

Patient Information Report

Patient: TUCKER, HUGH M	Insured ID: H52787564	Primary Payor:	HUMANA MCR ADV PDGM
MR No: 04200089275501			
Legacy MR No:			

		Insured 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	4/30/2025 12:15:48 PM	HCHB RECERTIFICATION	Y	05/14/2025 07/12/2025

Unit Type	Budget Type	Billing Code	Qty Per Period	Qty Per Day	Qty Per Week	Qty Per Month	Qty Per Year	Active
VISITS	DISCIPLINES							Y
PPS PROGRAM	5/21/2025 10:35:26 PM		ELIGIBILITY08 ELEMENT5, ELEMENT5		209237817			05/14/2025 07/12/2025
			Elisabet		Y			
VISITS	DISCIPLINES	HHA	60					Y
VISITS	DISCIPLINES	MSW	60					Y
VISITS	DISCIPLINES	OT	60					Y
VISITS	DISCIPLINES	PT	60					Y
VISITS	DISCIPLINES	SN	60					Y
VISITS	DISCIPLINES	ST	60					Y

Physician Info			
Primary Physician MILUM, JOSEPH		NPI #	Date Last Seen
		1497759138	
Address 299 KINGS DAUGHTERS DR,		City FRANKFORT	State KY
Phone (502)226-7872	Fax (502)209-2335		Zip 40601
		Pager	
Secondary Physician YAACOUBAGHA, WADDAH		Perform Add-On Evaluation Prior to Approval of the Plan of Care associated with the Completed SOC Visit?	
Requested Date of Evaluation 05/14/2025		Admitting Discipline SN	N
Requested Date of Add-On Evaluation		Add-On Discipline	

Clinical Info			
Case Manager MANDI MCBRIDE, RN		Team Member(s)	
		CHERYL COOK, LPN	
		GRETCHEN OLDS-ROENTZ, OT	
		LEESA HENSON, LPN	
		MEGAN KIFER, PTA	
		WALTER LUTTRELL, PT	

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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
3 - WITHIN WEEK	CHAIR BOUND	FRIENDS

Type	Location	Contents	Contact Name	Contact Phone	Was Adv Dir Info Left With Caregiver?
LIVING WILL	IN THE HOME				N

Inpatient Events (Chart Fields Only - Not Aggregated)

Inpatient Facility	Hospital Admit Date	Hospital Discharge Date	Surgery Date	Inpatient MR No.	Reason for Admission
SELECT SPECIALTY - LEXINGTON	06/05/2024	07/06/2024			

Home Health Care Survey

<u>Is care related to surgical discharge?</u>	<u>Does patient have end-stage renal disease?</u>	<u>Number of ADLs for which patient is not independent?</u>
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<u>Has patient requested "No Publicity" status?</u>	<u>Is maternity care the primary reason for home health care?</u>	<u>Primary Spoken Language</u>
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ICD-10 Diagnoses/Procedures

Order	Code	Description	Onset / Exac.	O/E Date	Type	Sym. Ctrl. Rtg.	OASIS Item
1	L89.152	PRESSURE ULCER OF SACRAL REGION, STAGE 2	E	07/18/2024	D	2 - Symptoms controlled with difficulty, affecting daily functioning; patient needs ongoing monitoring.	M1021
2	L89.314	PRESSURE ULCER OF RIGHT BUTTOCK, STAGE 4	E	07/18/2024	D	1 - Symptoms well controlled with current therapy.	M1023
3	G35	MULTIPLE SCLEROSIS	E	07/18/2024	D	1 - Symptoms well controlled with current therapy.	M1023
4	I73.9	PERIPHERAL VASCULAR DISEASE, UNSPECIFIED	E	07/18/2024	D	1 - Symptoms well controlled with current therapy.	M1023
5	G82.20	PARAPLEGIA, UNSPECIFIED	E	07/18/2024	D	1 - Symptoms well controlled with current therapy.	M1023
6	I10	ESSENTIAL (PRIMARY) HYPERTENSION	E	07/18/2024	D	1 - Symptoms well controlled with current therapy.	M1023
7	I87.2	VENOUS INSUFFICIENCY (CHRONIC) (PERIPHERAL)	E	07/18/2024	D		M1023
8	D50.9	IRON DEFICIENCY ANEMIA, UNSPECIFIED	E	07/18/2024	D		M1023
9	G62.9	POLYNEUROPATHY, UNSPECIFIED	E	07/18/2024	D		M1023
10	Z99.3	DEPENDENCE ON WHEELCHAIR	E	07/18/2024	D		M1023
11	Z91.81	HISTORY OF FALLING	E	07/18/2024	D		M1023

