

Visit Date:	08/21/2025	Visit Number:	5	Visit Type:	RN15 - RN RESUMPTION OF CARE
Client ID:	ISAACS, SAMUEL	MR No.:	04200045838901	Legacy MR No.:	
Insured ID:	6U09KCGM40	Primary Payor:	MEDICARE PDGM		
WAS PERCEIVED DYSPNEA SCALE PERFORMED 82.0 AT REST 02 SAT LEVEL AT REST.					
0 - PATIENT IS NOT SHORT OF BREATH (MD/PR/A) (M100) WHEN IS THE PATIENT DYSPNEIC OR NOTICEABLY SHORT OF BREATH					
YES CARDIOVASCULAR SYSTEM ASSESSED					
ABNORMAL HEART SOUNDS					
INDICATE ABNORMAL HEART SOUNDS.					
TACY 108 OTHER (SPECIFY)					
INDICATE OTHER ABNORMAL HEART SOUNDS.					
ARE COMPRESSION STOCKINGS ORDERED?					
NO IF THE PATIENT IS EASILY FATIGUED OR SHOWS DYSPNEA ON EXERTION IS THERE A NEED FOR ENERGY CONSERVATION TRAINING?					
YES GENITOURINARY ASSESSMENT. MARK ALL THAT APPLY					
INCONTINENCE (GM) (ERAL) URINARY INCONTINENCE OR URINARY CATHETER PRESENCE.					
0 - NO (GM) (M100) HAS THIS PATIENT BEEN TREATED FOR A URINARY TRACT INFECTION IN THE PAST 14 DAYS?					
GASTROINTESTINAL ASSESSMENT FINDINGS. MARK ALL THAT APPLY					
1 - PATIENT IS INCONTINENT					
(GM) (ERAL) (M161) URINARY INCONTINENCE OR URINARY CATHETER PRESENCE.					
WNL INDICATE DATE OF LAST BOWEL MOVEMENT.					
4/21/2026 (GM) (M102) BOWEL INCONTINENCE FREQUENCY					
0 - ON A DAILY BASIS					
(C1) (PR/A) (M163) OSTOMY FOR BOWEL ELIMINATION. DOES THIS PATIENT HAVE AN OSTOMY FOR BOWEL ELIMINATION THAT (WITHIN THE LAST 14 DAYS)? A) WAS RELATED TO AN INPATIENT FACILITY STAY. OR B) NECESSITATED A CHANGE IN MEDICAL OR TREATMENT REGIMENT					
NUTRITIONAL ASSESSMENT FINDINGS. MARK ALL THAT APPLY					
PATIENT HAS AN ILLNESS OR CONDITION WHICH MADE HIM/HER CHANGE THE KIND AND/OR AMOUNT OF FOOD THEY EAT OTHER (SPECIFY)					
INDICATE OTHER NUTRITIONAL ASSESSMENT FINDINGS.					
TOTAL NUTRITION ASSESSMENT SCORE:					

Assessment 2		Based on the score, the nutritional risk levels.	
DID THE PATIENT SCORE 6 OR ABOVE ON THE NUTRITIONAL ASSESSMENT?		NO GOOD	
B. FEEDING TUBE (E.G., NASOGASTRIC OR ABDOMINAL)		(K0501) NUTRITIONAL APPRAISES. CHECK ALL OF THE NUTRITIONAL APPRAISES THAT APPLY ON ADMISSION.	
WAS IMMUNOLOGIC SYSTEM ASSESSED?		IMMUNOLOGIC	
INDICATE REASON IMMUNOLOGIC SYSTEM NOT ASSESSED.		NO	
ENDOCRINE/HEMATOPOIETIC ASSESSED?		YES	
WNL		IS THE CLIENT TAKING AN ANTICOAGULANT?	
(GM) (M1720) COGNITIVE FUNCTIONING. PATIENTS CURRENT (DAY OF ASSESSMENT) LEVEL OF ALERTNESS, ORIENTATION.		NA . PATIENT NONRESPONSIVE (GM) (M1720) WHEN CONFUSED (REPORTED OR OBSERVED) WITHIN THE LAST 14 DAYS.	
COMPREHENSION, CONCENTRATION, AND BEHAVIORAL. (MARK ALL THAT APPLY)		7 - NONE OF THE ABOVE BEHAVIOR SYMPTOMS DEMONSTRATED AT LEAST ONE WEEK (GM) (M1740) FREQUENCY OF DISRUPTIVE BEHAVIOR SYMPTOMS (REPORTED OR OBSERVED) ANY PHYSICAL, VERBAL, OR OTHER DISRUPTIVE/DANGEROUS SYMPTOMS THAT ARE UNUSUAL TO SELF OR OTHERS OR JEOPARDIZE PERSONAL SAFETY	
PATIENTS SHOULD BRIEF INTERVIEW FOR MENTAL STATUS (G0200-G0500) BE CONDUCTED ATTEMPT TO CONDUCT INTERVIEW WHILE PATIENTS.		0 - NO (PATIENT IS RARELY/NEVER UNDERSTOOD) 1 - INDICATE LEVEL OF COGNITIVE IMPAIRMENT PATIENT UNABLE TO COMPLETE INTERVIEW	
(E1) (D160) PATIENT MOOD INTERVIEW (PHQ-2 TO 9) PEZERG. DETERMINE IF THE PATIENT IS RARELY/NEVER UNDERSTOOD VERBALLY IN WRITING, OR USING ANOTHER METHOD. IF RARELY/NEVER UNDERSTOOD, CODE D01501 AND D01501A'S 9. NO RESPONSE LEAVE D01502 AND D01502 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 BOTH ERD, BY ANY OF THE FOLLOWING PROBLEMS READ AND SHOW THE PATIENT (D01501) SYMPTOM PRESENCE. FEELING DOWN, DEPRESSED, OR HOPELESS		NOT ASSESSED/NONE INFORMATION NOT ASSESSED/NONE INFORMATION NOT ASSESSED/NONE INFORMATION NOT ASSESSED/NONE INFORMATION	

Visit Date:	08/24/2025	Visit Number:	6	Visit Type:	RN15 - RN RESUMPTION OF CARE
Client ID:	5U09KCG5HM40	Primary Payor:	MEDICARE PDGM	Client DOB:	5/20/1984
MR No:	04200045038901	Legacy MR No:		Assessment:	

AGE 66+

YES

EALS

PARALYSIS

INDICATE ABNORMAL NEUROLOGIC FINDINGS. MARK ALL THAT APPLY

WAS MACH TO FALL RISK ASSESSMENT COMPLETED?

