

REV 10.27.24

Form# 4

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

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THANK YOU!

PHONE NO: 859-277-5111

FROM: VNA HEALTH AT HOME

NUMBER OF PAGES: (Including Lead Sheet)

Please let me know if you
can accept patient
859-4470059
Teresa Hughes, MD/PhD

MESSAGE:

RE: Teresa Alvarez

PHONE NO:

FAX NO:

COMPANY:

ATTENTION: McGrath Council Care

DATE: 9/5/25

Fax Lead Sheet

CHI Health at Home
VNA Health at Home



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

ENTERED / TAKEN BY (ELECTRONICALLY SIGNED):		CHEYL COOK, LPN	DATE: 08/04/2025
APPROVED / PROCESSED BY (ELECTRONICALLY SIGNED):		TERESA HUGHES, RN	DATE: 09/05/2025
PHYSICIAN SIGNATURE:			DATE:

VERBAL ORDER OBTAINED FROM LYNN

REFER PATIENT TO MCGRATH WOUND CARE FOR IN HOME WOUND CARE SERVICES

Order Description:

Order Date:	9/4/2025 12:12 PM	Order Type:	PHYSICIAN ORDER
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PHYSICIAN:	ROBBY HUTCHINSON, MD	CLIENT:	ALVAREZ, TERESA
	117 CROSSVILLE DR STE B		165 RIDGEVIEW RD
	VERSAILLES, KY 40383-		VERSAILLES, KY 40383-
Phone:	(859)873-9188	SSN:	
Fax:	(859)873-0870	DOB:	7/23/1947
		MR#:	04200075734401
2nd Physician:		CERT:	7/29/2025 to 9/26/2025
Send to Physician:	Y	Order Read Back to Physician/Agent of Physician?	Y
Verbal Order:	Y	ABN Delivered to Patient?	NA
Verbal Date:	9/4/2025	Time:	2:50 PM

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

Patient: ALVAREZ, TERESA
MR No: 04200075734401
Legacy MR No:

Insured ID: H75613328
Primary Payor: HUMANA MCR ADV PDGM

Assigned Branch VISITING NURSES
ASSOCIATION HEALTH AT HOME LEXINGTON

Assigned Team TEAM A
Location

Patient ID 757344
SSN

Referral Info
Referral Date 03/31/2025
Referral Type RECERTIFICATION
Referring Physician HUTCHINSON, ROBBY
Referral Taken By DONEEN ORR
Referring Physician Contact ROBBY HUTCHINSON

Care Type and Effective Dates (P=Primary)
HOME HEALTH 07/29/2025 - (P)
RSP2 07/29/2025 -

Demographics
Patient Info
Gender FEMALE
DOB 07/23/1947
Race
Preferred Language
Primary Phone 5164990190
Alt Phone
Primary Address
Street 165 RIDGEVIEW RD
Phone (516) 499-0190
MSA #
CBSA 30460
City VERSAILLES
State KY
Zip 40383-
County WOODFORD
Room

Travel Directions
Street 165 RIDGEVIEW RD
Phone (516) 499-0190
MSA #
CBSA 30460
City VERSAILLES
State KY
Zip 40383-
County WOODFORD
Room

Current Service Location: CLIENT'S HOME/RESIDENCE

Street 165 RIDGEVIEW RD
Phone (516) 499-0190
Travel Directions

Patient Contacts
Contact Name MANUEL ALVAREZ
Relationship
Primary Phone (516) 499-0190
Alternate Phone
EMERGENCY CONTACT
Contact Type
Contact Relationship Type
Address

Payor Source Info
Payor Source Type PRIMARY
Medicare No.
Medicaid Effective
Payor Type MANAGED MEDICARE PPS / PDGM HUMANA MCR ADV PDGM
Medicare A Effective
Medicare B Effective
Payor Source
Is patient in an HMO (HHCAPPS)?
Admission Source 1 - PHYSICIAN REFERRAL
Physician Name HUTCHINSON, ROBBY
Private Payor Type Info
Claim No.
Insured Name
Insured Address
Insured City
Insured State
Insured Zip

Patient Information Report

Patient: ALVAREZ, TERESA
MR No: 04200075734401
Insured ID: H75613328
Primary Payor: HUMANA MCR ADV PDGM
Legacy MR No:

Employer Name
Employer ID
Employer Address
Employer City
Employer State
Employer Zip
Employer Phone

