERYDAY ACTIVITIES PRIOR TO THE CURRENT ILLNESS, EXACERBATION, OR INJURY. CODE THE PATIENT'S NEED FOR ASSISTANCE WITH BATHING, DRESSING, USING THE TOILET, AND EATING PRIOR TO THE CURRENT ILLNESS, EXACERBATION, OR INJURY.

**2. NEEDED SOME HELP - PATIENT NEEDED PARTIAL ASSISTANCE FROM ANOTHER PERSON TO COMPLETE ANY ACTIVITIES**

(GG0110) FUNCTIONAL ABILITIES AND GOALS PRIOR DEVICE USE: INDICATE DEVICES AND AIDS USED BY THE PATIENT PRIOR TO THE CURRENT ILLNESS, EXACERBATION, OR INJURY. CHECK ALL THAT APPLY.

**A - MANUAL WHEELCHAIR**

**D - WALKER**

(E) (GG0100D) FUNCTIONAL COGNITION PRIOR FUNCTIONING: EVERYDAY ACTIVITIES: INDICATE THE PATIENT'S USUAL ABILITY WITH EVERYDAY ACTIVITIES PRIOR TO THE CURRENT ILLNESS, EXACERBATION, OR INJURY. CODE THE PATIENT'S NEED FOR ASSISTANCE WITH PLANNING REGULAR TASKS, SUCH AS SHOPPING OR REMEMBERING TO TAKE MEDICATION PRIOR TO THE CURRENT ILLNESS, EXACERBATION, OR INJURY.

**3. INDEPENDENT - PATIENT COMPLETED ALL THE ACTIVITIES BY THEMSELF, WITH OR WITHOUT AN ASSISTIVE DEVICE, WITH NO ASSISTANCE FROM A HELPER**

**CO-MORBID CONDITIONS**

WERE THE PATIENT'S CO-MORBID CONDITIONS ASSESSED/EVALUATED?

**YES**

WERE ANY NEW SYMPTOMS IDENTIFIED ASSOCIATED WITH THESE CONDITIONS?

**NO**

**EQUIPMENT/SUPPLIES**

DURABLE MEDICAL EQUIPMENT RECOMMENDED: (MARK ALL THAT APPLY)

**STANDARD WALKER**

**WHEELCHAIR**

**TUB CHAIR**

**HOSPITAL BED**

**GLUCOMETER**

**CARE MANAGEMENT**

(PRA) (M2102F) TYPES AND SOURCES OF ASSISTANCE: DETERMINE THE LEVEL OF CAREGIVER ABILITY AND WILLINGNESS TO PROVIDE ASSISTANCE FOR SUPERVISION AND SAFETY (FOR EXAMPLE, DUE TO COGNITIVE IMPAIRMENT), IF ASSISTANCE IS NEEDED.

**1 - NON-AGENCY CAREGIVER(S) CURRENTLY PROVIDE ASSISTANCE**

(Q0110A) SPECIAL TREATMENTS, PROCEDURES, AND PROGRAMS: CHECK ALL OF THE FOLLOWING TREATMENTS, PROCEDURES, AND PROGRAMS THAT APPLY ON ADMISSION.

**G1. NON-INVASIVE MECHANICAL VENTILATOR**

**H1. IV MEDICATIONS**

**O1. IV ACCESS**

INDICATE TYPE OF NON-INVASIVE MECHANICAL VENTILATOR ON ADMISSION

**G3. CPAP**

INDICATE TYPE OF IV MEDICATIONS ON ADMISSION

**H10. OTHER**

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**INDICATE TYPE OF IV ACCESS ON ADMISSION**  
**O4. CENTRAL (E.G., PICC, TUNNELED, PORT)**

**MEDICATIONS**

**(CC)(M2001) DRUG REGIMENT REVIEW: DID A COMPLETE DRUG REGIMENT REVIEW IDENTIFY POTENTIAL CLINICALLY SIGNIFICANT MEDICATION ISSUES?**

**0 - NO - NO ISSUES FOUND DURING REVIEW**

**(QM) (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?**

**1 - YES**

**(QM) (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.)**

**3 - UNABLE TO TAKE MEDICATION UNLESS ADMINISTERED BY ANOTHER PERSON.**

**(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.**

**3 - UNABLE TO TAKE INJECTABLE MEDICATION UNLESS ADMINISTERED BY ANOTHER PERSON.**

**(N0415) HIGH-RISK DRUG CLASSES USE AND INDICATION: CHECK IF THE PATIENT IS TAKING ANY MEDICATIONS BY PHARMACOLOGICAL CLASSIFICATION, NOT HOW IT IS USED, IN THE FOLLOWING CLASSES:**

