

*Imagine better health.*

VNA Health at Home – Home Care - Lexington
2464 Fortune Drive, Suite 110
Lexington, KY 40509
Phone: 859-277-5111
Fax: 859-278-0597

Fax Lead Sheet

DATE: 5/12/25

ATTENTION: _____

COMPANY: McGrath Medical Wound Care

FAX NO: 859 - 399 - 6697

PHONE NO: _____

RE: _____

MESSAGE:

Referral for Harry Black Jr.

NUMBER OF PAGES: _____ (Including Lead Sheet)

FROM: Sharron RN

PHONE NO: _____

THANK YOU!

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RETURN FAX NUMBER: _____

Order Number: **5966772**Printed: 5/12/2025 9:48 AM
Eastern Time Zone

VISITING NURSES ASSOCIATION HEALTH AT HOME LEXINGTON
2464 FORTUNE DRIVE SUITE 110
LEXINGTON, KY 40509-4254
Phone: (859) 277-5111
Fax: (859) 317-2507

PHYSICIAN:

SHILPAN PATEL, MD
312 S 4TH ST STE 700 (KY/OH PTS)CARDINAL FAMILY
CARE
LOUISVILLE, KY 40202-

Phone: (502)586-4253

Fax: (833)563-1715

2nd Physician:

Send to Physician: Y

Verbal Order: Y

Verbal Date: 5/8/2025 Time: 2:00 PM

CLIENT:

BLACK JR, HARRY C
124 OLD BOTTOM RD
WINCHESTER, KY 40391-

SSN: XXX-XX-3033

DOB: 3/22/1937 MR#: 04200011736201

CERT: 4/6/2025 to 6/4/2025

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

ABN Delivered to Patient?: NA

Order Date: 5/7/2025 4:35 PM**Order Type:** PHYSICIAN ORDER**Order Description:**

PER DR SHAILPAN.

WOUND CARE CONSULT WITH MCGRATH WOUND CARE FOR ASSESSMENT AND TREATMENT TO NOSE, NECK,
TOES

ENTERED / TAKEN BY (ELECTRONICALLY SIGNED):

SHANNON FISHER, LPN

DATE: 05/07/2025

APPROVED / PROCESSED BY (ELECTRONICALLY SIGNED):

DATE:

PHYSICIAN SIGNATURE:

DATE:

Patient Information Report

Patient:	BLACK JR, HARRY C	Insured ID:	XTH049M92562	Primary Payer:	CARELON MYNEXUS FOR ANTHEM MCR ADV FFS
MR No:	04200011736201	Insured ID:		Secondary Payer:	SELF PAY

Assigned Branch	VISITING NURSES ASSOCIATION HEALTH AT HOME LEXINGTON	Assigned Team	TEAM B	Location
Patient Nickname		Patient ID	117362	SSN XXX-XX-3033

Referral Info					
Referral Date	10/17/2022	Referral Type	RECERTIFICATION	Referral Taken By	KIRCHDORFER, JANIS
Referral Source		Referring Physician		Referring Physician Contact	
PHYSICIAN		PREWITT, REGINA		REGINA PREWITT	

Current Service Location: Referring Facility (P=Primary)					
HOME HEALTH 04/06/2025 - (P)					
SUTURE HEALTH 04/06/2025 -					

Demographics					
Patient Info					
Gender	MALE	DOB	03/22/1937	Race	WHITE
Preferred Language					
Primary Phone	8597711378	Alt Phone	(859) 749-1468	Email	
Primary Address					
Street		City		State	
124 OLD BOTTOM RD		WINCHESTER		KY	40391-
Phone	MSA #	CBSA		Floor	Room
(859)749-7711		30460			
Travel Directions					

Current Service Location: CLIENT'S HOME/RESIDENCE					
Street		City		State	
124 OLD BOTTOM RD		WINCHESTER		KY	40391-
Phone	MSA #	CBSA		Floor	Room
(859) 749-7711		30460			
Travel Directions					

Patient Contacts					
Contact Name	Relationship	Contact Type	Contact Relationship Type		
LOIS BLACK	SPOUSE	EMERGENCY CONTACT			
Home Phone	Primary Phone	Alternate Phone	Address		
	(859) 749-7711				
Contact Name	Relationship	Contact Type	Contact Relationship Type		
WES BLACK		EMERGENCY - PHI APPROVED			
Home Phone	Primary Phone	Alternate Phone	Address		
	(859) 771-1378				