Program Name
Obtained Date
Authorized By
Authorization No./
Start Date/
End Date

Unit Type
Budget Type
Billing Code
Qty Per
Period
Day
Qty Per
Week
Month
Year
Active

PPS PROGRAM
7/31/2025 1:07:57 PM
STACEY BROWN,
212731183
Y
07/29/2025
09/26/2025

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

Physician Info
Primary Physician
NPI #
Date Last Seen

HUTCHINSON, ROBBY
Address
117 CROSSVILLE DR STE B
City
VERSAILLES
State
KY
Zip
40383-
Phone
(659)873-0188
Fax
(659)873-0870
Pager

Secondary Physician
Requested Date of Evaluation
Requested Date of Add-On Evaluation
Add-On Discipline
SN
Add-On Discipline
Perform Add-On Evaluation Prior to Approval
of the Plan of Care associated with the
Completed SOC Visit?
N

Clinical Info
Case Manager
MANDI MCBRIDE, RN
Team Member(s)
CHERYL COOK, LPN
GRETCHEN OLDS-ROENTZ, OT
WALTER LUTTRELL, PT
Height
Pregnant
Paperwork Received By Patient
Medical Release Code

Patient Information Report

Patient: ALVAREZ, TERESA Insured ID: H75613328 Primary Payor: HUMANA MCR ADV PDGM MR No: 04200076734401 Legacy MR No:

YES, PROVIDER HAS A SIGNED STATEMENT PERMITTING RELEASE OF MEDICAL BILLING DATA RELATED TO A CLAIM Disaster Status AMBULATORY W/ ASSIST Evacuation Location LOCAL SHELTER Acuity Status 2 - WITHIN 2 DAYS

Type NONE Location Contents Contact Name Contact Phone Was Adv Dir Info Left With Caregiver? N

Is care related to surgical discharge? Does patient have end-stage renal disease? Number of ADLs for which patient is not independent? Is maternity care the primary reason for home health care? Primary Spoken Language N

ICD-10 Diagnosis/Procedures

Order Code	Description	Onset / Exac.	O/E Date	Type	Sym. Cntl. Rtg.	Item
1	T86.79XD INFECTION/INFILTRATION DUE TO OTH INT	E	03/31/2025	D	2 - Symptoms controlled with difficulty, affecting daily functioning; patient needs ongoing monitoring.	M1021
2	C79.31 SECONDARY MALIGNANT NEOPLASM OF BRAIN	O	03/31/2025	D	1 - Symptoms well controlled with current therapy.	M1023
3	C34.90 UNSP BRONCHUS OR LUNG	O	03/31/2025	D	1 - Symptoms well controlled with current therapy.	M1023
4	D63.0 ANEMIA IN NEOPLASTIC DISEASE	O	03/31/2025	D	1 - Symptoms well controlled with current therapy.	M1023
5	G40.909 EPILEPSY, UNSP, NOT INTRACTABLE, WITHOUT STATUS EPILEPTICUS	O	03/31/2025	D	1 - Symptoms well controlled with current therapy.	M1023
6	M80.052D AGE-REL OSTEOPOR W CRNT PATH FX, L FEMR, THHD	O	03/31/2025	D	1 - Symptoms well controlled with current therapy.	M1023
7	I10 ESSENTIAL (PRIMARY) HYPERTENSION	O	03/31/2025	D		M1023
8	H40.9 UNSPECIFIED GLAUCOMA	O	03/31/2025	D		M1023
9	M19.90 UNSPECIFIED OSTEOARTHRITIS, UNSPECIFIED SITE	O	03/31/2025	D		M1023
10	G62.9 POLYNEUROPATHY, UNSPECIFIED	O	03/31/2025	D		M1023
11	Z80.89 ACQUIRED ABSENCE OF OTHER ORGANS	O	03/31/2025	D		M1023
12	Z86.718 THROMBOSIS AND EMBOLISM	O	03/31/2025	D		M1023
13	Z86.73 PRSNL HX OF TIA (TIA), AND CEREB INFRC W/O RESID DEFICITS	O	03/31/2025	D		M1023
14	Z90.49 ACQUIRED ABSENCE OF OTHER SPECIFIED PARTS OF DIGESTIVE TRACT	O	03/31/2025	D		M1023
15	Z91.81 HISTORY OF FALLING	O	03/31/2025	D		M1023