IN AND OUT OF SLEEP. NON VERBAL

DESCRIBE OTHER STATUS.

OTHER - SPECIFY

INDICATE CLIENT'S MENTAL STATUS: MARK ALL THAT APPLY

8. PATIENT UNABLE TO RESPOND

D0000. SOCIAL ISOLATION: HOW OFTEN DO YOU FEEL LONELY OR ISOLATED FROM THOSE AROUND YOU?

0. BEHAVIOR NOT PRESENT

INTERVIEW. COMTOSE - COULD NOT BE ARoused

THE FOLLOWING QUESTIONS. DID THE PATIENT HAVE A LAYERED LEVEL OF CONSCIOUSNESS. AS INDICATED BY ANY ONE

QUESTIONS. DID THE PATIENT HAVE A LAYERED LEVEL OF CONSCIOUSNESS. AS INDICATED BY ANY ONE

0. BEHAVIOR NOT PRESENT

CONVERSATION. UNCLERAR OR LOGICAL FLOW OF IDEAS. OR UNPREdictABLE SWITCHING FROM SUBJECT TO SUBJECT

(C130C) DISORGANIZED THINKING - WAS THE PATIENT'S THINKING DISORGANIZED OR INCOHERENT (RAMBLING OR IRRELEVANT

CONVERSATION. UNCLERAR OR LOGICAL FLOW OF IDEAS. OR UNPREdictABLE SWITCHING FROM SUBJECT TO SUBJECT

0. BEHAVIOR NOT PRESENT

HAVING DIFFICULTY KEEPING TRACK OF WHAT WAS BEING SAID

(C130B) INATTENTION - DID THE PATIENT HAVE DIFFICULTY FOCUSING ATTENTION. FOR EXAMPLE. BEING EASILY DISTRACTED OR

0. NO

STATUS FROM PATIENT'S BASELINE

REVIEWSING MEDICAL RECORD - ACUTE ONSET OF MENTAL STATUS CHANGE. IS THERE EVIDENCE OF AN ACUTE CHANGE IN MENTAL

(C130A) SIGNS AND SYMPTOMS OF DELIRIUM (CAM CO) CODE AFTER COMPLETING BRIEF INTERVIEW FOR MENTAL STATUS AND

0

99 IF UNABLE TO COMPLETE INTERVIEW. SYMPTOM FREQUENCY IS BLANK FOR 3 OR MORE REQUIRED ITEMS)

(D0160) ADD SCORES FOR ALL FREQUENCY RESPONSES FOR SYMPTOM FREQUENCY. TOTAL SCORE MUST BE BETWEEN 00 AND 27. ENTER

9

8. NO RESPONSE

(D01501) SYMPTOM PRESENCE. THOUGHTS THAT YOU WOULD BE BETTER OFF DEAD. OR OF HURTING. YOURSELF IN SOME WAY

0

(D01501) SYMPTOM PRESENCE. MOVING OR SPEAKING SO SLOWLY THAT YOU HAVE BEEN MOVING AROUND A LOT MORE THAN USUAL

9

BEING SO FIDGETY OR RESTLESS THAT YOU HAVE BEEN MOVING AROUND A LOT MORE THAN USUAL. OR THE OPPOSITE.

