

Patient Information Report

Patient:	MILLS, STEVE	Insured ID:	H90093796	Primary Payor:	HUMANA MCR ADV PDGM
MR No:	04200057623301	Insured ID:	0026826571	Secondary Payor:	MEDICAID KENTUCKY
Legacy MR No:					

Home Healthcare 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	ENGLISH

ICD-10 Diagnoses/Procedures

Order	Code	Description	Onset / Exac.	O/E Date	Type	Sym. Ctrl. Rtg.	OASIS Item
1	E11.621	TYPE 2 DIABETES MELLITUS WITH FOOT ULCER	E	03/06/2025	D	2 - Symptoms controlled with difficulty, affecting daily functioning; patient needs ongoing monitoring.	M1021
2	L97.412	NON-PRRS CHR ULCER OF RIGHT HEEL AND MIDFT W FAT LAYER EXPOS	E	03/06/2025	D	1 - Symptoms well controlled with current therapy.	M1023
3	L97.422	NON-PRRS CHR ULCER OF LEFT HEEL AND MIDFOOT W FAT LAYER EXPOS	E	03/06/2025	D	1 - Symptoms well controlled with current therapy.	M1023
4	L97.822	NON-PRRS CHRONIC ULCER OTH PRT L LOW LEG W FAT LAYER EXPOSED	E	03/06/2025	D	1 - Symptoms well controlled with current therapy.	M1023
5	E11.622	TYPE 2 DIABETES MELLITUS WITH OTHER SKIN ULCER	E	03/06/2025	D	0 - Asymptomatic, no treatment needed at this time	M1023
6	L97.212	NON-PRESSURE CHRONIC ULCER OF RIGHT CALF W FAT LAYER EXPOSED	E	03/06/2025	D	1 - Symptoms well controlled with current therapy.	M1023
7	L97.228	NON-PRESSURE CHRONIC ULCER OF LEFT CALF WITH OTH SEVERITY	E	03/06/2025	D	3 - Symptoms poorly controlled, patient needs frequent adjustments in treatment and dose monitoring.	M1023
8	L97.328	NON-PRESSURE CHRONIC ULCER OF LEFT ANKLE WITH OTH SEVERITY	E	03/06/2025	D	3 - Symptoms poorly controlled, patient needs frequent adjustments in treatment and dose monitoring.	M1023
9	E11.51	TYPE 2 DIABETES W DIABETIC PERIPHERAL ANGIOPATH W/O GANGRENE	E	03/06/2025	D	0 - Asymptomatic, no treatment needed at this time	M1023
10	E11.40	TYPE 2 DIABETES MELLITUS WITH DIABETIC NEUROPATHY, UNSP	E	03/06/2025	D	0 - Asymptomatic, no treatment needed at this time	M1023
11	G82.20	PARAPLEGIA, UNSPECIFIED	E	03/06/2025	D	0 - Asymptomatic, no treatment needed at this time	M1023
12	I89.0	LYMPHEDEMA, NOT ELSEWHERE CLASSIFIED	E	03/06/2025	D	3 - Symptoms poorly controlled, patient needs frequent adjustments in treatment and dose monitoring.	M1023
13	M48.062	SPINAL STENOSIS, LUMBAR REGION WITH NEUROGENIC CLAUDICATION	E	03/06/2025	D	3 - Symptoms poorly controlled, patient needs frequent adjustments in treatment and dose monitoring.	M1023
14	E78.2	MIXED HYPERLIPIDEMIA	E	03/06/2025	D	3 - Symptoms poorly controlled, patient needs frequent adjustments in treatment and dose monitoring.	M1023
15	F41.1	GENERALIZED ANXIETY DISORDER	E	03/06/2025	D	2 - Symptoms controlled with difficulty, affecting daily functioning; patient needs ongoing monitoring.	M1023
16	G47.33	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	E	03/06/2025	D	2 - Symptoms controlled with difficulty, affecting daily functioning; patient needs ongoing monitoring.	M1023
17	G47.00	INSOMNIA, UNSPECIFIED	E	03/06/2025	D	2 - Symptoms controlled with difficulty, affecting daily functioning; patient needs ongoing monitoring.	M1023
18	I10	ESSENTIAL (PRIMARY) HYPERTENSION	E	03/06/2025	D	1 - Symptoms well controlled with current therapy.	M1023
19	F32.9	MAJOR DEPRESSIVE DISORDER, SINGLE EPISODE, UNSPECIFIED	E	03/06/2025	D	1 - Symptoms well controlled with current therapy.	M1023
20	E55.9	VITAMIN D DEFICIENCY, UNSPECIFIED	E	03/06/2025	D	1 - Symptoms well controlled with current therapy.	M1023
21	E53.8	DEFICIENCY OF OTHER SPECIFIED B GROUP VITAMINS	E	03/06/2025	D	2 - Symptoms controlled with difficulty, affecting daily functioning; patient needs ongoing monitoring.	M1023
22	M51.379	Oth intvt disc degen, lumbosacr w/o lum bck or lw extm pn	E	03/06/2025	D	2 - Symptoms controlled with difficulty, affecting daily functioning; patient needs ongoing monitoring.	M1023
23	M10.00	IDIOPATHIC GOUT, UNSPECIFIED SITE	E	03/06/2025	D	2 - Symptoms controlled with difficulty, affecting daily functioning; patient needs ongoing monitoring.	M1023
24	Z86.16	PERSONAL HISTORY OF COVID-19	E	03/06/2025	D		M1023