* denotes Non-Vital QI Reporting Collection Date Entered 3/31/2025 11:53:36 PM

Visit Note Report

Client: ALVAREZ, TERESA MR No: 04200075734401 Legacy MR No:
Client DOB: 7/23/1947 Primary Payor: HUMANA MCR ADV PDGM
Insured ID: H75613326 Visit Date: 09/04/2025 Visit Number: 6 Visit Type: SN11 - SN SUBSEQUENT VISIT

General: ALVAREZ, TERESA 04200075734401

Visit Date: 09/04/2025 Visit Number: 6 Visit Type: SN11 - SN SUBSEQUENT VISIT Billable: ☒ 042

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

Time:			
TRAVEL TIME	09/04/2025 11:48 AM	DRIVE START TIME	09/04/2025 12:12 PM
IN-HOME TIME	BEGAN	09/04/2025 12:12 PM	INCOMPLETE
DOCUMENTATION TIME	RESUMED	09/04/2025 12:43 PM	INCOMPLETE
DOCUMENTATION TIME	RESUMED	09/04/2025 02:49 PM	COMPLETED
Total In-Home Time:	0.51	Hours	09/04/2025 02:50 PM
Total Drive Time:	0.39	Hours	
Total Doc Time:	0.11	Hours	
Total Time:	0.62	Hours	

Vital Signs			
Vital Signs	Temperature	97.3	09/04/2025 12:32 PM
	Pulse	70	09/04/2025 12:32 PM
	Pulse Characteristics:	WNL	
	Respirations	16	09/04/2025 12:32 PM
	Respiration Characteristics:	WNL	
Blood Pressure		124 / 60	09/04/2025 12:32 PM
		SITTING ARM - RT	
Oxygen Saturation Level (%)			
Oxygen Saturation Characteristics:		98	09/04/2025 12:32 PM
		ON ROOM AIR	

Assessment

PATIENT ELIGIBILITY

INDICATE TWO PATIENT IDENTIFIERS USED TO IDENTIFY THE PATIENT:

PATIENT NAME

DATE OF BIRTH

VISUAL RECOGNITION

PATIENT ADDRESS

HAS PATIENT'S INSURANCE CHANGED SINCE LAST VISIT?

NO

THE PATIENT IS CONSIDERED HOMEBOUND/CONFINED TO HOME BECAUSE:

BECAUSE OF ILLNESS OR INJURY, PATIENT NEEDS AID OF SUPPORTIVE DEVICES - WALKER - LEVEL 1

ASSISTANCE OF ANOTHER PERSON IN ORDER TO LEAVE PLACE OF RESIDENCE - LEVEL 1

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

FALL RISK

EYES/EARS/NOSE/THROAT

INDICATE EYES/EARS/NOSE/THROAT FINDINGS:

Visit Note Report

Client: ALVAREZ, TERESA	MR No: 04200075734401	Legacy MR No:
Client DOB: 7/23/1947	Primary Payor: HUMANA MCR ADV PDGM	
Insured ID: H75613328	Visit Type: SN11 - SN SUBSEQUENT VISIT	
Visit Date: 09/04/2026	Visit Number: 6	

Assessment	
WNL	INDICATE HEAD AND NECK ASSESSMENT FINDINGS:
WNL	
PAIN	IS PATIENT UNCOMFORTABLE BECAUSE OF PAIN?
YES	INDICATE WHICH PAIN INTENSITY SCALE USED:
NUMERIC PAIN SCALE	
PAIN SCORE (0-10): 8	INDICATE LOCATION OF PAIN (MARK ALL THAT APPLY):
RIGHT KNEE	HOW DOES THE PATIENT DESCRIBE THE CHARACTER OF PAIN: (MARK ALL THAT APPLY)
ACHING	INDICATE FREQUENCY OF PAIN INTERFERING WITH FUNCTION OR QUALITY OF LIFE:
ALL OF THE TIME	INDICATE DURATION OF PATIENT'S PAIN:
CONTINUOUS	INDICATE WHAT RELIEVES PAIN:
REST	
POSITIONING	INDICATE WHAT EXACERBATES PAIN: (MARK ALL THAT APPLY)
WALKING	ARE THERE ANY ADDITIONAL DETAILS THAT NEED TO BE PROVIDED TO DESCRIBE THE CLIENT'S PAIN?
NO	INTEGUMENTARY
INDICATE INTEGUMENTARY ASSESSMENT FINDINGS: (MARK ALL THAT APPLY)	
NO PROBLEMS IDENTIFIED	CARDIOVASCULAR
CARDIOVASCULAR ASSESSMENT FINDINGS: (MARK ALL THAT APPLY)	
HEART SOUNDS WITH NORMAL RATE AND RHYTHM	
ARE COMPRESSION STOCKINGS ORDERED?	RESPIRATORY
NO	
INDICATE RESPIRATORY ASSESSMENT FINDINGS: (MARK ALL THAT APPLY)	
LUNGS CLEAR IN ALL LOBES	
WAS O2 SATURATION LEVEL TESTED?	
YES	INDICATE O2 SATURATION CONDITIONS TESTED: (MARK ALL THAT APPLY)
ON ROOM AIR	
O2 SAT LEVEL ON ROOM AIR:	
97.0	WAS PERCEIVED FUNCTIONAL DYSPNEA SCALE PERFORMED?
NO	GENITOURINARY
INDICATE GENITOURINARY ASSESSMENT: (MARK ALL THAT APPLY)	