0

9. NO RESPONSE

(D01501) SYMPTOM PRESENCE. TROUBLE CONCENTRATING ON THINGS. SUCH AS READING THE NEWSPAPER OR WATCHING TELEVISION

9

DOWN

9

(D01501) SYMPTOM PRESENCE. FEELING BAD ABOUT YOURSELF - OR THAT YOU ARE A FAILURE OR HAVE LET YOURSELF OR YOUR FAMILY

9

9. NO RESPONSE

(D01501) SYMPTOM PRESENCE. POOR APPETITE OR OVEREATING

9

9. NO RESPONSE

(D01501) SYMPTOM PRESENCE. FEELING TIRED OR HAVING LITTLE ENERGY

9

9. NO RESPONSE

(D01501) SYMPTOM PRESENCE. TROUBLE FALLING OR STAYING ASLEEP. OR SLEEPING TOO MUCH

9

YES - CONTINUE TO PAGE INTERVIEW

7

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

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YES	DIAGNOSES (3 OR MORE CO-EXISTING) -- INCLUDES ONLY DOCUMENTED MEDICAL DIAGNOSIS	OR AT A LOWER LEVEL	INCONTINENCE - INABILITY TO MAKE IT TO THE BATHROOM OR COMMODE IN TIMELY MANNER INCLUDING FREQUENCY, URGENCY, AND/OR NOCTURIA.
YES	RELATED CHANGES - INCLUDING NOT HAVING THE CORRECT PRESCRIPTION, DEPTH OF FIELD LOSS, VISUAL FIELD LOSS, VISUAL IMPAIRMENT - INCULDES BUT NOT LIMITED TO, MACULAR DEGENERATION, DIABETIC RETINOPATHEIS, VISUAL ACUITY DECLINE IN GLASSES OR HAVING THE CORRECT PRESCRIPTION.	PROBLEMS, ARTHRITS, PAIN, FEAR OF FALLING, FOOT PROBLEMS, IMPAIRED SENSATION, IMPAIRED COORDINATION OR IMPROPER USE OF ASSISTIVE DEVICES.	ENVIRONMENTAL HAZARDS - MAY INCLUDE BUT NOT LIMITED TO, POOR ILLUMINATION, EQUIPMENT TUBING, INAPPROPRIATE FOOTWEAR, PETS, HARD TO REACH ITEMS, FLLOOR SURFACES THAT ARE UNLEVEL, OR CLUTTERED, OR OUTDOOR ENTRY AND EXITS.
NO	POLY PHARMACY & OR MORE PRESCRIPTIONS - ANY TYPE) -- ALL PRESCRIPTIONS INCLUDING PRESCRIPTIONS FOR OTC MEDS, DRUGS HIGHLY ASSOCIATED WITH FALL RISK INCLUDING CORTICOESTEROIDS, ANTIHANXIETY DRUGS, ANTI-DEPRESSANTS, TRANQUILIZERS, NARCOTICS, YES	PAIN AFFECTING LEVEL OF FUNCTION - PAIN OFTEN EFFECTS AN INDIVIDUAL'S DESIRE OR ABILITY TO MOVE. OR, PAIN CAN BE A FACTOR IN CONFUSION - COULD INCLUDE PATIENTS WITH DEMENTIA, ALZHEIMER'S OR STROKE PATIENTS, OR PATIENTS WHO ARE ADHERENT TO THE PLAN OF CARE.	ACCORDING TO THE MARCH TO FALL RISK ASSESSMENT, THIS PATIENT'S SCORE IS: 5
NO	FUNCTIONAL BASED ON THE SCORE, THE PATIENT IS:	AT RISK FOR FALLING	EVALUATION
YES	WAS MUSCULOSKELETAL SYSTEM ASSESSMENT MARK ALL THAT APPLY	INDICATE MUSCULOSKELETAL ASSESSMENT: MARK ALL THAT APPLY	PAIN / STIFFNESS ARTROPHY DECRAESED STRENGTH CONTRACTURES BONE/JOINT PROBLEMS YES
NO	IN WHAT EXTREMITIES DO BONE/JOINT PROBLEMS EXIST? (MARK ALL THAT APPLY)	IN WHAT EXTREMITIES DOES DECREASED STRENGTH EXIST? (MARK ALL THAT APPLY)	UPPER BLAAT LOWER BLAAT UPPER BLAAT LOWER BLAAT UPPER BLAAT LOWER BLAAT UPPER BLAAT LOWER BLAAT
NO	IN WHAT EXTREMITIES DO PAIN/STIFFNESS EXIST? (MARK ALL THAT APPLY)	IN WHAT EXTREMITIES DOES DECREASED STRENGTH EXIST? (MARK ALL THAT APPLY)	UPPER BLAAT LOWER BLAAT UPPER BLAAT LOWER BLAAT UPPER BLAAT LOWER BLAAT UPPER BLAAT LOWER BLAAT

VISIT DATE: 08/21/2025 VET/NUMBER: RN15 - RN RESUMPTION OF CARE
VET/TYPER: 5

Client Name:	ISAACS, SAMUEL	MR No.:	04200045838901	Legacy MR No.:
Client DOB:	5/20/1984	MR No.:	04200045838901	Legacy MR No.:
Measured ID:	6U09KCHM40	Primary Payer:	MEDICARE PDGM	

