

Form #4

REV 10.27.24

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

above, notify the Privacy Officer at 1-800-845-4310 and immediately return the facsimile documents to the address listed above. If you have received this transmission in error, please advise the Privacy Officer of the error, please disseminate, distribution or copying of this transmission. If you have received this transmission in error, please law. If you have received this transmission in error, you are hereby notified that we do not consent to any reading, recipients and may contain information that is privileged, confidential and exempt from disclosure under applicable IMPORTANT NOTICE: The information contained in this facsimile transmission is for the sole use of the intended recipients and may contain information that is privileged, confidential and exempt from disclosure under applicable law. If you have received this transmission in error, you are hereby notified that we do not consent to any reading, recipients and may contain information that is privileged, confidential and exempt from disclosure under applicable law.

**THANK YOU!****PHONE NO.:** 859-277-5111**FROM:** VNA HEALTH AT HOME**NUMBER OF PAGES:** \_\_\_\_\_ (including Lead Sheet)

Teresa Thompson, RN/HCS  
859-4470059  
CNA Accept patient  
Please let me know if you

**MESSAGE:****RE:** ECSA Answer**PHONE NO.:****FAX NO.:****COMPANY:****ATTENTION:** HCCrafts Wood/Care**DATE:** 9/5/25**Fax Lead Sheet**

Page 1 of 1

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

VERBAL ORDER OBTAINED FROM LYNN  
 REFER PATIENT TO MCGRAH WOUND CARE FOR IN HOME WOUND CARE SERVICES  
 Order Description:

|                                |   |
|--------------------------------|---|
| Order Date: 9/4/2025 12:12 PM  | Order Type: PHYSICIAN ORDER                           |
| 2nd Physician: Y               | Verbal Order: Y                                       |
| Phone: (859)873-9188           | SSN: VERGAILLES, KY 40383-                            |
| Fax: (859)873-0870             | DOB: 7/23/1947  |
| MR#: 04200075734401            | CERT: 7/29/2025 To 9/26/2025                          |
| Send to Physician: Y           | Order Read Back to Physician/Agent of Physician?: N/A |
| ABN Delivered to Patient?: N/A | Time: 2:50 PM   |
| Verbal Date: 9/4/2025          |   |

|  |                              |
|--|------------------------------|
| PHYSICIAN:   | ROBBY HUTCHINSON, MD         |
| CLIENT:  | ALVAREZ, TERESA              |
| Phone: (859) 272-5111                                | 165 RIDGEVIEW RD             |
| Fax: (859) 317-2507                                  | LEXINGTON, KY 40509-4254     |
| Eastern Time Zone                                    | 2464 FORTUNE DRIVE SUITE 110 |
| VISITING NURSES ASSOCIATION HEALTH AT HOME LEXINGTON |                              |
| Printed: 9/5/2025 9:14 AM                            | Order Number: 6198408        |

Patient Information Report

| Employee Name  | Employee ID             | Employee Address     | Employee City  | Employee State       | Employee Zip         |
|--|-------------------------|----------------------|----------------|----------------------|----------------------|
| PPS PROGRAM  | 7/18/2025 10:35:11 AM   | HCBE RECERTIFICATION | Authorized By/ | Obtained Date        | Start Date/ End Date |
| PPS PROGRAM  | 09/26/2026              | Y                    | Active         | 7/31/2025 1:07:57 PM | STACEY BROWN,        |
| Unit Type  | Budget Type             | Billing Code         | Qty Per        | Qty Per              | Qty Per              |
| VISITS   | DISCIPLINES             | HHA                  | 60             | Day                  | Week                 |
| VISITS   | DISCIPLINES             | MSW                  | 60             | Month                | Year                 |
| VISITS   | DISCIPLINES             | OT                   | 60             | Year                 | Active               |
| VISITS   | DISCIPLINES             | FT                   | 60             |                      |                      |
| VISITS   | DISCIPLINES             | SN                   | 60             |                      |                      |
| VISITS   | DISCIPLINES             | ST                   | 60             |                      |                      |
| VISITS   | DISCIPLINES             | VERSAILLES           |                |                      |                      |
| Primary Physician  | Address                 | NPI #                | Date Last Seen | City                 | State                |
| HUTCHINSON, ROBBY  | 117 CROSSVILLE DR STE B | 175038320A           | 4/15/2024      | Zip                  | KY                   |
| Phone  | Fax                     | Page#                |                |                      |                      |
| (859) 673-0188   | (659) 673-0870          |                      |                |                      |                      |
| Secondary Physician  |                         |                      |                |                      |                      |
| Request Date of Evaluation   |                         |                      |                |                      |                      |
| 07/29/2025   |                         |                      |                |                      |                      |
| Perform Add-On Evaluation Prior to Approval of the Plan of Care associated with the Completed SOC Visit? |                         |                      |                |                      |                      |
| Admitting Discipline   |                         |                      |                |                      |                      |
| SN   |                         |                      |                |                      |                      |
| Completed Data of Add-On Evaluation  |                         |                      |                |                      |                      |
| 07/29/2025   |                         |                      |                |                      |                      |
| Team Member(s)   |                         |                      |                |                      |                      |
| CHERRY COOK, LPN   |                         |                      |                |                      |                      |
| GRETCHEN OLDSDRENZ, OT   |                         |                      |                |                      |                      |
| WALTER LUTTERELL, PT   |                         |                      |                |                      |                      |
| MANDI MCBRIDE, RN  |                         |                      |                |                      |                      |
| Case Manager   |                         |                      |                |                      |                      |
| COLINEL INF  |                         |                      |                |                      |                      |
| Weight   | Height                  | Pregnant             | N              |                      |                      |
|  |                         |                      | Y              |                      |                      |

Patient Information Report

| Order | Code     | Description  | Oasis | ICD-10 Diagnoses/Procedures |            |      |
|-------|----------|--|-------|-----------------------------|------------|------|
|       |          |  |       | Oasis                       | O/E Date   | Type |
| 1     | T86.79XD | INFECT/NFLM REACTION DUE TO OTH INT PROSTH DEV/GRAFT, SUBS   | M1021 |                             | 03/31/2025 | D    |
| 2     | C78.31   | SECONDARY MALIGNANT NEOPLASM OF BRAIN                        | M1023 |                             | 03/31/2025 | D    |
| 3     | C34.90   | MALIGNANT NEOPLASM OF UNSP PART OF UNSP BRONCHUS OR LUNG     | M1023 |                             | 03/31/2025 | D    |
| 4     | D63.0    | ANEURA IN NEOPLASTIC DISEASE                                 | M1023 |                             | 03/31/2025 | D    |
| 5     | G40.909  | EPILEPSY, UNSP, NOT INTRACTABLE, WITHOUT OSTATUS EPILEPTICS  | M1023 |                             | 03/31/2025 | D    |
| 6     | M80.052B | AGE-REL DSTEOPOR W CRNT PATH FX,L                            | M1023 |                             | 03/31/2025 | D    |
| 7     | H40.9    | UNSPECIFIED GLAUCOMA   | M1023 |                             | 03/31/2025 | D    |
| 8     | M19.90   | UNSPECIFIED OSTEOARTHRITIS, UNSPECIFIED SITE                 | M1023 |                             | 03/31/2025 | D    |
| 9     | 662.9    | POLYNEUROPATHY, UNSPECIFIED                                  | M1023 |                             | 03/31/2025 | D    |
| 10    | Z86.73   | ACQUERED ABSENCE OF OTHER VENOUS THROMBOSES AND EMBOLISM     | M1023 |                             | 03/31/2025 | D    |
| 11    | Z80.89   | ACQUERED ABSENCE OF OTHER ORGANS                             | M1023 |                             | 03/31/2025 | D    |
| 12    | Z86.718  | PERSONAL HISTORY OF OTHER VENOUS THROMBOSES AND EMBOLISM     | M1023 |                             | 03/31/2025 | D    |
| 13    | Z90.49   | PRSNL HX OF TIA, AND CEREB INFRC W/O RESID DEFICITS          | M1023 |                             | 03/31/2025 | D    |
| 14    | Z91.81   | ACQUERED ABSENCE OF OTHER SPECIFIED PARTS OF DIGESTIVE TRACT | M1023 |                             | 03/31/2025 | D    |
| 15    | Z91.81   | HISTORY OF FALLING   | M1023 |                             | 03/31/2026 | D    |

\* denotes Non-Vail QI Reporting Collection

NIKA  
Date Entered  
3/31/2025 11:53:36 PM

| Patien#: ALVAREZ, TERESA | MR No: 0420007673401 | Legacy MR No:       |
|--------------------------|----------------------|---------------------|
|                          |                      |                     |
| Measured ID: H75613328   | Primary Payer:       | HUMANA MCR ADV PDGM |
|                          |                      |                     |

## Patient Information Report

|   |                                   |                  |                                     |
|---|-----------------------------------|------------------|-------------------------------------|
| General:  | ALVAREZ, TERRESA                  | Visit Number:    | 04200075734401                      |
| Visit Date:   | 09/04/2025                        | Visit Type:      | SN11 - SN SUBSEQUENT VISIT          |
| Branch Code:  | 042                               | Billing:         | <input checked="" type="checkbox"/> |
| Apptn ID:   | 211549                            | Agent Name:      | CHERYL COOK LPN                     |
| Time:   | IN-HOME TIME                      | DRIVE START TIME | 09/04/2025 11:48 AM                 |
|   | DOCUMENTATION TIME                | DRIVE END TIME   | 09/04/2025 12:12 PM                 |
| Total In-Home Time:   | 0.51 Hours                        | RESUMED          | 09/04/2025 12:12 PM                 |
| Total Drive Time:   | 0.39 Hours                        | INCOMPLETE       | 09/04/2025 12:12 PM                 |
| Total Doc Time:   | 0.11 Hours                        | RESUMED          | 09/04/2025 12:12 PM                 |
| Total Time:   | 0.62 Hours                        | COMPLETE         | 09/04/2025 02:49 PM                 |
| Vital Signs   | Temperature                       | Reading          | 09/04/2026 12:32 PM                 |
|   | Instrument                        | Details          | TEMPORAL                            |
|   | Vital Signs                       | Time Recorded    | 09/04/2025 12:32 PM                 |
|   | Vital Signs                       | Time Recorded    | 09/04/2025 12:32 PM                 |
| Pulse   | Respirations                      | 16               | 09/04/2025 12:32 PM                 |
|   | Pulse Characteristics             | WNL              | WNL                                 |
| Blood Pressure  | Respiration Characteristics       | 124 / 60         | 09/04/2025 12:32 PM                 |
|   | Blood Pressure                    | WNL              | SITTING ARM - RT                    |
| Oxygen Saturation Level (%)   | Oxygen Saturation Characteristics | 98               | 09/04/2025 12:32 PM                 |
|   | Oxygen Saturation                 | ON ROOM AIR      | Oxygen Saturation Characteristics:  |
| 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?   |                                   |                  |                                     |
| 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: |                                   |                  |                                     |
| FAIL RISK   |                                   |                  |                                     |
| INDICATE EYES/EAR/SNOUT/THROAT FINDINGS:  |                                   |                  |                                     |

|               |  |  |  |
|---------------|--|--|--|
| Assessment    |  | WNL  | INDICATE HEAD AND NECK ASSESSMENT FINDINGS:  |
|               |  | WNL  | INDICATE HEAD AND NECK ASSESSMENT FINDINGS:  |
| PAIN          |  | IS PATIENT UNCOMFORTABLE BECAUSE OF PAIN?                                  | YES  |
|               |  | INDICATE WHICH PAIN INTENSITY SCALE USED:                                  | NUMERIC PAIN SCALE   |
| RIGHT KNEE    |  | HOW DOES THE PATIENT DESCRIBE THE CHARACTER OF PAIN: (MARK ALL THAT APPLY) | ACHING   |
|               |  | ALL OF THE TIME  | INDICATE FREQUENCY OF PAIN INTERFERING WITH FUNCTION OR QUALITY OF LIFE:                 |
| REST          |  | INDICATE DURATION OF PATIENT'S PAIN:                                       | CONTINUOUS   |
| POSITIONING   |  | INDICATE WHAT RELIEVES PAIN:   | INDICATE WHAT EXACERBATES PAIN: (MARK ALL THAT APPLY)                                    |
| NO            |  | WALKING  | ARE THERE ANY ADDITIONAL DETAILS THAT NEED TO BE PROVIDED TO DESCRIBE THE CLIENT'S PAIN? |
| INTEGUMENTARY |  | INDICATE INTEGRITY ASSESSMENT FINDINGS: (MARK ALL THAT APPLY)              | NO PROBLEMS IDENTIFIED   |
| CARDOVASCULAR |  | CARDIOVASCULAR ASSESSMENT FINDINGS: (MARK ALL THAT APPLY)                  | ARE COMPRESSION STOCKINGS ORDERED?   |
| RESPIRATORY   |  | INDICATE RESPIRATORY ASSESSMENT FINDINGS: (MARK ALL THAT APPLY)            | ARE COUGHING FITS PRESENT?   |
| NO            |  | LUNGS CLEAR IN ALL LOBES   | WAS OF SATURATION TESTED?  |
| YES           |  | INDICATE OF SATURATION CONDITIONS TESTED: (MARK ALL THAT APPLY)            | ON ROOM AIR  |
| ON ROOM AIR   |  | 2SAT LEVEL ON ROOM AIR:  | 97.0   |
| 97.0          |  | WAS RECEIVED FUNCTIONAL DYSPNEA SCALE PROGRAMED?                           | NO   |
| GENITOURINARY |  | INDICATE GENITOURINARY ASSESSMENT: (MARK ALL THAT APPLY)                   |  |

|                        |                  |                |                     |                |                           |
|------------------------|------------------|----------------|---------------------|----------------|---------------------------|
| Visit Date:            | 09/04/2026       | Visit Number:  | 6                   | Visit Type:    | SN1 - SN SUBSEQUENT VISIT |
| Client ID:             | 72311847         | Primary Payor: | HUMANA MCR ADV PGGM |                |                           |
| Client Name:           | ALVAREZ, TERRESA | Legacy MR No:  | MR No:              | 04200075734401 |                           |
| Measured ID: H75613328 |                  |                |                     |                |                           |

|              |                 |                |                      |                |                           |
|--------------|-----------------|----------------|----------------------|----------------|---------------------------|
| Visit Date:  | 09/04/2025      | Visit Number:  | 6                    | Visit Type:    | SN1 - SN SUBSEQUENT VISIT |
| Measured ID: | H75613328       | Primary Payor: | HUMAN A MCR ADV PDGM |                |                           |
| Client DB#:  | J72311947       | MR No:         | 04200076734401       | Legacy MIR No: |                           |
| Client:      | ALVAREZ, TERESA |                |                      |                |                           |

Visit Note Report

|  |   |
|--|---|
| #1 - LWR ABDOMINAL, MIDLINE, SURGICAL INC - HCHB   |   |
| Onset Date: 02/10/2022                             |   |
| CHANGE IN STATUS                                   | WOUND ASSESSED  |
| MEASUREMENTS TAKEN                                 | LENGHTHxDPTH(CM)                                      |
| SURFACE AREA (SQ CM)                               | 0.6 X 0.6 X 0.1                                       |
| TISSUE INJURY?                                     | IS THIS A CLOSED SURGICAL WOUND OR SUSPECTED DEEP YES |
| INDICATE TYPE                                      | CLOSED SURG   |
| SHAPE  | ROUND   |
| EXUDATE TYPE                                       | SCANT   |
| ODOR   | SEROUSANG   |
| NECROTIQUE TISSUE TYPE                             | NONE  |
| TOTAL NECROTIC TISSUE ESCCHAR                      | 0.25%   |
| UNDERMINING  | 0.25%   |
| SKIN COLOR SURROUNDING WOUND                       | NO  |
| PERIPHERAL TISSUE EDEMA                            | NO  |
| DOES PATIENT HAVE PAIN ASSOCIATED WITH THIS WOUND? | NO  |
| SIGNS AND SYMPTOMS OF INFECTION                    | NO  |
| STATE  | NO  |
| DEBRIDEMENT THIS VISIT                             | NO  |
| DRAIN PRESENT                                      | NO  |
| WOUND CARE PROVIDED                                | NO  |
| SKILLED NURSE TO PROVIDE                           | NO  |
| SKILLED NURSE TO PROVIDE                           | NO  |
| PATIENT/CAREGIVER OF                               | NO  |
| HYPERTENSION TO INCLUDE                            | NO  |
| MEDICATION MANAGEMENT, SELF-                       | NO  |
| ASSSESSMENT, LOW SODIUM DIET,                      | NO  |
| AND TRACING OF BLOOD                               | NO  |
| PRESSURE RESULTS.                                  | NO  |
| OBSERVATION/ASSESSMENT OF                          | NO  |
| PAIN, EFFECTIVENESS OF PAIN                        | NO  |
| MANAGEMENT INCLUDING                               | NO  |
| MEDICATION REVIEW AND                              | NO  |
| NONPHARMACOLOGICAL AND                             | NO  |
| PHARMACOLOGICAL ANAL                               | NO  |
| NONPHARMACOLOGICAL ANAL                            | NO  |
| TREATMENTS AND SKILLED                             | NO  |
| TEACHING RELATED TO PAIN                           | NO  |
| INTERVENTION WITH INCREASED PAIN                   | NO  |
| MANAGEMENT, SKILLED NURSE TO                       | NO  |
| LEVEL TO MINIMIZE                                  | NO  |
| COMPLICATIONS                                      | NO  |
| SKILLED NURSE TO                                   | NO  |
| PERFORM WOUND CARE TO                              | NO  |
| INCISION/SUTURE SITE LOCATED                       | NO  |

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

Insured ID: H-75613328 Primary Payer: HUMANA MCR ADV PGGM

Glenie: ALVAREZ, TERESA MR No: 0420007573401 Legacy MR No:

Visit Note Report

ABDOMEN CLENSE WITH NS OR WOUND CLENSER. APPLY MEDHONEY ALGINATE TO WOUND BED, COVER WITH BORDER GAUZE DRESSING, SECURE WITH TAPE. SKILLED NURSE TO PERFORM WHEN CAREGIVER TO PERFORM THIS 1 REMOTE AND 2 PRN VISITS MAY BE PERFORMED DURING THIS CERTIFICATION PERIOD FOR THE FOLLOWING REASON(S): WOUND CARING CLEANSING, SECURE WITH TAPE. SKILLED NURSE TO EVALUATE AND FALLS, LABS SKILLED NURSE TO EVALUATE ANY ASSESS/EVALUATE ANY CONDITONS THAT PRESENT THEMSELVES AND THAT WILL IMPACT THE PLAN OF CARE. IDENTIFY CHANGES AND INTERVENE TO MINIMIZE COMPLICATONS. TEACH AND MONITOR PATIENT CAREGIVER ABILITY TO SAFELY ADMINISTER MEDICATIONS. PHONE TOUCHPOINTS CAN BE SUPPLEMENT THE PLAN OF CARE. PERFORMED AS NEEDED TO DEMONSTRATE/PROVIDE EDUCATION AND RESOURCES AGENT WILL MANTAIN HEALTH. 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 MANAGEMEN, SIGNS/SYMPTOMS OF EXACERBATION, METHODS TO PREVENT EXACERBATION, AND SIGNS/SYMPTOMS TO REPORT. CLINICIAN TO EDUCATE PATIENT/ AGENCY, PHYSICIAN OR R11. CAREGIVER IN FULL PREVENTION AND PROVIDE INTERVENTIONS TO REDUCE FALL RISK AND ENHANCE HOME SAFETY. PSYCHOSOCIAL / COGNITIVE ASSESSMENT INDICATES NO NEED FOR SOCIAL, FINANCIAL, OR

|                |                      |               |   |             |                           |
|----------------|----------------------|---------------|---|-------------|---------------------------|
| Visit Date:    | 09/04/2025           | Visit Number: | 6 | Visit Type: | SN1 - SN SUBSEQUENT VISIT |
| Primary Payor: | HUMANAS MCR ADV PGDM |               |   |             |                           |
| Client ID:     | 7231947              | Legacy MR No: |   |             |                           |
| Client:        | ALVAREZ, TERESA      | MRI:          |   |             |                           |

|  |                               |
|--|-------------------------------|
| Wound Image  | N/A                           |
| Initial Date:                                      | 06/24/2026                    |
| #2 - Mid - ABDOMINAL, SURGICAL INC - HCHB          |                               |
| 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                           |
| TISSUE INJURY?                                     | YES                           |
| INDICATE TYPE                                      | CLOSED SURG                   |
| SHAPE  | ELONG                         |
| EXUDATE TYPE                                       | SEROSANG                      |
| ODOR   | NONE                          |
| EPITHELIALIZATION                                  | 50-75%                        |
| NECROTIC TISSUE TYPE                               | NECROTIC TISSUE AMOUNT        |
| TOTAL NECROTIC TISSUE SLough                       | 0-25%                         |
| PERIPHERAL TISSUE EDEMA                            | 0-25%                         |
| SKIN COLOR SURROUNDING WOUND                       | NORM                          |
| TUNNELING  | NONE                          |
| UNDERMINING  | ABSENT                        |
| DOES PATIENT HAVE PAIN ASSOCIATED WITH THIS WOUND? | NO                            |
| STATE  | CHRONIC                       |
| SIGNS AND SYMPTOMS OF INFECTION                    | NO                            |
| DRAIN PRESENT                                      | NO                            |
| DEBRIDEMENT THIS VISIT                             | NO                            |
| WOUND CARE PROVIDED                                | NO                            |
| PATIENT/CAREGIVER OF                               | SKILLED NURSE TO PROVIDE      |
| HYPERTENSION TO INCLUDE                            | SKILLED NURSE FOR             |
| MEDICATION MANAGEMENT, SELF-                       | PRESERVE RESULTS.             |
| ASSESSMENT, LOW SODIUM DIET,                       | MANAGEMENT INCLUDING          |
| AND TRACKING OF BLOOD                              | PAIN, EFFECTIVENESS OF PAIN   |
| ASSISTANT  | OBSERVATION/ASSESSMENT OF     |
| PRESERVE RESULTS.                                  | SKILLED NURSE INCUDING        |
| PRESERVE RESULTS.                                  | MANAGEMENT REVIEW AND         |
| PRESERVE RESULTS.                                  | PHARMACOLOGICAL AND           |
| PRESERVE RESULTS.                                  | NONPHARMACOLOGICAL            |
| PRESERVE RESULTS.                                  | TREATMENTS AND SKILLED        |
| PRESERVE RESULTS.                                  | REFERRALS TO OUTSIDE ENTITIES |
| PRESERVE RESULTS.                                  | PROVIDERS/DISCIPLINES OR      |
| PRESERVE RESULTS.                                  | TRANSPORTATION SUPPORT OR     |
| PRESERVE RESULTS.                                  | FOR ADDITIONAL CARE           |
| PRESERVE RESULTS.                                  | TRANSFUSIONAL CARE            |
| PRESERVE RESULTS.                                  | WOUND ASSESSED                |
| PRESERVE RESULTS.                                  | CHANGE IN STATUS              |

Visit Date: 09/04/2025 Visit Number: 6 Visit Type: SN1 - SN SUBSEQUENT VISIT

Primary Party HUMANAS MGR ADV PBM

MR No.: 042000757344D1 Lopberg MR No:

SEARCHED INDEXED SERIALIZED FILED 10/17/2000 BY [Signature] CLERK OF COURT

MR No.: 042000757344D1 Lopberg MR No:

SEARCHED INDEXED SERIALIZED FILED 10/17/2000 BY [Signature] CLERK OF COURT

Visit Note Report

|  |
|--|
| MANAGEMENT, SKILLED NURSE TO INTERVENE WITH INCREASED PAIN LEVEL TO MINIMIZE COMPLICATIONS, SKILLED NURSE TO PERFORM/TEACH WOUND CARE TO INGISION/SUTURE SITE LOCATED ABDOMEN CLEANSE WITH NS OR WOUND CLEANSER, APPLY MEDICHOWNEY ALGINATE TO WOUND BED, COVER WITH BORDER GAUZE DRESSING, SECURE WITH TAPE, CARGEIVER TO PERFORM TECHNIQUE, USING CLENAESTIC TECHNIQUE, 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 DEVELOP PLAN OF CARE TO BE SKILLED NURSE TO EVALUATE ANY SKILLLED NURSE TO SIGNED BY THE PHYSICIAN, DEVELOP PLAN OF CARE TO BE SKILLED NURSE TO EVALUATE ANY CONDIITONS THAT PRESENT THEMSELVES AND THAT WILL IMPACT THE PLAN OF CARE DURING IDENTIFY CHANGES AND INTERVENE TO MINIMIZE COMPLICATONS, TEACH AND MONITOR PATIENT CAREGIVER ABILITY TO SAFELY ADMINISTER MEDICATIONS, PHONE TOUCHPOINTS CAN BE TO SUPPLYMENT THE PLAN OF CARE. PLANS AND WILL KNOWLEDGEABLE OF DISCHARGE PATIENT/CAREGIVER WILL BE EDUCATION AND RESOURCES DEMONSTRATE/PROVIDE TO DR. HUTCHINSON AGENCY WILL DISCHARGE PATIENT NEEDED TO MAINTAIN HEALTH EDUCATION AND RESOURCES 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 THE POD, SAFE MEDICATION ADMINISTRATION, DISEASE MANAGEMENT, SIGNS/SYMPOTMS OF EXACERBATION, METHODS TO PREVENT EXACERBATION, AND SIGNS/SYMPOTMS TO REPORT AGENCY, PHYSICIAN OR 911. |
|--|

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

Primary Payer: HUMANA MCR ADV PDGM

MR No: 04200075734401 | Agency MR No:

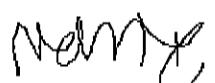
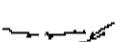
10776292000070 111 800

MR No: 04200075734401 | Agency MR No:

Visit Note Report

|   |  |
|---|--|
| <p><b>Narrative</b></p> <p>PAIN RELIEF: CONTINUES WITH NONHEALING ABD SURGICAL WOUNDS. WOUND CARE PROVIDED PER ORDERS. DISCUSSED REFERRAL TO MGRATH WOUND CARE AND PATIENT IS AGREABLE. PLACED CALL TO POC OFFICE AND REQUESTED VO FOR REFERRAL. SPOKE TO BETTY AND SHE STATES SOMEONE WILL RETURN MY CALL. MOS AND DC'S NOTIFIED OF NEED FOR REFERRAL TO MGRATH WOUND CARE. NO FURTHER COMPLAINTS OR CONCERNS AT THIS TIME. INSTRUCTED TO NOTIFY VNA OF ANY CONCERNS AND NOTIFY 911 OF ANY EMERGENCY NEEDS.</p> <p>STIRRING UP IN CHAIR AT DR TABLE. NO ACUTE DISTRESS. CONTINUES WITH CHRONIC KNEE PAIN. UTILIZING TYLENOL AND HEATING PAD FOR CARING FOR INJURY. NO ACUTE DISTRESS. CONTINUES WITH CHRONIC KNEE PAIN. UTILIZING TYLENOL AND HEATING PAD FOR PAIN RELIEF. CONTINUES WITH NONHEALING ABD SURGICAL WOUNDS. WOUND CARE PROVIDED PER ORDERS. DISCUSSED REFERRAL TO MGRATH WOUND CARE AND PATIENT IS AGREABLE. PLACED CALL TO POC OFFICE AND REQUESTED VO FOR REFERRAL. SPOKE TO BETTY AND SHE STATES SOMEONE WILL RETURN MY CALL. MOS AND DC'S NOTIFIED OF NEED FOR REFERRAL TO MGRATH WOUND CARE. NO FURTHER COMPLAINTS OR CONCERNS AT THIS TIME. INSTRUCTED TO NOTIFY VNA OF ANY CONCERNS AND NOTIFY 911 OF ANY EMERGENCY NEEDS.</p> <p><b>Palmar Goals</b></p> <p>GOAL IS TO INCREASE INDEPENDENCE</p> <p>1. COLLABORATE WITH PATIENT/CAREGIVER AND APPROPRIATE PHYSICIAN(S) IN POC DEVELOPMENT. CHANGES IN POC ARE AGREED UPON AND COMMUNICATED WITH THE PATIENT/CAREGIVER IN THE DEVELOPMENT OF THE POC.</p> <p>2. ASSESS AND EVALUATE CO-MORBID CONDITIONS</p> <p>DETAILS/COMMENTS: REVIEWED AND INSTRUCTED ON RECENT EXACERBATION OF CO-MORBID CONDITIONS</p> <p>WHEN TO REPORT TO NURSE/PHYSICIAN</p> <p>REVIEWED DIETARY NEEDS AND RESTRICTIONS</p> <p>MEDICATION REGIMEN, SIDE EFFECTS/DESIRABLE EFFECTS, POTENTIAL INTERACTIONS AND REFILL PROCESS</p> <p>BALANCING ACTIVITIES AND NEED FOR FREQUENT REST PERIODS</p> <p>3. PROVIDE/INSTRUCT ON INCISION SITE CARE. (ALL INTERVENTION DETAILS MUST BE INSTRUCTED ON PRIOR TO MARKING THE INCISION SITE CARE)</p> <p>INTERVENTION GOAL AS ACHIEVED)</p> <p>INSTRUCTIONS ON PRINCIPLES OF STANDARD PRECAUTIONS: PROPER HANDLING/DISPOSAL OF ITEMS COMING IN CONTACT WITH BODY FLUIDS.</p> <p>INSTRUCTED ON SIGNS / SYMPTOMS OF INFECTION TO INCISION (REDNESS, DRAINAGE, ODOR)</p> |  |
| <p><b>Interventions Provided</b></p> <p>PHYSICIAN/HEALTH CARE PROVIDER</p> <p>1. COLLABORATE WITH PATIENT/CAREGIVER AND APPROPRIATE PHYSICIAN(S) IN POC DEVELOPMENT. CHANGES IN POC ARE AGREED UPON AND COMMUNICATED WITH THE PATIENT/CAREGIVER IN THE DEVELOPMENT OF THE POC.</p> <p>2. ASSESS AND EVALUATE CO-MORBID CONDITIONS</p> <p>DETAILS/COMMENTS: REVIEWED AND INSTRUCTED ON RECENT EXACERBATION OF CO-MORBID CONDITIONS</p> <p>WHEN TO REPORT TO NURSE/PHYSICIAN</p> <p>REVIEWED DIETARY NEEDS AND RESTRICTIONS</p> <p>MEDICATION REGIMEN, SIDE EFFECTS/DESIRABLE EFFECTS, POTENTIAL INTERACTIONS AND REFILL PROCESS</p> <p>BALANCING ACTIVITIES AND NEED FOR FREQUENT REST PERIODS</p> <p>3. PROVIDE/INSTRUCT ON INCISION SITE CARE. (ALL INTERVENTION DETAILS MUST BE INSTRUCTED ON PRIOR TO MARKING THE INCISION SITE CARE)</p> <p>INTERVENTION GOAL AS ACHIEVED)</p> <p>INSTRUCTIONS ON PRINCIPLES OF STANDARD PRECAUTIONS: PROPER HANDLING/DISPOSAL OF ITEMS COMING IN CONTACT WITH BODY FLUIDS.</p> <p>INSTRUCTED ON SIGNS / SYMPTOMS OF INFECTION TO INCISION (REDNESS, DRAINAGE, ODOR)</p>  |  |

| Visit Date:  | 09/04/2025      | Visit Number:  | 6                     | Visit Type:       | SN1 - SN SUBSEQUENT VISIT |
|--------------|-----------------|----------------|-----------------------|-------------------|---------------------------|
| Client ID:   | 72311947        | Primary Payor: | HUMANA MCR ADV PDGM   | Entered By:       | N/A                       |
| Client Name: | ALVAREZ, TERESA | Legacy MR No:  | MR No: 04200075734401 | Visit Note Report |                           |

|   |  |
|---|--|
| <p style="text-align: right;">Goals Met</p> <p>1. POC, CHANGES IN POC, AND CHANGES IMPACTING DISCHARGE PLAN WILL BE AGREED UPON AND COMMUNICATED WITH THE PATIENT/CHARGEHOLDER, PHYSICIANS WRITING ORDERS ON THE POC AND/OR THE RECEIVING PHYSICIAN/HEALTH CARE PROVIDER THROUGHOUT THE EPISODE OF CARE.</p> <p>2. CHANGES TO CO-MORBID CONDITIONS WILL BE IDENTIFIED AND REPORTED TO THE PHYSICIAN.</p> <p>(DO NOT MARK GOAL AS MET UNLESS ALL INTERVENTION DETAILS ARE UNDERSTOOD BY PATIENT / CHARGEHOLDER)</p> <p>1. PATIENT/CHARGEHOLDER AGREEMENT WITH DISCHARGE PLANS.</p> <p>EXCEPTION CODE: ADDITIONAL TIME REQUIRED TO MEET INTERVENTION/GOAL</p> <p>2. INCREASED PAIN OR INEFFECTIVE PAIN CONTROL MEASURES ARE IDENTIFIED AND PROMPTLY REPORTED TO THE PHYSICIAN</p> <p>EXCEPTION CODE: ADDITIONAL TIME REQUIRED TO MEET INTERVENTION/GOAL</p> <p>EXCEPTION CODE: ADDITIONAL TIME REQUIRED TO MEET INTERVENTION/GOAL</p> |  |
| <p style="text-align: right;">Agent Signature:</p> <p></p> <p>Cheryl COOK LPN 09/04/2025 02:50 PM</p> <p>(Electronically Signed)</p>  |  |
| <p style="text-align: right;">Client Signature:</p> <p></p>   |  |

|  |   |                                    |                                       |                        |
|--|---|------------------------------------|---------------------------------------|------------------------|
| Client: ALVAREZ, TERRESA<br>Client DOB: 7/23/1947<br>Insured ID: H76613328 | MR No.: 04200075734401<br>Legacy MR No: | Primary Payor: HUMANA MCR ADV PDGM | Visit Type: SN1 - SN SUBSEQUENT VISIT | Visit Date: 09/04/2026 |
|--|---|------------------------------------|---------------------------------------|------------------------|