Payor Source Info					
Payor Source Type	Payor Type	Payor Source	Is patient in an HMO (HHCAHPS)?		
PRIMARY	MANAGED MEDICARE FFS	CARELON MYNEXUS FOR ANTHEM MCR ADV FFS	N		
Medicare No.	Medicare A Effective	Medicare B Effective	Admission Source		
Medicaid No.	Medicaid Effective	Physician Medicaid No.	1 - PHYSICIAN REFERRAL		
			Physician Name		
			PREWITT, REGINA		

Payor Source Info					
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Patient Information Report

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MR No:	04200011736201	Insured ID:		Secondary Payer:	SELF PAY

Payor Source Type SECONDARY	Payor Type SELF PAY	Payor Source SELF PAY	Is patient in an HMO (HHCAHPS)?
Medicare No.	Medicare A Effective	Medicare B Effective	Admission Source 1 - PHYSICIAN REFERRAL
Medicaid No.	Medicaid Effective	Physician Medicaid No.	Physician Name PREWITT, REGINA

Private Payor Type Info					
Claim No.	Policy No.	Insured ID			
	XTH049M92562				
Insured Name BLACK JR,HARRY	Insured Relation SELF	Insured Address 124 OLD BOTTOM RD			
		Insured City WINCHESTER	Insured State KY	Insured Zip 40391-	
		Insured Phone (859) 749-7711			

Private Payor Type Info					
Claim No.	Policy No.	Insured ID			
Insured Name BLACK JR,HARRY	Insured Relation SELF	Insured Address 124 OLD BOTTOM RD			
		Insured City WINCHESTER	Insured State KY	Insured Zip 40391-	
		Insured Phone (859) 749-7711			
Employer Name	Employer ID	Employer Address			
			Employer City	Employer State	Employer Zip
Employer Name	Employer ID	Employer Address			
			Employer City	Employer State	Employer Zip

Program Name	Obtained Date	Obtained By/ Authorized By	Authorization No./ Active	Start Date/ End Date
NON BILLABLE INCL PHONE TH CH CHW ETC	3/31/2025 1:18:39 PM	GINA EAST,	NON BILLABLE	04/06/2025

Unit Type	Budget Type	Billing Code	Qty Per Period	Qty Per Day	Qty Per Week	Qty Per Month	Qty Per Year	Active
VISITS	JOB DESCRIPTIONS	OT	0					Y
VISITS	JOB DESCRIPTIONS	PT	0					Y
VISITS	JOB DESCRIPTIONS	SN	0					Y

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MR No:	04200011736201	Insured ID:		Secondary Payor:	SELF PAY
Legacy MR No:					

Program Name	Obtained Date	Obtained By/ Authorized By		Authorization No./ Active	Start Date/ End Date			
Unit Type	Budget Type	Billing Code	Qty Per Period	Qty Per Day	Qty Per Week	Qty Per Month	Qty Per Year	Active
ROUTINE VISITS (G CODES) EXCLUDE NON BILLABLE	4/14/2025 6:36:09 PM	LINDA KIZZEE,	SN	Y				04/04/2025
VISITS	DISCIPLINES	SN	1					Y

Physician Info		
Primary Physician PREWITT, REGINA	NPI # 1164970216	Date Last Seen
Address 407 SHOPPERS DR	City WINCHESTER	State KY
Phone (859)744-9866	Fax (859)744-1971	Zip 40391-
Pager		
Secondary Physician GODBY, RACHEL		Perform Add-On Evaluation Prior to Approval of the Plan of Care associated with the Completed SOC Visit?
Requested Date of Evaluation 04/06/2025	Admitting Discipline SN	N
Requested Date of Add-On Evaluation	Add-On Discipline	

Caregiver		
Case Manager JULIE TAYLOR, RN	Team Member(s) JOHNNA LOCK, RN SHANNON FISHER, LPN	
Weight N	Height Y	Paperwork Received By Patient
Medical Release Code YES, PROVIDER HAS A SIGNED STATEMENT PERMITTING RELEASE OF MEDICAL BILLING DATA RELATED TO A CLAIM		
Acuity Status 3 - WITHIN WEEK	Disaster Status BEDBOUND	Evacuation Location SON
Type DO NOT RESUSCITATE	Location BEDROOM	Contact Name WIFE
		Contact Phone
		Was Adv Dir Info Left With Caregiver? N

