

Patient Information Report

Patient:	BARBOUR, KIM T	Insured ID:	1CX7RR0TQ79	Primary Payor:	MEDICARE PDGM
MR No:	04200033765601				
Legacy MR No:					

Assigned Branch	VISITING NURSES ASSOCIATION HEALTH AT HOME LEXINGTON	Assigned Team	TEAM B	Location	
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Patient Nickname		Patient ID	337656	SSN	
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Referral Info

Referral Date	07/02/2024	Referral Type	RECERTIFICATION	Referral Taken By	FERGUSON, BARBARA
Referral Source	PHYSICIAN	Referring Physician	STEVENS, AMELIA	Referring Physician Contact	AMELIA STEVENS

Care Type and Effective Dates (P=Primary)

HOME HEALTH 09/02/2025 - (P)
CARELINK - BALANCE 09/02/2025 -
RSP1 09/02/2025 -

Demographics

Patient Info

Gender	MALE	DOB	06/19/1957	Race	
Preferred Language					
Primary Phone		Alt Phone		Email	

Primary Address

Street		City		State	Zip	County
528 SCOTTSDALE CIR		LEXINGTON		KY	40511-	FAYETTE
Phone	MSA #	CBSA		Floor		Room
(859)420-5606		30460				
Travel Directions						

Current Service Location: CLIENT'S HOME/RESIDENCE

Street		City		State	Zip	County
528 SCOTTSDALE CIR		LEXINGTON		KY	40511-	FAYETTE
Phone	MSA #	CBSA		Floor		Room
(859) 420-5606		30460				
Travel Directions						

Patient Contacts

Contact Name	Relationship	Contact Type	Contact Relationship Type
CAROL BARBOUR		EMERGENCY - PHI APPROVED	
Home Phone	Primary Phone	Alternate Phone	Address
(859) 420-5606			

Payor Source Info

Payor Source Type	Payor Type	Payor Source	Is patient in an HMO (HHCAHPS)?
PRIMARY	MEDICARE	MEDICARE PDGM	
Medicare No.	Medicare A Effective	Medicare B Effective	Admission Source
1CX7RR0TQ79			1 - PHYSICIAN REFERRAL
Medicaid No.	Medicaid Effective	Physician Medicaid No.	Physician Name
			STEVENS, AMELIA

Payor Source Info

Payor Source Type	Payor Type	Payor Source	Is patient in an HMO (HHCAHPS)?
INFORMATIONAL	COMMERCIAL INSURANCE	ANTHEM BCBS FFS	
Medicare No.	Medicare A Effective	Medicare B Effective	Admission Source
			1 - PHYSICIAN REFERRAL

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Medicaid No.	Medicaid Effective	Physician Medicaid No.	Physician Name
			STEVENS, AMELIA

Private Payor Type Info

Claim No.	Policy No.	Insured ID			
Insured Name	Insured Relation	Insured Address			
		Insured City	Insured State	Insured Zip	
		Insured Phone			

Private Payor Type Info

Claim No.	Policy No.	Insured ID			
	R58216895				
Insured Name	Insured Relation	Insured Address			
BARBOUR,KIM	SELF	528 SCOTTSDALE CIR			
		Insured City	Insured State	Insured Zip	
		LEXINGTON	KY	40511-	
		Insured Phone			
		(859)420-5606			
Employer Name	Employer ID	Employer Address			
		Employer City	Employer State	Employer Zip	
		Employer Phone			
Employer Name	Employer ID	Employer Address			
		Employer City	Employer State	Employer Zip	
		Employer Phone			

Program Name	Obtained Date	Obtained By/ Authorized By	Authorization No./ Active	Start Date/ End Date
PPS PROGRAM	8/25/2025 7:44:22 PM	HCHB RECERTIFICATION	Y	09/02/2025 10/30/2025

Unit Type	Budget Type	Billing Code	Qty Per Period	Qty Per Day	Qty Per Week	Qty Per Month	Qty Per Year	Active
VISITS	DISCIPLINES	SN	10					Y

Physician Info

Primary Physician	NPI #	Date Last Seen
STEVENS, AMELIA	1467970715	
Address	City	State
1850 BYPASS ROAD	WINCHESTER	KY
Phone	Fax	Zip
(859)744-5111	(859)744-1177	40391-

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?

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09/02/2025 SN N
Requested Date of Add-On Evaluation Add-On Discipline

Clinical Info

Case Manager COREY VANDERPOOL, RN
Team Member(s)
CATHERINE BLAIR, RN
JERRI CRAGER, OT
MATTHEW BERRY, PT
MEGAN KIFER, PTA

Weight Height Pregnant Paperwork Received By Patient
N Y

Medical Release Code

YES, PROVIDER HAS A SIGNED STATEMENT PERMITTING RELEASE OF MEDICAL BILLING DATA RELATED TO A CLAIM

Acuity Status Disaster Status Evacuation Location
1 - SAME DAY BEDBOUND FAMILY'S HOUSE

Type	Location	Contents	Contact Name	Contact Phone	Was Adv Dir Info Left With Caregiver?
FULL CODE	BEDROOM	FULL CODE			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? 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.	OASIS Item
1	L89.156	PRESSURE-INDUCED DEEP TISSUE DAMAGE OF SACRAL REGION	E	07/09/2024	D	2 - Symptoms controlled with difficulty, affecting daily functioning; patient needs ongoing monitoring.	M1021
2	G40.909	EPILEPSY, UNSP, NOT INTRACTABLE, WITHOUT STATUS EPILEPTICUS	O	07/09/2024	D	1 - Symptoms well controlled with current therapy.	M1023
3	F02.818	DEM IN OTH DIS CLASSD ELSWHR, UNSP SEV, WITH OTH BEH DISTRB	O	07/09/2024	D	1 - Symptoms well controlled with current therapy.	M1023
4	G37.9	DEMYELINATING DISEASE OF CENTRAL NERVOUS SYSTEM, UNSPECIFIED	O	07/09/2024	D	1 - Symptoms well controlled with current therapy.	M1023
5	Z55.6	Problems related to health literacy	O	07/09/2024	D		M1023
6	Z86.73	PRSNL HX OF TIA (TIA), AND CEREB INFRC W/O RESID DEFICITS	O	07/09/2024	D		M1023
7	Z74.01	BED CONFINEMENT STATUS	O	07/09/2024	D		M1023
8	Z91.81	HISTORY OF FALLING	O	07/09/2024	D		M1023

Allergies

Description	Date Entered
NKA	7/9/2024 1:15:43 PM

* denotes Non-Visit QI Reporting Collection

11/05/2025 12:26:46 PM
Printed By: HUGHES, TERESA L

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Legacy MR No:

Primary Payor: MEDICARE PDGM

Visit Date: 10/30/2025 Visit Number: 5 Visit Type: RN18 - RN DISCHARGE FROM AGENCY

General: BARBOUR, KIM T. 04200033765601

Visit Date: 10/30/2025 Visit Number: 5 Visit Type: RN18 - RN DISCHARGE FROM AGENCY Branch Code: 042 Billable: ☒

Agent ID: 595909 Agent Name: COREY VANDERPOOL RN Mileage Payment Method: AM Trip Fees: 0.00 Mileage Start: 0 Mileage End: 0 Mileage: 0

(M0090) Date Assessment Completed: 10/30/2025

(M0080) Discipline of Person Completing Assessment: RN

Time:

TRAVEL TIME	DRIVE START TIME	10/30/2025 03:24 PM	DRIVE END TIME	10/30/2025 03:38 PM
IN-HOME TIME	BEGAN	10/30/2025 03:38 PM	INCOMPLETE	10/30/2025 04:23 PM
DOCUMENTATION TIME	RESUMED	10/30/2025 04:24 PM	COMPLETED	10/30/2025 04:39 PM

Total In-Home Time: 0.74 Hours
Total Drive Time: 0.24 Hours
Total Doc Time: 0.24 Hours
Total Time: 0.98 Hours

Vital Signs

Vital Signs	Reading	Time Recorded	Details	Instrument Problems
Temperature	97.7	10/30/2025 03:42 PM	TEMPORAL	N
Pulse	61	10/30/2025 03:42 PM	RADIAL	N
Pulse Characteristics:			WNL	
Respirations	15	10/30/2025 03:42 PM		N
Respiration Characteristics:			WNL	
Blood Pressure	121 / 84	10/30/2025 03:42 PM	LYING ARM - RT	N

Assessment

PATIENT IDENTIFIER

INDICATE TWO PATIENT IDENTIFIERS USED TO IDENTIFY THE PATIENT:

PATIENT NAME

DATE OF BIRTH

VISUAL RECOGNITION

PATIENT ADDRESS

VERIFY INSURANCE

HAS PATIENT'S INSURANCE CHANGED SINCE LAST VISIT?