**E1. ANTICOAGULANT**

**H1. OPIOID**

**J1. HYPOGLYCEMIC (INCLUDING INSULIN)**

**(N0415E2) CHECK IF THERE IS AN INDICATION NOTED FOR ALL MEDICATIONS IN THE ANTICOAGULANT CLASS**

**1. YES**

**(N0415H2) CHECK IF THERE IS AN INDICATION NOTED FOR ALL MEDICATIONS IN THE OPIOID CLASS**

**1. YES**

**(N0415J2) CHECK IF THERE IS AN INDICATION NOTED FOR ALL MEDICATIONS IN THE HYPOGLYCEMIC CLASS (INCLUDING INSULIN)**

**1. YES**

**MEDICATION COMPLIANCE REVIEWED:**

PATIENT/CAREGIVER COMPLIANT WITH ALL MEDICATION ADMINISTRATION

**VERIFIED ACCURATE MEDICATION LIST IN HOME?**

**YES**

**LOCATION:**

**FOLDER**

**WERE SIGNIFICANT SIDE EFFECTS IDENTIFIED?**

**NO**

**IS INEFFECTIVE DRUG THERAPY IDENTIFIED?**

**NO**

**IS DUPLICATE DRUG THERAPY IDENTIFIED?**

**NO**

**IS NON-ADHERENCE WITH DRUG THERAPY IDENTIFIED?**

**NO**

**PROVIDER**

**HAS THE CLIENT RECEIVED HOME HEALTH SERVICES FROM A DIFFERENT HOME HEALTH PROVIDER IN THE PAST 60 DAYS?**

**NO**

**HAS THE CLIENT RECEIVED OUTPATIENT THERAPY SERVICES IN THE PAST 60 DAYS?**

**NO**

**IS THIS ASSESSMENT BEING PERFORMED FOR A MEDICARE PAYMENT EPISODE THAT DETERMINES A CASE MIX GROUP (THERAPY NEED)?**

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Assessment		Abnormal Findings																													
<p><b>YES</b></p> <p>(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.)</p> <p><b>9</b></p>																															
<p><b>PSYCHIATRIC</b></p> <p><u>DOES THE PATIENT TAKE A PSYCHOTROPIC MEDICATION?</u>  <b>NO</b></p> <p><u>WERE BEHAVIORAL SCALES ASSESSMENTS COMPLETED?</u>  <b>NO</b></p>																															
<p><b>SUPERVISORY FUNCTIONS</b></p> <p><u>WERE SUPERVISORY FUNCTIONS PERFORMED?</u>  <b>NO</b></p> <p><u>INDICATE REASON SUPERVISORY FUNCTIONS NOT PERFORMED:</u>  <b>NOT APPROPRIATE AT TIME OF EVALUATION</b></p>																															
<p><b>CHANGE OF SERVICE PROVIDED</b></p> <p><u>IS A CHANGE OF SERVICES REQUIRED?</u>  <b>NO ADDITIONAL DISCIPLINES/CHANGE IN FREQUENCY OF VISITS NEEDED</b></p>																															
<p><b>CARE COORDINATION</b></p> <p><u>INDICATE IF YOU COMMUNICATED WITH OTHER DISCIPLINES INVOLVED IN THIS CASE:</u>  <b>YES</b></p> <p><u>INDICATE DISCIPLINE(S) YOU COMMUNICATED WITH? (MARK ALL THAT APPLY)</u>  <b>SUPERVISOR</b></p> <p><u>WAS A CARE COORDINATION NOTE COMPLETED DOCUMENTING COMMUNICATION?</u>  <b>YES</b></p> <p><u>INDICATE WHO YOU REVIEWED WRITTEN PLAN OF CARE INSTRUCTIONS WITH (MARK ALL THAT APPLY)</u>  <b>PATIENT</b>  <b>FAMILY MEMBER</b></p> <p><u>WRITTEN PATIENT INSTRUCTIONS ARE KEPT IN THE FOLLOWING LOCATION IN THE HOME:</u>  <b>FOLDER</b></p>																															
<p><b>Wound Assessment</b></p> <p>Historical wounds are retained as inactive and wound numbers continuously increment for subsequent episodes and admissions.</p>		<p><b>Anatomical View</b></p>																													
<p><b>Wound # / Location / Type / Source</b></p> <table border="1"> <thead> <tr> <th>Question</th> <th>Answer</th> </tr> </thead> <tbody> <tr> <td>FEMALE POSTERIOR</td> <td></td> </tr> <tr> <td>#1 - MID-SACRAL/MID-ILIAC STAGE III (INACTIVATED 07/01/2025) - HCPCS</td> <td></td> </tr> <tr> <td>Open Date: 05/12/2025</td> <td></td> </tr> <tr> <td>CHANGE IN STATUS</td> <td>INACTIVATE WOUND - HEALED</td> </tr> <tr> <td>WOUND ASSESSED</td> <td>YES</td> </tr> <tr> <td>TOTAL WAT SCORE</td> <td>N/A</td> </tr> <tr> <td colspan="2">WOUND CARE PROVIDED</td> </tr> <tr> <td colspan="2"><b>Wound Images</b></td> </tr> <tr> <td colspan="2">N/A</td> </tr> <tr> <td colspan="2">#2 - LEFT MULIT/SCALP LOW-BUTTOCK LUNGS STAGE 0 (C/W WE - HGRB)</td> </tr> <tr> <td colspan="2">Close Date: 06/05/2025</td> </tr> <tr> <td colspan="2">CHANGE IN STATUS</td> <td colspan="2">NONE</td> </tr> </tbody> </table>		Question	Answer	FEMALE POSTERIOR		#1 - MID-SACRAL/MID-ILIAC STAGE III (INACTIVATED 07/01/2025) - HCPCS		Open Date: 05/12/2025		CHANGE IN STATUS	INACTIVATE WOUND - HEALED	WOUND ASSESSED	YES	TOTAL WAT SCORE	N/A	WOUND CARE PROVIDED		<b>Wound Images</b>		N/A		#2 - LEFT MULIT/SCALP LOW-BUTTOCK LUNGS STAGE 0 (C/W WE - HGRB)		Close Date: 06/05/2025		CHANGE IN STATUS		NONE			
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#1 - MID-SACRAL/MID-ILIAC STAGE III (INACTIVATED 07/01/2025) - HCPCS																															
Open Date: 05/12/2025																															
CHANGE IN STATUS	INACTIVATE WOUND - HEALED																														
WOUND ASSESSED	YES																														
TOTAL WAT SCORE	N/A																														
WOUND CARE PROVIDED																															
<b>Wound Images</b>																															
N/A																															
#2 - LEFT MULIT/SCALP LOW-BUTTOCK LUNGS STAGE 0 (C/W WE - HGRB)																															
Close Date: 06/05/2025																															
CHANGE IN STATUS		NONE																													