Visit Note Report

Client: ALVAREZ, TERESA	MR No: 04200075734401	Legacy MR No:
Client DOB: 7/23/1947	Primary Payor: HUMANA MCR ADV PDGM	
Inured ID: H75613328	Visit Type: SN11 - SN SUBSEQUENT VISIT	
Visit Date: 09/04/2025	Visit Number: 6	

Assessment	
GASTROINTESTINAL	
INDICATE GASTROINTESTINAL ASSESSMENT FINDINGS: (MARK ALL THAT APPLY)	
WNL	
INDICATE DATE OF LAST BOWEL MOVEMENT:	
9/4/2025	
NUTRITIONAL STATUS:	
GOOD APPETITE	
COGNITIVE/BEHAVIORAL	
INDICATE CLIENT'S MENTAL STATUS: (MARK ALL THAT APPLY)	
ALERT	
ORIENTED TO PERSON	
ORIENTED TO PLACE	
ORIENTED TO TIME	
INDICATE ABNORMAL NEUROLOGIC FINDINGS: (MARK ALL THAT APPLY)	
WNL	
PSYCHIATRIC	
DOES THE PATIENT TAKE A PSYCHOTROPIC MEDICATION?	
NO	
WERE BEHAVIORAL SCALE ASSESSMENTS COMPLETED?	
NO	
ENDOCRINE/HEMATOPOIETIC	
INDICATE ENDOCRINE/HEMATOPOIETIC ASSESSMENT: (MARK ALL THAT APPLY)	
WNL	
IS THE CLIENT TAKING AN ANTICOAGULANT?	
NO	
FUNCTIONAL	
INDICATE MUSCULOSKELETAL ASSESSMENT: (MARK ALL THAT APPLY)	
WNL	
HAS THE PATIENT HAD ANY UNREPORTED FALLS SINCE LAST VISIT?	
NO	
CARE COORDINATION	
INDICATE IF YOU COMMUNICATED WITH OTHER DISCIPLINES INVOLVED IN THIS CASE:	
NA-NOT APPLICABLE	
INDICATE WHO YOU REVIEWED WRITTEN PLAN OF CARE INSTRUCTIONS WITH: (MARK ALL THAT APPLY)	
PATIENT	
WRITTEN PATIENT INSTRUCTIONS ARE KEPT IN THE FOLLOWING LOCATION IN THE HOME:	
DR TABLE	
SUPERVISORY FUNCTIONS	
WERE SUPERVISORY FUNCTIONS PERFORMED?	
NOT APPLICABLE	
Wound Assessment	
Historical wounds are related as inactive and wound numbers continuously increment for subsequent episodes and admissions.	
Anatomical View	
Wound # / Location / Type / Source	Question
Answer	

Visit Note Report

Client: ALVAREZ, TERESA	MR No: 04200075734401	Legacy MR No:
Client DOB: 7/23/1947	Primary Payor: HUMANA MCR ADV PDGM	
Insured ID: H75613328	Visit Type: SN11 - SN SUBSEQUENT VISIT	
Visit Date: 08/04/2025	Visit Number: 6	

FEMALE ANTERIOR

#1 - LWR ABDOMINAL, MIDLINE, SURGICAL INC - HCHB

Onset Date: 02/10/2022

CHANGE IN STATUS

WOUND ASSESSED

TOTAL WAT SCORE

MEASUREMENTS TAKEN

LENGTHXWIDTHXDEPTH(CM)

SURFACE AREA (SQ CM)

IS THIS A CLOSED SURGICAL WOUND OR SUSPECTED DEEP

TISSUE INJURY?