Home Health Care Survey		
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? N	Is maternity care the primary reason for home health care? N	Primary Spoken Language

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MR No:	04200011736201	Insured ID:		Secondary Payer:	SELF PAY
Legacy MR No:					

ICD-10 Diagnoses/Procedures						OASIS Item
Order	Code	Description	Onset / Exac.	O/E Date	Type	Sym. Ctrl. Rtg.
1	Z43.5	ENCOUNTER FOR ATTENTION TO CYSTOSTOMY	E	04/03/2025	D	
2	Z46.6	ENCOUNTER FOR FITTING AND ADJUSTMENT OF URINARY DEVICE	E	10/03/2024	D	
3	G30.9	ALZHEIMER'S DISEASE, UNSPECIFIED	E	10/03/2024	D	1 - Symptoms well controlled with current therapy.
4	F02.84	DEM IN OTHER DIS CLASSD ELSWHR, UNSP SEVERITY, WITH ANXIETY	E	10/03/2024	D	1 - Symptoms well controlled with current therapy.
5	F02.83	DEM IN OTHER DIS CLASSD ELSWHR, UNSP SEV, WITH MOOD DISTRB	E	10/03/2024	D	1 - Symptoms well controlled with current therapy.
6	F32.A	DEPRESSION, UNSPECIFIED	E	10/03/2024	D	1 - Symptoms well controlled with current therapy.
7	J44.9	CHRONIC OBSTRUCTIVE PULMONARY DISEASE, UNSPECIFIED	E	10/03/2024	D	1 - Symptoms well controlled with current therapy.
8	M72.0	PALMAR FASCIAL FIBROMATOSIS [DUPUYTREN]	E	10/03/2024	D	1 - Symptoms well controlled with current therapy.
9	I25.10	ATHSCL HEART DISEASE OF NATIVE CORONARY ARTERY W/O ANG PCTRS	E	10/03/2024	D	
10	M51.369	Oth intvrt disc degen, lum rgn w/o lum bck or lw extm pain	E	10/03/2024	D	
11	I12.9	HYPERTENSIVE CHRONIC KIDNEY DISEASE W STG 1-4/UNSP CHR KDNY	E	10/03/2024	D	
12	N18.9	CHRONIC KIDNEY DISEASE, UNSPECIFIED	E	10/03/2024	D	
13	Z87.891	PERSONAL HISTORY OF NICOTINE DEPENDENCE	E	10/03/2024	D	
14	Z91.81	HISTORY OF FALLING	E	10/03/2024	D	

Description	Date Entered
AVODART	10/24/2022 12:54:09 PM

* denotes Non-Visit QI Reporting Collection

Visit Note Report

Client: BLACK JR, HARRY C MR No: 04200011736201 Legacy MR No:
 Client DOB: 3/22/1937
 Insured ID: XTH049M92562 Primary Payor: CARELON MYNEXUS FOR ANTHEM MCR ADV FFS
 Insured ID: Secondary Payor: SELF PAY
 Visit Date: 05/07/2025 Visit Number: 1 Visit Type: SN11 - SN SUBSEQUENT VISIT

General: BLACK JR, HARRY C. 04200011736201						
Visit Date:	Visit Number:	Visit Type:	Branch Code:	Billable:		
05/07/2025	1	SN11 - SN SUBSEQUENT VISIT	042	<input checked="" type="checkbox"/>		
Agent ID:	Agent Name:	Mileage Payment Method:	Trip Fees:	Mileage Start:	Mileage End:	Mileage:
325799	SHANNON FISHER LPN	AM	0.00	0	0	0

Time:

TRAVEL TIME	DRIVE START TIME	05/07/2025 03:55 PM	DRIVE END TIME	05/07/2025 04:35 PM
IN-HOME TIME	BEGAN	05/07/2025 04:35 PM	INCOMPLETE	05/07/2025 05:09 PM
DOCUMENTATION TIME	RESUMED	05/12/2025 06:01 AM	COMPLETED	05/12/2025 06:09 AM
Total In-Home Time:	0.58	Hours		
Total Drive Time:	0.66	Hours		
Total Doc Time:	0.13	Hours		
Total Time:	0.71	Hours		