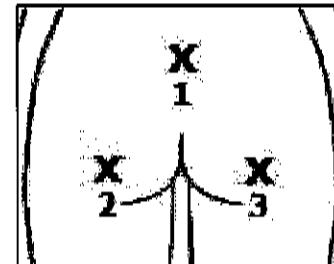
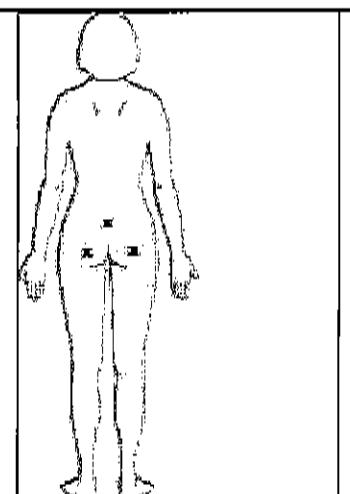
## Visit Note Report

Client: DEMMONS, KIMBERLY M  
 Client DOB: 12/30/1966  
 Insured ID: 36092756

MR No: 04200076628001 Legacy MR No:  
 Primary Payor: WELLCARE MCR ADV PDGM

Visit Date: 07/01/2025 Visit Number: 7 Visit Type: RN05 - RN ROC/RECERT WITHIN 5 DAY WINDOW

WOUND ASSESSED	YES
TOTAL WAT SCORE	34
MEASUREMENTS TAKEN	YES
LENGTHxWIDTHxDEPTH(CM)	8.5 X 6 X 0.3
SURFACE AREA (SQ CM)	51
DEPTH DESCRIPTION	FULL THICK
IS THIS A CLOSED SURGICAL WOUND OR SUSPECTED DEEP TISSUE INJURY?	NO
GRANULATION TISSUE	<25%
EDGES	NOT ATTACH
SHAPE	IRREG
EXUDATE TYPE	SEROSANG
EXUDATE AMOUNT	MOD
ODOR	NONE
EPITHELIALIZATION	<25%
NECROTIC TISSUE TYPE	NONE
NECROTIC TISSUE AMOUNT	<25%
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	BR RED
PERIPHERAL TISSUE EDEMA	NONE
PERIPHERAL TISSUE INDURATION	NONE
DOES PATIENT HAVE PAIN ASSOCIATED WITH THIS WOUND?	NO
STATE	ACUTE
SIGNS AND SYMPTOMS OF INFECTION	NO
DEBRIDEMENT THIS VISIT	YES
DEBRIDEMENT DATE	07/01/2025
DEBRIDEMENT TYPE	MECH
DRAIN PRESENT	NO
WOUND CARE PROVIDED	CLINICIAN TO PERFORM/TEACH PRESSURE ULCER CARE TO COCCYX AND BUTTOCKS USING CLEAN/ASEPTIC TECHNIQUE. CLEANSE WITH SALINE OR WOUND CLEANER. APPLY MEDIHONEY TO NECROTIC TISSUE IN WOUND BED. TOP WITH COLLAGEN AG AND HYDROFERA BLUE READY. COVER/SECURE WITH BORDERED DRESSING. CHANGE DRESSING DAILY. OFFLOAD PRESSURE TO WOUND BY LAYING ON SIDE AND WITH PILLOWS/CUSHIONING. WOUND CARE TO BE COMPLETED BY CLINICIAN OR CAREGIVER. PATIENT TOLERATED
Wound Images	N/A
Close Date: 06/05/2025	
CHANGE IN STATUS	NONE



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Visit Date: 07/01/2025 Visit Number: 7 Visit Type: RN05 - RN ROC/RECERT WITHIN 5 DAY WINDOW