INDICATE TYPE

INDICATE WOUND CLOSURE

SHAPE

EXUDATE TYPE

EXUDATE AMOUNT

ODOR

EPITHELIALIZATION

NECROTIC TISSUE TYPE

NECROTIC TISSUE AMOUNT

TOTAL NECROTIC TISSUE SLOUGH

TOTAL NECROTIC TISSUE ESCHAR

EDGE / SURROUNDING TISSUE - MACERATION

UNDERMINING

TUNNELING

SKIN COLOR SURROUNDING WOUND

PERIPHERAL TISSUE EDEMA

PERIPHERAL TISSUE INDURATION

DOES PATIENT HAVE PAIN ASSOCIATED WITH THIS WOUND?

STATE

SIGNS AND SYMPTOMS OF INFECTION

DEBRIDEMENT THIS VISIT

DRAIN PRESENT

WOUND CARE PROVIDED

SKILLED NURSE TO PROVIDE

SKILLED TEACHING TO

PATIENT/CAREGIVER OF

HYPERTENSION TO INCLUDE

MEDICATION MANAGEMENT, SELF-

ASSESSMENT, LOW SODIUM DIET,

AND TRACKING OF BLOOD

PRESSURE RESULTS.

SKILLED NURSE FOR

OBSERVATION/ASSESSMENT OF

PAIN, EFFECTIVENESS OF PAIN

MANAGEMENT INCLUDING

MEDICATION REVIEW AND

PHARMACOLOGICAL AND

NONPHARMACOLOGICAL

TREATMENTS AND SKILLED

TEACHING RELATED TO PAIN

MANAGEMENT. SKILLED NURSE TO

INTERVENE WITH INCREASED PAIN

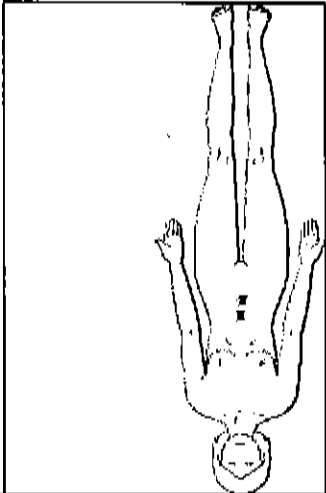
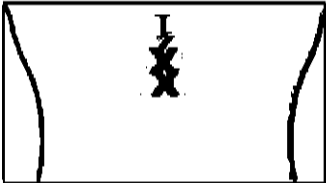
LEVEL TO MINIMIZE

COMPLICATIONS.

SKILLED NURSE TO

PERFORM/TEACH WOUND CARE TO

INCISION/SUTURE SITE LOCATED



Visit Note Report

Client: ALVAREZ, TERESA	MR No: 04200076734401	Legacy MR No:
Client DOB: 7/23/1947	Primary Payor: HUMANA MCR ADV PDGM	
Insured ID: H75613328	Visit Type: SN11 - SN SUBSEQUENT VISIT	
Visit Date: 09/04/2025	Visit Number: 6	