Visit Note Report

IN WHAT EXTREMES DOES ATROPHY EXIST? (MARK ALL THAT APPLY)	UPPER BLIAT
	LOWER BLIAT
	LOWEER BLIAT
	UPPER BLIAT
3 - PATIENT DEPENDS ENTIRELY UPON SOMEONE ELSE FOR GROOMING NEEDS	(G) (GM) (PRA) (M180D) GROOMING: CURRENT ABILITY TO TEND PERSONAL HYGIENE NEEDS (SPECIFICALLY: WASHING FACE AND HANDS; HAIR CARE; SHAVING OR MAKE UP; TEETH OR DENTURE CARE; OR FINGERNAIL CARE).
WITH USE OF EQUIPMENT, CODE THE PATIENT'S USUAL PERFORMANCE AT SCORING, CODING: SAFETY AND QUALITY OF PERFORMING EACH ACTIVITY USING THE 6-POINT SCALE.	(E/GG0130B) SELF-CARE ORAL HYGIENE SCORING, CODING: THE ABILITY TO USE SUITABLE ITEMS TO CLEAN TEETH, DENTURES (IE APPLEGABLE), THE ABILITY TO INSER AND REMOVE DENTURES INTO MOUTH, AND MANAGE DENTURE SOAKING AND RINSING WITH 6-POINT SCALE.
ASSISTANCE IS REQUIRED BECAUSE PATIENT'S PERFORMANCE AT SCORING, CODING: SAFETY AND QUALITY OF PERFORMING EACH ACTIVITY USING THE 6-POINT SCALE.	(E/GG0130C) SELF-CARE UPPER BODY DRESSING SCORING, CODING: THE ABILITY TO DRESS AND UNDRESS ABOVE THE WAIST.
ASSISTANCE IS REQUIRED FOR THE PATIENT TO COMPLETE THE ACTIVITY.	(G) (GM) (PRA) (M181D) CURRENT ABILITY TO DRESS LOWER BODY SAFELY (WITH OR WITHOUT DRESSING AIDS) INCLUDING UNDERGARMENTS.
3 - PATIENT DEPENDS ENTIRELY UPON ANOTHER PERSON TO DRESS LOWER BODY	(G) (GM) (PRA) (M182D) CURRENT ABILITY TO DRESS LOWER BODY SAFELY (WITH OR WITHOUT DRESSING AIDS) INCLUDING UNDERGARMENTS.
ASSISTANCE IS REQUIRED BECAUSE PATIENT'S PERFORMANCE AT SCORING, CODING: SAFETY AND QUALITY OF PERFORMING EACH ACTIVITY USING THE 6-POINT SCALE.	(E/GG0130G) SELF-CARE LOWER BODY DRESSING SCORING, CODING: THE ABILITY TO PUT ON AND TAKE OFF SOCKS AND SHOES OR OTHER FOOTWEAR THAT IS APPROPRIATE FOR EACH ACTIVITY INCLUDING FASTENERS, ETC.
ASSISTANCE IS REQUIRED FOR THE PATIENT TO COMPLETE THE ACTIVITY.	(E/GG0130H) SELF-CARE PUTTING ON/TAKING OFF SOFTWARE SOCKS.
01. DEPENDENT - HELPER DOES ALL OF THE EFFORT, PATIENT DOES NONE OF THE EFFORT TO COMPLETE THE ACTIVITY.	(E/GG0130I) SELF-CARE LOWER BODY DRESSING SCORING, CODING: THE ABILITY TO USE SUITABLE UTENSILS TO BRING FOOD AND/OR LIQUID TO THE MOUTH AND SWALLOW IT.
01. DEPENDENT - HELPER DOES ALL OF THE EFFORT, PATIENT DOES NONE OF THE EFFORT TO COMPLETE THE ACTIVITY.	(G) (GM) (PRA) (M183A) SELF-CARE EATING SCORING, CODING: THE ABILITY TO USE SUITABLE UTENSILS TO BRING FOOD AND/OR LIQUID TO THE MOUTH AND SWALLOW IT.
ASSISTANCE IS REQUIRED FOR THE PATIENT TO COMPLETE THE ACTIVITY.	(G) (GM) (PRA) (M183B) BATHING: CURRENT ABILITY TO WASH ENTIRE BODY SAFELY, EXCLUDING GROOMING WASHING FACE, WASHING HANDS AND UNWASHABLE PARTS OF BODY.
09. NOT APPLICABLE - NOT ATTEMPTED AND THE PATIENT DID NOT PERFORM THIS ACTIVITY PRIOR TO THE CURRENT ILLNESS.	(G) (GM) (PRA) (M183C) BATHING: CURRENT ABILITY TO WASH ENTIRE BODY SAFELY, EXCLUDING GROOMING WASHING FACE, WASHING HANDS AND UNWASHABLE PARTS OF BODY.

Visit Date:	08/21/2026	Visit Number:	5	Visit Type:	RN15 - RN RESUMPTION OF CARE
Measured ID:	5U00KCG5HMA0	Primary Payer:	MEDICARE PDGM		
Client DOB:	5/20/1984	Legacy MR No:			
Client:	ISAACS, SAMUEL	MR No:	04200045836901		

Visit Note Report

Assessment

Visit Date:	09/21/2025	Visit Number:	5	Visit Type:	RN15 - RN RESUMPTION OF CARE
Client ID:	5U09KCGHM40	Primary Payor:	MEDICARE PDGM		
Client DOB:	5/20/1984	Legacy MR No:			
6. UNABLE TO PARTICIPATE EFFECTIVELY IN BATHING AND IS BATHED TOTALLY BY ANOTHER PERSON.					

Visit Note Report

Assessment

(G90170R1) MOBILITY INDICATE THE TYPE OF WHEELCHAIR OR SCOOTER USED.
ASSISTANCE OF 2 OR MORE HELPER IS REQUIRED FOR THE PATIENT TO COMPLETE THE ACTIVITY
(E/G90170S1) MOBILITY WHEEL 160 EJECT SOC/ROCKER PERFORMANCE. ONCE SEATED IN WHEELCHAIR/SCOOTER, THE ABILITY TO WHEE
LEAST 150 FEET IN A STRAIGHT LINE WITHIN 10 SECONDS. THE ACTIVITY WAS NOT ATTENDED AT THIS POINT. THE PATIENT'S USUAL PERFORMANCE AT SOC/ROCK FOR EACH ACTIVITY IS
THE ACTIVITY WAS NOT ATTENDED AT SOC/ROCK FOR EACH ACTIVITY IS

(E)GAC0170S1 MOBILITY WHEEL 160 EJECT SOG/ROCK PERFORMANCE. ONCE SETTED IN WHEEL CHAIR/SOOTER, THE ABILITY TO WHEELED IN A CORRIDOR OR SMALL SPACES CODE THE PATIENT'S USUAL PERFORMANCE AT SOCROC FOR EACH ACTIVITY LEAST 150 SEETS.