Allergies

Description	Date Entered
BETADINE	6/13/2025 2:52:24 PM

* denotes Non-Visit QI Reporting Collection

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 Client DOB: 1/15/1966 Primary Payor: HUMANA MCR ADV PDGM
 Insured ID: H52787564

Visit Date: 06/24/2025 Visit Number: 5 Visit Type: SN11 - SN SUBSEQUENT VISIT

General: TUCKER, HUGH M. 04200069275501

Visit Date:	Visit Number:	Visit Type:	Branch Code:	Billable:		
06/24/2025	5	SN11 - SN SUBSEQUENT VISIT	042	<input checked="" type="checkbox"/>		
Agent ID:	Agent Name:	Mileage Payment Method:	Trip Fees:	Mileage Start:	Mileage End:	Mileage:
211549	CHERYL COOK LPN	AM	0.00	0	0	0

Time:

TRAVEL TIME	DRIVE START TIME	06/24/2025 01:47 PM	DRIVE END TIME	06/24/2025 01:48 PM
IN-HOME TIME	BEGAN	06/24/2025 01:48 PM	INCOMPLETE	06/24/2025 02:18 PM
DOCUMENTATION TIME	RESUMED	06/25/2025 10:50 AM	COMPLETED	06/25/2025 10:52 AM
Total In-Home Time:	0.51 Hours			
Total Drive Time:	0.01 Hours			
Total Doc Time:	0.04 Hours			
Total Time:	0.55 Hours			

Vital Signs

Vital Signs	Reading	Time Recorded	Details	Instrument Problems
Temperature	97.6	06/24/2025 02:04 PM	TEMPORAL	N
Pulse	72	06/24/2025 02:04 PM	RADIAL	N
Pulse Characteristics:			WNL	
Respirations	16	06/24/2025 02:04 PM		N
Respiration Characteristics:			WNL	
Blood Pressure	118 / 62	06/24/2025 02:04 PM	SITTING ARM - RT	N
Oxygen Saturation Level (%)	97	06/24/2025 02:04 PM		N
Oxygen Saturation Characteristics:			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 - WHEELCHAIR - 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:

HARD OF HEARING

INDICATE HEAD AND NECK ASSESSMENT FINDINGS:

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ASSESSMENT			
WNL			
PAIN			
<u>IS PATIENT UNCOMFORTABLE BECAUSE OF PAIN?</u>			
NO			
<u>ARE THERE ANY ADDITIONAL DETAILS THAT NEED TO BE PROVIDED TO DESCRIBE THE CLIENT'S PAIN?</u>			
NO			
INTEGUMENTARY			
<u>INDICATE INTEGUMENTARY ASSESSMENT FINDINGS: (MARK ALL THAT APPLY)</u>			
NO PROBLEMS IDENTIFIED			
CARDIOVASCULAR			
<u>CARDIOVASCULAR ASSESSMENT FINDINGS: (MARK ALL THAT APPLY)</u>			
HEART SOUNDS WITH NORMAL RATE AND RHYTHM			
<u>ARE COMPRESSION STOCKINGS ORDERED?</u>			
NO			
RESPIRATORY			
<u>INDICATE RESPIRATORY ASSESSMENT FINDINGS: (MARK ALL THAT APPLY)</u>			
LUNGS CLEAR IN ALL LOBES			
<u>WAS O2 SATURATION LEVEL TESTED?</u>			
NO			
<u>WAS PERCEIVED FUNCTIONAL DYSPNEA SCALE PERFORMED?</u>			
NO			
GENITOURINARY			
<u>INDICATE GENITOURINARY ASSESSMENT: (MARK ALL THAT APPLY)</u>			
EXTERNAL CATHETER			
GASTROINTESTINAL			
<u>INDICATE GASTROINTESTINAL ASSESSMENT FINDINGS: (MARK ALL THAT APPLY)</u>			
OSTOMY FOR BOWEL ELIMINATION			
<u>INDICATE DATE OF LAST BOWEL MOVEMENT:</u>			
6/24/2025			
<u>NUTRITIONAL STATUS:</u>			
GOOD APPETITE			
COGNITIVE/BEHAVIORAL			
<u>INDICATE CLIENT'S MENTAL STATUS: (MARK ALL THAT APPLY)</u>			
ALERT			
ORIENTED TO PERSON			
ORIENTED TO PLACE			
ORIENTED TO TIME			
<u>INDICATE ABNORMAL NEUROLOGIC FINDINGS: (MARK ALL THAT APPLY)</u>			
WNL			
PSYCHIATRIC			
<u>DOES THE PATIENT TAKE A PSYCHOTROPIC MEDICATION?</u>			
NO			
<u>WERE BEHAVIORAL SCALES ASSESSMENTS COMPLETED?</u>			
NO			
ENDOCRINE/HEMATOPOIETIC			