NO

CLIENT DEMOGRAPHICS

(OBQ1)(M0100) THIS ASSESSMENT IS CURRENTLY BEING COMPLETED FOR THE FOLLOWING REASON:

9 - DISCHARGE FROM AGENCY

FINANCIAL

(C1)(M0150) CURRENT PAYMENT SOURCES FOR HOME CARE: (MARK ALL THAT APPLY.)

1 - MEDICARE (TRADITIONAL FEE-FOR-SERVICE)

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HEALTH HISTORY

(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

(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?

8. PATIENT UNABLE TO RESPOND

(Q0350) IS THE PATIENT'S COVID-19 VACCINATION UP TO DATE?

NOT ASSESSED/NO INFORMATION

(QM) (M1041) INFLUENZA VACCINE DATA COLLECTION PERIOD: DOES THIS EPISODE OF CARE (SOC/ROC TO TRANSFER/DISCHARGE) INCLUDE ANY DATES ON OR BETWEEN OCTOBER 1 AND MARCH 31?

0 - NO

(J1800) ANY FALLS SINCE SOC/ROC, WHICHEVER IS MORE RECENT, HAS THE PATIENT HAD ANY FALLS SINCE SOC/ROC, WHICHEVER IS MORE RECENT?

0 - NO

HEAD/NECK

WERE HEAD AND NECK ASSESSED?

YES

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

NO PROBLEMS IDENTIFIED

PAIN

IS PATIENT UNCOMFORTABLE BECAUSE OF PAIN?

YES

INDICATE WHICH PAIN INTENSITY SCALE USED:

PATIENT VISUAL

TO USE THE VISUAL PAIN RATING SCALE: ASK THE PATIENT TO CHOOSE THE FACE THAT BEST DESCRIBES THE PAIN HE/SHE IS FEELING AT THIS TIME.

FACE 0 - NO HURT

(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. DOES NOT APPLY - I HAVE NOT HAD ANY PAIN OR HURTING IN THE PAST 5 DAYS

(J0520) 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. DOES NOT APPLY - I HAVE NOT RECEIVED REHABILITATION THERAPY IN THE PAST 5 DAYS

(J0530) 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?"

1. RARELY OR NOT AT ALL

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

NO

INTEGUMENTARY

(D) (CC) (QM) (M1306) 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

(C2) (QM) (PRA) (M1307) THE OLDEST STAGE 2 PRESSURE ULCER THAT IS PRESENT AT DISCHARGE: (EXCLUDES HEALED STAGE 2 PRESSURE ULCERS)

1-WAS PRESENT AT THE MOST RECENT SOC/ROC ASSESSMENT

(D) (QM) (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

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(QM) (PRA) (M1311 A2) NUMBER OF THESE STAGE 2 PRESSURE ULCERS THAT WERE PRESENT AT MOST RECENT SOC/ROC ? ENTER HOW MANY WERE NOTED AT THE TIME OF MOST RECENT SOC/ROC

1

(D) (QM) (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) (QM) (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) (QM) (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.

0

(D) (QM) (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.

0

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

0

(D) (QM) (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.)

2 - STAGE 2

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

0 - NO

(CC) (QM) (PRA) (M1340) DOES THIS PATIENT HAVE A SURGICAL WOUND?

0 - NO

WAS INTEGUMENTARY ASSESSED?

YES

INDICATE INTEGUMENTARY ASSESSMENT FINDINGS: (MARK ALL THAT APPLY)

BRUISING

MOIST

PALE

POOR TURGOR

RESPIRATORY

WAS RESPIRATORY SYSTEM ASSESSED?

YES

INDICATE RESPIRATORY ASSESSMENT FINDINGS: (MARK ALL THAT APPLY)

WNL

WAS O2 SATURATION LEVEL TESTED?

YES

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

AT REST

ON ROOM AIR

O2 SAT LEVEL AT REST:

97.0

O2 SAT LEVEL ON ROOM AIR:

97.0

WAS PERCEIVED FUNCTIONAL DYSPNEA SCALE PERFORMED?

NO

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(QM) (PRA) (M1400) WHEN IS THE PATIENT DYSPNEIC OR NOTICEABLY SHORT OF BREATH?

0 - PATIENT IS NOT SHORT OF BREATH

CARDIOVASCULAR

CARDIOVASCULAR SYSTEM ASSESSED?

YES

CARDIOVASCULAR ASSESSMENT FINDINGS: (MARK ALL THAT APPLY)

WNL

ARE COMPRESSION STOCKINGS ORDERED?

NO

GENITOURINARY

WAS GENITOURINARY SYSTEM ASSESSED?

YES

INDICATE GENITOURINARY ASSESSMENT: (MARK ALL THAT APPLY)

INCONTINENCE

(QM) (M1600) HAS THIS PATIENT BEEN TREATED FOR A URINARY TRACT INFECTION IN THE PAST 14 DAYS?

0 - NO

(C1) (QM) (PRA) (M1610) URINARY INCONTINENCE OR URINARY CATHETER PRESENCE:

1 - PATIENT IS INCONTINENT

GASTROINTESTINAL

INDICATE GASTROINTESTINAL ASSESSMENT FINDINGS: (MARK ALL THAT APPLY)

CONSTIPATION

INCONTINENCE

INDICATE DATE OF LAST BOWEL MOVEMENT:

10/27/2025

(QM) (M1620) BOWEL INCONTINENCE FREQUENCY:

2 - ONE TO THREE TIMES WEEKLY

NUTRITIONAL

INDICATE NUTRITIONAL ASSESSMENT FINDINGS: (MARK ALL THAT APPLY)

PATIENT TAKES 3 OR MORE PRESCRIBED OR OVER THE COUNTER DRUGS PER DAY

PATIENT NOT ALWAYS PHYSICALLY ABLE TO SHOP, COOK, AND/OR FEED SELF

PATIENT DRINKS LESS THAN FOUR GLASSES OF WATER PER DAY

TOTAL NUTRITION ASSESSMENT SCORE:

5

BASED ON THE SCORE, THE NUTRITIONAL RISK LEVEL IS:

PATIENT IS AT A MODERATE NUTRITIONAL RISK

(K05204) NUTRITIONAL APPROACHES: CHECK ALL OF THE NUTRITIONAL APPROACHES THAT WERE RECEIVED IN THE LAST 7 DAYS.

C. MECHANICALLY ALTERED DIET - REQUIRE CHANGE IN TEXTURE OF FOOD OR LIQUIDS (E.G., PUREED FOOD, THICKENED LIQUIDS)

(K05205) NUTRITIONAL APPROACHES: CHECK ALL OF THE NUTRITIONAL APPROACHES THAT WERE BEING RECEIVED AT DISCHARGE.