Visit Note Report

Assessment					
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. OR, THE	(G0010SS) MOBILITY INDICATE THE TYPE OF WHEELCHAIR OR SCOOTER USED.	2. MOTORIZED	(E/G0010CC) STAIRS PRIOR FUNCTIONING: EVERDAY ACTIVITIES. INDICATE THE PATIENT'S USUAL ABILITY WITH EVERDAY ACTIVITIES PRIOR TO THE CURRENT ILLNESS. EXACERBATION, OR INJURY, CODE THE PATIENT'S USUAL ABILITY WITH INTERNAL OR EXTERNAL STAIRS (WITH OR WITHOUT A DEVICE SUCH AS CANE, CRUTCH, OR WALKER) PRIOR TO THE CURRENT ILLNESS. EXACERBATION, OR INJURY.	4. DEPENDENT - A HELPER COMPLETE ALL THE ACTIVITIES FOR THE PATIENT	(E/G0010AA) SELF CARE PRIOR FUNCTIONING: EVERDAY ACTIVITIES. INDICATE THE PATIENT'S USUAL ABILITY WITH EVERYDAY ACTIVITIES PRIOR TO THE CURRENT ILLNESS. EXACERBATION, OR INJURY, CODE THE PATIENT'S USUAL ABILITY WITH BATHEING. DRESSING.
4. DEPENDENT - A HELPER COMPLETE ALL THE ACTIVITIES FOR THE PATIENT	(G0011D) FUNCTIONAL ABILITIES AND GOALS PRIOR DEVICE USE: INDICATE DEVICES AND AIDS USED BY THE PATIENT	1. DEPENDENT - A HELPER COMPLETE ALL THE ACTIVITIES FOR THE PATIENT	(E/G0010D) FUNCTIONAL COGNITION PRIOR EDUCATION: EVERDAY ACTIVITIES. INDICATE THE PATIENT'S USUAL ABILITY WITH EVERYDAY ACTIVITIES PRIOR TO THE CURRENT ILLNESS. EXACERBATION, OR INJURY, CODE THE PATIENT'S USUAL ABILITY WITH ASSISTANCE WITH PLANNING REGULAR TASKS. SUCH AS SHOPPING OR REMEMBERING TO TAKE MEDICATION PRIOR TO THE CURRENT ILLNESS.	1. DEPENDENT - A HELPER COMPLETE ALL THE ACTIVITIES FOR THE PATIENT	(G0010) FUNCTIONAL COGNITION PRIOR EDUCATION: EVERDAY ACTIVITIES. INDICATE THE PATIENT'S USUAL ABILITY WITH SPECIAL DRUG REGIMEN REVIEW. DID A COMPLETE DRUG REVIEW IDENTIFY POTENTIAL CLINICAL SIGNIFICANT MEDICATIONS
YES	WERE ANY NEW SYMPTOMS IDENTIFIED ASSOCIATED WITH THESE CONDITIONS?	NO	WERE ANY NEW SYMPTOMS IDENTIFIED ASSOCIATED WITH THESE CONDITIONS?	NO	(G001001) DRUG REGIMENT REVIEW: DID A COMPLETE DRUG REVIEW IDENTIFY POTENTIAL CLINICAL SIGNIFICANT MEDICATIONS
CO-MORBID CONDITIONS					
1. YES - ISSUES FOUND DURING REVIEW	ISSUES?	1. YES - ISSUES FOUND DURING REVIEW	ISSUES?	1. YES - ISSUES FOUND DURING REVIEW	ISSUES?
MEDICATIONS					
0 - NO	CLINICAL DAY AND COMPLETE PRESCRIBED/RECOMMENDED ACTIONS IN RESPONSE TO THE IDENTIFIED POTENTIAL CLINICAL PROBLEMS FOR ALL HIGH-RISK MEDICATIONS (SUCH AS HYPOTENSIVES, ANTICOAGULANTS, ETC.) AND HOW AND WHEN TO REPORT (GM) (M2010) PATIENTS RECEIVING HIGH-RISK DRUG EDUCATION: HAS THE PATIENT/CAREGIVER RECEIVED INSTRUCTION ON SPECIAL MEDICATIONS RELATED SAFELY, INCLUDING ADMINISTRATION OF THE CORRECT DOSE AT THE APPROPRIATE TIMES/INTERVALS. EXCLUDES EXCEPTIVE AND SAFE MEDICATIONS. NOTE: THIS REFERS TO ABILITY NOT COMPATIBILITY OF THE PATIENT'S CURRENT ABILITY TO PREPARE AND TAKE ALL ORAL MEDICATIONS.	1 - YES	PROBLEMS THAT MAY OCCUR?	(GM) (M2020) MANAGEMENT OF ORAL MEDICATIONS: PATIENT'S CURRENT ABILITY TO PREPARE AND TAKE ALL ORAL MEDICATIONS EXCLUDING MANAGEABLE AND SAFE MEDICATIONS. NOTE: THIS REFERS TO ABILITY NOT COMPATIBILITY OF THE PATIENT'S CURRENT ABILITY TO PREPARE AND TAKE ALL ORAL MEDICATIONS.	1 - YES
INJECTABLES AND MEDICATIONS					
0 - NO	(GM) (M2030) MANAGEMENT OF INJECTABLE MEDICATIONS: PATIENT'S CURRENT ABILITY TO TAKE MEDICATION UNLESS ADMINISTERED BY ANOTHER PERSON.	1 - YES	UNABLE TO TAKE MEDICATION UNLESS ADMINISTERED BY ANOTHER PERSON.	(M2030) MANAGEMENT OF INJECTABLE MEDICATIONS: PATIENT'S CURRENT ABILITY TO PREPARE AND TAKE ALL PRESCRIBED INJECTABLE MEDICATIONS RELATED SAFELY, INCLUDING ADMINISTRATION OF THE CORRECT DOSE AT THE APPROPRIATE TIMES/INTERVALS. EXCLUDES EXCEPTIVE AND SAFE MEDICATIONS. NOTE: THIS REFERS TO ABILITY NOT COMPATIBILITY OF THE PATIENT'S CURRENT ABILITY TO PREPARE AND TAKE ALL ORAL MEDICATIONS.	1 - YES
EXCLUSIONS					
0 - NO	INJECTABLES AND MEDICATIONS. NOTE: THIS REFERS TO ABILITY NOT COMPATIBILITY OF THE PATIENT'S CURRENT ABILITY TO PREPARE AND TAKE ALL ORAL MEDICATIONS.	1 - YES	NONABLE TO THE ABOVE	(N0415) HIGH-RISK DRUG CLASSES USE AND INDICATION: CHECK IF THE PATIENT IS TAKING ANY MEDICATIONS BY PHARMACEUTICAL CLASSIFICATION. NOT HOW IT IS USED IN THE FOLLOWING CLASSES.	2. NONE OF THE ABOVE
PATIENT/CAREGIVER COMPLAINT WITH ALL MEDICATION ADMINISTRATION					
YES	VERIFIED ACCURATE MEDICATION LIST IN HOME?				