Patient Information Report

Patient: MILLS, STEVE	Insured ID: H90093796	Primary Payor: HUMANA MCR ADV PDGM
MR No: 04200057623301	Insured ID: 0026826571	Secondary Payor: MÉDICAID KENTUCKY
Legacy MR No:		

ICD-10 Diagnoses/Procedures						OASIS Item	
Order	Code	Description	Onset / Exac.	O/E Date	Type	Sym. Ctrl. Rtg.	OASIS Item
25	Z99.81	DEPENDENCE ON SUPPLEMENTAL OXYGEN	E	03/06/2025	D		M1023
26	Z59.82	TRANSPORTATION INSECURITY	E	03/06/2025	D		M1023
27	Z60.4	SOCIAL EXCLUSION AND REJECTION	E	03/06/2025	D		M1023
28	Z91.81	HISTORY OF FALLING	E	03/06/2025	D		M1023

Allergies		Date Entered
Description		
IODINE		3/6/2025 1:41:20 PM

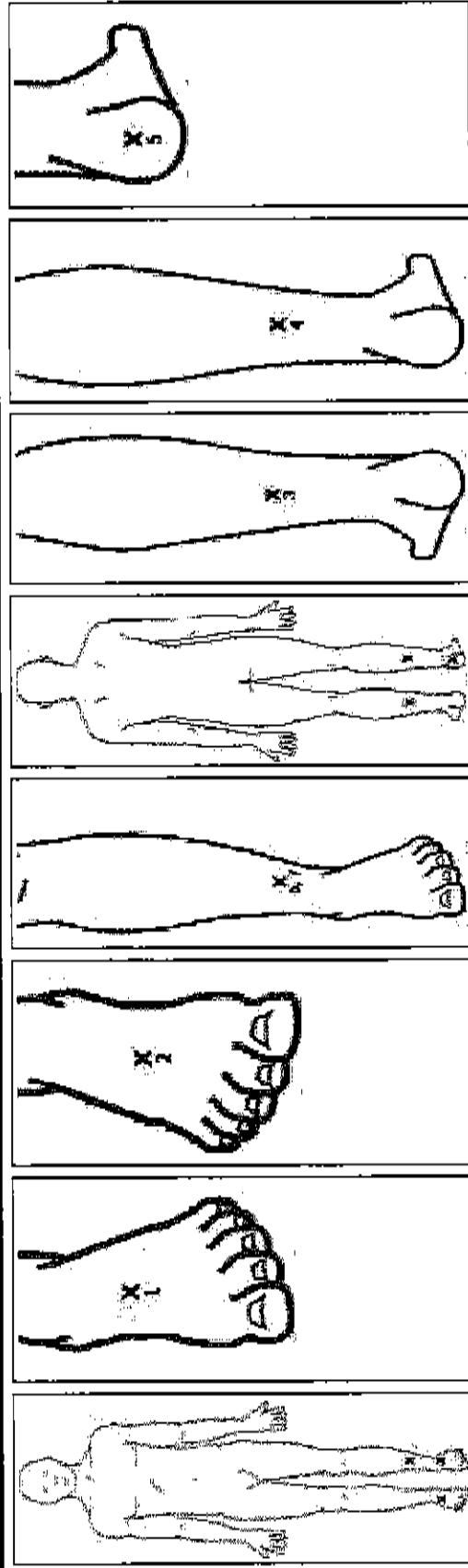
* denotes Non-Visit QI Reporting Collection