C. MECHANICALLY ALTERED DIET - REQUIRE CHANGE IN TEXTURE OF FOOD OR LIQUIDS (E.G., PUREED FOOD, THICKENED LIQUIDS)

IMMUNOLOGIC

WAS IMMUNOLOGIC SYSTEM ASSESSED?

YES

INDICATE IMMUNOLOGIC ASSESSMENT: (MARK ALL THAT APPLY)

WNL

COGNITIVE/BEHAVIORAL/NEURO

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(C1) (QM) (PRA) (M1700) COGNITIVE FUNCTIONING: PATIENT'S CURRENT (DAY OF ASSESSMENT) LEVEL OF ALERTNESS, ORIENTATION, COMPREHENSION, CONCENTRATION, AND IMMEDIATE MEMORY FOR SIMPLE COMMANDS.

3 - REQUIRES CONSIDERABLE ASSISTANCE IN ROUTINE SITUATIONS. IS NOT ALERT AND ORIENTED OR IS UNABLE TO SHIFT ATTENTION AND RECALL DIRECTIONS MORE THAN HALF THE TIME.

(QM) (M1710) WHEN CONFUSED (REPORTED OR OBSERVED) WITHIN THE LAST 14 DAYS:

NA - PATIENT NONRESPONSIVE

(QM) (M1720) WHEN ANXIOUS (REPORTED OR OBSERVED) WITHIN THE LAST 14 DAYS:

NA - PATIENT NONRESPONSIVE

(C1) (QM) (PRA) (M1740) COGNITIVE, BEHAVIORAL, AND PSYCHIATRIC SYMPTOMS THAT ARE DEMONSTRATED AT LEAST ONCE A WEEK (REPORTED OR OBSERVED): (MARK ALL THAT APPLY)

7 - NONE OF THE ABOVE BEHAVIORS DEMONSTRATED

(QM) (M1745) FREQUENCY OF DISRUPTIVE BEHAVIOR SYMPTOMS (REPORTED OR OBSERVED) ANY PHYSICAL, VERBAL, OR OTHER DISRUPTIVE/DANGEROUS SYMPTOMS THAT ARE INJURIOUS TO SELF OR OTHERS OR JEOPARDIZE PERSONAL SAFETY

0 - NEVER

(C0100) SHOULD BRIEF INTERVIEW FOR MENTAL STATUS (C0200-C0500) BE CONDUCTED? ATTEMPT TO CONDUCT INTERVIEW WITH ALL PATIENTS.

1. YES

(C0200) REPETITION OF THREE WORDS: ASK PATIENT "I AM GOING TO SAY THREE WORDS FOR YOU TO REMEMBER. PLEASE REPEAT THE WORDS AFTER I HAVE SAID ALL THREE. THE WORDS ARE: SOCK, BLUE, AND BED. NOW TELL ME THE THREE WORDS." AFTER THE PATIENT'S FIRST ATTEMPT, REPEAT THE WORDS USING CUES ("SOCK, SOMETHING TO WEAR; BLUE, A COLOR; BED, A PIECE OF FURNITURE"). YOU MAY REPEAT THE WORDS UP TO TWO MORE TIMES. NUMBER OF WORDS REPEATED AFTER FIRST ATTEMPT.

0. NONE

(C0300A) TEMPORAL ORIENTATION (ORIENTATION TO YEAR, MONTH, AND DAY): ASK PATIENT: "PLEASE TELL ME WHAT YEAR IT IS RIGHT NOW." ABLE TO REPORT CORRECT YEAR?

0. MISSED BY > 5 YEARS OR NO ANSWER

(C0300B) TEMPORAL ORIENTATION (ORIENTATION TO YEAR, MONTH, AND DAY): ASK PATIENT: "WHAT MONTH ARE WE IN RIGHT NOW?" ABLE TO REPORT CORRECT MONTH?

0. MISSED BY > 1 MONTH OR NO ANSWER

(C0300C) TEMPORAL ORIENTATION (ORIENTATION TO YEAR, MONTH, AND DAY): ASK PATIENT: "WHAT DAY OF THE WEEK IS TODAY?" ABLE TO REPORT CORRECT DAY OF THE WEEK?

0. INCORRECT OR NO ANSWER

(C0400A) RECALL: ASK PATIENT: "LET'S GO BACK TO AN EARLIER QUESTION. WHAT WERE THOSE THREE WORDS THAT I ASKED YOU TO REPEAT?" IF UNABLE TO REMEMBER A WORD, GIVE A CUE (SOMETHING TO WEAR; A COLOR; A PIECE OF FURNITURE) FOR THAT WORD. ABLE TO RECALL "SOCK"?

0. NO - COULD NOT RECALL

(C0400B) RECALL: ASK PATIENT: "LET'S GO BACK TO AN EARLIER QUESTION. WHAT WERE THOSE THREE WORDS THAT I ASKED YOU TO REPEAT?" IF UNABLE TO REMEMBER A WORD, GIVE A CUE (SOMETHING TO WEAR; A COLOR; A PIECE OF FURNITURE) FOR THAT WORD. ABLE TO RECALL "BLUE"?

0. NO - COULD NOT RECALL

(C0400C) RECALL: ASK PATIENT: "LET'S GO BACK TO AN EARLIER QUESTION. WHAT WERE THOSE THREE WORDS THAT I ASKED YOU TO REPEAT?" IF UNABLE TO REMEMBER A WORD, GIVE A CUE (SOMETHING TO WEAR; A COLOR; A PIECE OF FURNITURE) FOR THAT WORD. ABLE TO RECALL "BED"?

0. NO - COULD NOT RECALL

BIMS SCORING SCRIPTS

0

(C0500) BIMS SUMMARY SCORE: ADD SCORES FOR QUESTIONS C0200-C0400 AND FILL IN TOTAL SCORE (00-15). ENTER 99 IF THE PATIENT WAS UNABLE TO COMPLETE THE INTERVIEW.

0.0

INDICATE LEVEL OF COGNITIVE IMPAIRMENT

0 - 7: SEVERE IMPAIRMENT

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(E1) (D0150) PATIENT MOOD INTERVIEW (PHQ-2 TO 9) PFIZER®: DETERMINE IF THE PATIENT IS RARELY/NEVER UNDERSTOOD VERBALLY, IN WRITING, OR USING ANOTHER METHOD. IF RARELY/NEVER UNDERSTOOD, CODE D0150A1 AND D0150B1 AS 9. NO RESPONSE. LEAVE D0150A2 AND D0150B2 BLANK. END THE PHQ-2 INTERVIEW, AND LEAVE D0160. TOTAL SEVERITY SCORE BLANK, OTHERWISE, SAY TO PATIENT: "OVER THE LAST 2 WEEKS, HAVE YOU BEEN BOTHERED BY ANY OF THE FOLLOWING PROBLEMS? READ AND SHOW THE PATIENT A CARD WITH SYMPTOM FREQUENCY CHOICES."

(D0150A1) SYMPTOM PRESENCE: LITTLE INTEREST OR PLEASURE IN DOING THINGS

9. NO RESPONSE

(D0150B1) SYMPTOM PRESENCE: FEELING DOWN, DEPRESSED, OR HOPELESS

9. NO RESPONSE

DID THE PATIENT RESPOND WITH A SYMPTOM PRESENCE OF "NOT ASSESSED/NO INFORMATION" OR A SYMPTOM FREQUENCY OF "7 - 11 DAYS" OR "12 - 14 DAYS"?