Client ID:	5U08KCG3H40	Client Name:	ISAACS, SAMUEL	MR No.:	04200045838901	Legacy MR No.:	Primary Payor:	MEDICARE PDGM	Visit Date:	08/21/2025	VISIT Number:	5	Visit Type:	RN16 - RN RESUMPTION OF CARE
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Care Management	
Assessment Location:	IN BEDROOM
Visit Date:	08/21/2025
Visit Number:	5
Visit Type:	RN15 - RN RESUMPTION OF CARE
Client ID:	5009KCGHM40
Client DOB:	5/20/1984
MR No.:	04200046838901
Legacy MR No.:	
Primary Payor:	MEDICARE PDGM
Measured ID:	
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
Assistance for supervision and safety (for example, due to cognitive impairment), if assistance is needed.	(PRA) (M2102) TYPES AND SOURCES OF ASSISTANCE: DETERMINE THE LEVEL OF CAREGIVER ABILITY AND WILLINGNESS TO PROVIDE 1 - NON-AGENCY CAREGIVER(S) CURRENTLY PROVIDE ASSISTANCE PRGRAMS THAT APPLY ON ADMISSION PROGRAMS, TREATMENTS, PROCEDURES, AND PROGRAMS. CHECK ALL OF THE FOLLOWING TREATMENTS, PROCEDURES, AND INDICATE TYPE OF ADMINISTRATION OF OXYGEN THERAPY ON ADMISSION C3. INTRAMITTENT D3. AS NEEDED PROVIDER HAS THE CLIENT RECEIVED HOME HEALTH SERVICES FROM A DIFFERENT HOME HEALTH PROVIDER IN THE PAST 60 DAYS? NO HAS THE CLIENT RECEIVED OUTPATIENT THERAPY SERVICES IN THE PAST 60 DAYS? NO IS THIS ASSESSMENT BEING PERFORMED FOR A MEDICARE PAYMENT EPISODE THAT DETERMINES A CASE MIX GROUP (THERAPY NEED)? YES (M220) THERAPY NEED: IN THE HOME HEALTH PLAN OF CARE FOR THE MEDICARE PAYMENT EPISODE FOR WHICH THIS ASSESSMENT WILL OCCUPATIONAL AND SPEECH-LANGUAGE PATHOLOGY VISITS COMBINED (ENTER ZERO (000) IF NO THERAPY VISITS INDICATED).
Psychiatric	0
Does the patient take a psychotropic medication?	NO
Were behavioral scales assessments completed?	NO
Was a change of service provided?	NO
Is a change of services required?	NO ADDITIONAL DISCIPLINES/CHANGE IN FREQUENCY OF VISITS NEEDED
Supervisory functions	IS A CHANGE OF SERVICE PROVIDED?
Were supervisory functions performed?	WERE SUPERVISORY FUNCTIONS PERFORMED?
Indicate reason supervisory functions not performed.	NOT APPLICABLE
Care Coordination	

Visit Note Report

Client: ISAACS, SAMUEL	MR No: 04200046838901	Legacy MR No:	Visit Type: RN15 - RN RESUMPTION OF CARE
Primary Payor: MEDICARE PDGM	Prmry Payor: MEDICARE PDGM	Visit Number: 5	Visit Date: 08/21/2025
Measured ID: 5009KCGHM40	Client DOB: 5/20/1984	Location: IN BEDROOM	

RN15 - RN RESUMPTION OF CARE
Visits Type: 5 Visit Number: 08/21/2025 Visit Date:

Client ID: 1SAACS-SAMUEL MR No: 04200045838901 Legacy MR No:
Client DOB: 620191984 Legacy MR No:
Primary Payor: MEDICARE PDGM
Measured ID: 5U09K5CHM40

Visit Note Report

<p>Narrative</p> <p>PT WAS SEEN BY CAREGIVER 24t. PT RECENTLY HOSPITALIZED FOR RESPIRATORY EXACERBATIONS AND EXCESSIVE SECRETIONS. PT WAS OVERSEEN BY CAREGIVER 24t. PT IS NON AMBULATORY AND NON VERBAL AT BASELINE. ALL VSS. NO OBSERVED GRIMACING OR SIGNS OF PAIN OR DISTRESS. PT USES 02 LNC AT BEDTIME AND PRN. LUNGS Auscultated AND HEARD WHEEZING AND DIMINISHED BREATH SOUNDS IN LOWER LOBES. NO COUGHING OR DISTRESSES OBSERVED.</p> <p>PT WOKE DURING ASSESSMENT. PT DISCOVERED DURING SKIN ASSESSMENT ON POSTERIOR HIP. MEASUREMENTS AND PICTURE WERE TAKEN AND UPLOADED VIA FOTURA CAREGIVER MADE AWARE AND DOCUMENTED ON PROPER WOUND CARE. TURNING OF PT EVERY 2 HOURS TO ALLEViate PRESSURE TO BONY PROMINENCES ADVISED TO USE PILLOWS UNDER CAR. CAREGIVER REPORTS FT KNOWLEDGEABLE AND VERBALIZED UNDERSTANDING OF TEACHING VIA TECH-BACK. PT NUTRITION OF PT WELL.</p> <p>CALLED PCP FOR VERBAL ORDER APPROVAL. ANN AT DR ROYALTY OFFICE GAVE VERBAL ORDER AT 14:53. 8/21/25.</p>	
<p>Patient Goals</p> <p>FAMILY GOAL IS FOR PATIENT TO REMAIN OUT OF HOSPITAL</p> <p>PATIENT GOAL COMMENT</p> <p>TO REMAIN OUT OF THE HOSPITAL</p>	
<p>Interventions Provided</p> <p>1. COLLABORATE WITH PATIENT/CAREGIVER IN POC DEVELOPMENT. CHANGES IN POC ARE AGREED UPON AND RECEIVED UPON AND COMMUNICATED WITH THE PATIENT/CAREGIVER. PHYSICIANS WRITING ORDERS ON THE POC AND/OR THE RECEIVING PHYSICIAN/HEALTH CARE PROVIDER.</p> <p>DETAILED/COMMENTS: COLLABORATED WITH PATIENT/CAREGIVER IN THE DEVELOPMENT OF THE POC.</p> <p>THE FOLLOWING CHANGE(S) WERE AGREED UPON AND MADE TO THE POC: RESUMPTION OF CARE TODAY 8/21/25</p> <p>DISCHARGE PLAN:</p> <p>THE FOLLOWING CHANGE(S) WERE AGREED UPON AND MADE TO THE POC: RESUMPTION OF CARE TODAY 8/21/25</p>	
<p>Assess Skin for Signs / Symptoms of Breakdown as well as Preventative Measures Provided to Maintain Skin Integrity.</p>	