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

WNL

IS THE CLIENT TAKING AN ANTICOAGULANT?

NO

FUNCTIONALINDICATE MUSCULOSKELETAL ASSESSMENT: (MARK ALL THAT APPLY)

WNL

HAS THE PATIENT HAD ANY UNREPORTED FALLS SINCE LAST VISIT?

NO

CARE COORDINATIONINDICATE 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

FAMILY MEMBER

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

BEDSIDE

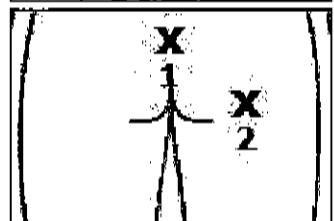
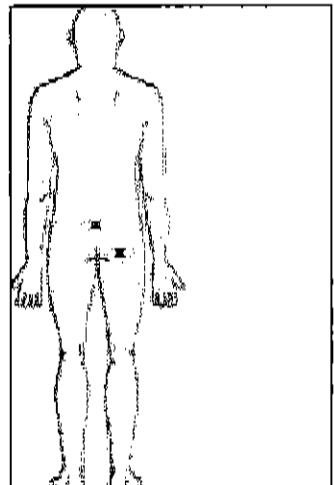
SUPERVISORY FUNCTIONSWERE SUPERVISORY FUNCTIONS PERFORMED?

NOT APPLICABLE

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

Anatomical View

Wound # / Location / Type / Source Question	Answer
MALE POSTERIOR	
#1: MULTI-SCAT-SACRAL MID-PUSTAGE II - HCMB	
Onset date: 07/18/2024	
CHANGE IN STATUS	NONE
WOUND ASSESSED	YES
TOTAL WAT SCORE	30
MEASUREMENTS TAKEN	YES
LENGTHxWIDTHxDEPTH(CM)	6 X 4.5 X 0.5
SURFACE AREA (SQ CM)	27
DEPTH DESCRIPTION	NECROTIC
IS THIS A CLOSED SURGICAL WOUND OR SUSPECTED DEEP TISSUE INJURY?	NO
GRANULATION TISSUE	<75 & > 25%
EDGES	INDIST
SHAPE	IRREG
EXUDATE TYPE	SEROSANG
EXUDATE AMOUNT	SMALL
ODOR	NONE
EPITHELIALIZATION	25-<50%
NECROTIC TISSUE TYPE	YELLOW
NECROTIC TISSUE AMOUNT	<25%
TOTAL NECROTIC TISSUE SLOUGH	0-25%
TOTAL NECROTIC TISSUE ESCHAR	0-25%
EDGE / SURROUNDING TISSUE - MACERATION	ABSENT

Anatomical Figure

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UNDERMINING	NONE
TUNNELING	NO
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	<p>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.</p> <p>SKILLED NURSE TO INSTRUCT PATIENT / CAREGIVER ON COLOSTOMY / ILEOSTOMY MANAGEMENT INCLUDING APPLIANCE TYPE AND USAGE, STOMAL CARE, AND IRRIGATION. SKILLED NURSE MAY PERFORM COLOSTOMY / ILEOSTOMY APPLIANCE CHANGE AND STOMA CARE EACH VISIT AS NEEDED.</p> <p>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.</p> <p>SKILLED NURSE TO FOCUS ON IDENTIFIED NEED FOR HIGH RISK MEDICATION INTERVENTION.</p> <p>SKILLED NURSE TO OBSERVE AND ASSESS INTEGUMENTARY STATUS TO IDENTIFY CHANGES AND INTERVENE TO MINIMIZE COMPLICATIONS. CLINICIAN TO PROVIDE SKILLED TEACHING RELATED TO ALTERED SKIN INTEGRITY INCLUDING PATHOPHYSIOLOGY, NUTRITION, MEDICATION REGIMEN, AND MEASURES TO PROMOTE OPTIMAL SKIN INTEGRITY.</p> <p>CLINICIAN TO PERFORM/TEACH PRESSURE ULCER CARE TO RIGHT LOWER BUTTOCK, AND COCCYX AREA USING CLEAN/ASEPTIC TECHNIQUE. CLEANSE WITH NS, OR WOUND CLEANSER. APPLY SKIN</p>