NO - END PHQ INTERVIEW

(D0160) ADD SCORES FOR ALL FREQUENCY RESPONSES FOR SYMPTOM FREQUENCY. TOTAL SCORE MUST BE BETWEEN 00 AND 27. ENTER 99 IF UNABLE TO COMPLETE INTERVIEW (I.E., SYMPTOM FREQUENCY IS BLANK FOR 3 OR MORE REQUIRED ITEMS)

-1

(C1310A) SIGNS AND SYMPTOMS OF DELIRIUM (FROM CAM (C)): CODE AFTER COMPLETING BRIEF INTERVIEW FOR MENTAL STATUS AND REVIEWING MEDICAL RECORD - ACUTE ONSET OF MENTAL STATUS CHANGE. IS THERE EVIDENCE OF AN ACUTE CHANGE IN MENTAL STATUS FROM PATIENT'S BASELINE?

0. NO

(C1310B) INATTENTION - DID THE PATIENT HAVE DIFFICULTY FOCUSING ATTENTION, FOR EXAMPLE, BEING EASILY DISTRACTIBLE OR HAVING DIFFICULTY KEEPING TRACK OF WHAT WAS BEING SAID?

0. BEHAVIOR NOT PRESENT

(C1310C) DISORGANIZED THINKING - WAS THE PATIENT'S THINKING DISORGANIZED OR INCOHERENT (RAMBLING OR IRRELEVANT CONVERSATION, UNCLEAR OR ILLOGICAL FLOW OF IDEAS, OR UNPREDICTABLE SWITCHING FROM SUBJECT TO SUBJECT)?

0. BEHAVIOR NOT PRESENT

(C1310D) ALTERED LEVEL OF CONSCIOUSNESS - DID THE PATIENT HAVE ALTERED LEVEL OF CONSCIOUSNESS, AS INDICATED BY ANY OF THE FOLLOWING CRITERIA? VIGILANT - STARTLED EASILY TO ANY SOUND OR TOUCH; LETHARGIC - REPEATEDLY DOZED OFF WHEN BEING ASKED QUESTIONS, BUT RESPONDED TO VOICE OR TOUCH; STUPOROUS - VERY DIFFICULT TO AROUSE AND KEEP AROUSED FOR THE INTERVIEW; COMATOSE - COULD NOT BE AROUSED

0. BEHAVIOR NOT PRESENT

(D0700) SOCIAL ISOLATION: HOW OFTEN DO YOU FEEL LONELY OR ISOLATED FROM THOSE AROUND YOU?

8. PATIENT UNABLE TO RESPOND

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

DISORIENTED

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

WAS ENDOCRINE/HEMATOPOIETIC ASSESSED?

YES

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

WNL

IS THE CLIENT TAKING AN ANTICOAGULANT?

YES

FUNCTIONAL

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RN18 - RN DISCHARGE FROM AGENCY

Assessment

(C1) (QM) (PRA) (M1800) GROOMING: CURRENT ABILITY TO TEND SAFELY TO PERSONAL HYGIENE NEEDS (SPECIFICALLY: WASHING FACE AND HANDS, HAIR CARE, SHAVING OR MAKE UP, TEETH OR DENTURE CARE, OR FINGERNAIL CARE).

3 - PATIENT DEPENDS ENTIRELY UPON SOMEONE ELSE FOR GROOMING NEEDS

(EYGG0130B3) SELF-CARE ORAL HYGIENE DISCHARGE PERFORMANCE: THE ABILITY TO USE SUITABLE ITEMS TO CLEAN TEETH, DENTURES (IF APPLICABLE); THE ABILITY TO INSERT AND REMOVE DENTURES INTO AND FROM MOUTH, AND MANAGE DENTURE SOAKING AND RINSING WITH USE OF EQUIPMENT. CODE THE PATIENT'S USUAL PERFORMANCE AT DISCHARGE FOR EACH ACTIVITY USING THE 6-POINT SCALE. IF ACTIVITY WAS NOT ATTEMPTED AT DISCHARGE, 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.

09. NOT APPLICABLE - NOT ATTEMPTED AND THE PATIENT DID NOT PERFORM THIS ACTIVITY PRIOR TO THE CURRENT ILLNESS, EXACERBATION OR INJURY

(QM) (M1810) CURRENT ABILITY TO DRESS UPPER BODY SAFELY (WITH OR WITHOUT DRESSING AIDS) INCLUDING UNDERGARMENTS, PULLOVERS, FRONT-OPENING SHIRTS AND BLOUSES, MANAGING ZIPPERS, BUTTONS, AND SNAPS:

3 - PATIENT DEPENDS ENTIRELY UPON ANOTHER PERSON TO DRESS UPPER BODY

(EYGG0130F3) SELF-CARE UPPER BODY DRESSING DISCHARGE PERFORMANCE: THE ABILITY TO DRESS AND UNDRESS ABOVE THE WAIST, INCLUDING FASTENERS, IF APPLICABLE. CODE THE PATIENT'S USUAL PERFORMANCE AT DISCHARGE FOR EACH ACTIVITY USING THE 6-POINT SCALE. IF ACTIVITY WAS NOT ATTEMPTED AT DISCHARGE, 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.

09. NOT APPLICABLE - NOT ATTEMPTED AND THE PATIENT DID NOT PERFORM THIS ACTIVITY PRIOR TO THE CURRENT ILLNESS, EXACERBATION OR INJURY

(QM) (M1820) CURRENT ABILITY TO DRESS LOWER BODY SAFELY (WITH OR WITHOUT DRESSING AIDS) INCLUDING UNDERGARMENTS, SLACKS, SOCKS OR NYLONS, SHOES:

3 - PATIENT DEPENDS ENTIRELY UPON ANOTHER PERSON TO DRESS LOWER BODY

(EYGG0130G3) SELF-CARE LOWER BODY DRESSING DISCHARGE PERFORMANCE: THE ABILITY TO DRESS AND UNDRESS BELOW THE WAIST, INCLUDING FASTENERS; DOES NOT INCLUDE FOOTWEAR. CODE THE PATIENT'S USUAL PERFORMANCE AT DISCHARGE FOR EACH ACTIVITY USING THE 6-POINT SCALE. IF ACTIVITY WAS NOT ATTEMPTED AT DISCHARGE, 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.

09. NOT APPLICABLE - NOT ATTEMPTED AND THE PATIENT DID NOT PERFORM THIS ACTIVITY PRIOR TO THE CURRENT ILLNESS, EXACERBATION OR INJURY

(EYGG0130H3) SELF-CARE PUTTING ON/TAKING OFF FOOTWEAR DISCHARGE PERFORMANCE: THE ABILITY TO PUT ON AND TAKE OFF SOCKS AND SHOES OR OTHER FOOTWEAR THAT IS APPROPRIATE FOR SAFE MOBILITY, INCLUDING FASTENERS, IF APPLICABLE. CODE THE PATIENT'S USUAL PERFORMANCE AT DISCHARGE FOR EACH ACTIVITY USING THE 6-POINT SCALE. IF ACTIVITY WAS NOT ATTEMPTED AT DISCHARGE, 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.

09. NOT APPLICABLE - NOT ATTEMPTED AND THE PATIENT DID NOT PERFORM THIS ACTIVITY PRIOR TO THE CURRENT ILLNESS, EXACERBATION OR INJURY

(QM) (M1870) FEEDING OR EATING: CURRENT ABILITY TO FEED SELF MEALS AND SNACKS SAFELY. NOTE: THIS REFERS ONLY TO THE PROCESS OF EATING, CHEWING, AND SWALLOWING, NOT PREPARING THE FOOD TO BE EATEN.