Vital Signs

Vital Signs	Reading	Time Recorded	Details	Instrument Problems
Temperature	98.3	05/07/2025 05:00 PM	TEMPORAL	N
Pulse	98	05/07/2025 05:00 PM	RADIAL	N
Pulse Characteristics:			WNL	
Respirations	16	05/07/2025 05:00 PM		N
Respiration Characteristics:			WNL	
Blood Pressure	108 / 62	05/07/2025 05:02 PM	LYING ARM - LT	N

Assessment

PATIENT ELIGIBILITYINDICATE TWO PATIENT IDENTIFIERS USED TO IDENTIFY THE PATIENT:PATIENT NAMEHAS PATIENT'S INSURANCE CHANGED SINCE LAST VISIT?NOTHE PATIENT IS CONSIDERED HOMEBOUND/CONFINED TO HOME BECAUSE:PATIENT HAS A CONDITION SUCH THAT LEAVING HOME IS MEDICALLY CONTRAINDICATED - LEVEL 1THE PATIENT HAS NORMAL INABILITY TO LEAVE THE HOME AND LEAVING THE HOME TAKES CONSIDERABLE AND TAXING EFFORT BECAUSE:
GAIT DEFICITEYES/EAR\$/NOSE/THROATINDICATE EYES/EAR\$/NOSE/THROAT FINDINGS:WNLINDICATE HEAD AND NECK ASSESSMENT FINDINGS:WNLPAINIS PATIENT UNCOMFORTABLE BECAUSE OF PAIN?NOARE THERE ANY ADDITIONAL DETAILS THAT NEED TO BE PROVIDED TO DESCRIBE THE CLIENT'S PAIN?NO

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Insured ID:	Secondary Payor: SELF PAY	
Visit Date: 05/07/2025	Visit Number: 1	Visit Type: SN11 - SN SUBSEQUENT VISIT

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)

INDWELLING/SUPRAPUBLIC CATHETER

INDICATE INDWELLING/SUPRAPUBLIC CATHETER FINDINGS (MARK ALL THAT APPLY):

WNL

GASTROINTESTINAL

INDICATE GASTROINTESTINAL ASSESSMENT FINDINGS: (MARK ALL THAT APPLY)

WNL

INDICATE DATE OF LAST BOWEL MOVEMENT:

5/6/2025

NUTRITIONAL STATUS:

FAIR APPETITE

ADEQUATE HYDRATION

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

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

WNL

IS THE CLIENT TAKING AN ANTICOAGULANT?

NO

Visit Note Report

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 Visit Date: 05/07/2025 Visit Number: 1 Visit Type: SN11 - SN SUBSEQUENT VISIT

FUNCTIONAL

INDICATE MUSCULOSKELETAL ASSESSMENT: (MARK ALL THAT APPLY)

DECREASED STRENGTH

IN WHAT EXTREMITIES DOES DECREASED STRENGTH EXIST? (MARK ALL THAT APPLY)

LOWER BILAT

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

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

PERSON

SUPERVISORY FUNCTIONS

WERE SUPERVISORY FUNCTIONS PERFORMED?

NOT APPLICABLE

Narrative

SN WELCOMED BY THE SPOUSE AND PRIMARY CG. PATIENT WAS IN HIS BED WATCHING TV. SN NOTES GROWTH TO PATIENTS NOSE TODAY IS MUCH LARGER. SN SPOKECWITH THEM REGARDING NEW WOUND CARE/PODIATRIST THAT CAN SEE HIM IN HOME DUE TO HIM NOT BEING ABLE TO LEAVE HOME DUE TO BED BOUND STATUS. TGEY ARE AGREEABLE. VSS, LCTA, BSX4QUAD ACTIVE, NO DIFFICULTY. SN SET UP STERILE FIELD, COMPLETED CATH CHANGE AS ORDERED. 18FR/10ML SUPRAPUBIC CATHETER WAS INSERTED USING STERILE TECHNIQUE. CLEAR YELLOW URINE WAS DRAINING TO GRAVITY. SN INSTRUCTED ON SS UTI, BLADDER SPASMS, CALLING VNA HAH FOR ANY QUESTIONS OR CONCERNs