05/07/2025 09:46:30 AM

Wound Record Report

Client: MILLS, STEVE
 MR No.: 04200057623301
 Legacy MR No.:
 DOB: 08/18/1961

SOC Date: 03/06/2025
 Episode Start Date: 05/05/2025
 Episode End Date: 07/03/2025



Wound Summary:

Anatomical View	Wound # - Location - Type - Source	Onset Date	Active	Visit Date	LxWxD(CM)	SA (SQ CM)	EXU TPE	EXU AMT	S/S INF
MALE ANTERIOR									
#1 - DORSUM, MID, LT, DIAB ULCER [INACTIVATED 08/04/2023] - HCHB	10/01/2022	N		08/01/2023	NA*	NA*		NA*	NA*
#2 - MID DORSUM, RT, DIAB ULCER [INACTIVATED 08/04/2023] - HCHB	10/01/2022	N		08/01/2023	NA*	NA*		NA*	NA*
#6 - DIST - DIST PRETIBIAL, LT, DIAB ULCER [INACTIVATED 03/01/2025], REACTIVATED 03/06/2025] - HCHB	01/17/2025	Y		05/02/2025	NA*	NA*	SEROSANG	MOD	NO
#7 - DIST PRETIBIAL, LT, DIAB ULCER [INACTIVATED 05/02/2025], REACTIVATED 03/06/2025] - HCHB	01/17/2025	N		05/02/2025	NA*	NA*		NA*	NA*

Wound Record Report

Client: MILLS, STEVE MR No: 04200057623301 Legacy MR No:

Episode Start Date: 05/05/2025

MALE POSTERIOR	
#3 - DISTAL CALF, LT. VENST	10/01/2022 N 08/01/2023 NA* NA* NA* NA* NA*
ULCER [INACTIVATED 08/04/2023] - HCHB	01/17/2025 Y 05/02/2025 NA* NA* SEROSANG MOD NO
#4 - POST - DIST CALF, RT.	
DIAB ULCER [INACTIVATED 03/01/2025], [REACTIVATED 03/08/2025] - HCHB	
#5 - POST - HEEL, RT, DIAB ULCER [INACTIVATED 04/18/2025], [REACTIVATED 03/08/2025] - HCHB	01/17/2025 N 04/18/2025 NA* NA* NA* NA*

NA* = Not Assessed

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

Assessment Question Set: Enhanced 05/05/2025 - Current

POST - DIST CALF, RT DIAB ULCER [INACTIVATED 01/06/2025] ON 05/05/2025

Wound Details	
AGENT	Baseline PRETREATMENT REVITALIZED NEW ORDER
CHANGE IN STATUS	UNASSSESSED
STAGE HISTORY	UNASSSESSED
WAS WOUND ASSESSED	NO
TOTAL WAT SCORE	NA
MEASUREMENTS TAKEN	NO
REASON MEASUREMENTS NOT TAKEN	UNABLE TO ASSESS
DEPTH DESCRIPTION	PART THICK
IS THIS A CLOSED SURGICAL WOUND OR SUSPECTED DEEP TISSUE INJURY?	NO
GRANULATION TISSUE	2-100%
EDGES	INDISTINCT
SHAPE	BREGMA
EXUDATE TYPE	SEROSANG
EXUDATE AMOUNT	MOD
ODOR	None
EPITHELIALIZATION	75-100%
NECROTIC TISSUE TYPE	WHITE
NECROTIC TISSUE AMOUNT	None
TOTAL NECROTIC TISSUE SLOUGH	0-25%
TOTAL NECROTIC TISSUE ESCHAR	1-25%
EDGE / SURROUNDING TISSUE - MACERATION	ABSENCE
UNDERMINING	NONE

Wound Record Report

Client: MILLS, STEVE	MR No: 04200057823301	Legacy MR No:	Episode Start Date: 05/05/2025																											
Wound Details <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td>TUNNELING</td><td>NO</td></tr> <tr><td>SKIN COLOR SURROUNDING WOUND</td><td>WHITE</td></tr> <tr><td>PERIPHERAL TISSUE EDEMA</td><td>NONPHTHALMIC 2-4CM</td></tr> <tr><td>PERIPHERAL TISSUE INDURATION</td><td>NONE</td></tr> <tr><td>DOES PATIENT HAVE PAIN ASSOCIATED WITH THIS WOUND?</td><td>NO</td></tr> <tr><td>STATE</td><td>CHRONIC</td></tr> <tr><td>SIGNS AND SYMPTOMS OF INFECTION</td><td>NO</td></tr> <tr><td>DEBRIDEMENT THIS VISIT</td><td>NO</td></tr> <tr><td>DRAIN PRESENT</td><td>NO</td></tr> </table>				TUNNELING	NO	SKIN COLOR SURROUNDING WOUND	WHITE	PERIPHERAL TISSUE EDEMA	NONPHTHALMIC 2-4CM	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									
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Wound Record Report

Client: MILLS, STEVE	MR No: 04200057623301	Legacy MR No:	Episode Start Date: 05/05/2025
<p>INTERVENTION.</p> <p>SKILLED NURSE TO PERFORM/TEACH WOUND CARE TO LEFT AND RIGHT LOWER EXTREMITIES MULTIPLE OPEN WOUNDS. CLEANSED WITH SOAP AND WATER. OPEN WOUNDS WASHED WITH DAKINS. AMMONIUM LACTATE LOTION APPLIED TO ENTIRE EXTREMITY. COVER OPEN WOUNDS WITH 4X4 GAUZE PADS, ABD PADS, WRAPPED WITH KERLEX, SECURED WITH AGE WRAP. WOUND CARE MONDAY, WEDNESDAY FRIDAY AND PRN SOILED OR DISLODGED DRESSINGS.</p> <p>SKILLED NURSE PRN VISIT ORDER: 3 PRN VISITS MAY BE PERFORMED DURING THIS CERTIFICATION PERIOD FOR THE FOLLOWING REASON(S): WOUND CARE, HTN, EXCERBATION OF COMORBIDITIES.</p> <p>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.</p> <p>TEACH AND MONITOR PATIENT/CAREGIVER ABILITY TO SAFELY ADMINISTER MEDICATIONS. PHONE TOUCHPOINTS CAN BE PERFORMED AS NEEDED TO SUPPLEMENT THE PLAN OF CARE.</p> <p>PATIENT/CAREGIVER WILL BE KNOWLEDGEABLE OF DISCHARGE PLANS AND WILL DEMONSTRATE/PROVIDE EDUCATION AND RESOURCES NEEDED TO MAINTAIN HEALTH.</p> <p>AGENCY WILL DISCHARGE PATIENT TO GEORGE PITTMAN MD AND MAY ACCEPT ORDERS FROM THE FOLLOWING PHYSICIANS: WOUND CARE, RHONDAE RHODE, KENNETH MORFAW</p> <p>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.</p> <p>PSYCHOSOCIAL / COGNITIVE ASSESSMENT INDICATES NO NEED FOR SOCIAL, FINANCIAL, OR TRANSPORTATION SUPPORT OR FOR ADDITIONAL CARE PROVIDERS/DISCIPLINES OR REFERRALS TO OUTSIDE ENTITIES.</p> <p>OCCUPATIONAL THERAPIST TO EVALUATE PATIENT FOR OT SERVICES AND DEVELOP PLAN OF CARE TO BE SIGNED BY THE PHYSICIAN. TEACH AND MONITOR PATIENT/CAREGIVER ABILITY TO SAFELY ADMINISTER MEDICATIONS. PHONE TOUCHPOINTS CAN BE PERFORMED AS NEEDED TO SUPPLEMENT THE PLAN OF CARE.</p> <p>OCCUPATIONAL THERAPY TO ESTABLISH/UPGRADE HOME EXERCISE PROGRAM AND PROVIDE THERAPEUTIC EXERCISES AND/OR SOFT TISSUE/JOINT MOBILIZATION DESIGNED TO RESTORE FUNCTIONAL STRENGTH AND ROM.</p> <p>OCCUPATIONAL THERAPY TO INSTRUCT IN SAFE TRANSFERS USING APPROPRIATE BODY MECHANICS AND EQUIPMENT.</p> <p>OCCUPATIONAL THERAPY TO EVALUATE FUNCTIONAL MOBILITY/AMBULATION AND PROVIDE TRAINING USING APPROPRIATE ASSISTIVE DEVICES TO ENSURE PATIENT SAFETY.</p> <p>CLINICIAN TO EDUCATE PATIENT / CAREGIVER IN FALL PREVENTION AND PROVIDE INTERVENTIONS TO REDUCE FALL RISK AND ENHANCE HOME SAFETY OCCUPATIONAL THERAPIST TO PROVIDE PATIENT / CAREGIVER WITH ADL TRAINING TO INCREASE INDEPENDENCE.</p> <p>OCCUPATIONAL THERAPY TO PROVIDE INSTRUCTION IN ENERGY CONSERVATION TECHNIQUES DESIGNED TO MAXIMIZE PATIENT'S TOLERANCE DURING ADL'S.</p> <p>OCCUPATIONAL THERAPY TO PROVIDE BALANCE TRAINING TO REDUCE FALL RISK DURING FUNCTIONAL ACTIVITIES.</p> <p>PATIENT/CAREGIVER WILL BE KNOWLEDGEABLE OF DISCHARGE PLANS AND WILL DEMONSTRATE/PROVIDE EDUCATION AND RESOURCES NEEDED TO MAINTAIN HEALTH.</p>			

Wound Record Report

Client:	MILLS, STEVE	MR. No:	04200057623301	Legacy MR. No:		Episode Start Date:	05/05/2025
03/10/2025 1:56 PM	03/10/2025	05/02/2025	AGENCY WILL DISCHARGE PATIENT TO PHYSICIAN AND HEALTH CARE PROVIDER. MAY ACCEPT ORDERS FROM THE FOLLOWING PHYSICIAN(S); GEORGE PITTMAN	PHYSICIAN ORDER		N	N
02/26/2025 12:57 PM	02/27/2025	03/10/2025	ORDERS IN HOME CLEANSE LEGS WITH DAKINS, PAT DRY, APPLY HYDROFERA BLUE, APPLY ABD PADS AND 4X4 TO PAD AREA, WRAP KERLEX, SECURE WITH ACE WRAP, DRESSING CHANGE MONDAY, WEDNESDAY, FRIDAY AND PRN SOILED DRESSING.	PHYSICIAN ORDER		N	N
01/17/2025 5:39 PM	01/18/2025	03/10/2025		485 ORDERS		N	N
01/24/2025 1:14 PM	01/24/2025	03/10/2025		PHYSICIAN ORDER		N	Y

Digitized by srujanika@gmail.com

POST-HEELER-DIBULCER-HCHB (INACTIVATED 01/18/2015) REACTIVATED 01/18/2015
Onset Date: 01/17/2015

Wound Details	
AGENT	CHANGE IN STATUS
	INACTIVATED ACTIVATED IN EMERGENCY REACTIVATED NEW ORDER
STAGE HISTORY	YES NO
TOTAL WAT SCORE	YES NO
MEASUREMENTS TAKEN	NOT DONE PART THICK NO
REASON MEASUREMENTS NOT TAKEN	IS THIS A CLOSED SURGICAL WOUND OR SUSPECTED DEEP TISSUE INJURY?
DEPTH DESCRIPTION	7-10MM NDST BRTS
GRANULATION TISSUE	
EDGES	
SHAPE	
EXUDATE TYPE	SEROUS MOD NONE
EXUDATE AMOUNT	5-10MM WHITE NONE
ODOR	
EPITHELIALIZATION	
NECROTIC TISSUE TYPE	
NECROTIC TISSUE AMOUNT	
TOTAL NECROTIC TISSUE SLOUGH	0.75%
TOTAL NECROTIC TISSUE ESCHAR	0.25%
EDGE / SURROUNDING TISSUE -	LOSSEN
MACERATION	NONE
UNDERMINING	NONE

Wound Record Report

Client: MILLS, STEVE	MR No: 0420065762301	Legacy MR No:	Episode Start Date: 05/05/2025
Wound Details			
TUNNELING	2/37 PM		
SKIN COLOR SURROUNDING WOUND	WHITE		
PERIPHERAL TISSUE EDEMA	NONPITTING		
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			
Effective Date	Care Provided		
03/06/2025 2:37 PM	SKILLED NURSE TO PERFORM/TEACH WOUND CARE TO LEFT AND RIGHT LOWER EXTREMITIES MULTIPLE OPEN WOUNDS. CLEANSED WITH SOAP AND WATER. OPEN WOUNDS WASHED WITH DAKINS .AMMONIUM LACTATE LOTION APPLIED TO ENTIRE EXTREMITY. COVER OPEN WOUNDS WITH 4X4 GAUZE PADS, ABD PADS, WRAPPED WITH KERLEX. SECURED WITH ACE WRAP. WOUND CARE MONDAY, WEDNESDAY FRIDAY AND PRN SOILED OR DUSLODGED DRESSINGS. PT TOLERATED WELL.		
Order Summary			
Date/Time	Effective From	Effective To	Order Text
04/11/2025 1:20 PM	04/11/2025		RHONDAE RHODE
			CLEANSE WOUND WITH WOUND CLEANSER APPLY ABD PAD SECURE DRESSING WITH ROLLED GAUZE AND TAPE APPLY HYDROFERA BLUE OR COMPARABLE REINFORCE DRESSING WITH ACE WRAP OR COMPARABLE CHANGE DRESSING AS NEED FOR SOILING OR SATURATION OR ACCIDENTAL REMOVAL CHANGE DRESSING 5 X WEEK. HH TO CHANGE 3 X WEEK
03/06/2025 1:39 PM	03/14/2025	04/11/2025	INSTRUCT PATIENT/CAREGIVER IN OXYGEN THERAPY INCLUDING ADMINISTRATION, CARE OF EQUIPMENT AND SAFETY. SKILLED NURSE FOR INSTRUCTIONS / REINFORCEMENT OF / MANAGEMENT OF DIABETES TO INCLUDE DIET, SKIN CARE, MEDICATION MANAGEMENT, BLOOD GLUCOSE TESTING AND DIABETIC FOOT CARE. THE LICENSED PROFESSIONAL WHOSE SIGNATURE APPEARS BELOW ATTESTS THAT THESE ORDERS WERE RECEIVED ON 3/6/25 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 OBSERVE AND ASSESS PATIENT WITH GENERALIZED DEPRESSION. ASSESS NEED FOR MEDICATION, MEDICATION CHANGES AND POTENTIAL NEED FOR REFERRAL TO PROVIDE COUNSELING AND ASSISTANCE WITH MANAGING DEPRESSION. SKILLED NURSE FOR OBSERVATION/ASSESSMENT OF PAIN, EFFECTIVENESS OF PAIN MANAGEMENT INCLUDING MEDICATION REVIEW AND PHARMACOLOGICAL AND NONPHARMACOLOGICAL POSITIONING TREATMENTS. AND SKILLED TEACHING RELATED TO PAIN MANAGEMENT. SKILLED NURSE TO INTERVENE WITH INCREASED PAIN LEVEL TO MINIMIZE COMPLICATIONS. SKILLED NURSE TO FOCUS ON IDENTIFIED NEED FOR HIGH RISK MEDICATION

Wound Record Report

Client: MILLS, STEVE	MR No: 04200057623301	Legacy MR No:	Episode Start Date: 05/05/2025
<p>INTERVENTION.</p> <p>SKILLED NURSE TO PERFORM/TEACH WOUND CARE TO LEFT AND RIGHT LOWER EXTREMITIES MULTIPLE OPEN WOUNDS. CLEANSED WITH SOAP AND WATER. OPEN WOUNDS WASHED WITH DAKINS. AMMONIUM LACTATE LOTION APPLIED TO ENTIRE EXTREMITY. COVER OPEN WOUNDS WITH 4X4 GAUZE PADS, ABD PADS, WRAPPED WITH KERLEX, SECURED WITH ACE WRAP. WOUND CARE MONDAY, WEDNESDAY FRIDAY AND PRN SOILED OR DISLODGED DRESSINGS.</p> <p>SKILLED NURSE PRN VISIT ORDER: 3 PRN VISITS MAY BE PERFORMED DURING THIS CERTIFICATION PERIOD FOR THE FOLLOWING REASON(S): WOUND CARE, HTN, EXCERBATION OF COMORBILITIES.</p> <p>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.</p> <p>TEACH AND MONITOR PATIENT/CAREGIVER ABILITY TO SAFELY ADMINISTER MEDICATIONS. PHONE TOUCHPOINTS CAN BE PERFORMED AS NEEDED TO SUPPLEMENT THE PLAN OF CARE.</p> <p>PATIENT/CAREGIVER WILL BE KNOWLEDGEABLE OF DISCHARGE PLANS AND WILL DEMONSTRATE/PROVIDE EDUCATION AND RESOURCES NEEDED TO MAINTAIN HEALTH.</p> <p>AGENCY WILL DISCHARGE PATIENT TO GEORGE PITTMAN MD AND MAY ACCEPT ORDERS FROM THE FOLLOWING PHYSICIANS: WOUND CARE, RHONDAE RHODE, KENNETH MORFAW</p> <p>CLINICIAN TO EDUCATE PATIENT / CAREGIVER IN FALL PREVENTION AND PROVIDE INTERVENTIONS TO REDUCE FALL RISK AND ENHANCE HOME SAFETY.</p> <p>PSYCHOSOCIAL / COGNITIVE ASSESSMENT INDICATES NO NEED FOR SOCIAL, FINANCIAL, OR TRANSPORTATION SUPPORT OR FOR ADDITIONAL CARE PROVIDERS/DISCIPLINES OR REFERRALS TO OUTSIDE ENTITIES.</p> <p>PSYCHOSOCIAL / COGNITIVE ASSESSMENT INDICATES NO NEED FOR SOCIAL, FINANCIAL, OR TRANSPORTATION SUPPORT OR FOR ADDITIONAL CARE PROVIDERS/DISCIPLINES OR REFERRALS TO OUTSIDE ENTITIES.</p> <p>OCCUPATIONAL THERAPIST TO ESTABLISH/UPGRADE HOME EXERCISE PROGRAM AND PROVIDE THERAPEUTIC EXERCISES AND/OR SOFT TISSUE/JOINT MOBILIZATION DESIGNED TO RESTORE FUNCTIONAL STRENGTH AND ROM.</p> <p>OCCUPATIONAL THERAPIST TO EVALUATE PATIENT FOR OT SERVICES AND DEVELOP PLAN OF CARE TO BE SIGNED BY THE PHYSICIAN, TEACH AND MONITOR PATIENT/CAREGIVER ABILITY TO SAFELY ADMINISTER MEDICATIONS. PHONE TOUCHPOINTS CAN BE PERFORMED AS NEEDED TO SUPPLEMENT THE PLAN OF CARE.</p> <p>OCCUPATIONAL THERAPY TO EVALUATE FUNCTIONAL MOBILITY/AMBULATION AND PROVIDE TRAINING USING APPROPRIATE ASSISTIVE DEVICES TO ENSURE PATIENT SAFETY.</p> <p>CLINICIAN TO EDUCATE PATIENT / CAREGIVER IN FALL PREVENTION AND PROVIDE INTERVENTIONS TO REDUCE FALL RISK AND ENHANCE HOME SAFETY.</p> <p>OCCUPATIONAL THERAPIST TO PROVIDE PATIENT / CAREGIVER WITH ADL TRAINING TO INCREASE INDEPENDENCE.</p> <p>OCCUPATIONAL THERAPY TO PROVIDE INSTRUCTION IN ENERGY CONSERVATION TECHNIQUES DESIGNED TO MAXIMIZE PATIENT'S TOLERANCE DURING ADL'S/ADL's.</p> <p>OCCUPATIONAL THERAPY TO PROVIDE BALANCE TRAINING TO REDUCE FALL RISK DURING FUNCTIONAL ACTIVITIES.</p> <p>PATIENT/CAREGIVER WILL BE KNOWLEDGEABLE OF DISCHARGE PLANS AND WILL DEMONSTRATE/PROVIDE EDUCATION AND RESOURCES NEEDED TO MAINTAIN HEALTH.</p>			