2 - UNABLE TO FEED SELF AND MUST BE ASSISTED OR SUPERVISED THROUGHOUT THE MEAL/SNACK

(EYGG0130A3) SELF-CARE EATING DISCHARGE PERFORMANCE: THE ABILITY TO USE SUITABLE UTENSILS TO BRING FOOD AND/OR LIQUID TO THE MOUTH AND SWALLOW FOOD AND/OR LIQUID ONCE THE MEAL IS PLACED BEFORE THE PATIENT. CODE THE PATIENT'S USUAL PERFORMANCE AT DISCHARGE FOR EACH ACTIVITY USING THE 6-POINT SCALE. IF ACTIVITY WAS NOT ATTEMPTED AT DISCHARGE, 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.

09. NOT APPLICABLE - NOT ATTEMPTED AND THE PATIENT DID NOT PERFORM THIS ACTIVITY PRIOR TO THE CURRENT ILLNESS, EXACERBATION OR INJURY

(QM) (M1830) BATHING: CURRENT ABILITY TO WASH ENTIRE BODY SAFELY. EXCLUDES GROOMING (WASHING FACE, WASHING HANDS AND SHAMPOOING HAIR)

6 - UNABLE TO PARTICIPATE EFFECTIVELY IN BATHING AND IS BATHED TOTALLY BY ANOTHER PERSON.

(EYGG0130E3) SELF-CARE SHOWER/BATHE SELF DISCHARGE PERFORMANCE: THE ABILITY TO BATHE SELF, INCLUDING WASHING, RINSING, AND DRYING SELF (EXCLUDES WASHING OF BACK AND HAIR). DOES NOT INCLUDE TRANSFERRING IN/OUT OF TUB/SHOWER. CODE THE PATIENT'S USUAL PERFORMANCE AT DISCHARGE FOR EACH ACTIVITY USING THE 6-POINT SCALE. IF ACTIVITY WAS NOT ATTEMPTED AT DISCHARGE, 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.

09. NOT APPLICABLE - NOT ATTEMPTED AND THE PATIENT DID NOT PERFORM THIS ACTIVITY PRIOR TO THE CURRENT ILLNESS, EXACERBATION OR INJURY

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Assessment

(QM) (M1840) TOILET TRANSFERRING: CURRENT ABILITY TO GET TO AND FROM THE TOILET OR BEDSIDE COMMUNE SAFELY AND TRANSFER ON AND OFF TOILET/COMMUNE.

4 - IS TOTALLY DEPENDENT IN TOILETING.

(E)(GG0170F3) MOBILITY TOILET TRANSFER DISCHARGE PERFORMANCE: THE ABILITY TO GET ON AND OFF A TOILET OR COMMUNE. CODE THE PATIENT'S USUAL PERFORMANCE AT DISCHARGE FOR EACH ACTIVITY USING THE 6-POINT SCALE. IF ACTIVITY WAS NOT ATTEMPTED AT DISCHARGE, 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.

09. NOT APPLICABLE - NOT ATTEMPTED AND THE PATIENT DID NOT PERFORM THIS ACTIVITY PRIOR TO THE CURRENT ILLNESS, EXACERBATION OR INJURY

(QM) (M1845) TOILETING HYGIENE: CURRENT ABILITY TO MAINTAIN PERINEAL HYGIENE SAFELY, ADJUST CLOTHES AND/OR INCONTINENCE PADS BEFORE AND AFTER USING TOILET, COMMUNE, BEDPAN, URINAL, IF MANAGING OSTOMY, INCLUDE CLEANING AREA AROUND STOMA, BUT NOT MANAGING EQUIPMENT.

3 - PATIENT DEPENDS ENTIRELY UPON ANOTHER PERSON TO MAINTAIN TOILETING HYGIENE.

(E)(GG0130C3) SELF-CARE TOILETING HYGIENE DISCHARGE 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 DISCHARGE FOR EACH ACTIVITY USING THE 6-POINT SCALE. IF ACTIVITY WAS NOT ATTEMPTED AT DISCHARGE, 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.

09. NOT APPLICABLE - NOT ATTEMPTED AND THE PATIENT DID NOT PERFORM THIS ACTIVITY PRIOR TO THE CURRENT ILLNESS, EXACERBATION OR INJURY

(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.

5 - BEDFAST, UNABLE TO TRANSFER AND IS UNABLE TO TURN AND POSITION SELF

(E)(GG0170A3) MOBILITY ROLL LEFT AND RIGHT DISCHARGE 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 DISCHARGE FOR EACH ACTIVITY USING THE 6-POINT SCALE. IF ACTIVITY WAS NOT ATTEMPTED AT DISCHARGE, 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

(E)(GG0170B3) MOBILITY SIT TO LYING DISCHARGE PERFORMANCE: THE ABILITY TO MOVE FROM SITTING ON SIDE OF BED TO LYING FLAT ON THE BED. CODE THE PATIENT'S USUAL PERFORMANCE AT DISCHARGE FOR EACH ACTIVITY USING THE 6-POINT SCALE. IF ACTIVITY WAS NOT ATTEMPTED AT DISCHARGE, 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.

09. NOT APPLICABLE - NOT ATTEMPTED AND THE PATIENT DID NOT PERFORM THIS ACTIVITY PRIOR TO THE CURRENT ILLNESS, EXACERBATION OR INJURY

(E)(GG0170C3) MOBILITY LYING TO SITTING ON SIDE OF BED DISCHARGE 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 DISCHARGE FOR EACH ACTIVITY USING THE 6-POINT SCALE. IF ACTIVITY WAS NOT ATTEMPTED AT DISCHARGE, 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.

09. NOT APPLICABLE - NOT ATTEMPTED AND THE PATIENT DID NOT PERFORM THIS ACTIVITY PRIOR TO THE CURRENT ILLNESS, EXACERBATION OR INJURY

(E)(GG0170D3) MOBILITY SIT TO STAND DISCHARGE 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 DISCHARGE FOR EACH ACTIVITY USING THE 6-POINT SCALE. IF ACTIVITY WAS NOT ATTEMPTED AT DISCHARGE, 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.

09. NOT APPLICABLE - NOT ATTEMPTED AND THE PATIENT DID NOT PERFORM THIS ACTIVITY PRIOR TO THE CURRENT ILLNESS, EXACERBATION OR INJURY

(E)(GG0170E3) MOBILITY CHAIR/BED-TO-CHAIR TRANSFER DISCHARGE PERFORMANCE: THE ABILITY TO TRANSFER TO AND FROM A BED TO A CHAIR (OR WHEELCHAIR). CODE THE PATIENT'S USUAL PERFORMANCE AT DISCHARGE FOR EACH ACTIVITY USING THE 6-POINT SCALE. IF ACTIVITY WAS NOT ATTEMPTED AT DISCHARGE, 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.

09. NOT APPLICABLE - NOT ATTEMPTED AND THE PATIENT DID NOT PERFORM THIS ACTIVITY PRIOR TO THE CURRENT ILLNESS, EXACERBATION OR INJURY

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(E)(GG0170G3) MOBILITY CAR TRANSFER DISCHARGE 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 DISCHARGE FOR EACH ACTIVITY USING THE 6-POINT SCALE. IF ACTIVITY WAS NOT ATTEMPTED AT DISCHARGE, 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.

09. NOT APPLICABLE - NOT ATTEMPTED AND THE PATIENT DID NOT PERFORM THIS ACTIVITY PRIOR TO THE CURRENT ILLNESS, EXACERBATION OR INJURY

(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.

6 - BEDFAST, UNABLE TO AMBULATE OR BE UP IN A CHAIR

(E)(GG0170I3) MOBILITY WALK 10 FEET DISCHARGE 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 DISCHARGE FOR EACH ACTIVITY USING THE 6-POINT SCALE. IF ACTIVITY WAS NOT ATTEMPTED AT DISCHARGE, 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.