Visit Date:	08/21/2025	Visit Number:	5	Visit Type:	RN15 - RN RESUMPTION OF CARE
Client ID:	5U09KCHM40	Primary Payor:	MEDICARE PDGM	State:	DOES PATIENT HAVE PAIN ASSOCIATED WITH THIS WOUND?
Client DOB:	5/20/1984	Legacy MR No:	MR No:	SIGNS AND SYMPTOMS OF INFECTION	PERIPHERAL TISSUE INDURATION

<p>(All Intervention Details Must Be Instructed On Prior To Marking The Intervention Goal As Achieved)</p> <p>DETAILS/COMMENTS: SIGNS / SYMPTOMS OF SKIN BREAKDOWN - PALE OR REDDENED AREA, BLISTER, PAIN,ITCHING, BOGGY AREA, LOSS OF TISSUE TO INCLUIDE BOTH LAYERS OF SKIN.</p> <p>BASIC PRINCIPLES OF SKIN CARE IS THE FORCE CAUSING THE BREAKDOWN SHOULD BE ELIMINATED OR DECREASED. PRESSURE ULCERS ARE CAUSED BY FRICITION/SHEAR AND/OR UNRELIEVED PRESSURE (COMPRESSING DOWNWARD FORCE ON A BODY AREA) THAT RESULTS IN DAMAGE TO AN UNDERLYING TISSUE. THIS CAUSES A POOR OR INSUFFICIENT BLOOD SUPPLY TO THE TISSUE.</p> <p>INSTRUCED ON BONY PROMINENCES OF THE BODY WHERE BREAKDOWN OF SKIN IS MOST LIKELY TO OCCUR: ANKLES, HEELS, SIDE OF KNEES, SACRUM, HIPS, ELBOWS, SHOULDER BLADES, BACK OF HEAD EARS AND MOIST AREAS SUCH AS UNDER BREASTS, IN SKIN FOLDS AND GROIN.</p> <p>RISK FACTORS INCLUDE AGE, IMMOBILITY, POOR NUTRITION, MECHANICAL FORCES (SHEAR, PRESSURE, FRICTION).</p> <p>HISTORY OF RADIAITON.</p> <p>USE OF PRESSURE-RELIEVING DEVICES TO EQUAL THE DEGREE OF RISK FOR SKIN BREAKDOWN (EGG CRATE, ALTERNATING PRESSURE PADS, SHEEPSKIN, ETC).</p> <p>IF BEDBOUND: USE DRA SHEET TO TURN AND REPOSITION, CHANGE POSITIONS EVERY 2 HOURS, CONSIDER DEVICES TO HELP REPOSITION SUCH AS TRAPEZE BAR, USE SPECIALLY PRESSURE RELIEF MATRESSES, ADJUST ELEVATION OF BED TO NO MORE THAN 30 DEGREES, AND USE CUSHIONS TO PROTECT BONY PROMINENCES.</p> <p>MANAGE INCONTINENCE AND USE OINTMENTS TO PROTECT SKIN FROM EXCESSIVE MOISTURE AND INCONTINENCE.</p> <p>IMPOTANCE OF APPROPRIATE MEASURES TO PREVENT SKIN INJURY/BREAKDOWN INCLUDING ROUTINE INSPECTION OF SKIN.</p> <p>SKIN CARE MEASURES: CLEAN AFFECTED SKIN WITH MILD SOAP AND WARM WATER OR NO-RINSE CLEANSER AND PAT DRY.</p> <p>KEEP LINENS WRINKLE AND CRUMBLE FREE.</p> <p>CHANGE POSITIONS AT LEAST EVERY TWO HOURS.</p> <p>KEEP SKIN CLEAN AND DRY ESPECIALLY OVER BONY PROMINENCES, TWICE DAILY OR AS INDICATED BY INCONTINENCE OR SWEATING.</p> <p>MANAGE INCONTINENCE AND USE OINTMENTS TO PROTECT SKIN FROM EXCESSIVE MOISTURE AND INCONTINENCE.</p> <p>SKIN CARE MEASURES: CLEAN AFFECTED SKIN WITH MILD SOAP AND WARM WATER OR NO-RINSE CLEANSER AND PAT DRY.</p> <p>IF A WOUND EXISTS, A CONTROLLED, MOIST ENVIRONMENT PROMOTES HEALING.</p> <p>INSPECT SKIN DAILY AND NOTIFY CLINICIAN OR PHYSICIAN OF SIGNS OF BREAKDOWN.</p> <p>DETAILS/COMMENTS: REVIEWED DIETARY NEEDS AND RESTRICTIONS WHEN TO REPORT TO NURSE/PHYSICIAN</p> <p>REVIEWED DIETARY NEEDS AND RESTRICTIONS MEDICATION REGIMEN, SIDE EFFECTS/DESIRABLE EFFECTS, POTENTIAL INTERACTIONS AND REFILL PROCESS</p> <p>BALANCING ACTIVITIES AND NEED FOR FREQUENT REST PERIODS</p> <p>4. INSTRUCTIONS ON THE USE OF MEDICATION THERAPY ASSOCIATED WITH SKIN INTEGRITY</p> <p>DETAILS/COMMENTS: MANAGEMENT OF MEDICATION REGIMEN INCLUDING CORRECT MEDICATION DOSAGE, FREQUENCY, ROUTE THERAPY, SPECIAL CONSIDERATIONS, AND POTENTIAL INTERACTIONS OF DRUG</p>					
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Client: ISACC'S, SAMUEL	MR No: 04200045038801	Legacy MR No:	Primary Payor:	MEDICARE PDGM	Measured ID: 5U90KCGHMA0
Visit Date: 08/21/2025	Visit Number: 5	Visit Type:	RN15 - RN RESUMPTION OF CARE		