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PROTECTANT TO PERI WOUND TISSUE. APPLY COLLAGEN AG, AND CALCIUM ALGINATE TO WOUND BED. COVER/SECURE WITH ABD PADS AND MEPORE TAPE.
CHANGE DRESSING EVERY 2 DAYS AND PRN FOR LOOSE OR SOILED DRESSING. OFFLOAD PRESSURE TO WOUND BY REPOSITIONING.
WOUND CARE TO BE COMPLETED BY CLINICIAN OR CAREGIVER.
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, OSTOMY ISSUES...
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 RECEIVES THE FOLLOWING SERVICES WOUND CARE FROM DR. JOSEPH MILUM PATIENT/CAREGIVER WILL BE KNOWLEDGEABLE OF DISCHARGE PLANS AND WILL DEMONSTRATE/PROVIDE EDUCATION AND RESOURCES NEEDED TO MAINTAIN HEALTH. AGENCY WILL DISCHARGE PATIENT TO PHYSICIAN/HEALTH CARE PROVIDER AND MAY ACCEPT ORDERS FROM THE FOLLOWING PHYSICIANS: DR. JOSEPH MILUM, DR. ROBBIE HUTCHINSON
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

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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

#2 DIST MED VEN COM BBL LOCK RT 06/24/2025 PAGE 1 OF 1 CIB	ONSET DATE: 06/15/2024
CHANGE IN STATUS	NONE
WOUND ASSESSED	YES
TOTAL WAT SCORE	27
MEASUREMENTS TAKEN	YES
LENGTHxWIDTHxDEPTH(CM)	6.8 X 3 X 0.1
SURFACE AREA (SQ CM)	20.4
DEPTH DESCRIPTION	FULL THICK
IS THIS A CLOSED SURGICAL WOUND OR SUSPECTED DEEP TISSUE INJURY?	NO
GRANULATION TISSUE	75-100%
EDGES	DISTINCT
SHAPE	ELONG
EXUDATE TYPE	SEROSANG
EXUDATE AMOUNT	SMALL
ODOR	NONE
EPITHELIALIZATION	<25%
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	NO
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 TO INSTRUCT PATIENT / CAREGIVER ON

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<p>COLOSTOMY / ILEOSTOMY MANAGEMENT INCLUDING APPLIANCE TYPE AND USAGE, STOMAL CARE, AND IRRIGATION. SKILLED NURSE MAY PERFORM COLOSTOMY / ILEOSTOMY APPLIANCE CHANGE AND STOMA CARE EACH VISIT AS NEEDED. 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.</p> <p>SKILLED NURSE TO FOCUS ON IDENTIFIED NEED FOR HIGH RISK MEDICATION INTERVENTION.</p> <p>SKILLED NURSE TO OBSERVE AND ASSESS INTEGUMENTARY STATUS TO IDENTIFY CHANGES AND INTERVENE TO MINIMIZE COMPLICATIONS. CLINICIAN TO PROVIDE SKILLED TEACHING RELATED TO ALTERED SKIN INTEGRITY INCLUDING PATHOPHYSIOLOGY, NUTRITION, MEDICATION REGIMEN, AND MEASURES TO PROMOTE OPTIMAL SKIN INTEGRITY.</p> <p>CLINICIAN TO PERFORM/TEACH PRESSURE ULCER CARE TO RIGHT LOWER BUTTOCK, AND COCCYX AREA USING CLEAN/ASEPTIC TECHNIQUE. CLEANSE WITH NS, OR WOUND CLEANSER. APPLY SKIN PROTECTANT TO PERI WOUND TISSUE. APPLY COLLAGEN AG, AND CALCIUM ALGINATE TO WOUND BED. COVER/SECURE WITH ABD PADS AND MÉPORE TAPE.</p> <p>CHANGE DRESSING EVERY 2 DAYS AND PRN FOR LOOSE OR SOILED DRESSING. OFFLOAD PRESSURE TO WOUND BY REPOSITIONING.</p> <p>WOUND CARE TO BE COMPLETED BY CLINICIAN OR CAREGIVER.</p> <p>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, OSTOMY ISSUES ...</p> <p>SKILLED NURSE TO EVALUATE AND DEVELOP PLAN OF CARE TO BE SIGNED BY THE PHYSICIAN.</p> <p>SKILLED NURSE TO</p>