09. NOT APPLICABLE - NOT ATTEMPTED AND THE PATIENT DID NOT PERFORM THIS ACTIVITY PRIOR TO THE CURRENT ILLNESS, EXACERBATION OR INJURY

(E)(GG0170M3) MOBILITY 1 STEP (CURB) DISCHARGE PERFORMANCE: THE ABILITY TO GO UP AND DOWN A CURB OR UP AND DOWN ONE STEP. CODE THE PATIENT'S USUAL PERFORMANCE AT DISCHARGE FOR EACH ACTIVITY USING THE 6-POINT SCALE. IF ACTIVITY WAS NOT ATTEMPTED AT DISCHARGE, 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.

09. NOT APPLICABLE - NOT ATTEMPTED AND THE PATIENT DID NOT PERFORM THIS ACTIVITY PRIOR TO THE CURRENT ILLNESS, EXACERBATION OR INJURY

(E)(GG0170P3) MOBILITY PICKING UP OBJECT DISCHARGE 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 DISCHARGE FOR EACH ACTIVITY USING THE 6-POINT SCALE. IF ACTIVITY WAS NOT ATTEMPTED AT DISCHARGE, 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.

09. NOT APPLICABLE - NOT ATTEMPTED AND THE PATIENT DID NOT PERFORM THIS ACTIVITY PRIOR TO THE CURRENT ILLNESS, EXACERBATION OR INJURY

(GG0170Q3) MOBILITY DOES PATIENT USE WHEELCHAIR/SCOOTER?

1 - YES

(E)(GG0170R3) MOBILITY WHEEL 50 FEET WITH TWO TURNS DISCHARGE 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 DISCHARGE FOR EACH ACTIVITY USING THE 6-POINT SCALE. IF ACTIVITY WAS NOT ATTEMPTED AT DISCHARGE, 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.

09. NOT APPLICABLE - NOT ATTEMPTED AND THE PATIENT DID NOT PERFORM THIS ACTIVITY PRIOR TO THE CURRENT ILLNESS, EXACERBATION OR INJURY

(GG0170RR3) MOBILITY INDICATE THE TYPE OF WHEELCHAIR OR SCOOTER USED.

1 - MANUAL

(E)(GG0170S3) MOBILITY WHEEL 150 FEET DISCHARGE 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 DISCHARGE FOR EACH ACTIVITY USING THE 6-POINT SCALE. IF ACTIVITY WAS NOT ATTEMPTED AT DISCHARGE, 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.

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

(GG0170SS3) MOBILITY INDICATE THE TYPE OF WHEELCHAIR OR SCOOTER USED.

1 - MANUAL

WAS MUSCULOSKELETAL SYSTEM ASSESSED?

YES

INDICATE MUSCULOSKELETAL ASSESSMENT: (MARK ALL THAT APPLY)

DECREASED STRENGTH

ATROPHY

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

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Assessment

UPPER BILAT
LOWER BILAT

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

UPPER BILAT
LOWER BILAT

CO-MORBID CONDITIONS

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

YES

WERE ANY NEW SYMPTOMS IDENTIFIED ASSOCIATED WITH THESE CONDITIONS?

NO

MEDICATIONS

(QM) (M2005) MEDICATION INTERVENTION: DID THE AGENCY CONTACT AND COMPLETE PHYSICIAN (OR PHYSICIAN-DESIGNEE) PRESCRIBED/RECOMMENDED ACTIONS BY MIDNIGHT OF THE NEXT CALENDAR DAY EACH TIME POTENTIAL CLINICALLY SIGNIFICANT MEDICATION ISSUES WERE IDENTIFIED SINCE THE SOC/ROC?

0 - NO

(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.

(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

F1. ANTIBIOTIC

H1. OPIOID

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

1. YES

(N0415F2) CHECK IF THERE IS AN INDICATION NOTED FOR ALL MEDICATIONS IN THE ANTIBIOTIC CLASS

1. YES

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

1. YES

MEDICATION COMPLIANCE REVIEWED:

PATIENT/CAREGIVER COMPLIANT WITH ALL MEDICATION ADMINISTRATION

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

VERIFIED ACCURATE MEDICATION LIST IN HOME?

NO

CARE MANAGEMENT

(PRA) (M2102A) TYPES AND SOURCES OF ASSISTANCE: DETERMINE THE ABILITY AND WILLINGNESS OF NON-AGENCY CAREGIVERS (SUCH AS FAMILY MEMBERS, FRIENDS, OR PRIVATELY PAID CAREGIVERS) TO PROVIDE ASSISTANCE FOR ADL ASSISTANCE (FOR EXAMPLE, TRANSFER/AMBULATION, BATHING, DRESSING, TOILETING, EATING/FEEDING) THE FOLLOWING ACTIVITIES, IF ASSISTANCE IS NEEDED.

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

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(PRA) (M2102C) TYPES AND SOURCES OF ASSISTANCE: DETERMINE THE ABILITY AND WILLINGNESS OF NON-AGENCY CAREGIVERS (SUCH AS FAMILY MEMBERS, FRIENDS, OR PRIVATELY PAID CAREGIVERS) TO PROVIDE ASSISTANCE FOR MEDICATION ADMINISTRATION (FOR EXAMPLE, ORAL, INHALED OR INJECTABLE), IF ASSISTANCE IS NEEDED.

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

(PRA) (M2102D) TYPES AND SOURCES OF ASSISTANCE: DETERMINE THE ABILITY AND WILLINGNESS OF NON-AGENCY CAREGIVERS (SUCH AS FAMILY MEMBERS, FRIENDS, OR PRIVATELY PAID CAREGIVERS) TO PROVIDE ASSISTANCE FOR MEDICAL PROCEDURES/ TREATMENTS (FOR EXAMPLE, CHANGING WOUND DRESSING, HOME EXERCISE PROGRAM), IF ASSISTANCE IS NEEDED.

2 - NON-AGENCY CAREGIVER(S) NEED TRAINING/ SUPPORTIVE SERVICES TO PROVIDE ASSISTANCE

(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.

2 - NON-AGENCY CAREGIVER(S) NEED TRAINING/ SUPPORTIVE SERVICES TO PROVIDE ASSISTANCE

(O0110C) SPECIAL TREATMENTS, PROCEDURES, AND PROGRAMS: CHECK ALL OF THE FOLLOWING TREATMENTS, PROCEDURES, AND PROGRAMS THAT APPLY ON DISCHARGE.

Z1. NONE OF THE ABOVE

EMERGENT CARE

(QM) (M2301) EMERGENT CARE: AT THE TIME OF OR AT ANY TIME SINCE THE MOST RECENT SOC/ROC ASSESSMENT HAS THE PATIENT UTILIZED A HOSPITAL EMERGENCY DEPARTMENT (INCLUDES HOLDING/OBSERVATION STATUS)?

0 - NO

PLAN / INTERVENTION SYNOPSIS

(QM) (M2401B) INTERVENTION SYNOPSIS: AT THE TIME OF OR AT ANY TIME SINCE THE MOST RECENT SOC/ROC ASSESSMENT, WERE THE FALLS PREVENTION INTERVENTIONS BOTH INCLUDED IN THE PHYSICIAN-ORDERED PLAN OF CARE AND IMPLEMENTED?

1 - YES

(QM) (M2401C) INTERVENTION SYNOPSIS: AT THE TIME OF OR AT ANY TIME SINCE THE MOST RECENT SOC/ROC ASSESSMENT, WERE THE DEPRESSION INTERVENTION(S) SUCH AS MEDICATION, REFERRAL FOR OTHER TREATMENT, OR A MONITORING PLAN FOR CURRENT TREATMENT BOTH INCLUDED IN THE PHYSICIAN-ORDERED PLAN OF CARE AND IMPLEMENTED?