ABDOMEN CLEANSE WITH NS OR
WOUND CLEANSER. APPLY
MEDIHONEY ALGINATE TO WOUND
BED, COVER WITH BORDER GAUZE
DRESSING, SECURE WITH TAPE.
USING CLEAN/ASEPTIC TECHNIQUE.
CAREGIVER TO PERFORM WHEN
SN UNAVAILABLE.
SKILLED NURSE PRN VISIT ORDER.
1 REMOTE AND 2 PRN VISITS MAY
BE PERFORMED DURING THIS
CERTIFICATION PERIOD FOR THE
FOLLOWING REASON(S): WOUND
CARE, MEDICATION ISSUES,
FALLS, LABS
SKILLED NURSE TO EVALUATE AND
DEVELOP PLAN OF CARE TO BE
SIGNED BY THE PHYSICIAN.
SKILLED NURSE TO
ASSESS/EVALUATE ANY
CONDITIONS THAT PRESENT
THEMSELVES AND THAT WILL
IMPACT THE PLAN OF CARE DURING
THE COURSE OF THE EPISODE TO
IDENTIFY CHANGES AND
INTERVENE TO MINIMIZE
COMPLICATIONS. TEACH AND
MONITOR PATIENT/CAREGIVER
ABILITY TO SAFELY ADMINISTER
MEDICATIONS. PHONE
TOUCHPOINTS CAN BE
PERFORMED AS NEEDED TO
SUPPLEMENT THE PLAN OF CARE.
PATIENT/CAREGIVER WILL BE
KNOWLEDGEABLE OF DISCHARGE
PLANS AND WILL
DEMONSTRATE/PROVIDE
EDUCATION AND RESOURCES
NEEDED TO MAINTAIN HEALTH.
AGENCY WILL DISCHARGE PATIENT
TO DR. HUTCHINSON
PHYSICIAN/HEALTH CARE
PROVIDER AND MAY ACCEPT
ORDERS FROM THE FOLLOWING
PHYSICIANS:
SN REMOTE VIDEO VISIT(S) TO
ASSESS/EVALUATE AND PROVIDE
EDUCATION/TRAINING ON
INTERVENTIONS/PROCEDURES PER
THE POC, SAFE MEDICATION
ADMINISTRATION, DISEASE
MANAGEMENT, SIGNS/SYMPTOMS
OF EXACERBATION, METHODS TO
PREVENT EXACERBATION, AND
SIGNS/SYMPTOMS TO REPORT
AGENCY, PHYSICIAN OR 911.
CLINICIAN TO EDUCATE PATIENT /
CAREGIVER IN FALL PREVENTION
AND PROVIDE INTERVENTIONS TO
REDUCE FALL RISK AND ENHANCE
HOME SAFETY
PSYCHOSOCIAL / COGNITIVE
ASSESSMENT INDICATES NO NEED
FOR SOCIAL, FINANCIAL, OR

Visit Note Report

Client: ALVAREZ, TERESA	MR No: 04200075734401	Legacy MR No:
Client DOB: 7/23/1947	Primary Payor: HUMANA MCR ADV PDGM	
Insured ID: H75613328	Visit Number: 6	Visit Type: SN11 - SN SUBSEQUENT VISIT
Visit Date: 08/04/2025		

Wound Images	N/A
#2 - MID - ABDOMINAL, SURGICAL INC - HCHB	
Onset Date: 06/24/2025	
CHANGE IN STATUS	NONE
WOUND ASSESSED	YES
TOTAL WAT SCORE	N/A
MEASUREMENTS TAKEN	YES
LENGTHXWIDTHXDEPTH(CM)	3 X 0.5 X 0.1
SURFACE AREA (SQ CM)	1.5
IS THIS A CLOSED SURGICAL WOUND OR SUSPECTED DEEP TISSUE INJURY?	YES
INDICATE TYPE	CLOSED SURG
INDICATE WOUND CLOSURE	NONE
SHAPE	ELONG
EXUDATE TYPE	SEROSANG
EXUDATE AMOUNT	SCANT
ODOR	NONE
EPITHELIALIZATION	50-<75%
NECROTIC TISSUE TYPE	NONE
NECROTIC TISSUE AMOUNT	NONE
TOTAL NECROTIC TISSUE SLOUGH	0-25%
TOTAL NECROTIC TISSUE ESCHAR	0-25%
EDGE / SURROUNDING TISSUE - MACERATION	ABSENT
UNDERMINING	NONE
TUNNELING	NONE
SKIN COLOR SURROUNDING WOUND	NORM
PERIPHERAL TISSUE EDEMA	NONE
PERIPHERAL TISSUE INDURATION	NONE
DOES PATIENT HAVE PAIN ASSOCIATED WITH THIS WOUND?	NO
STATE	CHRONIC
SIGNS AND SYMPTOMS OF INFECTION	NO
DEBRIDEMENT THIS VISIT	NO
DRAIN PRESENT	NO
WOUND CARE PROVIDED	SKILLED NURSE TO PROVIDE
	SKILLED TEACHING TO
	PATIENT/CAREGIVER OF
	HYPERTENSION TO INCLUDE
	MEDICATION MANAGEMENT, SELF-
	ASSESSMENT, LOW SODIUM DIET,
	AND TRACKING OF BLOOD
	PRESSURE RESULTS,
	SKILLED NURSE FOR
	OBSERVATION/ASSESSMENT OF
	PAIN, EFFECTIVENESS OF PAIN
	MANAGEMENT INCLUDING
	MEDICATION REVIEW AND
	PHARMACOLOGICAL AND
	NONPHARMACOLOGICAL
	TREATMENTS AND SKILLED
	TEACHING RELATED TO PAIN
	TRANSPORTATION SUPPORT OR
	FOR ADDITIONAL CARE
	PROVIDERS/DISCIPLINES OR
	REFERRALS TO OUTSIDE ENTITIES
	TOLERATED WELL