<p>THE FOLLOWING EDITS WERE MADE IN COLLABORATION WITH AND AGREED UPON BY THE ASSESSING CLINICIAN:</p> <p>VISIT NOTE ADDENDUM ADDED BY: BHARATHI BABU CORRIDOR ON Aug 25 2025 8:42AM</p> <p>SUPPLIES DELIVERED/USED EDITED BY SQL-SVC-JAMS-PRD-RWX ON Aug 21 2025 4:46PM</p> <p>ADDITIONAL</p> <p>8/26/2025 9:28 AM DANITA COFFEY, RN Last Modified By: Last Modified Date:</p> <p>(Electronically Signed)</p> <p>RACHEL BUNKER RN 08/21/2026 04:28 PM</p> <p><i>Rachel Bunker RN</i></p>																																	
<p>Agent Signature: </p> <p>Reason Caregiver Signature Detailed: CAREGIVER SIGNS FOR PT</p>																																	
<p>Supplies Delivered</p> <table border="1"> <tr> <td>1 - GAUZE PAD NON-STERILE 4X4 SHEVE (200/PK) - PACK</td> <td>6 - OPTIFORM GENTLE EX BORDERED FOAM 4CM X 4CM - EACH</td> <td>1 - WOUND CLEANSER SKINTEGRITY (NOT SALINE) 8OZ - EACH</td> </tr> <tr> <td colspan="3">SPRAY</td> </tr> <tr> <td>TERAZOSIN 1 MG CAPSULE</td> <td>Dose</td> <td>Purpose</td> <td>Per capsule</td> <td>Per instructions</td> <td>N</td> <td>N</td> </tr> <tr> <td>Medication</td> <td>Directions</td> <td>Slide effects</td> <td>for use</td> <td>Interactions</td> <td>N</td> <td>N</td> </tr> <tr> <td colspan="7">Medication Understanding Changes</td> </tr> </table>							1 - GAUZE PAD NON-STERILE 4X4 SHEVE (200/PK) - PACK	6 - OPTIFORM GENTLE EX BORDERED FOAM 4CM X 4CM - EACH	1 - WOUND CLEANSER SKINTEGRITY (NOT SALINE) 8OZ - EACH	SPRAY			TERAZOSIN 1 MG CAPSULE	Dose	Purpose	Per capsule	Per instructions	N	N	Medication	Directions	Slide effects	for use	Interactions	N	N	Medication Understanding Changes						
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<p>EXCEPTION CODE: NOT APPLICABLE TO CURRENT VISIT</p> <p>4. INCREASED PAIN OR INFFECTIVE PAIN CONTROL MEASURES ARE IDENTIFIED AND PROMPTLY REPORTED TO THE PHYSICIAN</p> <p>EXCEPTION CODE: PATIENT ILLEGIBILITY IDENTIFIED AND ADDRESSED.</p> <p>3. SIGNS AND SYMPTOMS OF DEPRESSION ARE ADEQUATELY IDENTIFIED AND PROMPTLY REFERRED.</p> <p>EXCEPTION CODE: PATIENT DISCHARGE PLANS.</p> <p>2. PATIENT/CAREGIVER VERBALIZES AGREEMENT WITH DISCHARGE PLANS.</p> <p>EXCEPTION CODE: NOT APPLICABLE TO CURRENT VISIT</p> <p>1. PATIENT/CAREGIVER WILL VERBALIZE UNDERSTANDING OF LAB TESTS TO HELP INDICATE LEVEL OF HEALING.</p> <p>Goals Not Met</p>																																	
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<p>Goals Met</p> <p>Visit Date: 08/21/2025 Visit Number: 5 Visit Type: RN15 - RN RESUMPTION OF CARE</p> <p>Client ID: 6U9gkC5H40 Primary Payor: MEDICARE PDGM</p> <p>Client POB: 5/20/1984 MR No: 04200045838901 Legacy MR No:</p>																																	

Visit Date:	06/21/2026	Vital Number:	5	Vital Type:	RN15 - RN RESUMPTION OF CARE
Measured ID:	5U209KCG5HMA0	Primary Payor:	MEDICARE PDGM		
Client DOB:	6/20/1984	MR No:	04200045838901	Legacy MR No:	ISAACS, SAMUEL

Visit Note Report

Client: ISACS, SAMUEL	MR No: 04200045838801	Legacy MR No:	Primary Payor: MEDICARE PGGM	Visit Date: 08/21/2025	Visit Number: 5	Visit Type: RN15 - RN RESUMPTION OF CARE
Entered ID: 6U09K5HMA0	Clinent DOB: 5/20/1984	Visit Note Report	POST-EDIT ANSWER: 0 - NEVER	PRE-EDIT ANSWER: 1 - REQUIRES PROMPTING (CUNING)	QUESTIONS: M1745 Frequency of Behavior Problems	POST-EDIT ANSWER: 4 - TOTALLY DEPENDENT DUE TO D...