1 - YES

(QM) (M2401D) INTERVENTION SYNOPSIS: AT THE TIME OF OR AT ANY TIME SINCE THE MOST RECENT SOC/ROC ASSESSMENT, WERE THE INTERVENTION(S) TO MONITOR AND MITIGATE PAIN BOTH INCLUDED IN THE PHYSICIAN-ORDERED PLAN OF CARE AND IMPLEMENTED?

1 - YES

(QM) (M2401E) INTERVENTION SYNOPSIS: AT THE TIME OF OR AT ANY TIME SINCE THE MOST RECENT SOC/ROC ASSESSMENT, WERE THE INTERVENTION(S) TO PREVENT PRESSURE ULCERS BOTH INCLUDED IN THE PHYSICIAN-ORDERED PLAN OF CARE AND IMPLEMENTED?

1 - YES

(QM) (M2401F) INTERVENTION SYNOPSIS: AT THE TIME OF OR AT ANY TIME SINCE THE MOST RECENT SOC/ROC ASSESSMENT, WERE THE PRESSURE ULCER TREATMENT BASED ON PRINCIPLES OF MOIST WOUND HEALING INTERVENTIONS BOTH INCLUDED IN THE PHYSICIAN-ORDERED PLAN OF CARE AND IMPLEMENTED?

1 - YES

DISCHARGE/INPATIENT ADMISSION

(QM) (M2410) TO WHICH INPATIENT FACILITY HAS THE PATIENT BEEN ADMITTED?

NA - NO INPATIENT FACILITY ADMISSION

(E1) (M2420) DISCHARGE DISPOSITION: WHERE IS THE PATIENT AFTER DISCHARGE FROM YOUR AGENCY? (CHOOSE ONLY ONE ANSWER.)

2 - PATIENT REMAINED IN THE COMMUNITY (WITH SKILLED SERVICES FROM A MEDICARE CERTIFIED HHA)

(A2121) PROVISION OF CURRENT RECONCILED MEDICATION LIST TO SUBSEQUENT PROVIDER AT DISCHARGE: AT THE TIME OF DISCHARGE TO ANOTHER PROVIDER, DID YOUR AGENCY PROVIDE THE PATIENT'S CURRENT RECONCILED MEDICATION LIST TO THE SUBSEQUENT PROVIDER?

0. NO - CURRENT RECONCILED MEDICATION LIST NOT PROVIDED TO THE SUBSEQUENT PROVIDER

(M0906) DISCHARGE/TRANSFER/DEATH DATE: ENTER THE DATE OF THE DISCHARGE, TRANSFER OR DEATH (AT HOME) OF THE PATIENT.

10/30/2025

INDICATE DISCHARGE TEACHING:

N/A - NOT APPLICABLE

HAS A CARE SUMMARY – DISCHARGE/TRANSFER COORDINATION NOTE BEEN COMPLETED?

YES

SUPERVISORY FUNCTIONS

Visit Note Report

Client: BARBOUR, KIM T
Client DOB: 6/19/1957
Insured ID: 1CX7RR0TQ79

MR No: 04200033765601
Legacy MR No:
Primary Payor: MEDICARE PDGM

Visit Date: 10/30/2025 Visit Number: 5 Visit Type: RN18 - RN DISCHARGE FROM AGENCY

Assessment

WERE SUPERVISORY FUNCTIONS PERFORMED?

YES

INDICATE DISCIPLINE OF EMPLOYEE BEING EVALUATED:

LICENSED VOCATIONAL NURSE

INDICATE NAME OF LVN/LPN BEING EVALUATED IF APPLICABLE:

LEESA

IS THE CLIENT SATISFIED WITH THE CURRENT CARE BEING PROVIDED BY THE LVN/LPN?

YES

DOES THE LVN/LPN NOTIFY THE CLIENT OR CAREGIVER, IN TIMELY FASHION, OF CHANGES IN THE PLAN OF CARE, SCHEDULE / TIME CHANGES?

YES

DOES THE LVN/LPN RESPECT THE CLIENT'S RIGHTS RELATED TO PRIVACY, DIGNITY, CONFIDENTIALITY, PERSONAL BELONGINGS AND PROPERTY?

YES

IS CLIENT ABLE TO VERBALIZE HIS/HER OVERALL PATIENT'S RIGHTS?

YES

INDICATE CHANGES IN PLAN/GOAL/UPDATE, IF APPLICABLE:

NA

IS THE CLIENT SATISFIED WITH THE CURRENT CARE BEING PROVIDED?

YES

CARE COORDINATION

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

YES

INDICATE DISCIPLINE(S) YOU COMMUNICATED WITH? (MARK ALL THAT APPLY)

SUPERVISOR

WAS A CARE COORDINATION NOTE COMPLETED DOCUMENTING COMMUNICATION?

YES

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

PATIENT

FAMILY MEMBER

CAREGIVER

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

FOLDER

Wound Assessment

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

Anatomical Figures

Anatomical View

Wound # / Location / Type / Source	Answer
Question	
MALE POSTERIOR	
#1 - MED - SACRAL, MID, PU STAGE II [INACTIVATED 10/30/2025], [REACTIVATED 07/09/2024] - HCHB	
Onset Date: 11/06/2023	
CHANGE IN STATUS	NONE
WOUND ASSESSED	NO, CAREGIVER COMPLETED CARE
TOTAL WAT SCORE	N/A
WOUND CARE PROVIDED	WOUND CARE NOT PROVIDED: CAREGIVER COMPLETED CARE

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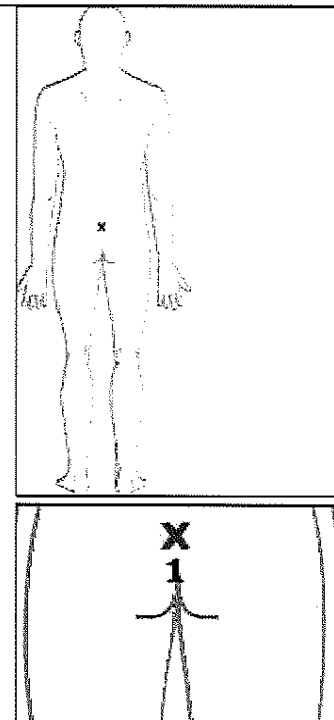
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Wound Images N/A