WOUND ASSESSED	YES
TOTAL WAT SCORE	35
MEASUREMENTS TAKEN	YES
LENGTHxWIDTHxDEPTH(CM)	8 X 7 X 0.3
SURFACE AREA (SQ CM)	56
DEPTH DESCRIPTION	FULL THICK
IS THIS A CLOSED SURGICAL WOUND OR SUSPECTED DEEP TISSUE INJURY?	NO
GRANULATION TISSUE	<25%
EDGES	NOT ATTACH
SHAPE	IRREG
EXUDATE TYPE	SEROSANG
EXUDATE AMOUNT	MOD
ODOR	NONE
EPITHELIALIZATION	<25%
NECROTIC TISSUE TYPE	WHITE
NECROTIC TISSUE AMOUNT	<25%
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	BR RED
PERIPHERAL TISSUE EDEMA	NONE
PERIPHERAL TISSUE INDURATION	NONE
DOES PATIENT HAVE PAIN ASSOCIATED WITH THIS WOUND?	NO
STATE	ACUTE
SIGNS AND SYMPTOMS OF INFECTION	NO
DEBRIDEMENT THIS VISIT	YES
DEBRIDEMENT DATE	07/01/2025
DEBRIDEMENT TYPE	MECH
DRAIN PRESENT	NO
WOUND CARE PROVIDED	CLINICIAN TO PERFORM/TEACH PRESSURE ULCER CARE TO COCCYX AND BUTTOCKS USING CLEAN/ASEPTIC TECHNIQUE. CLEANSE WITH SALINE OR WOUND CLEANER. APPLY MEDIHONEY TO NECROTIC TISSUE TO WOUND BED. TOP WITH COLLAGEN AG AND HYDROFERA BLUE READY. COVER/SECURE WITH BORDERED DRESSING. CHANGE DRESSING DAILY. OFFLOAD PRESSURE TO WOUND BY LAYING ON SIDE AND WITH PILLOWS/CUSHIONING. WOUND CARE TO BE COMPLETED BY CLINICIAN OR CAREGIVER. PATIENT TOLERATED WELL
Wound Images	N/A

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### Narrative

RN ARRIVED FOR ROC. THE PATIENT IS A 58 YEAR OLD FEMALE WHO WAS READMITTED TO SJM FROM 6/17/25 UNTIL 6/7/25 FOR INTRACTABLE NAUSEA AND VOMITING RELATED TO HER DIAGNOSIS OF DUODENAL ADENOCARCINOMA WITH METS TO THE LIVER AFTER A DOSE OF CHEMO. SHE HAS BEEN HOSPITALIZED MULTIPLE TIMES AND HAS A PMHX OF BILIARY OBSTRUCTION, INTRACTABLE NAUSEA/VOMITING, ABD PAIN, LUPUS, PE, AFIB, ANTI PHOSPHOLIPID SYNDROME, GASTROPARESIS DUE TO DMII, AND ASTHMA. SHE WAS DISCHARGED WITH A PICC LINE THROUGH WHICH SHE IS RECEIVING TPN. SHE FINISHED HER IV ABX IN THE HOSPITAL AND IS NO LONGER BEING FOLLOWED FOR LABS. THE PATIENT'S PRIMARY PHYSICIAN FOLLOWING FOR HOME HEALTH IS ALEXANDER HERNANDEZ MD. SHE IS ALSO TREATED BY NICOLA JABBOUR MD WITH HEMATOLOGY/ONCOLOGY. SERVICES ORDERED INCLUDE SN, PT AND OT. PATIENT REQUESTED A TWO WEEK DELAY FOR PT AND OT DUE TO PAIN FROM THE DECUBITIUS WOUNDS TO HER BUTTOCKS. SHE WOULD BENEFIT FROM A REFERRAL TO MCGRATH FOR ADDITIONAL WOUND CARE SERVICES.

THE PATIENT LIVES IN A SINGLE FAMILY HOME WITH HER DAUGHTER AND GRANDCHILDREN. THE DOOR WAS OPEN AND THE NURSE WAS WELCOMED BY THE PATIENT. THE PATIENT WAS LYING IN A HOSPITAL BED THAT SITS IN THE MIDDLE OF THE LIVING ROOM. THE PATIENT HAS A DOUBLE LUMEN PICC TO HER RUE AND IS RECEIVING TPN. UPON ASSESSMENT, PATIENT FOUND TO BE AO4, VERY WEAK, AND PRESENTING WITH PAIN TO THE BUTTOCKS 8/10. LUNGS DIMINISHED, USES BIPAP AT NIGHT. HEART RATE CONTROLLED, RHYTHM REGULAR OVERALL WITH HISTORY OF AFIB AND TAKES XARELTO. BS PRESENT. LAST BM LAST NIGHT. SHE HAS NV AND IS UNABLE TO EAT OR DRINK. SHE USES BSC TO STOOL AND VOID. PATIENT HAS A DRAIN FROM HER LIVER THAT IS PRODUCING DARK GREENISH BROWN OUTPUT. HER DAUGHTER ASSISTS WITH EMPTYING THE DRAIN AND ORGANIZING HER MEDICATIONS. PICC CARE COMPLETED. MEDICATION RECONCILIATION PERFORMED WITH NO DISCREPANCIES. EOS/RIGHTS AND RESPONSIBILITIES/CONSENT POC WAS REITERATED AND SIGNED. THE PATIENT NEEDS SN FOR DISEASE AND MEDICATION EDUCATION. SHE ALSO HAS AN UNACCESSED PORT WHICH IS USED WHEN SHE RECEIVES CHEMOTHERAPY. THE PATIENT WOULD ALSO BENEFIT FROM PT AND OT TO EVAL AND TREAT FOR STRENGTH AND GAIT TRAINING AND IMPROVEMENT OF ADLS IN A COUPLE OF WEEKS. THE PATIENT WOULD ALSO BENEFIT FROM AN ADDITIONAL REFERRAL TO MCGRATH FOR WOUND CARE. THE PATIENT HAS CONTACT INFORMATION AND INDICATED THAT SHE WOULD CALL WITH ANY QUESTIONS OR CONCERN. THE PATIENT WAS LEFT IN STABLE CONDITION IN THE CARE OF HER FAMILY. REFERRAL TO MCGRATH FOR WOUND CARE INITIATED