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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 RECEIVES THE FOLLOWING SERVICES WOUND CARE FROM DR. JOSEPH MILUM PATIENT/CAREGIVER WILL BE KNOWLEDGEABLE OF DISCHARGE PLANS AND WILL DEMONSTRATE/PROVIDE EDUCATION AND RESOURCES NEEDED TO MAINTAIN HEALTH. AGENCY WILL DISCHARGE PATIENT TO PHYSICIAN/HEALTH CARE PROVIDER AND MAY ACCEPT ORDERS FROM THE FOLLOWING PHYSICIANS: DR. JOSEPH MILUM, DR. ROBBIE HUTCHINSON SN REMOTE VIDEO VISIT(S) TO ASSESS/EVALUATE AND PROVIDE EDUCATION/TRAINING ON INTERVENTIONS/PROCEDURES PER THE POC, SAFE MEDICATION ADMINISTRATION, DISEASE MANAGEMENT , SIGNS/SYMPOTMS OF EXACERBATION, METHODS TO PREVENT EXACERBATION, AND SIGNS/SYMPOTMS 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 TRANSPORTATION SUPPORT OR FOR ADDITIONAL CARE PROVIDERS/DISCIPLINES OR REFERRALS TO OUTSIDE ENTITIES. TOLERATED WELL

Wound Images
N/A

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Narrative

SITTING UP IN BED ON ARRIVAL. NO ACUTE DISTRESS NOTED. DENIES ANY PAIN, FALLS, ED VISITS OR MED CHANGES. STILL HAS NOT BEEN SCHEDULED WITH PERSONIC. SN NOTIFIED MCS AND STATES SHE WILL SEND NEEDED MEDICAL RECORDS TO PERSONIC. PATIENT HAS APPT WITH DR MILUM AT FRANKFORT WOUND CLINIC THIS THURSDAY BUT DOES NOT PLAN TO GO TO APT. STATES HE PREFERS TO CONTINUE WITH CURRENT WOUND CARE ORDERS UNTIL SEEN IN HOME BY PERSONIC PROVIDERS. WOUNDS MEASURED AND WOUND CARE PROVIDED PER ORDERS. EDUCATED ON HIGH PROTEIN INTAKE AND OFFLOADING WOUND PRESSURE.
NO FURTHER COMPLAINTS OR CONCERNES AT THIS TIME. INSTRUCTED TO NOTIFY VNA OF ANY CONCERNES AND NOTIFY 911 OF ANY EMERGENT NEEDS.

Patient Goals**Patient Goal**

FOR HH NOT TO COME, AND WOUND TO HEAL

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 PRESSURE ULCER CARE. (ALL INTERVENTION DETAILS MUST BE INSTRUCTED ON PRIOR TO MARKING THE INTERVENTION GOAL AS ACHIEVED)

DETAILS/COMMENTS: INSTRUCTED ON PROPER WOUND CARE TO PATIENT/CAREGIVER

PATIENT/CAREGIVER DEMONSTRATE PROPER WOUND CARE TECHNIQUE AND MAINTAINING ADEQUATE SUPPLIES.

INSTRUCTED ON PRINCIPLES OF STANDARD PRECAUTIONS: PROPER HANDLING/DISPOSAL OF ITEMS COMING IN CONTACT WITH BODY FLUIDS.

INSTRUCTED ON SIGNS / SYMPTOMS OF INFECTION TO WOUND (REDNESS, DRAINAGE, ODOR)

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

DETAILS/COMMENTS: MANAGEMENT OF MEDICATION REGIMEN INCLUDING CORRECT MEDICATION DOSAGE, FREQUENCY, ROUTE

SPECIFIC MEDICATION EDUCATION INCLUDING PURPOSE, DOSE, SCHEDULE, SIDE EFFECTS, INEFFECTIVE DRUG THERAPY, DUPLICATE DRUG THERAPY, SPECIAL CONSIDERATIONS, AND POTENTIAL INTERACTIONS