Patient Goals**Patient Goal**

KEEP FOLEY CHANGED, FREE FROM INFECTION

Interventions Provided

1. 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

KEEP STAIRS AND PATHWAYS CLEAR OF CLUTTER

KEEP A PHONE CLOSE BY AT ALL TIMES

REMOVE LOOSE THROW RUGS OR SECURE THEM WITH A SLIP RESISTANT BACKING

ENSURE STAIRS AND STEPS HAVE SECURE HANDRAILS ALONG THE FULL LENGTH OF THE STAIRWAY

USE GOOD LIGHTING AND ENSURE HALLWAYS AND DARK AREAS IN THE HOME ARE WELL LIT AT NIGHT WITH NIGHT LIGHTS

USE A RUBBER BATH MAT OR NON-SLIP STRIPS IN THE BATHTUB

WIPE UP SPILLS AND SPLASHED WATER IMMEDIATELY

IF GRAB BARS ARE INSTALLED, BE SURE THEY ARE ATTACHED INTO STUDS IN THE WALL FOR SAFETY

DO NOT WAIT UNTIL THE LAST MOMENT TO START A TRIP TO THE BATHROOM

STORE FOOD, DISHES AND COOKING EQUIPMENT AT EASY TO REACH, WAIST HIGH LEVELS

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DO NOT TRY TO CARRY TOO MANY ITEMS AT ONE TIME.

KEEP ASSISTIVE DEVICES CLOSE AT HAND FOR USE WITH MOBILITY

2. ASSESS AND EVALUATE CO-MORBID CONDITIONS

DETAILS/COMMENTS: PATIENT'S SYMPTOMS RELATED TO CO-MORBID CONDITIONS ARE CURRENTLY CONTROLLED.

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

ENVIRONMENTAL FACTORS

DISEASE PROCESS

3. INSERT/CHANGE CATHETER

DETAILS/COMMENTS: REMOVED OLD CATHETER TIP INTACT

UTILIZING ASEPTIC TECHNIQUE, PERINEAL AREA PREPPED, INSERTED 18F(SIZE) / 30(BALLOON ML) CATHETER. INFLATED BALLOON WITH 10 ML OF WATER AND SECURED CATHETER.

RETURNED 90(ML) OF (DESCRIPTION) URINE. SECURED TUBING AND ENSURED PROPER BAG PLACEMENT

4. INSTRUCT ON DIETARY NEEDS THAT PROMOTE SKIN INTEGRITY. (ALL INTERVENTION DETAILS MUST BE INSTRUCTED ON PRIOR TO MARKING THE INTERVENTION GOAL AS ACHIEVED)

DETAILS/COMMENTS: INSTRUCTED PATIENT/CAREGIVER TODAY REGARDING:

EATING A WELL-BALANCED DIET AND DRINKING ENOUGH FLUIDS TO KEEP BODY HYDRATED.

CALORIES: PROMOTES COLLAGEN DEVELOPMENT AND WOUND HEALING

WATER SOLUBLE VITAMINS: NOT STORED IN BODY, NEEDS CONTINUAL REPLACEMENT, DEPLETED IN URINE, REQUIRED FOR LINKING COLLAGEN FIBERS IN TISSUE REBUILDING: C (COLLAGEN FORMATION AND FIBROBLAST FUNCTION), B (PRODUCES ENERGY FROM GLUCOSE, AMINO ACIDS, AND FATS).

MINERALS: ASSISTS WITH STRONG SCAR TISSUE AND TENSILE STRENGTH: IRON (LEUKOCYTE FUNCTION AND COLLAGEN FORMATION), ZINC (COLLAGEN AND PROTEIN DEVELOPMENT, CELL DIVISION)

INSTRUCTED ON WAYS TO IMPROVE NUTRITIONAL STATUS: SMALL PORTIONS IN SMALL SERVING DISHES, PREPARE SMALL PORTIONS AHEAD OF TIME FOR EASY ACCESS, OFFER FOODS EASY TO CHEW AND SWALLOW, ENCOURAGE FAVORITE FOODS AND USE FORTIFIED FOODS SUCH AS SALT, MAIZE/WHEAT FLOUR, SUGAR, VEGETABLE OIL, AND RICE (UNLESS MEDICALLY CONTRAINDICATED).

ENCOURAGE ADEQUATE NUTRITION AND HYDRATION (GOOD CALORIC INTAKE AND INCLUDE PROTEIN)

ASSESSED PATIENT/CAREGIVER ABILITY TO AFFORD ADEQUATE FOOD AND FLUID.