### Patient Goals

#### Patient Goal

TO GET STRONGER, TO MAINTAIN GOOD HEALTH AND NUTRITION

#### Patient Goal (Discontinued)

TO GET STRONGER, TO MAINTAIN GOOD HEALTH AND NUTRITION

### Interventions Provided

1. INSTRUCT PATIENT / CAREGIVER ON DISEASE MANAGEMENT INCLUDING SIGNS / SYMPTOMS TO MONITOR AND REPORT.

DETAILS/COMMENTS: PROVIDED WRITTEN MEDICAL EMERGENCY CARE PLAN LOCATED IN PATIENT ORIENTATION HANDBOOK AND PATIENT VERBALIZED UNDERSTANDING FOR USE.

2. INSTRUCT PATIENT / CAREGIVER ON MEDICATION REGIME INCLUDING PURPOSE, SIDE EFFECTS, INTERACTIONS, POTENTIAL INEFFECTIVE OR DUPLICATIVE DRUG THERAPY, AND NON-ADHERENCE.

DETAILS/COMMENTS: REVIEWED MEDICATION SAFETY INFORMATION FROM THE PATIENT ORIENTATION HANDBOOK WITH THE PATIENT / CAREGIVER

3. PROVIDE SKILLED ASSESSMENT, INSTRUCTION AND INTERVENTIONS RELATED TO PATIENT'S RISK FOR FALLS AND SAFETY TO PREVENT FALLS. INSTRUCTED ON:

DETAILS/COMMENTS: MAKING YOUR HOME A SAFETY ZONE AGREEMENT LOCATED IN THE PATIENT ORIENTATION HANDBOOK

4. INSTRUCT PATIENT / CAREGIVER ON ENVIRONMENTAL HAZARDS AND SAFETY ISSUES TO RESOLVE IMMEDIATE SAFETY OR CONCERNS.

DETAILS/COMMENTS: ASSESSED FOR ENVIRONMENTAL HAZARDS AND SAFETY ISSUES IN THE HOME.

REVIEWED HOW TO MAKE YOUR HOME A SAFETY ZONE IN THE PATIENT ORIENTATION HANDBOOK WITH THE PATIENT / CAREGIVER

5. DETERMINE SAFE EMERGENCY PREPAREDNESS PLAN

DETAILS/COMMENTS: EXPLORED AN EMERGENCY PREPAREDNESS PLAN WITH THE PATIENT / CAREGIVER

COMPLETED THE WRITTEN EMERGENCY PREPAREDNESS PLAN IN THE PATIENT ORIENTATION HANDBOOK.

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6. COLLABORATE WITH PATIENT / CAREGIVER REGARDING OTHER DISCIPLINES OR SUPPORT NETWORKS AVAILABLE IN THE COMMUNITY. TO HELP REACH PATIENT GOALS.

DETAILS/COMMENTS: INSTRUCTED PATIENT / CAREGIVER REGARDING THE FOLLOWING SUPPORT NETWORKS AVAILABLE IN THE COMMUNITY: LIST IN CHART

COLLABORATED WITH PATIENT / CAREGIVER ON THE FOLLOWING OTHER DISCIPLINES THAT MAY BE BENEFICIAL TO THE PLAN OF CARE: PT OT WOUND CARE

7. 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.

THE FOLLOWING CHANGE(S) WERE AGREED UPON AND MADE TO THE POC: CONTINUATION OF CARE

8. PERFORM PICC/MIDLINE DRESSING CHANGE

DETAILS/COMMENTS: REMOVED OLD DRESSING, USING ASEPTIC TECHNIQUE.

PREPARED SITE WITH ALCOHOL SWABS X 3. ALLOWED TO AIR DRY. 3 PROVIDONE-IODINE SWABS. ALLOWED TO DRY PRIOR TO APPLYING DRESSING.

PREPARED SITE WITH CHLORHEXADINE GLUCONATE SWAB 30 SECOND SCRUB. ALLOWED TO AIR DRY PRIOR TO APPLYING DRESSING.

SKIN PREP APPLIED. ALLOWED TO AIR DRY.

BIOPATCH APPLIED.

SECUREMENT DEVICE APPLIED.

TRANSPARENT DRESSING APPLIED.

CAP AND EXTENSION TUBING CHANGED.

9. FLUSH PICC/MIDLINE AS ORDERED

DETAILS/COMMENTS: CAP CLEANSED WITH ALCOHOL USING ASEPTIC TECHNIQUE.

FLUSHED PICC/MIDLINE WITH 10ML 0.9% NORMAL SALINE FOLLOWED 5ML HEPARIN 1 UNITS/ML.

10. ASSESS SKIN FOR SIGNS / SYMPTOMS OF BREAKDOWN AS WELL AS PREVENTATIVE MEASURES PROVIDED TO MAINTAIN SKIN INTEGRITY. (ALL INTERVENTION DETAILS MUST BE INSTRUCTED ON PRIOR TO MARKING THE INTERVENTION GOAL AS ACHIEVED)

DETAILS/COMMENTS: ASSESSED

11. 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 REGIMENT, SIDE EFFECTS/DESIRED EFFECTS, POTENTIAL INTERACTIONS AND REFILL PROCESS

BALANCING ACTIVITIES AND NEED FOR FREQUENT REST PERIODS

ENVIRONMENTAL FACTORS

DISEASE PROCESS

12. PROVIDE/INSTRUCT ON PRESSURE ULCER CARE. (ALL INTERVENTION DETAILS MUST BE INSTRUCTED ON PRIOR TO MARKING THE

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**INTERVENTION GOAL AS ACHIEVED)**

DETAILS/COMMENTS: PERFORMED

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

DETAILS/COMMENTS: PROVIDED

14. ASSESS PATIENT IV ACCESS SITE AND RESPONSE TO INFUSION THERAPY.

DETAILS/COMMENTS: ASSESSED

**Goals Met**

1. PATIENT / CAREGIVER VERBALIZES SIGNS / SYMPTOMS TO MONITOR AND REPORT AND MEASURES TO TAKE TO AVOID EXACERBATION AND REHOSPITALIZATION.
2. PATIENT / CAREGIVER DEMONSTRATES ABILITY TO SAFELY ADMINISTER MEDICATIONS TO AVOID MEDICATION-RELATED HARM OR REHOSPITALIZATION.
3. PATIENT / CAREGIVER VERBALIZE / DEMONSTRATE APPROPRIATE MANAGEMENT TO REDUCE FALL RISK.
4. PATIENT / CAREGIVER VERBALIZES UNDERSTANDING OF ENVIRONMENTAL HAZARDS AND SAFETY ISSUES AND HOW TO RESOLVE THEM.
5. PATIENT / CAREGIVER WILL HAVE A SAFE EMERGENCY PREPAREDNESS PLAN.
6. PATIENT / CAREGIVER VERBALIZE CONTACT INFORMATION FOR AVAILABLE COMMUNICATION RESOURCES.

**Goals Not Met**

1. PATIENT / CAREGIVER WILL DEMONSTRATE APPROPRIATE AND SAFE USE OF ASSISTIVE / ADAPTIVE DEVICES TO PROMOTE HOME SAFETY AND AVOID INJURY.  
EXCEPTION CODE: NOT APPLICABLE TO CURRENT VISIT
2. PATIENT / CAREGIVER VERBALIZES UNDERSTANDING OF PATIENT RIGHTS AND RESPONSIBILITIES AND AGREES TO AND CONTRIBUTES TO THE PLAN OF CARE.  
EXCEPTION CODE: OUTCOME ACHIEVED ON PREVIOUS VISIT
3. PATIENTS WITH SIGNS / SYMPTOMS OF DEPRESSION WILL RECEIVE ADEQUATE SUPPORT TO INCREASE POSITIVE HEALTH BEHAVIORS AND IMPROVE DAY TO DAY FUNCTIONING.  
EXCEPTION CODE: NOT APPLICABLE TO CURRENT VISIT
4. PATIENT TOLERATED INFUSION WITHOUT COMPLAINT OR ADVERSE REACTION TO MEDICATION  
EXCEPTION CODE: NOT APPLICABLE TO CURRENT VISIT
5. PATIENT TOLERATED DIAGNOSTIC TEST / TREATMENT WITHOUT CONCERN OR COMPLAINTS.  
EXCEPTION CODE: NOT APPLICABLE TO CURRENT VISIT
6. PATIENT/CAREGIVER VERBALIZES AGREEMENT WITH DISCHARGE PLANS.  
EXCEPTION CODE: NOT APPLICABLE TO CURRENT VISIT
7. PATIENT / CAREGIVER VERBALIZES UNDERSTANDING OF THE IMPORTANCE OF DAILY ACTIVITY/EXERCISE (DO NOT MARK GOAL AS MET UNLESS ALL INTERVENTION DETAILS ARE UNDERSTOOD BY PATIENT / CAREGIVER)  
EXCEPTION CODE: NOT APPLICABLE TO CURRENT VISIT
8. PATIENT / CAREGIVER VERBALIZES UNDERSTANDING OF THE USE OF MEDICATIONS TO TREAT RESPIRATORY DISEASE (DO NOT MARK GOAL AS MET UNLESS ALL INTERVENTION DETAILS ARE UNDERSTOOD BY PATIENT / CAREGIVER)  
EXCEPTION CODE: NOT APPLICABLE TO CURRENT VISIT
9. PATIENT/CAREGIVER VERBALIZES UNDERSTANDING OF THE IMPORTANCE OF DAILY ACTIVITY/EXERCISE (DO NOT MARK GOAL AS MET UNLESS ALL INTERVENTION DETAILS ARE UNDERSTOOD BY PATIENT / CAREGIVER)  
EXCEPTION CODE: NOT APPLICABLE TO CURRENT VISIT

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10. PATIENT / CAREGIVER VERBALIZES UNDERSTANDING ON THE USE OF MEDICATIONS TO TREAT GASTROINTESTINAL DISEASE (DO NOT MARK GOAL AS MET UNLESS ALL INTERVENTION DETAILS ARE UNDERSTOOD BY PATIENT / CAREGIVER)  
EXCEPTION CODE: NOT APPLICABLE TO CURRENT VISIT
11. SIGNS AND SYMPTOMS OF DEPRESSION ARE ADEQUATELY IDENTIFIED AND PROMPTLY ADDRESSED.  
EXCEPTION CODE: NOT APPLICABLE TO CURRENT VISIT
12. PATIENT/CAREGIVER UNDERSTAND AND DEMONSTRATE HEALTHY BEHAVIORS AND COPING STRATEGIES TO MANAGE DEPRESSION.  
EXCEPTION CODE: NOT APPLICABLE TO CURRENT VISIT
13. PATIENT/CAREGIVER UNDERSTAND AND DEMONSTRATE HEALTHY BEHAVIORS AND COPING STRATEGIES TO MANAGE DEPRESSION.  
EXCEPTION CODE: NOT APPLICABLE TO CURRENT VISIT
14. PATIENT / CAREGIVER VERBALIZE / DEMONSTRATE APPROPRIATE SKIN CARE AND FOOT CARE TO PROMOTE INTACT SKIN INTEGRITY  
EXCEPTION CODE: NOT APPLICABLE TO CURRENT VISIT
15. PATIENT / CAREGIVER IS INDEPENDENT IN THEIR KNOWLEDGE OF WHAT TO DO IF SYMPTOMS OF HIGH OR LOW BLOOD SUGAR OCCUR.  
EXCEPTION CODE: NOT APPLICABLE TO CURRENT VISIT
16. PATIENT / CAREGIVER IS INDEPENDENT IN KNOWLEDGE AND AWARE OF POSSIBLE CHRONIC COMPLICATIONS OF DIABETES MELLITUS.  
EXCEPTION CODE: NOT APPLICABLE TO CURRENT VISIT
17. INCREASED PAIN OR INEFFECTIVE PAIN CONTROL MEASURES ARE IDENTIFIED AND PROMPTLY REPORTED TO THE PHYSICIAN  
EXCEPTION CODE: NOT APPLICABLE TO CURRENT VISIT
18. PATIENT / CAREGIVER VERBALIZES UNDERSTANDING OF PHARMACOLOGIC AND NON PHARMACOLOGIC PAIN CONTROL TECHNIQUES (DO NOT MARK GOAL AS MET UNLESS ALL INTERVENTION DETAILS ARE UNDERSTOOD BY PATIENT / CAREGIVER)  
EXCEPTION CODE: NOT APPLICABLE TO CURRENT VISIT
19. PATIENT/CAREGIVER VERBALIZE/DEMONSTRATE UNDERSTANDING OF IV THERAPY AND ASSOCIATED EQUIPMENT. COMPLICATIONS OF IV THERAPY WILL BE IDENTIFIED PROMPTLY AND INTERVENTIONS INITIATED TO MINIMIZE ASSOCIATED RISK. (DO NOT MARK GOAL AS MET UNLESS ALL INTERVENTION DETAILS ARE UNDERSTOOD BY PATIENT / CAREGIVER)  
EXCEPTION CODE: NOT APPLICABLE TO CURRENT VISIT
20. PATIENT VERBALIZES UNDERSTANDING OF DISEASE PROCESS RESULTING IN NEED FOR TPN.  
EXCEPTION CODE: NOT APPLICABLE TO CURRENT VISIT
21. PATIENT VERBALIZES THE PURPOSE OF TPN.  
EXCEPTION CODE: NOT APPLICABLE TO CURRENT VISIT
22. PATIENT / CAREGIVER VERBALIZES KNOWLEDGE OF REQUIRED PROPER STORAGE AND HANDLING OF TPN.  
EXCEPTION CODE: NOT APPLICABLE TO CURRENT VISIT
23. PATIENT / CAREGIVER VERBALIZES / DEMONSTRATES PROPER ADMINISTRATION OF ORDERED ADDITIVES TO TPN.  
EXCEPTION CODE: NOT APPLICABLE TO CURRENT VISIT
24. PATIENT / CAREGIVER VERBALIZES / DEMONSTRATES PROPER SITE CARE AND SCHEDULE OF DRESSING CHANGE, INCLUDING S/S OF INFECTION, PHLEBITIS AND INFILTRATION,  
EXCEPTION CODE: NOT APPLICABLE TO CURRENT VISIT
25. PATIENT / CAREGIVER VERBALIZES / DEMONSTRATES ADEQUATE KNOWLEDGE OF EQUIPMENT AND COMPLICATIONS RESULTING FROM MISUSE.  
EXCEPTION CODE: NOT APPLICABLE TO CURRENT VISIT
26. PATIENT / CAREGIVER VERBALIZE RATIONALE FOR DISCONTINUATION OF IV TUBING IN THE EVENT OF INFILTRATION.  
EXCEPTION CODE: NOT APPLICABLE TO CURRENT VISIT
27. PATIENT / CAREGIVER WILL HAVE KNOWLEDGE OF THE PURPOSE AND USE OF TELEHEALTH TO REDUCE EMERGENT CARE AND RE-HOSPITALIZATIONS.  
EXCEPTION CODE: NOT APPLICABLE TO CURRENT VISIT
28. PATIENT / CAREGIVER WILL VERBALIZE AND DEMONSTRATE ABILITY TO SAFELY UTILIZE TELEHEALTH PROGRAM AND EQUIPMENT.  
EXCEPTION CODE: NOT APPLICABLE TO CURRENT VISIT

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29. POC, CHANGES IN POC, AND CHANGES IMPACTING DISCHARGE PLAN WILL BE AGREED UPON AND COMMUNICATED WITH THE PATIENT/CAREGIVER. PHYSICIANS WRITING ORDERS ON THE POC AND/OR THE RECEIVING PHYSICIAN/HEALTH CARE PROVIDER THROUGHOUT THE EPISODE OF CARE.  
 EXCEPTION CODE: ADDITIONAL TIME REQUIRED TO MEET INTERVENTION/GOAL
30. PATIENT VERBALIZES TOLERANCE OF PICC/MIDLINE DRESSING CHANGE.  
 EXCEPTION CODE: ADDITIONAL TIME REQUIRED TO MEET INTERVENTION/GOAL
31. PATIENT TOLERATED PICC/MIDLINE FLUSH WITHOUT COMPLAINT  
 EXCEPTION CODE: ADDITIONAL TIME REQUIRED TO MEET INTERVENTION/GOAL
32. PATIENT / CAREGIVER VERBALIZES UNDERSTANDING OF THE PATHOPHYSIOLOGY / UNDERLYING CAUSES OF SKIN BREAKDOWN (DO NOT MARK GOAL AS MET UNLESS ALL INTERVENTION DETAILS ARE UNDERSTOOD BY PATIENT / CAREGIVER)  
 EXCEPTION CODE: ADDITIONAL TIME REQUIRED TO MEET INTERVENTION/GOAL
33. CHANGES TO CO-MORBID CONDITIONS WILL BE IDENTIFIED AND REPORTED TO THE PHYSICIAN.  
 EXCEPTION CODE: ADDITIONAL TIME REQUIRED TO MEET INTERVENTION/GOAL
34. PATIENT TOLERATES WOUND CARE WELL AND PATIENT/CAREGIVER VERBALIZE/DEMONSTRATE PROPER WOUND CARE PROCEDURE.(DO NOT MARK GOAL AS MET UNLESS ALL INTERVENTION DETAILS ARE UNDERSTOOD BY PATIENT / CAREGIVER)  
 EXCEPTION CODE: ADDITIONAL TIME REQUIRED TO MEET INTERVENTION/GOAL
35. PATIENT VERBALIZES TOLERANCE TO PRESSURE ULCER CARE. PATIENT / CAREGIVER VERBALIZES / RETURNS DEMONSTRATION OF WOUND CARE. (DO NOT MARK GOAL AS MET UNLESS ALL INTERVENTION DETAILS ARE UNDERSTOOD BY PATIENT / CAREGIVER)  
 EXCEPTION CODE: ADDITIONAL TIME REQUIRED TO MEET INTERVENTION/GOAL
36. PATIENT/CAREGIVER VERBALIZES UNDERSTANDING OF THE USE OF MEDICATIONS TO TREAT DISEASE PROCESS/SYMPOTMS (DO NOT MARK GOAL AS MET UNLESS ALL INTERVENTION DETAILS ARE UNDERSTOOD BY PATIENT/CAREGIVER)  
 EXCEPTION CODE: ADDITIONAL TIME REQUIRED TO MEET INTERVENTION/GOAL
37. IV SITE COMPLICATIONS AND INEFFECTIVE IV THERAPY ARE IDENTIFIED AND PROMPTLY REPORTED TO THE PHYSICIAN.  
 EXCEPTION CODE: ADDITIONAL TIME REQUIRED TO MEET INTERVENTION/GOAL

**Medication Understanding Changes**

Medication	Dose	Purpose	Directions for Use	Side effects/Interactions	Med Understanding Notes
NORMAL SALINE FLUSH 0.9 % INJECTION SYRINGE	10 mL	N	N	N	
NORMAL SALINE FLUSH 0.9 % INJECTION SYRINGE	10 mL	N	N	N	
TPN ELECTROLYTES 35 MEQ-20 MEQ-5 MEQ/20 ML INTRAVENOUS SOLUTION	Per instructions	Y	Y	N	
TPN ELECTROLYTES 35 MEQ-20 MEQ-5 MEQ/20 ML INTRAVENOUS SOLUTION	Per instructions	Y	Y	N	

**Agent Signature:****Client Signature:**

JULIE TAYLOR RN 07/02/2025 07:38 AM

(Electronically Signed)

**Last Modification Date:****Last Modified By:**

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**ADDENDUM**

DOCUMENTATION OF THIS VISIT OCCURRED AFTER THE ACTUAL IN-HOME VISIT.

VISIT DATE: 7/1/25

PROVIDE DETAILS: DATA ENTRY