Narrative

SKILLED NURSING BUSINESS DAY FOR AGENCY DISCHARGE. SKILLED NURSING WAS TREATING PATIENT SACRAL WOUND. PATIENT HAS BEEN DIAGNOSED WITH FRONTAL LOBE ALZHEIMER'S AND HIS MENTAL STATUS AND PHYSICAL STATUS HAVE DETERIORATED TO THE POINT OF PATIENT BEING BEDRIDDEN AND MOSTLY NONVERBAL. PATIENT HAS CONTRACTURES OF THE ARMS AND LEGS BUT IS ABLE TO MOVE IN NON-PURPOSEFUL DIRECTION SLIGHTLY. ON ASSESSMENT TODAY PATIENT VITALS WITHIN NORMAL LIMITS AND LUNGS CLEAR ON AUSCULTATION. NO NEW SKIN ISSUES TO REPORT. PATIENT'S WIFE CONTINUES TO BE PATIENT'S PRIMARY CAREGIVER AND IS NOW ASSESSING AND PROVIDING PATIENT WOUND CARE TO THE SACRAL WOUND THAT IS NOW COMPLETELY EPITHELIZED. MCGRATH WOUND CARE WAS REFERRED TO PATIENT OVER ONE MONTH AGO, PATIENT'S WIFE STATES HOWEVER SHE HAS NOT HEARD FROM WOUND CARE COMPANY YET AND IS STRESSED ABOUT WHO WILL PROVIDE WOUND CARE AND MAKE SURE PATIENT'S SACRAL WOUND DOES NOT REOPEN. SKILLED NURSING EDUCATES PATIENTS WIFE THAT THIS RN CONTACTED TERESA RN MCS ABOUT MCGRATH NOT COMMUNICATING WITH THE PATIENT AND SHE IS IN THE PROCESS COMMUNICATING WITH MCGRATH TO COME OUT TO PATIENTS HOME TO DO EVALUATION AND START TREATING PATIENTS WOUND AND PROVIDING ORDERS FOR WOUND CARE SUPPLIES AND OTHER PATIENT NECESSITIES. PATIENT'S WIFE STATES SHE'S COMFORTABLE WITH THIS AND TRUST THIS RN AND ANGELA RN TO FOLLOW UP TO MAKE SURE MCGRATH HAS IN FACT STARTED CARE FOR THIS PATIENT. PATIENT HAS NOT NEEDED NORCO FOR PAIN RECENTLY AND PATIENT'S WIFE STATES HE'S STILL URINATING WELL AND HAD A BOWEL MOVEMENT YESTERDAY. ALL FOUR QUADRANTS BOWEL SOUNDS PRESENT ON AUSCULTATION, NO SWELLING OR EDEMA NOTED TO BILATERAL ANKLES OR LEGS. SKILLED NURSING EDUCATES PATIENT WIFE THAT ALTHOUGH WE ARE DISCHARGING WE CAN STILL COME BACK TO CARE FOR PATIENT IF PATIENTS WIFE FEELS IT IS WARRANTED. THIS RN EDUCATED PATIENTS WIFE IF SHE DOES FEEL PATIENT NEEDS HOME HEALTH TO ASK PATIENT PHYSICIAN FOR REFERRAL AND VNA HEALTH AT HOME WOULD BE MORE THAN HAPPY TO CARE FOR PATIENT MEDICAL NEEDS. PATIENT'S WIFE HAS NO MORE QUESTIONS OR CONCERNS FOR AGENCY OR THIS RN. PATIENTS WIFE STATES SHE IS VERY PLEASED AND THANKFUL FOR THE NURSES WHO HAVE CARED FOR HER HUSBAND AND HELP HEAL HIS WOUND. NO NEW MEDICATIONS, SIDE EFFECTS OR DRUG INTERACTIONS NOTED.

Patient Goals

Patient Goal

UNABLE TO ANSWER

Patient Goal Comment

PATIENT IS HAVING WORSENING ALZHEIMERS DISEASE

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RN18 - RN DISCHARGE FROM AGENCY

Interventions Provided

1. ASSESS AND EVALUATE CO-MORBID CONDITIONS

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

2. ASSESS/IDENTIFY EVENTS/FACTORS THAT TRIGGER BEHAVIOR DISTURBANCES.

DETAILS/COMMENTS: ACTIVITIES THAT TRIGGER BEHAVIOR DISTURBANCES INCLUDE: NONE

3. ASSESS/IDENTIFY BEHAVIORAL DISTURBANCE PATTERNS RELATED TO DEMENTIA OR OTHER RELATED CONDITION.

DETAILS/COMMENTS: INCREASING FATIGUE

FLAT AFFECT

Goals Met

1. CHANGES TO CO-MORBID CONDITIONS WILL BE IDENTIFIED AND REPORTED TO THE PHYSICIAN.

2. TRIGGERS TO BEHAVIORAL DISTURBANCES S RELATED TO DEMENTIA OR OTHER RELATED CONDITION ARE ADEQUATELY ASSESSED/IDENTIFIED AND PROMPTLY ADDRESSED.

3. BEHAVIOR DISTURBANCES RELATED TO DEMENTIA OR OTHER RELATED CONDITIONS ARE ADEQUATELY ASSESSED/IDENTIFIED AND PROMPTLY ADDRESSED.

Goals Not Met

1. PATIENT / CAREGIVER VERBALIZE / DEMONSTRATE APPROPRIATE MANAGEMENT TO REDUCE FALL RISK.
EXCEPTION CODE: OUTCOME ACHIEVED ON PREVIOUS VISIT

2. 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

3. PATIENT/CAREGIVER VERBALIZES AGREEMENT WITH DISCHARGE PLANS.
EXCEPTION CODE: OUTCOME ACHIEVED ON PREVIOUS VISIT

4. 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: OUTCOME ACHIEVED ON PREVIOUS VISIT

5. INCREASED PAIN OR INEFFECTIVE PAIN CONTROL MEASURES ARE IDENTIFIED AND PROMPTLY REPORTED TO THE PHYSICIAN
EXCEPTION CODE: OUTCOME ACHIEVED ON PREVIOUS VISIT

6. 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 CLIENT'S POC

Medication Understanding Changes

Medication	Dose	Purpose	Directions for Use	Side effects/ Interactions	Med Understanding Notes
BACLOFEN 10 MG TABLET	1 tablet	Y	Y	Y	
HYDRALAZINE 25 MG TABLET	1 tablet	Y	Y	Y	
HYSEPT 0.25 % SOLUTION	Per instructions	Y	Y	Y	
STOOL SOFTENER-LAXATIVE 8.6 MG-50 MG TABLET	2 tablet	Y	Y	Y	

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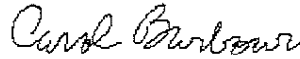
Supplies Delivered

- 1 - ALCOHOL PREP PAD STRL MED 2-PLY - BOX
- 1 - WOUND CLEANSER SKINTEGRITY (NOT SALINE) 8OZ - EACH
- 4 - MEPILEX FOAM ADHES BORDER SACRUM 9 X 9 - EACH
- 1 - GAUZE PAD NON-STERILE 4X4 SLEEVE (200/PK) - PACK
- 4 - MEPILEX FOAM ADHES BORDER SACRUM 6.3 X 7.9 - EACH

Agent Signature:

Caregiver Signature:

Reason Caregiver Signature Obtained:



PT ALZHEIMERS

COREY VANDERPOOL RN 10/30/2025 04:39 PM

(Electronically Signed)

Last Modification Date:

Last Modified By:

11/3/2025 6:39 AM

DANITA COFFEY, RN

ADDENDUM

SUPPLIES DELIVERED/USED EDITED BY SQL-SVC-JAMS-PRD-RWX ON Oct 30 2025 4:46PM

VISIT NOTE ADDENDUM ADDED BY: DANITA COFFEY, RN ON Oct 31 2025 2:52PM

THE FOLLOWING EDITS WERE MADE IN COLLABORATION WITH AND AGREED UPON BY THE ASSESSING CLINICIAN:

VISIT PERFORMED BY: COREY VANDERPOOL, RN

QUESTION: M2005 Medication intervention

PRE-EDIT ANSWER: 0 - NO

POST-EDIT ANSWER: 9 - NA - THERE WERE NO POTENTI...

QUESTION: M1740 Behavior Demonstrated: None of the Above

PRE-EDIT ANSWER: YES

POST-EDIT ANSWER: NO

QUESTION: M1740 Behavior Demonstrated: Memory Deficit

PRE-EDIT ANSWER: NO

POST-EDIT ANSWER: YES

QUESTION: M1740 Behavior Demonstrated: Impaired Decision-making

PRE-EDIT ANSWER: NO

POST-EDIT ANSWER: YES

VISIT NOTE ADDENDUM ADDED BY: DANITA COFFEY, RN ON Nov 3 2025 6:39AM

THE FOLLOWING EDITS WERE MADE IN COLLABORATION WITH AND AGREED UPON BY THE ASSESSING CLINICIAN:

VISIT PERFORMED BY: COREY VANDERPOOL, RN

QUESTION: M1745 Frequency of Behavior Problems

PRE-EDIT ANSWER: 0 - NEVER

POST-EDIT ANSWER: 5 - AT LEAST DAILY