5. INSTRUCT ON APPROPRIATE PAIN MANAGEMENT TECHNIQUES. INSTRUCT ON: (ALL INTERVENTION DETAILS MUST BE INSTRUCTED ON PRIOR TO MARKING THE INTERVENTION GOAL AS ACHIEVED)

DETAILS/COMMENTS: INSTRUCTED PATIENT/CAREGIVER TODAY REGARDING:

TAKING MEDICATIONS AS PRESCRIBED WHILE PAIN IS STILL TOLERABLE

PROPER UTILIZATION OF PAIN SCALE INCLUDING USE OF PHARMACOLOGICAL AND NON-PHARMACOLOGICAL METHODS TO CONTROL PAIN

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LEVELS. NOTIFY PHYSICIAN OF UNCONTROLLED PAIN AS REPORTED BY PATIENT
NON-PHARMACOLOGICAL PAIN CONTROL METHODS INCLUDING MUSIC, BREATHING TECHNIQUES, REST AND ACTIVITY PATTERNS
COORDINATION OF ACTIVITIES WITH PAIN MEDICATIONS
"CALL ME FIRST", WHEN TO CALL 911, AND SIGNS/SYMPOTMS REQUIRING NOTIFICATION OF SN/PHYSICIAN

- Goals Met**
1. PATIENT / CAREGIVER VERBALIZE / DEMONSTRATE APPROPRIATE MANAGEMENT TO REDUCE FALL RISK.
 2. CHANGES TO CO-MORBID CONDITIONS WILL BE IDENTIFIED AND REPORTED TO THE PHYSICIAN.
 3. PATIENT TOLERATED CATHETER INSERTION WITH RETURN OF URINE WITHOUT COMPLAINTS.
 4. PATIENT / CAREGIVER VERBALIZES UNDERSTANDING OF DIETARY REQUIREMENTS THAT PROMOTE OPTIMAL SKIN INTEGRITY. (DO NOT MARK GOAL AS MET UNLESS ALL INTERVENTION DETAILS ARE UNDERSTOOD BY PATIENT / CAREGIVER)
 5. 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)

- Goals Not Met**
1. PATIENT/CAREGIVER WILL VERBALIZE UNDERSTANDING OF SPECIAL PRECAUTIONS TO BE TAKEN FOR ALL HIGH-RISK MEDICATIONS
EXCEPTION CODE: ADDITIONAL TIME REQUIRED TO MEET INTERVENTION/GOAL
 2. PATIENT/CAREGIVER WILL VERBALIZE UNDERSTANDING OF HOW AND WHEN TO REPORT PROBLEMS THAT MAY OCCUR DUE TO HIGH-RISK MEDICATIONS
EXCEPTION CODE: ADDITIONAL TIME REQUIRED TO MEET INTERVENTION/GOAL
 3. 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: OUTCOME ACHIEVED ON PREVIOUS VISIT
 4. PATIENT/CAREGIVER WILL VERBALIZE UNDERSTANDING OF LAB TESTS TO HELP INDICATE LEVEL OF HEALING.
EXCEPTION CODE: NOT APPLICABLE TO CLIENT'S POC
 5. 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: OUTCOME ACHIEVED ON PREVIOUS VISIT
 6. PATIENT/CAREGIVER VERBALIZES AGREEMENT WITH DISCHARGE PLANS.
EXCEPTION CODE: OUTCOME ACHIEVED ON PREVIOUS VISIT
 7. 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
 8. INCREASED PAIN OR INEFFECTIVE PAIN CONTROL MEASURES ARE IDENTIFIED AND PROMPTLY REPORTED TO THE PHYSICIAN
EXCEPTION CODE: ADDITIONAL TIME REQUIRED TO MEET INTERVENTION/GOAL

Visit Note Report

Client: BLACK JR, HARRY C	MR No: 04200011736201	Legacy MR No:
Client DOB: 3/22/1937		
Insured ID: XTH049M92562	Primary Payor: CARELON MYNEXUS FOR ANTHEM MCR ADV FFS	
Insured ID:	Secondary Payor: SELF PAY	
Visit Date: 05/07/2025	Visit Number: 1	Visit Type: SN11 - SN SUBSEQUENT VISIT

Agent Signature:	Caregiver Signature:	Reason Caregiver Signature Obtained:
	HCB	POA
SHANNON FISHER LPN 05/12/2025 06:09 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:

PROVIDE DETAILS: