

Visit Note Report

Client: ISAACS, SAMUEL
Client DOB: 5/20/1984
Inured ID: 5U09KC5HM40
Primary Payor: MEDICARE PDGM
MR No: 04200046838901
Legacy MR No:
Visit Date: 08/21/2025
Visit Number: 6
Visit Type: RN15 - RN RESUMPTION OF CARE

Assessment

OK

INTEGUMENTARY

(D)(C)(Q)(M) (M1300) DOES THE PATIENT HAVE AT LEAST ONE UNHEALED PRESSURE ULCER/INJURY AT STAGE 2 OR HIGHER OR DESIGNATED AS UNSTAGEABLE? (EXCLUDES STAGE 1 PRESSURE INJURIES AND ALL HEALED PRESSURE ULCERS/INJURIES)

1 - YES

(D)(Q)(M) (PRA) (M1311 A1) CURRENT NUMBER OF UNHEALED PRESSURE ULCERS/INJURIES AT STAGE 2: PARTIAL THICKNESS LOSS OF DERMIS PRESENTING AS A SHALLOW OPEN ULCER WITH A RED OR PINK WOUND BED, WITHOUT SLOUGH, MAY ALSO PRESENT AS AN INTACT OR OPEN/RUPTURED BLISTER.

1

(D)(Q)(M) (PRA) (M1311 B1) CURRENT NUMBER OF UNHEALED PRESSURE ULCERS/INJURIES AT STAGE 3: FULL THICKNESS TISSUE LOSS, SUBCUTANEOUS FAT MAY BE VISIBLE BUT BONE, TENDON, OR MUSCLE IS NOT EXPOSED. SLOUGH MAY BE PRESENT BUT DOES NOT OBSCURE THE DEPTH OF TISSUE LOSS, MAY INCLUDE UNDERMINING AND TUNNELING.

0

(D)(Q)(M) (PRA) (M1311 C1) CURRENT NUMBER OF UNHEALED PRESSURE ULCERS/INJURIES AT STAGE 4: FULL THICKNESS TISSUE LOSS WITH EXPOSED BONE, TENDON, OR MUSCLE. SLOUGH OR ESCHAR MAY BE PRESENT ON SOME PARTS OF THE WOUND BED, OFTEN INCLUDES UNDERMINING AND TUNNELING.

0

(D)(Q)(M) (PRA) (M1311 D1) CURRENT NUMBER OF UNHEALED PRESSURE ULCERS/INJURIES AT UNSTAGEABLE: NON-REMOVABLE DRESSING/DEVICE: KNOWN BUT NOT STAGEABLE DUE TO NON-REMOVABLE DRESSING/DEVICE.

1

(D)(Q)(M) (PRA) (M1311 E1) CURRENT NUMBER OF UNHEALED PRESSURE ULCERS/INJURIES AT UNSTAGEABLE: SLOUGH AND/OR ESCHAR, KNOWN BUT NOT STAGEABLE DUE TO COVERAGE OF WOUND BED BY SLOUGH AND/OR ESCHAR.

1

(D)(Q)(M) (PRA) (M1311 F1) CURRENT NUMBER OF UNHEALED PRESSURE ULCERS/INJURIES AT UNSTAGEABLE: DEEP TISSUE INJURY.

1

(D)(Q)(M) (M1322) CURRENT NUMBER OF STAGE 1 PRESSURE INJURIES: INTACT SKIN WITH NON-BLANCHABLE REDNESS OF A LOCALIZED AREA USUALLY OVER A BONY PROMINENCE, DARKLY PIGMENTED SKIN MAY NOT HAVE A VISIBLE BLANCHING; IN DARK SKIN TONES ONLY IT MAY APPEAR WITH PERSISTENT BLUE OR PURPLE HUES.

0

(D)(Q)(M) (PRA) (M1324) STAGE OF MOST PROBLEMATIC UNHEALED PRESSURE ULCER/INJURY THAT IS STAGEABLE: (EXCLUDES PRESSURE ULCER/INJURY THAT CANNOT BE STAGED DUE TO A NON-REMOVABLE DRESSING/DEVICE, COVERAGE OF WOUND BED BY SLOUGH AND/OR ESCHAR, OR DEEP TISSUE INJURY)

NA - PATIENT HAS NO PRESSURE ULCERS/INJURIES OR NO STAGEABLE PRESSURE ULCERS/INJURIES

(C1) (PRA) (M1330) DOES THIS PATIENT HAVE A STASIS ULCER?

0 - NO

(C1) (Q)(M) (PRA) (M1340) DOES THIS PATIENT HAVE A SURGICAL WOUND?

0 - NO

WAS INTEGUMENTARY ASSESSED?

YES

INDICATE INTEGUMENTARY ASSESSMENT FINDINGS: (MARK ALL THAT APPLY)

WOUND(S)

RESPIRATORY

WAS RESPIRATORY SYSTEM ASSESSED?

YES

INDICATE RESPIRATORY ASSESSMENT FINDINGS: (MARK ALL THAT APPLY)

02 USE

INDICATE RATE/ROUTE OF O2 ADMINISTRATION:

1.76-2 AT BEDTIME

WAS O2 SATURATION LEVEL TESTED?

YES

INDICATE O2 SATURATION CONDITIONS TESTED: (MARK ALL THAT APPLY)

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AT REST
O2 SAT LEVEL AT REST:
82.0
WAS PERCEIVED FUNCTIONAL DYSPNEA SCALE PERFORMED?
NO
(QM) (PRA) (M1400) WHEN IS THE PATIENT DYSPNEIC OR NOTICEABLY SHORT OF BREATH?
0 - PATIENT IS NOT SHORT OF BREATH
CARDIOVASCULAR
CARDIOVASCULAR SYSTEM ASSESSED?
YES
CARDIOVASCULAR ASSESSMENT FINDINGS: (MARK ALL THAT APPLY)
ABNORMAL HEART SOUNDS
INDICATE ABNORMAL HEART SOUNDS:
OTHER (SPECIFY)
INDICATE OTHER ABNORMAL HEART SOUND(S):
TACX 108
ARE COMPRESSION STOCKINGS ORDERED?
NO
IF THE PATIENT IS EASILY FATIGUED OR SHOWS DYSPNEA ON EXERTION IS THERE A NEED FOR ENERGY CONSERVATION TRAINING?
NO
GENITOURINARY
WAS GENITOURINARY SYSTEM ASSESSED?
YES
INDICATE GENITOURINARY ASSESSMENT: (MARK ALL THAT APPLY)
INCONTINENCE
(QM) (M1600) HAS THIS PATIENT BEEN TREATED FOR A URINARY TRACT INFECTION IN THE PAST 14 DAYS?
0 - NO
(C1) (QM) (PRA) (M1610) URINARY INCONTINENCE OR URINARY CATHETER PRESENCE:
1 - PATIENT IS INCONTINENT
GASTROINTESTINAL
INDICATE GASTROINTESTINAL ASSESSMENT FINDINGS: (MARK ALL THAT APPLY)
WNL
INDICATE DATE OF LAST BOWEL MOVEMENT:
8/21/2025
(QM) (M1620) BOWEL INCONTINENCE FREQUENCY:
4 - ON A DAILY BASIS
(C1) (PRA) (M1630) 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 REGIMEN?
0 - PATIENT DOES NOT HAVE AN OSTOMY FOR BOWEL ELIMINATION.
NUTRITIONAL
INDICATE 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 FINDING:
TUBE FEEDS
TOTAL NUTRITION ASSESSMENT SCORE:

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2

BASED ON THE SCORE, THE NUTRITIONAL RISK LEVEL IS:

GOOD

DID THE PATIENT SCORE 6 OR ABOVE ON THE NUTRITIONAL ASSESSMENT?

NO

(K05201) NUTRITIONAL APPROACHES: CHECK ALL OF THE NUTRITIONAL APPROACHES THAT APPLY ON ADMISSION.
B. FEEDING TUBE (E.G., NASOGASTRIC OR ABDOMINAL (PEG))

IMMUNOLOGIC

WAS IMMUNOLOGIC SYSTEM ASSESSED?

NO

INDICATE REASON IMMUNOLOGIC SYSTEM NOT ASSESSED:

NOT APPROPRIATE AT TIME OF EVALUATION

ENDOCRINE/HEMATOPOIETIC

WAS ENDOCRINE/HEMATOPOIETIC ASSESSED?

YES

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

WNL

IS THE CLIENT TAKING AN ANTICOAGULANT?

NO

COGNITIVE/BEHAVIORAL/NEURO

(C1) (QM) (PRA) (M1700) COGNITIVE FUNCTIONING: PATIENT'S CURRENT (DAY OF ASSESSMENT) LEVEL OF ALERTNESS, ORIENTATION, COMPREHENSION, CONCENTRATION, AND IMMEDIATE MEMORY FOR SIMPLE COMMANDS.

1 - REQUIRES PROMPTING (CUEING, REPETITION, REMINDERS) ONLY UNDER STRESSFUL OR UNFAMILIAR CONDITIONS.

(QM) (M1710) WHEN CONFUSED (REPORTED OR OBSERVED) WITHIN THE LAST 14 DAYS:

NA - PATIENT NONRESPONSIVE

(QM) (M1720) WHEN ANXIOUS (REPORTED OR OBSERVED) WITHIN THE LAST 14 DAYS:

NA - PATIENT NONRESPONSIVE

(C1) (QM) (PRA) (M1740) COGNITIVE, BEHAVIORAL, AND PSYCHIATRIC SYMPTOMS THAT ARE DEMONSTRATED AT LEAST ONCE A WEEK (REPORTED OR OBSERVED): (MARK ALL THAT APPLY)

7 - NONE OF THE ABOVE BEHAVIORS DEMONSTRATED

(QM) (M1745) FREQUENCY OF DISRUPTIVE BEHAVIOR SYMPTOMS (REPORTED OR OBSERVED) ANY PHYSICAL, VERBAL, OR OTHER DISRUPTIVE/DANGEROUS SYMPTOMS THAT ARE INJURIOUS TO SELF OR OTHERS OR JEOPARDIZE PERSONAL SAFETY

0 - NEVER

(C0100) SHOULD BRIEF INTERVIEW FOR MENTAL STATUS (C0200-C0500) BE CONDUCTED? ATTEMPT TO CONDUCT INTERVIEW WITH ALL PATIENTS.

0 - NO (PATIENT IS RARELY/NEVER UNDERSTOOD)

INDICATE LEVEL OF COGNITIVE IMPAIRMENT

PATIENT UNABLE TO COMPLETE INTERVIEW

(E1) (D0160) PATIENT MOOD INTERVIEW (PHQ-2 TO 9) PEIZER@. DETERMINE IF THE PATIENT IS RARELY/NEVER UNDERSTOOD VERBALLY IN WRITING, OR USING ANOTHER METHOD, IF RARELY/NEVER UNDERSTOOD, CODE D0160A1 AND D0160B1 AS 9. NO RESPONSE, LEAVE D0160A2 AND D0160B2 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 BOTHERED BY ANY OF THE FOLLOWING PROBLEMS? READ AND SHOW THE PATIENT A CARD WITH SYMPTOM FREQUENCY CHOICES.

(D0160A1) SYMPTOM PRESENCE: LITTLE INTEREST OR PLEASURE IN DOING THINGS

NOT ASSESSED/NO INFORMATION

(D0160B1) SYMPTOM PRESENCE: FEELING DOWN, DEPRESSED, OR HOPELESS

NOT ASSESSED/NO INFORMATION

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DID THE PATIENT RESPOND WITH A SYMPTOM PRESENCE OF "NOT ASSESSED/NO INFORMATION" OR A SYMPTOM FREQUENCY OF "7 - 11 DAYS" OR "12 - 14 DAYS"?
YES - CONTINUE TO PHON INTERVIEW

(D0150C1) SYMPTOM PRESENCE: TROUBLE FALLING OR STAYING ASLEEP, OR SLEEPING TOO MUCH
9. NO RESPONSE

(D0150D1) SYMPTOM PRESENCE: FEELING TIRED OR HAVING LITTLE ENERGY
9. NO RESPONSE

(D0150E1) SYMPTOM PRESENCE: POOR APPETITE OR OVEREATING
9. NO RESPONSE

(D0150F1) SYMPTOM PRESENCE: FEELING BAD ABOUT YOURSELF - OR THAT YOU ARE A FAILURE OR HAVE LET YOURSELF OR YOUR FAMILY DOWN
9. NO RESPONSE

(D0150G1) SYMPTOM PRESENCE: TROUBLE CONCENTRATING ON THINGS, SUCH AS READING THE NEWSPAPER OR WATCHING TELEVISION
9. NO RESPONSE

(D0150H1) SYMPTOM PRESENCE: MOVING OR SPEAKING SO SLOWLY THAT OTHER PEOPLE COULD HAVE NOTICED, OR THE OPPOSITE - BEING SO FIDGETY OR RESTLESS THAT YOU HAVE BEEN MOVING AROUND A LOT MORE THAN USUAL
9. NO RESPONSE

(D0150I1) SYMPTOM PRESENCE: THOUGHTS THAT YOU WOULD BE BETTER OFF DEAD, OR OF HURTING YOURSELF IN SOME WAY
9. NO RESPONSE

(D0150J) ADD SCORES FOR ALL FREQUENCY RESPONSES FOR SYMPTOM FREQUENCY. TOTAL SCORE MUST BE BETWEEN 00 AND 27. ENTER 99 IF UNABLE TO COMPLETE INTERVIEW (I.E., SYMPTOM FREQUENCY IS BLANK FOR 3 OR MORE REQUIRED ITEMS)
0

(G1310A) SIGNS AND SYMPTOMS OF DELIRIUM (FROM CAM (C)): CODE AFTER COMPLETING BRIEF INTERVIEW FOR MENTAL STATUS AND REVIEWING MEDICAL RECORD - ACUTE ONSET OF MENTAL STATUS CHANGE, IS THERE EVIDENCE OF AN ACUTE CHANGE IN MENTAL STATUS FROM PATIENT'S BASELINE?
0. NO

(G1310B) INATTENTION - DID THE PATIENT HAVE DIFFICULTY FOCUSING ATTENTION, FOR EXAMPLE, BEING EASILY DISTRACTIBLE OR HAVING DIFFICULTY KEEPING TRACK OF WHAT WAS BEING SAID?
0. BEHAVIOR NOT PRESENT

(G1310C) DISORGANIZED THINKING - WAS THE PATIENT'S THINKING DISORGANIZED OR INCOHERENT (RAMBLING OR IRRRELEVANT CONVERSATION, UNCLEAR OR ILLOGICAL FLOW OF IDEAS, OR UNPREDICTABLE SWITCHING FROM SUBJECT TO SUBJECT)?
0. BEHAVIOR NOT PRESENT

(G1310D) ALTERED LEVEL OF CONSCIOUSNESS - DID THE PATIENT HAVE ALTERED LEVEL OF CONSCIOUSNESS, AS INDICATED BY ANY OF THE FOLLOWING CRITERIA? VIGILANT - STARTLED EASILY TO ANY SOUND OR TOUCH; LETHARGIC - REPEATEDLY DOZED OFF WHEN BEING ASKED QUESTIONS, BUT RESPONDED TO VOICE OR TOUCH; STUPOROUS - VERY DIFFICULT TO AROUSE AND KEEP AROUSED FOR THE INTERVIEW; COMATOSE - COULD NOT BE AROUSED
0. BEHAVIOR NOT PRESENT

(D0700) SOCIAL ISOLATION: HOW OFTEN DO YOU FEEL LONELY OR ISOLATED FROM THOSE AROUND YOU?
8. PATIENT UNABLE TO RESPOND

INDICATE CLIENT'S MENTAL STATUS: (MARK ALL THAT APPLY)
OTHER - SPECIFY

DESCRIBE OTHER MENTAL STATUS:
IN AND OUT OF SLEEP, NON VERBAL

INDICATE ABNORMAL NEUROLOGIC FINDINGS: (MARK ALL THAT APPLY)
PARALYSIS

FALLS
WAS MAHC 10 FALL RISK ASSESSMENT COMPLETED?
YES

AGE 65+
NO

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DIAGNOSIS (3 OR MORE CO-EXISTING) -- INCLUDES ONLY DOCUMENTED MEDICAL DIAGNOSIS
YES

PRIOR HISTORY OF FALLS WITHIN 3 MONTHS -- AN UNINTENTIONAL CHANGE IN POSITION RESULTING IN COMING TO REST ON THE GROUND OR AT A LOWER LEVEL
NO

INCONTINENCE -- INABILITY TO MAKE IT TO THE BATHROOM OR COMMODE IN TIMELY MANNER INCLUDES FREQUENCY, URGENCY, AND/OR NOCTURIA
YES

VISUAL IMPAIRMENT -- INCLUDES BUT NOT LIMITED TO, MACULAR DEGENERATION, DIABETIC RETINOPATHIES, VISUAL FIELD LOSS, AGE RELATED CHANGES, DECLINE IN VISUAL ACUITY, ACCOMMODATION, GLARE TOLERANCE, DEPTH PERCEPTION, AND NIGHT VISION OR NOT WEARING PRESCRIBED GLASSES OR HAVING THE CORRECT PRESCRIPTION
NO

IMPAIRED FUNCTIONAL MOBILITY -- MAY INCLUDE PATIENTS WHO NEED HELP WITH ADLS OR ADLS OR HAVE GAIT OR TRANSFER PROBLEMS, ARTHRITIS, PAIN, FEAR OF FALLING, FOOT PROBLEMS, IMPAIRED SENSATION, IMPAIRED COORDINATION OR IMPROPER USE OF ASSISTIVE DEVICES
YES

ENVIRONMENTAL HAZARDS -- MAY INCLUDE BUT NOT LIMITED TO, POOR ILLUMINATION, EQUIPMENT TUBING, INAPPROPRIATE FOOTWEAR, PETS, HARD TO REACH ITEMS, FLOOR SURFACES THAT ARE UNEVEN OR CLUTTERED, OR OUTDOOR ENTRY AND EXITS
NO

POLY PHARMACY (4 OR MORE PRESCRIPTIONS - ANY TYPE) -- ALL PRESCRIPTIONS INCLUDING PRESCRIPTIONS FOR OTC MEDS, DRUGS, HIGHLY ASSOCIATED WITH FALL RISK INCLUDE BUT NOT LIMITED TO, SEDATIVES, ANTI-DEPRESSANTS, TRANQUILIZERS, NARCOTICS, ANTIHYPERTENSIVES, CARDIAC MEDS, CORTICOSTEROIDS, ANTI-ANXIETY DRUGS, ANTICHOLINERGIC DRUGS, AND HYPOGLYCEMIC DRUGS
YES

PAIN AFFECTING LEVEL OF FUNCTION -- PAIN OFTEN AFFECTS AN INDIVIDUAL'S DESIRE OR ABILITY TO MOVE, OR PAIN CAN BE A FACTOR IN DEPRESSION OR COMPLIANCE WITH SAFETY RECOMMENDATIONS
NO

COGNITIVE IMPAIRMENT -- COULD INCLUDE PATIENTS WITH DEMENTIA, ALZHEIMER'S OR STROKE PATIENTS, OR PATIENTS WHO ARE CONFUSED, USE POOR JUDGMENT, HAVE DECREASED COMPREHENSION, IMPULSIVITY, MEMORY DEFICITS, CONSIDER PATIENT'S ABILITY TO ADHERE TO THE PLAN OF CARE
YES

ACCORDING TO THE MAHC 10 FALL RISK ASSESSMENT, THIS PATIENT'S SCORE IS:
5

BASED ON THE SCORE, THE PATIENT IS:
AT RISK FOR FALLING

FUNCTIONAL

WAS MUSCULOSKELETAL SYSTEM ASSESSED?
YES

INDICATE MUSCULOSKELETAL ASSESSMENT (MARK ALL THAT APPLY)
BONE/JOINT PROBLEMS
PAIN / STIFFNESS
DECREASED STRENGTH
ATROPHY
CONTRACTURES

IN WHAT EXTREMITIES DO BONE/JOINT PROBLEMS EXIST? (MARK ALL THAT APPLY)
UPPER BILAT
LOWER BILAT
IN WHAT EXTREMITIES DO PAIN/STIFFNESS EXIST? (MARK ALL THAT APPLY)
UPPER BILAT
LOWER BILAT

IN WHAT EXTREMITIES DOES DECREASED STRENGTH EXIST? (MARK ALL THAT APPLY)
UPPER BILAT
LOWER BILAT

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LOWER BILAT

IN WHAT EXTREMITIES DOES ATROPHY EXIST? (MARK ALL THAT APPLY)

UPPER BILAT

LOWER BILAT

IN WHAT EXTREMITIES DO CONTRACTIONS EXIST? (MARK ALL THAT APPLY)

UPPER BILAT

LOWER BILAT

(C1) (GM) (PRA) (M1800) GROOMING: CURRENT ABILITY TO TEND SAFELY TO PERSONAL HYGIENE NEEDS (SPECIFICALLY: WASHING FACE

AND HANDS, HAIR CARE, SHAVING OR MAKE UP, TEETH OR DENTURE CARE, OR FINGER/MAIL CARE)

3 - PATIENT DEPENDS ENTIRELY UPON SOMEONE ELSE FOR GROOMING NEEDS

(E) (GG013081) SELF-CARE ORAL HYGIENE SOC/ROC PERFORMANCE: THE ABILITY TO USE SUITABLE ITEMS TO CLEAN TEETH, DENTURES (IF

APPLICABLE), THE ABILITY TO INSERT AND REMOVE DENTURES INTO AND FROM MOUTH, AND MANAGE DENTURE SOAKING AND RINSING

WITH USE OF EQUIPMENT, CODE THE PATIENT'S USUAL PERFORMANCE AT SOC/ROC FOR EACH ACTIVITY USING THE 6-POINT SCALE, IF

ACTIVITY WAS NOT ATTEMPTED AT SOC/ROC, CODE THE REASON, CODING: SAFETY AND QUALITY OF PERFORMANCE - IF HELPER

ASSISTANCE IS REQUIRED BECAUSE PATIENT'S PERFORMANCE IS UNSAFE OR OF POOR QUALITY, SCORE ACCORDING TO AMOUNT OF

ASSISTANCE PROVIDED.

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

(GM) (M1810) CURRENT ABILITY TO DRESS UPPER BODY SAFELY (WITH OR WITHOUT DRESSING AIDS) INCLUDING UNDERGARMENTS,

PULLOVERS, FRONT-OPENING SHIRTS AND BLOUSES, MANAGING ZIPPERS, BUTTONS, AND SNAPS.

3 - PATIENT DEPENDS ENTIRELY UPON ANOTHER PERSON TO DRESS UPPER BODY

(E) (GG013091) SELF-CARE UPPER BODY DRESSING SOC/ROC PERFORMANCE: THE ABILITY TO DRESS AND UNDRESS ABOVE THE WAIST,

INCLUDING FASTENERS, IF APPLICABLE, CODE THE PATIENT'S USUAL PERFORMANCE AT SOC/ROC FOR EACH ACTIVITY USING THE 6-POINT

SCALE, IF ACTIVITY WAS NOT ATTEMPTED AT SOC/ROC, CODE THE REASON, CODING: SAFETY AND QUALITY OF PERFORMANCE - IF HELPER

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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

(E) (GG013041) SELF-CARE PUTTING ON/TAKING OFF FOOTWEAR SOC/ROC PERFORMANCE: THE ABILITY TO PUT ON AND TAKE OFF SOCKS

AND SHOES OR OTHER FOOTWEAR THAT IS APPROPRIATE FOR SAFE MOBILITY, INCLUDING FASTENERS, IF APPLICABLE, CODE THE

PATIENT'S USUAL PERFORMANCE AT SOC/ROC FOR EACH ACTIVITY USING THE 6-POINT SCALE, IF ACTIVITY WAS NOT ATTEMPTED AT

SOC/ROC, CODE THE REASON, CODING: SAFETY AND QUALITY OF PERFORMANCE - IF HELPER ASSISTANCE IS REQUIRED BECAUSE

PATIENT'S PERFORMANCE IS UNSAFE OR OF POOR QUALITY, SCORE ACCORDING TO AMOUNT OF ASSISTANCE PROVIDED.

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

(GM) (M1870) FEEDING OR EATING: CURRENT ABILITY TO FEED SELF MEALS AND SNACKS SAFELY, NOTE: THIS REFERS ONLY TO THE

PROCESS OF EATING, CHEWING, AND SWALLOWING, NOT PREPARING THE FOOD TO BE EATEN.

6 - UNABLE TO TAKE IN NUTRIENTS ORALLY OR BY TUBE FEEDING

(E) (GG013041) SELF-CARE EATING SOC/ROC PERFORMANCE: THE ABILITY TO USE SUITABLE UTENSILS TO BRING FOOD AND/OR LIQUID TO

THE MOUTH AND SWALLOW FOOD AND/OR LIQUID ONCE THE MEAL IS PLACED BEFORE THE PATIENT, CODE THE PATIENT'S USUAL

PERFORMANCE AT SOC/ROC FOR EACH ACTIVITY USING THE 6-POINT SCALE, IF ACTIVITY WAS NOT ATTEMPTED AT SOC/ROC, CODE THE

REASON, CODING: SAFETY AND QUALITY OF PERFORMANCE - IF HELPER ASSISTANCE IS REQUIRED BECAUSE PATIENT'S PERFORMANCE IS

UNSAFE OR OF POOR QUALITY, SCORE ACCORDING TO AMOUNT OF ASSISTANCE PROVIDED.

09. NOT APPLICABLE - NOT ATTEMPTED AND THE PATIENT DID NOT PERFORM THIS ACTIVITY PRIOR TO THE CURRENT ILLNESS,

EXACERBATION OR INJURY

(GM) (M1830) BATHING: CURRENT ABILITY TO WASH ENTIRE BODY SAFELY, EXCLUDES GROOMING (WASHING FACE, WASHING HANDS AND

SHAMPOOING HAIR)

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6 - UNABLE TO PARTICIPATE EFFECTIVELY IN BATHING AND IS BATHE

(E)G0130(E) SELF-CARE SHOWER/BATHE THE ABILITY TO BATHE THE SELF INCLUDING WASHING, RINSING, AND DRYING SELF (EXCLUDES WASHING OF BACK AND HAIR). DOES NOT INCLUDE TRANSFERRING IN/OUT OF TUB/SHOWER. CODE THE PATIENT'S USUAL PERFORMANCE AT SOC/ROC FOR EACH ACTIVITY USING THE 6-POINT SCALE. IF ACTIVITY WAS NOT ATTEMPTED AT SOC/ROC, CODE THE REASON. CODING, SAFETY AND QUALITY OF PERFORMANCE - IF HELPER ASSISTANCE IS REQUIRED BECAUSE PATIENT'S PERFORMANCE IS UNSAFE OR OF POOR QUALITY, SCORE ACCORDING TO AMOUNT OF ASSISTANCE PROVIDED.

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

(M)M18(9) TOILET TRANSFERRING: CURRENT ABILITY TO GET TO AND FROM THE TOILET OR BEDSIDE COMMODE SAFELY AND TRANSFER ON AND OFF TOILET/COMMODE.

4 - IS TOTALLY DEPENDENT IN TOILETING.

(E)G0170(E) MOBILITY TOILET TRANSFER SOC/ROC PERFORMANCE: THE ABILITY TO GET ON AND OFF A TOILET OR COMMODE. CODE THE PATIENT'S USUAL PERFORMANCE AT SOC/ROC FOR EACH ACTIVITY USING THE 6-POINT SCALE. IF ACTIVITY WAS NOT ATTEMPTED AT SOC/ROC, CODE THE REASON. CODING, SAFETY AND QUALITY OF PERFORMANCE - IF HELPER ASSISTANCE IS REQUIRED BECAUSE PATIENT'S PERFORMANCE IS UNSAFE OR OF POOR QUALITY, SCORE ACCORDING TO AMOUNT OF ASSISTANCE PROVIDED.

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

(M)M18(9) TOILET TRANSFERRING: CURRENT ABILITY TO GET TO AND FROM THE TOILET OR BEDSIDE COMMODE SAFELY AND TRANSFER PADS BEFORE AND AFTER USING TOILET. COMMODE, BEDPAN, URINAL. IF MANAGING OSTOMY, INCLUDE CLEANING AREA AROUND STOMA, BUT NOT MANAGING EQUIPMENT.

3 - PATIENT DEPENDS ENTIRELY UPON ANOTHER PERSON TO MAINTAIN TOILETING HYGIENE.

(E)G0130(C) SELF-CARE TOILETING HYGIENE SOC/ROC PERFORMANCE: THE ABILITY TO MAINTAIN PERINEAL HYGIENE, ADJUST CLOTHES, BEFORE AND AFTER VOIDING OR HAVING A BOWEL MOVEMENT. IF MANAGING AN OSTOMY, INCLUDE WIPING THE OPENING BUT NOT MANAGING EQUIPMENT. CODE THE PATIENT'S USUAL PERFORMANCE AT SOC/ROC FOR EACH ACTIVITY USING THE 6-POINT SCALE. IF ACTIVITY WAS NOT ATTEMPTED AT SOC/ROC, CODE THE REASON. CODING, SAFETY AND QUALITY OF PERFORMANCE - IF HELPER ASSISTANCE IS REQUIRED BECAUSE PATIENT'S PERFORMANCE IS UNSAFE OR OF POOR QUALITY, SCORE ACCORDING TO AMOUNT OF ASSISTANCE PROVIDED.

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

(M)M18(6) TOILETING HYGIENE: CURRENT ABILITY TO MAINTAIN PERINEAL HYGIENE SAFELY, ADJUST CLOTHES AND/OR INCONTINENCE PADS BEFORE AND AFTER USING TOILET. COMMODE, BEDPAN, URINAL. IF MANAGING OSTOMY, INCLUDE CLEANING AREA AROUND STOMA,

PATIENT IS BEDFAST.

5 - BEDFAST, UNABLE TO TRANSFER AND IS UNABLE TO TURN AND POSITION SELF

(E)G0170(A) MOBILITY ROLL LEFT AND RIGHT SOC/ROC PERFORMANCE: THE ABILITY TO ROLL FROM LYING ON BACK TO LEFT AND RIGHT SIDE, AND RETURN TO LYING ON BACK ON THE BED. CODE THE PATIENT'S USUAL PERFORMANCE AT SOC/ROC FOR EACH ACTIVITY USING THE 6-POINT SCALE. IF ACTIVITY WAS NOT ATTEMPTED AT SOC/ROC, CODE THE REASON. CODING, SAFETY AND QUALITY OF PERFORMANCE - IF HELPER ASSISTANCE IS REQUIRED BECAUSE PATIENT'S PERFORMANCE IS UNSAFE OR OF POOR QUALITY, SCORE ACCORDING TO AMOUNT OF ASSISTANCE PROVIDED.

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

(M)M18(5) TRANSFERRING: CURRENT ABILITY TO MOVE SAFELY FROM BED TO CHAIR, OR ABILITY TO TURN AND POSITION SELF IN BED IF

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Assessment

(E)(GG0170E1) MOBILITY CHAIR/BED-TO-CHAIR TRANSFER SOC/ROC PERFORMANCE: THE ABILITY TO TRANSFER TO AND FROM A BED TO A CHAIR (OR WHEELCHAIR), CODE THE PATIENT'S USUAL PERFORMANCE AT SOC/ROC FOR EACH ACTIVITY USING THE 6-POINT SCALE. IF ACTIVITY WAS NOT ATTEMPTED AT SOC/ROC, CODE THE REASON, CODING: SAFETY AND QUALITY OF PERFORMANCE - IF HELPER ASSISTANCE IS REQUIRED BECAUSE PATIENT'S PERFORMANCE IS UNSAFE OR OF POOR QUALITY, SCORE ACCORDING TO AMOUNT OF ASSISTANCE PROVIDED.
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
(E)(GG0170G1) MOBILITY CAR TRANSFER SOC/ROC PERFORMANCE: THE ABILITY TO TRANSFER IN AND OUT OF A CAR OR VAN ON THE PASSENGER SIDE, DOES NOT INCLUDE THE ABILITY TO OPEN/CLOSE DOOR OR FASTEN SEAT BELT, CODE THE PATIENT'S USUAL PERFORMANCE AT SOC/ROC FOR EACH ACTIVITY USING THE 6-POINT SCALE. IF ACTIVITY WAS NOT ATTEMPTED AT SOC/ROC, CODE THE REASON, CODING: SAFETY AND QUALITY OF PERFORMANCE - IF HELPER ASSISTANCE IS REQUIRED BECAUSE PATIENT'S PERFORMANCE IS UNSAFE OR OF POOR QUALITY, SCORE ACCORDING TO AMOUNT OF ASSISTANCE PROVIDED.
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
(G1)(GM) (PBA) (M1860) AMBULATION/LOCOMOTION: CURRENT ABILITY TO WALK SAFELY, ONCE IN A STANDING POSITION, OR USE A WHEELCHAIR, ONCE IN A SEATED POSITION, ON A VARIETY OF SURFACES,
6 - CHAIRFAST, UNABLE TO AMBULATE AND IS UNABLE TO WHEEL SELF.
(E)(GG0100B) INDOOR MOBILITY (AMBULATION) PRIOR FUNCTIONING: EVERYDAY ACTIVITIES: INDICATE THE PATIENT'S USUAL ABILITY WITH EVERYDAY ACTIVITIES PRIOR TO THE CURRENT ILLNESS, EXACERBATION, OR INJURY, CODE THE PATIENT'S NEED FOR ASSISTANCE WITH WALKING FROM ROOM TO ROOM (WITH OR WITHOUT A DEVICE SUCH AS CANE, CRUTCH OR WALKER) PRIOR TO THE CURRENT ILLNESS, EXACERBATION, OR INJURY.
1. DEPENDENT - A HELPER COMPLETED ALL THE ACTIVITIES FOR THE PATIENT
(E)(GG0170H1) MOBILITY WALK 10 FEET SOC/ROC PERFORMANCE: ONCE STANDING, THE ABILITY TO WALK AT LEAST 10 FEET IN A ROOM, CORRIDOR, OR SIMILAR SPACE, CODE THE PATIENT'S USUAL PERFORMANCE AT SOC/ROC FOR EACH ACTIVITY USING THE 6-POINT SCALE. IF ACTIVITY WAS NOT ATTEMPTED AT SOC/ROC, CODE THE REASON, CODING: SAFETY AND QUALITY OF PERFORMANCE - IF HELPER ASSISTANCE IS REQUIRED BECAUSE PATIENT'S PERFORMANCE IS UNSAFE OR OF POOR QUALITY, SCORE ACCORDING TO AMOUNT OF ASSISTANCE PROVIDED.
09. NOT APPLICABLE - NOT ATTEMPTED AND THE PATIENT DID NOT PERFORM THIS ACTIVITY PRIOR TO THE CURRENT ILLNESS, EXACERBATION OR INJURY
(E)(GG0170M1) MOBILITY 1 STEP (CURB) SOC/ROC PERFORMANCE: THE ABILITY TO GO UP AND DOWN A CURB OR UP AND DOWN ONE STEP, CODE THE PATIENT'S USUAL PERFORMANCE AT SOC/ROC FOR EACH ACTIVITY USING THE 6-POINT SCALE. IF ACTIVITY WAS NOT ATTEMPTED AT SOC/ROC, CODE THE REASON, CODING: SAFETY AND QUALITY OF PERFORMANCE - IF HELPER ASSISTANCE IS REQUIRED BECAUSE PATIENT'S PERFORMANCE IS UNSAFE OR OF POOR QUALITY, SCORE ACCORDING TO AMOUNT OF ASSISTANCE PROVIDED.
09. NOT APPLICABLE - NOT ATTEMPTED AND THE PATIENT DID NOT PERFORM THIS ACTIVITY PRIOR TO THE CURRENT ILLNESS, EXACERBATION OR INJURY
(E)(GG0170P1) MOBILITY PICKING UP OBJECT SOC/ROC PERFORMANCE: THE ABILITY TO BEND/STOOP FROM A STANDING POSITION TO PICK UP A SMALL OBJECT, SUCH AS A SPOON, FROM THE FLOOR, CODE THE PATIENT'S USUAL PERFORMANCE AT SOC/ROC FOR EACH ACTIVITY USING THE 6-POINT SCALE. IF ACTIVITY WAS NOT ATTEMPTED AT SOC/ROC, CODE THE REASON, CODING: SAFETY AND QUALITY OF PERFORMANCE - IF HELPER ASSISTANCE IS REQUIRED BECAUSE PATIENT'S PERFORMANCE IS UNSAFE OR OF POOR QUALITY, SCORE ACCORDING TO AMOUNT OF ASSISTANCE PROVIDED.
09. NOT APPLICABLE - NOT ATTEMPTED AND THE PATIENT DID NOT PERFORM THIS ACTIVITY PRIOR TO THE CURRENT ILLNESS, EXACERBATION OR INJURY
(E)(GG0170R1) MOBILITY WHEEL 50 FEET WITH TWO TURNS SOC/ROC PERFORMANCE: ONCE SEATED IN WHEELCHAIR/SCOOTER, THE ABILITY TO WHEEL AT LEAST 50 FEET AND MAKE TWO TURNS, CODE THE PATIENT'S USUAL PERFORMANCE AT SOC/ROC FOR EACH ACTIVITY USING THE 6-POINT SCALE. IF ACTIVITY WAS NOT ATTEMPTED AT SOC/ROC, CODE THE REASON, CODING: SAFETY AND QUALITY OF PERFORMANCE - IF HELPER ASSISTANCE IS REQUIRED BECAUSE PATIENT'S PERFORMANCE IS UNSAFE OR OF POOR QUALITY, SCORE ACCORDING TO AMOUNT OF ASSISTANCE PROVIDED.
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
(GG0170R1) MOBILITY INDICATE THE TYPE OF WHEELCHAIR OR SCOOTER USED,
2 - MOTORIZED
(E)(GG0170S1) MOBILITY WHEEL 150 FEET SOC/ROC PERFORMANCE: ONCE SEATED IN WHEELCHAIR/SCOOTER, THE ABILITY TO WHEEL AT LEAST 150 FEET IN A CORRIDOR OR SIMILAR SPACE, CODE THE PATIENT'S USUAL PERFORMANCE AT SOC/ROC FOR EACH ACTIVITY USING THE 6-POINT SCALE. IF ACTIVITY WAS NOT ATTEMPTED AT SOC/ROC, CODE THE REASON, CODING: SAFETY AND QUALITY OF PERFORMANCE - IF HELPER ASSISTANCE IS REQUIRED BECAUSE PATIENT'S PERFORMANCE IS UNSAFE OR OF POOR QUALITY, SCORE ACCORDING TO AMOUNT OF ASSISTANCE PROVIDED.

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Assessment

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(G0170SS1) MOBILITY INDICATE THE TYPE OF WHEELCHAIR OR SCOOTER USED.
2 - MOTORIZED
(EYGG0100C) STAIRS PRIOR FUNCTIONING: EVERYDAY ACTIVITIES: INDICATE THE PATIENT'S USUAL ABILITY WITH EVERYDAY ACTIVITIES PRIOR TO THE CURRENT ILLNESS, EXACERBATION, OR INJURY. CODE THE PATIENT'S NEED FOR ASSISTANCE WITH INTERNAL OR EXTERNAL STAIRS (WITH OR WITHOUT A DEVICE SUCH AS CANE, CRUTCH, OR WALKER) PRIOR TO THE CURRENT ILLNESS, EXACERBATION OR INJURY.
1. DEPENDENT - A HELPER COMPLETED ALL THE ACTIVITIES FOR THE PATIENT
(EYGG0100A) SELF CARE PRIOR FUNCTIONING: EVERYDAY ACTIVITIES: INDICATE THE PATIENT'S USUAL ABILITY WITH EVERYDAY ACTIVITIES PRIOR TO THE CURRENT ILLNESS, EXACERBATION, OR INJURY. CODE THE PATIENT'S NEED FOR ASSISTANCE WITH BATHING, DRESSING, USING THE TOILET, AND EATING PRIOR TO THE CURRENT ILLNESS, EXACERBATION, OR INJURY.
1. DEPENDENT - A HELPER COMPLETED ALL THE ACTIVITIES FOR THE PATIENT
(GG0110) FUNCTIONAL ABILITIES AND GOALS PRIOR DEVICE USE: INDICATE DEVICES AND AIDS USED BY THE PATIENT PRIOR TO THE CURRENT ILLNESS, EXACERBATION, OR INJURY. CHECK ALL THAT APPLY.
B - MOTORIZED WHEELCHAIR AND/OR SCOOTER
(EYGG0100D) FUNCTIONAL COGNITION PRIOR FUNCTIONING: EVERYDAY ACTIVITIES: INDICATE THE PATIENT'S USUAL ABILITY WITH EVERYDAY ACTIVITIES PRIOR TO THE CURRENT ILLNESS, EXACERBATION, OR INJURY. CODE THE PATIENT'S NEED FOR ASSISTANCE WITH PLANNING REGULAR TASKS, SUCH AS SHOPPING OR REMEMBERING TO TAKE MEDICATION PRIOR TO THE CURRENT ILLNESS.
EXACERBATION, OR INJURY.
1. DEPENDENT - A HELPER COMPLETED ALL THE ACTIVITIES FOR THE PATIENT
WERE THE PATIENT'S CO-MORBID CONDITIONS ASSESSED/EVALUATED?
YES
WERE ANY NEW SYMPTOMS IDENTIFIED ASSOCIATED WITH THESE CONDITIONS?
NO
MEDICATIONS

(G02M2001) DRUG REGIMEN REVIEW: DID A COMPLETE DRUG REGIMEN REVIEW IDENTIFY POTENTIAL CLINICALLY SIGNIFICANT MEDICATION ISSUES?
1 - YES - ISSUES FOUND DURING REVIEW
(G0M) (M2003) MEDICATION FOLLOW-UP: DID THE AGENCY CONTACT A PHYSICIAN (OR PHYSICIAN-DESIGNEE) BY MIDNIGHT OF THE NEXT CALENDAR DAY AND COMPLETE PRESCRIBED/RECOMMENDED ACTIONS IN RESPONSE TO THE IDENTIFIED POTENTIAL CLINICALLY SIGNIFICANT MEDICATION ISSUES?
0 - NO
(G0M) (M2010) PATIENT/CAREGIVER HIGH RISK DRUG EDUCATION: HAS THE PATIENT/CAREGIVER RECEIVED INSTRUCTION ON SPECIAL PRECAUTIONS FOR ALL HIGH-RISK MEDICATIONS (SUCH AS HYPOGLYCEMICS, ANTICOAGULANTS, ETC.) AND HOW AND WHEN TO REPORT PROBLEMS THAT MAY OCCUR?
1 - YES
(G0M) (M2020) MANAGEMENT OF ORAL MEDICATIONS: PATIENT'S CURRENT ABILITY TO PREPARE AND TAKE ALL ORAL MEDICATIONS RELIABLY AND SAFELY, INCLUDING ADMINISTRATION OF THE CORRECT DOSE AT THE APPROPRIATE TIME/INTERVALS, EXCLUDES INJECTABLE AND IV MEDICATIONS. (NOTE: THIS REFERS TO ABILITY, NOT COMPLIANCE OR WILLINGNESS.)
3 - 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 RELIABLY AND SAFELY, INCLUDING ADMINISTRATION OF CORRECT DOSE AT THE APPROPRIATE TIME/INTERVALS, EXCLUDES IV MEDICATIONS.
3 - UNABLE TO TAKE INJECTABLE MEDICATION UNLESS ADMINISTERED BY ANOTHER PERSON.
(N0410) HIGH-RISK DRUG CLASSES USE AND INDICATION: CHECK IF THE PATIENT IS TAKING ANY MEDICATIONS BY PHARMACOLOGICAL CLASSIFICATION, NOT HOW IT IS USED, IN THE FOLLOWING CLASSES:
Z. NONE OF THE ABOVE
MEDICATION COMPLIANCE REVIEW:
PATIENT/CAREGIVER COMPLIANT WITH ALL MEDICATION ADMINISTRATION
VERIFIED ACCURATE MEDICATION LIST IN HOME?
YES

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Assessment

LOCATION:
IN BEDROOM

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

CARE MANAGEMENT

(PRA)(M2102E) TYPES AND SOURCES OF ASSISTANCE: DETERMINE THE LEVEL OF CAREGIVER ABILITY AND WILLINGNESS TO PROVIDE ASSISTANCE FOR SUPERVISION AND SAFETY (FOR EXAMPLE, DUE TO COGNITIVE IMPAIRMENT), IF ASSISTANCE IS NEEDED.

1 - NON-AGENCY CAREGIVER(S) CURRENTLY PROVIDE ASSISTANCE

(00110A) SPECIAL TREATMENTS, PROCEDURES, AND PROGRAMS: CHECK ALL OF THE FOLLOWING TREATMENTS, PROCEDURES, AND PROGRAMS THAT APPLY ON ADMISSION

C1. OXYGEN THERAPY

D1. Suctioning

INDICATE TYPE OF ADMINISTRATION OF OXYGEN THERAPY ON ADMISSION

C3. INTERMITTENT

INDICATE FREQUENCY OF Suctioning ON ADMISSION

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

(M2200) THERAPY NEED: IN THE HOME HEALTH PLAN OF CARE FOR THE MEDICARE PAYMENT EPISODE FOR WHICH THIS ASSESSMENT WILL DEFINE A CASE MIX GROUP, WHAT IS THE INDICATED NEED FOR THERAPY VISITS (TOTAL OF REASONABLE AND NECESSARY PHYSICAL, OCCUPATIONAL, AND SPEECH/LANGUAGE PATHOLOGY VISITS COMBINED)? (ENTER ZERO (0) IF NO THERAPY VISITS INDICATED.)
0

PSYCHIATRIC

DOES THE PATIENT TAKE A PSYCHOTROPIC MEDICATION?
NO

WERE BEHAVIORAL SCALES ASSESSMENTS COMPLETED?
NO

CHANGE OF SERVICE PROVIDED

IS A CHANGE OF SERVICES REQUIRED?
NO

NO ADDITIONAL DISCIPLINES/CHANGE IN FREQUENCY OF VISITS NEEDED

SUPERVISORY FUNCTIONS

WERE SUPERVISORY FUNCTIONS PERFORMED?
NO

INDICATE REASON SUPERVISORY FUNCTIONS NOT PERFORMED:
NOT APPLICABLE

CARE COORDINATION

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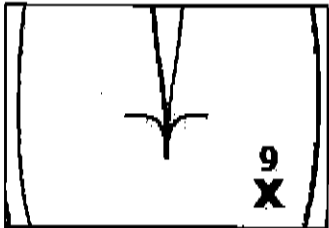
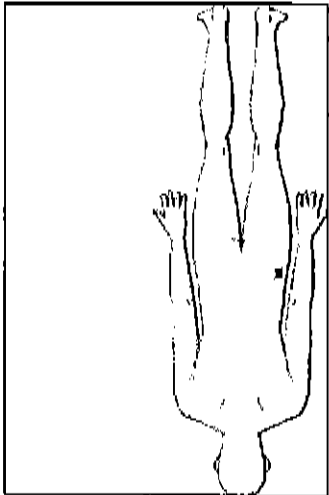
Assessment

INDICATE IF YOU COMMUNICATED WITH OTHER DISCIPLINES INVOLVED IN THIS CASE:
YES
INDICATE DISCIPLINE(S) YOU COMMUNICATED WITH? (MARK ALL THAT APPLY)
SUPERVISOR
WAS A CARE COORDINATION NOTE COMPLETED DOCUMENTING COMMUNICATION?
YES
INDICATE WHO YOU REVIEWED WRITTEN PLAN OF CARE INSTRUCTIONS WITH (MARK ALL THAT APPLY)
PATIENT
CAREGIVER
WRITTEN PATIENT INSTRUCTIONS ARE KEPT IN THE FOLLOWING LOCATION IN THE HOME:
FOLDER IN HOME
EQUIPMENT/SUPPLIES
DURABLE MEDICAL EQUIPMENT RECOMMENDED: (MARK ALL THAT APPLY)
WHEELCHAIR
POWER WHEELCHAIR
HOSPITAL BED
MECHANICAL LIFT
OXYGEN

Wound Assessment

Historical wounds are related as inactive and wound numbers continuously increment for subsequent episodes and admissions.

Anatomical Figures



Anatomical View
Wound # / Location / Type / Source
Question
Answer

MALE POSTERIOR

#6 - POST - ILIAC CREST, LT, UNSTAGE NONREM - HCHB
Onset Date: 08/21/2025

CHANGE IN STATUS
NONE
WOUND ASSESSED
YES
TOTAL WAT SCORE
N/A
MEASUREMENTS TAKEN
YES
LENGTHXWIDTHXDEPTH(CM)
3.4 X 3.4 X 0
SURFACE AREA (SQ CM)
11.56
IS THIS A CLOSED SURGICAL WOUND OR SUSPECTED DEEP
YES
TISSUE INJURY?
SUSP DTI
SHAPE
ROUND
EXUDATE TYPE
NONE
EXUDATE AMOUNT
NONE
ODOR
NONE
EPITHELIALIZATION
100%
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

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PERIPHERAL TISSUE INDURATION	NONE
DOES PATIENT HAVE PAIN ASSOCIATED WITH THIS WOUND?	UNABLE
STATE	ACUTE
SIGNS AND SYMPTOMS OF INFECTION	NO
DEBRIDEMENT THIS VISIT	YES
DEBRIDEMENT DATE	08/21/2025
DEBRIDEMENT TYPE	MECH
DRAIN PRESENT	NO
WOUND CARE PROVIDED	CLINICIAN TO PERFORM/TEACH PRESSURE ULCER CARE TO L HIP USING CLEAN/ASEPTIC TECHNIQUE CLEANSED WITH NS OR WOUND CLEANSER TO PERI WOUND TISSUE, APPLIED FOAM DRESSING TO WOUND BED, CHANGE DRESSING 2-3 XS WEEKLY AND AND PRN FOR LOOSE OR SOILED DRESSING OFFLOAD PRESSURE TO WOUND BY TURNING Q 2 HOURS. WOUND CARE TO BE COMPLETED BY CLINICIAN OR CAREGIVER. TOLERATED WELL.
Wound Images	N/A

Narrative
PT WAS SEEN FOR ROC TODAY. PT AT HOME OF A FAMILY FRIENDS TEMPORARILY FOR A COUPLE OF WEEKS AND REPORTED TO BE OVERSEEN BY CAREGIVER 24/7. PT RECENTLY HOSPITALIZED FOR RESPIRATORY EXACERBATIONS AND EXCESSIVE SECRECTIONS. PT WAS ASLEEP ON ARRIVAL. PT IS NON AMBULATORY AND NON VERBAL AT BASELINE. ALL VSS. NO OBSERVED GRIMACING OR SIGNS OF PAIN OR DISTRESS. PT USES 02 2L NC AT BEDTIME AND PRN. LUNGS AUSCULTATED AND HEARD WHEEZING AND DIMINISHED BREATH SOUNDS IN LOWER LOBES. NO COUGHING OR DISTRESS OBSERVED.
PT WOKE DURING ASSESSMENT. DTI DISCOVERED DURING SKIN ASSESSMENT ON POSTERIOR HIP. MEASUREMENTS AND PICTURE WERE TAKEN AND UPLOADED VIA FORCURA. CAREGIVER MADE AWARE AND EDUCATED ON PROPER WOUND CARE. TURNING OF PT EVERY 2 HOURS TO ALLEVIATE PRESSURE TO BONY PROMINENCES ADVISED TO USE PILLOWS UNDER FEET AND GEL PAD UNDER HIPS. CAREGIVER KNOWLEDGEABLE AND VERBALIZED UNDERSTANDING OF TEACHING VIA TEACH-BACK. PT NUTRITION VIA PEG. CAREGIVER REPORTS PT TOLERATES WELL.
CALLED PCP FOR VERBAL ORDER APPROVAL. ANN AT DR ROYALTY'S OFFICE GAVE VERBAL ORDER AT 14:53. 8.21.25.

Patient Goals	FAMILY GOAL IS FOR PATIENT TO REMAIN OUT OF HOSPITAL
Patient Goal	
Patient Goal Comment	TO REMAIN OUT OF THE HOSPITAL

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.
THE FOLLOWING CHANGE(S) WERE AGREED UPON AND MADE TO THE POC: RESUMPTION OF CARE TODAY 8.21.25
THE FOLLOWING CHANGE(S) WERE AGREED UPON AND MADE TO THE DISCHARGE PLAN:
2. ASSESS SKIN FOR SIGNS / SYMPTOMS OF BREAKDOWN AS WELL AS PREVENTATIVE MEASURES PROVIDED TO MAINTAIN SKIN INTEGRITY.

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

DETAILS/COMMENTS: SIGNS / SYMPTOMS OF SKIN BREAKDOWN - PALE OR REDDENED AREA, BLISTER, PAIN, ITCHING, BOGGY AREA, LOSS OF TISSUE TO INCLUDE BOTH LAYERS OF SKIN.

BASIC PRINCIPLES OF SKIN CARE IS THE FORCE CAUSING THE BREAKDOWN SHOULD BE ELIMINATED OR DECREASED. PRESSURE ULCERS ARE CAUSED BY FRICTION/Shea 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.

INSTRUCTED 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.

RISK FACTORS INCLUDE ADVANCED AGE, IMMOBILITY, POOR NUTRITION, MECHANICAL FORCES (SHEAR, PRESSURE, FRICTION), PRONOUNCED BONY PROMINENCES, POOR CIRCULATION, ALTERED SENSATION, INCONTINENCE, EDEMA, ENVIRONMENTAL MOISTURE AND HISTORY OF RADIATION.

USE OF PRESSURE-RELIEVING DEVICES TO EQUAL THE DEGREE OF RISK FOR SKIN BREAKDOWN (EGG CRATE, ALTERNATING PRESSURE PADS, SHEEPSKIN, ETC.)

IF BEDBOUND: USE DRAW SHEET TO TURN AND REPOSITION, CHANGE POSITIONS EVERY 2 HOURS, CONSIDER DEVICES TO HELP REPOSITION SUCH AS TRAPEZE BAR, USE SPECIALTY PRESSURE RELIEF MATTRESSES, ADJUST ELEVATION OF BED TO NO MORE THAN 30 DEGREES, AND USE CUSHIONS TO PROTECT BONY PROMINENCES.

KEEP SKIN CLEAN AND DRY ESPECIALLY OVER BONY PROMINENCES, TWICE DAILY OR AS INDICATED BY INCONTINENCE OR SWEATING

CHANGE POSITIONS AT LEAST EVERY TWO HOURS.

MANAGE INCONTINENCE AND USE OINTMENTS TO PROTECT SKIN FROM EXCESSIVE MOISTURE AND INCONTINENCE.

IMPORTANCE OF APPROPRIATE MEASURES TO PREVENT SKIN INJURY/BREAKDOWN INCLUDING ROUTINE INSPECTION OF SKIN

KEEP LINENS WRINKLE AND CRUMB FREE.

SKIN CARE MEASURES: CLEAN AFFECTED SKIN WITH MILD SOAP AND WARM WATER OR NO-RINSE CLEANSER AND PAT DRY.

INSPECT SKIN DAILY AND NOTIFY CLINICIAN OR PHYSICIAN OF SIGNS OF BREAKDOWN.

IF A WOUND EXISTS, A CONTROLLED, MOIST ENVIRONMENT PROMOTES HEALING.

3. 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

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 OF O2

Visit Note Report

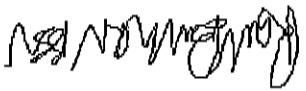

Client: ISAACS, SAMUEL
Client DOB: 6/20/1984
Insured ID: 6U09KC5HM40
Primary Payor: MEDICARE PDGM
MR No: 04200045838901
Legacy MR No:
Visit Date: 08/21/2025
Visit Number: 5
Visit Type: RN15 - RN RESUMPTION OF CARE

Goals Met
1. POC, CHANGES IN POC, AND CHANGES IMPACTING DISCHARGE PLAN WILL BE AGREED UPON AND COMMUNICATED WITH THE PATIENT/CAREGIVER, PHYSICIANS WRITING ORDERS ON THE POC AND/OR THE RECEIVING PHYSICIAN/HEALTH CARE PROVIDER THROUGHOUT THE EPISODE OF CARE.
2. PATIENT / CAREGIVER VERBALIZES UNDERSTANDING OF THE PATHOPHYSIOLOGY / UNDERLYING CAUSES OF SKIN BREAKDOWN (DO NOT MARK GOAL AS MET UNLESS ALL INTERVENTION DETAILS ARE UNDERSTOOD BY PATIENT / CAREGIVER)
3. CHANGES TO CO-MORBID CONDITIONS WILL BE IDENTIFIED AND REPORTED TO THE PHYSICIAN.
4. PATIENT/CAREGIVER VERBALIZES UNDERSTANDING OF THE USE OF MEDICATIONS TO TREAT DISEASE PROCESS/SYMPTOMS (DO NOT MARK GOAL AS MET UNLESS ALL INTERVENTION DETAILS ARE UNDERSTOOD BY PATIENT/CAREGIVER)

Goals Not Met
1. PATIENT/CAREGIVER WILL VERBALIZE UNDERSTANDING OF LAB TESTS TO HELP INDICATE LEVEL OF HEALING.
EXCEPTION CODE: NOT APPLICABLE TO CURRENT VISIT
2. PATIENT/CAREGIVER VERBALIZES AGREEMENT WITH DISCHARGE PLANS.
EXCEPTION CODE: NOT APPLICABLE TO CURRENT VISIT
3. SIGNS AND SYMPTOMS OF DEPRESSION ARE ADEQUATELY IDENTIFIED AND PROMPTLY ADDRESSED.
EXCEPTION CODE: CLIENT ILLNESS INTERFERENCE
4. INCREASED PAIN OR INEFFECTIVE PAIN CONTROL MEASURES ARE IDENTIFIED AND PROMPTLY REPORTED TO THE PHYSICIAN
EXCEPTION CODE: NOT APPLICABLE TO CURRENT VISIT

Medication Understanding Changes					
Medication	Dose	Purpose	Directions for Use	Side effects/ Interactions	Med Understanding Notes
TERAZOSIN 1 MG CAPSULE	1 capsule	N	N	N	
WOUND CLEANSER IRRIGATION SPRAY	Per instructions	N	N	N	

Supplies Delivered
1 - WOUND CLEANSER SKINTEGRITY (NOT SALINE) 8OZ - EACH
6 - OPTIFOAM GENTLE EX BORDERED FOAM 4CM X 4CM - EACH
1 - GAUZE PAD NON-STERILE 4X4 SLEEVE (200/PK) - PACK

Agent Signature: 
Caregiver Signature: 
Reason Caregiver Signature Obtained: CAREGIVER SIGNS FOR PT
Last Modification Date: 8/26/2025 9:28 AM
Last Modified By: DANITA COFFEY, RN
RACHEL BUNKER RN 08/21/2025 04:28 PM
(Electronically Signed)

ADDENDUM
SUPPLIES DELIVERED/USED EDITED BY SQL-SVC-JAMS-PRD-RWX ON Aug 21 2025 4:46PM
VISIT NOTE ADDENDUM ADDED BY: BHARATHI BABU CORRIDOR ON Aug 25 2025 8:42AM
THE FOLLOWING EDITS WERE MADE IN COLLABORATION WITH AND AGREED UPON BY THE ASSESSING CLINICIAN:

Visit Note Report

Client: ISAACS, SAMUEL	MR No: 04200045838901	Legacy MR No:
Client DOB: 6/20/1984	Primary Payor: MEDICARE PDGM	
Insured ID: 5U09KC5HMA40	Visit Number: 5	Visit Date: 08/21/2025
	Visit Type: RN15 - RN RESUMPTION OF CARE	

VISIT PERFORMED BY: RACHEL BUNKER, RN

QUESTION: M1021 Primary diagnosis ICD code

PRE-EDIT ANSWER: A41.1 - SEPSIS DUE TO OTHER SPECIFIED STAPHYLOCOCCUS

POST-EDIT ANSWER: J96.21 - ACUTE AND CHRONIC RESPIRATORY FAILURE WITH HYPOXIA

QUESTION: M1023 Other diagnosis 1: ICD code

PRE-EDIT ANSWER: T63.511D - I/I REACT D/T INDWELLING URETHRAL CATHETER, SUBS

POST-EDIT ANSWER: L89.220 - PRESSURE ULCER OF LEFT HIP, UNSTAGEABLE

QUESTION: M1023 Other diagnosis 1: severity rating

PRE-EDIT ANSWER: 0

POST-EDIT ANSWER: 2

QUESTION: M1023 Other diagnosis 2: ICD code

PRE-EDIT ANSWER: N39.0 - URINARY TRACT INFECTION, SITE NOT SPECIFIED

POST-EDIT ANSWER: G82.60 - QUADRIPLEGIA, UNSPECIFIED

QUESTION: M1023 Other diagnosis 2: severity rating

PRE-EDIT ANSWER: 0

POST-EDIT ANSWER: 2

QUESTION: M1023 Other diagnosis 3: ICD code

PRE-EDIT ANSWER: J69.0 - PNEUMONITIS DUE TO INHALATION OF FOOD AND VOMIT

POST-EDIT ANSWER: G40.909 - EPILEPSY, UNSP, NOT INTRACTABLE, WITHOUT STATUS EPILEPTICUS

QUESTION: M1023 Other diagnosis 3: severity rating

PRE-EDIT ANSWER: 0

POST-EDIT ANSWER: 2

QUESTION: M1023 Other diagnosis 4: ICD code

PRE-EDIT ANSWER: G40.908 - EPILEPSY, UNSP, NOT INTRACTABLE, WITHOUT STATUS EPILEPTICUS

POST-EDIT ANSWER: K56.7 - ILEUS, UNSPECIFIED

QUESTION: M1023 Other diagnosis 4: severity rating

PRE-EDIT ANSWER: 1

POST-EDIT ANSWER: 2

QUESTION: M1023 Other diagnosis 5: ICD code

PRE-EDIT ANSWER: G82.50 - QUADRIPLEGIA, UNSPECIFIED

POST-EDIT ANSWER: E66.01 - MORBID (SEVERE) OBESITY DUE TO EXCESS CALORIES

QUESTION: M1023 Other diagnosis 5: severity rating

PRE-EDIT ANSWER: 1

POST-EDIT ANSWER: 2

VISIT NOTE ADDENDUM ADDED BY: DANITA COFFEY, RN ON Aug 26 2025 9:19AM

THE FOLLOWING EDITS WERE MADE IN COLLABORATION WITH AND AGREED UPON BY THE ASSESSING CLINICIAN:

VISIT PERFORMED BY: RACHEL BUNKER, RN

QUESTION: M0160 Current Payment Sources: Medicaid Traditional Fee-for-Service

PRE-EDIT ANSWER: YES

POST-EDIT ANSWER: NO

QUESTION: M0104 Physician Date Of Referral

PRE-EDIT ANSWER: 8/16/2025

POST-EDIT ANSWER: 08/16/2025

QUESTION: M1740 Behavior Demonstrated: None of the Above

PRE-EDIT ANSWER: YES

POST-EDIT ANSWER: NO

QUESTION: M1740 Behavior Demonstrated: Impaired Decision-making

PRE-EDIT ANSWER: NO

POST-EDIT ANSWER: YES

Visit Note Report

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Client DOB:	5/20/1984	Primary Payor:	MEDICARE PDGM		
Insured ID:	6U09KC5HM40	Visit Date:	08/21/2025	Visit Number:	5
		Visit Type:	RN15 - RN RESUMPTION OF CARE		

QUESTION: M1745 Frequency of Behavior Problems
PRE-EDIT ANSWER: 0 - NEVER
POST-EDIT ANSWER: 6 - AT LEAST DAILY

QUESTION: M1700 Cognitive functioning
PRE-EDIT ANSWER: 1 - REQUIRES PROMPTING (CUIING,...
POST-EDIT ANSWER: 4 - TOTALLY DEPENDENT DUE TO D...

QUESTION: M1860 Current: Ambulation
PRE-EDIT ANSWER: 5 - CHAIRFAST, UNABLE TO AMBUL...
POST-EDIT ANSWER: 6 - BEDFAST, UNABLE TO AMBULAT...

QUESTION: M1860 Current: Ambulation
PRE-EDIT ANSWER: 6 - BEDFAST, UNABLE TO AMBULAT...
POST-EDIT ANSWER: 5 - CHAIRFAST, UNABLE TO AMBUL...

QUESTION: M1850 Current: Transferring
PRE-EDIT ANSWER: 5 - BEDFAST, UNABLE TO TRANSFE...
POST-EDIT ANSWER: 3 - UNABLE TO TRANSFER SELF AN...

QUESTION: M1033 Hosp risk: decline mental/emotional/behav status
PRE-EDIT ANSWER: NO
POST-EDIT ANSWER: YES

QUESTION: M1033 Hosp risk: difficulty with medical instructions
PRE-EDIT ANSWER: NO
POST-EDIT ANSWER: YES

QUESTION: M2001 Drug regimen review
PRE-EDIT ANSWER: 1 - YES - ISSUES FOUND DURING ...
POST-EDIT ANSWER: 0 - NO - NO ISSUES FOUND DURING...

QUESTION: M2030 Current: management of injectable medications
PRE-EDIT ANSWER: 3 - UNABLE TO TAKE INJECTABLE ...
POST-EDIT ANSWER: NA - NO INJECTABLE MEDICATIONS...