Visit Note Report

Client: ALVAREZ, TERESA	MR No: 04200075734401	Legacy MR No:
Client DOB: 7/23/1947	Primary Payor: HUMANA MCR ADV PDGM	
Insured ID: H756133328	Visit Type: SN11 - SN SUBSEQUENT VISIT	
Visit Date: 09/04/2025	Visit Number: 6	

MANAGEMENT. SKILLED NURSE TO INTERVENE WITH INCREASED PAIN LEVEL TO MINIMIZE COMPLICATIONS. SKILLED NURSE TO PERFORM/TEACH WOUND CARE TO INCISION/SUTURE SITE LOCATED ABDOMEN CLEANSE WITH NS OR WOUND CLEANSER. APPLY MEDIHONEY ALGINATE TO WOUND BED, COVER WITH BORDER GAUZE DRESSING, SECURE WITH TAPE. USING CLEAN/ASEPTIC TECHNIQUE. CAREGIVER TO PERFORM WHEN SN UNAVAILABLE. SKILLED NURSE PRN VISIT ORDER: 1 REMOTE AND 2 PRN VISITS MAY BE PERFORMED DURING THIS CERTIFICATION PERIOD FOR THE FOLLOWING REASON(S): WOUND CARE, MEDICATION ISSUES, FALLS, LABS SKILLED NURSE TO EVALUATE AND DEVELOP PLAN OF CARE TO BE SIGNED BY THE PHYSICIAN. SKILLED NURSE TO ASSESS/EVALUATE ANY CONDITIONS THAT PRESENT THEMSELVES AND THAT WILL IMPACT THE PLAN OF CARE DURING THE COURSE OF THE EPISODE TO IDENTIFY CHANGES AND INTERVENE TO MINIMIZE COMPLICATIONS. TEACH AND MONITOR PATIENT/CAREGIVER ABILITY TO SAFELY ADMINISTER MEDICATIONS. PHONE TOUCHPOINTS CAN BE PERFORMED AS NEEDED TO SUPPLEMENT THE PLAN OF CARE. PATIENT/CAREGIVER WILL BE KNOWLEDGEABLE OF DISCHARGE PLANS AND WILL DEMONSTRATE/PROVIDE EDUCATION AND RESOURCES NEEDED TO MAINTAIN HEALTH. AGENCY WILL DISCHARGE PATIENT TO DR. HUTCHINSON PHYSICIAN/HEALTH CARE PROVIDER AND MAY ACCEPT ORDERS FROM THE FOLLOWING PHYSICIANS:

SN REMOTE VIDEO VISIT(S) TO ASSESS/EVALUATE AND PROVIDE EDUCATION/TRAINING ON INTERVENTIONS/PROCEDURES PER THE POC. SAFE MEDICATION ADMINISTRATION, DISEASE MANAGEMENT, SIGNS/SYMPTOMS OF EXACERBATION, METHODS TO PREVENT EXACERBATION, AND SIGNS/SYMPTOMS TO REPORT AGENCY, PHYSICIAN OR 911. CLINICIAN TO EDUCATE PATIENT /

Visit Note Report

Client: ALVAREZ, TERESA
Client DOB: 7/23/1947
Insured ID: H75613328

MR No: 04200075734401
Legacy MR No:

Primary Payor: HUMANA MCR ADV PDGM

Visit Date: 09/04/2025
Visit Number: 6
Visit Type: SN11 - SN SUBSEQUENT VISIT

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

Narrative
SITTING UP IN CHAIR AT DR TABLE. NO ACUTE DISTRESS. CONTINUES WITH CHRONIC R KNEE PAIN. UTILIZING TYLENOL AND HEATING PAD FOR PAIN RELIEF. CONTINUES WITH NONHEALING ABD SURGICAL WOUNDS. WOUND CARE PROVIDED PER ORDERS. DISCUSSED REFERRAL TO MCGRATH WOUND CARE AND PATIENT IS AGREEABLE. PLACED CALL TO PCP OFFICE AND REQUESTED VO FOR REFERRAL. SPOKE TO BETTY AND SHE STATES SOMEONE WILL RETURN MY CALL. MCS AND DCS NOTIFIED OF NEED FOR REFERRAL TO MCGRATH WOUND CARE. NO FURTHER COMPLAINTS OR CONCERNS AT THIS TIME. INSTRUCTED TO NOTIFY VNA OF ANY CONCERNS AND NOTIFY 911 OF ANY EMERGENT NEEDS.

Patient Goals
Patient Goal
GOAL IS TO INCREASE INDEPENDENCE

Interventions Provided
1. COLLABORATE WITH PATIENT/CAREGIVER AND APPROPRIATE PHYSICIAN(S) IN POC DEVELOPMENT. CHANGES IN POC ARE AGREED UPON AND COMMUNICATED WITH THE PATIENT/CAREGIVER, PHYSICIANS WRITING ORDERS ON THE POC AND/OR THE RECEIVING PHYSICIAN/HEALTH CARE PROVIDER.
DETAILS/COMMENTS: COLLABORATED WITH PATIENT/CAREGIVER IN THE DEVELOPMENT OF THE POC.
2. ASSESS AND EVALUATE CO-MORBID CONDITIONS
DETAILS/COMMENTS: REVIEWED AND INSTRUCTED ON RECENT EXACERBATION OF CO-MORBID CONDITIONS
WHEN TO REPORT TO NURSE/PHYSICIAN
REVIEWED DIETARY NEEDS AND RESTRICTIONS
MEDICATION REGIMEN, SIDE EFFECTS/DESIRED EFFECTS, POTENTIAL INTERACTIONS AND REFILL PROCESS
BALANCING ACTIVITIES AND NEED FOR FREQUENT REST PERIODS
3. PROVIDE/INSTRUCT ON INCISION SITE CARE. (ALL INTERVENTION DETAILS MUST BE INSTRUCTED ON PRIOR TO MARKING THE INTERVENTION GOAL AS ACHIEVED)
DETAILS/COMMENTS: ORDERED INCISION CARE.
INSTRUCTED ON PRINCIPLES OF STANDARD PRECAUTIONS: PROPER HANDLING/DISPOSAL OF ITEMS COMING IN CONTACT WITH BODY FLUIDS.
INSTRUCTED ON SIGNS / SYMPTOMS OF INFECTION TO INCISION (REDNESS, DRAINAGE, ODOR)

Visit Note Report

Client: ALVAREZ, TERESA	MR No: 04200075734401	Legacy MR No:
Client DOB: 7/23/1947	Primary Payor: HUMANA MCR ADV PDGM	
Insured ID: H76613328	Visit Type: SN11 - SN SUBSEQUENT VISIT	
Visit Date: 09/04/2026	Visit Number: 6	

Goals Met

1. 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.


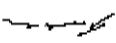
2. CHANGES TO GO-MORBID CONDITIONS WILL BE IDENTIFIED AND REPORTED TO THE PHYSICIAN.

3. PATIENT VERBALIZES TOLERANCE TO WOUND CARE. PATIENT / CAREGIVER VERBALIZES / RETURNS DEMONSTRATION OF WOUND CARE. (DO NOT MARK GOAL AS MET UNLESS ALL INTERVENTION DETAILS ARE UNDERSTOOD BY PATIENT / CAREGIVER)

Goals Not Met

1. PATIENT/CAREGIVER VERBALIZES AGREEMENT WITH DISCHARGE PLANS.
EXCEPTION CODE: ADDITIONAL TIME REQUIRED TO MEET INTERVENTION/GOAL

2. INCREASED PAIN OR INEFFECTIVE PAIN CONTROL MEASURES ARE IDENTIFIED AND PROMPTLY REPORTED TO THE PHYSICIAN
EXCEPTION CODE: ADDITIONAL TIME REQUIRED TO MEET INTERVENTION/GOAL

Agent Signature:	Client Signature:
	
CHERYL COOK LPN 09/04/2026 02:50 PM	(Electronically Signed)