

## Patient Information Report

**Patient:** MILLS, STEVE  
**MR No:** 04200057623301  
**Legacy MR No:**

**Insured ID:** H90093796  
**Insured ID:** 0026826571

**Primary Payor:** HUMANA MCR ADV PDGM  
**Secondary Payor:** MEDICAID KENTUCKY

### Home Health Care 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-PRS 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-PRS 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-PRS 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 intvrt disc degen, lumbosacr w/o lum bck or lw extrm 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

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Insured ID: H90093796  
Insured ID: 0026826571

Primary Payor: HUMANA MCR ADV PDGM  
Secondary Payor: MEDICAID KENTUCKY

## ICD-10 Diagnoses/Procedures

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

Description	Date Entered
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

SOC Date: 03/06/2025

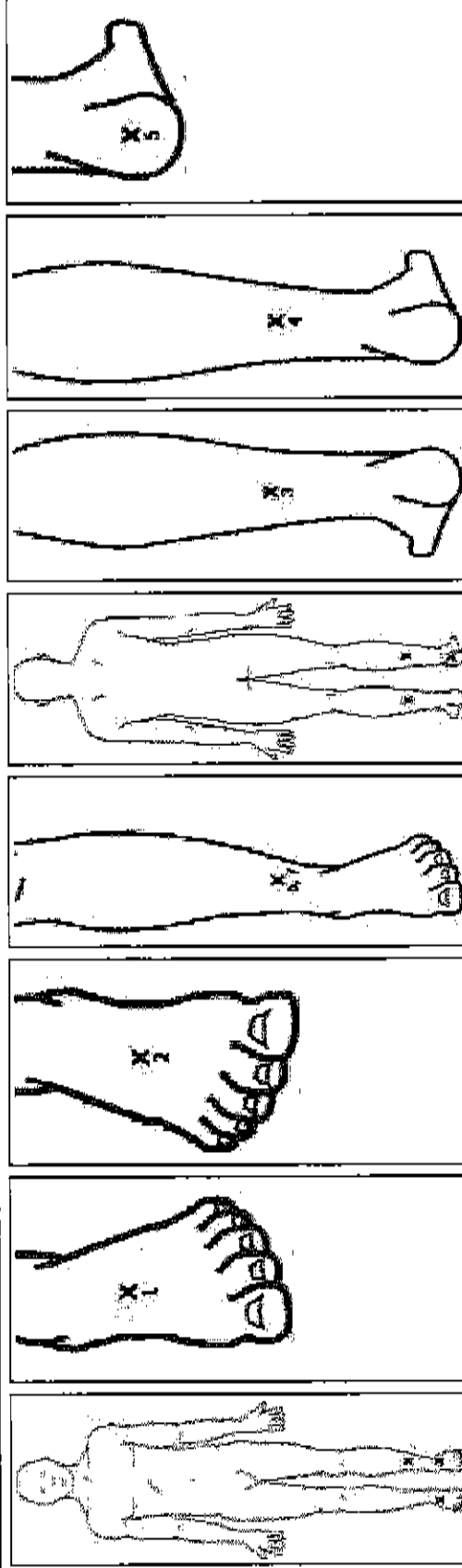
MR No: 04200057823301

Episode Start Date: 05/05/2025

Legacy MR No:

Episode End Date: 07/03/2025

DOB 08/18/1961



## Wound Summary:

Anatomical View	Wound # - Location - Type - Source	Onset Date	Active	Visit Date	LxWxD(CM)	SA (SQ CM)	EXU TYPE	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*	NA*
	#2 - MID DORSUM, RT, DIAB ULCER [INACTIVATED 09/04/2023] - HCHB	10/01/2022	N	08/01/2023	NA*	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*	NA*

Wound Record Report

Client: MILLS, STEVE

MR No: 04200057623301

Legacy MR No:

Episode Start Date: 06/05/2025

MALE POSTERIOR								
#3 - DISTAL CALF, LT, VENSTS ULCER [INACTIVATED 08/04/2023] - HCHB	10/01/2022	N	08/01/2023	NA*	NA*	NA*	NA*	NA*
#4 - POST - DIST CALF, RT, DIAB ULCER [INACTIVATED 03/01/2025], [REACTIVATED 03/06/2025] - HCHB	01/17/2025	Y	05/02/2025	NA*	NA*	SEROSANG	MOD	NO
#5 - POST - HEEL, RT, DIAB ULCER [INACTIVATED 04/18/2025], [REACTIVATED 03/06/2025] - HCHB	01/17/2025	N	04/18/2025	NA*	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 Effective 01/01/2012 12:00 AM Current

#4 - POST - DIST CALF, RT, DIAB ULCER - HCHB [REACTIVATED 03/06/2025]

Onset Date: 01/17/2025

Wound Details	03/06/2025 2:37 PM
AGENT	PRINZ LELIA RN
CHANGE IN STATUS	REACTIVATED NEW ORDER
STAGE HISTORY	
WAS WOUND ASSESSED	YES
TOTAL WAT SCORE	N/A
MEASUREMENTS TAKEN	NO
REASON MEASUREMENTS NOT TAKEN	UNABLE
DEPTH DESCRIPTION	PART THICK
IS THIS A CLOSED SURGICAL WOUND OR SUSPECTED DEEP TISSUE INJURY?	NO
GRANULATION TISSUE	75-100%
EDGES	INDIST
SHAPE	IRREG
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	0/25%
EDGE / SURROUNDING TISSUE - MACERATION	ABSENT
UNDERMINING	NONE

## Wound Record Report

Client: MILLS, STEVE MR No: 04200057623301 Legacy MR No: Episode Start Date: 05/05/2025

Wound Details	03/06/2025 2:37 PM Based No
TUNNELING	NO
SKIN COLOR SURROUNDING WOUND	WHITE
PERIPHERAL TISSUE EDEMA	NONPLUS-ACM
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	Type	Current	Declined	Voided
04/11/2025 1:20 PM	05/02/2025		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 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	PHYSICIAN ORDER	Y	N	N
03/06/2025 1:39 PM	03/14/2025	05/02/2025		485 ORDERS	N	N	N

## Wound Record Report

Client: MILLS, STEVE	MR No: 04200057623301	Legacy MR No:	Episode Start Date: 05/05/2025
	INTERVENTION: 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. SKILLED NURSE PRN VISIT ORDER: 3 PRN VISITS MAY BE PERFORMED DURING THIS CERTIFICATION PERIOD FOR THE FOLLOWING REASON(S): WOUND CARE, HTN, EXacerbation of COMORBIDITIES. SKILLED NURSE TO EVALUATE AND DEVELOP PLAN OF CARE TO BE SIGNED BY THE PHYSICIAN. SKILLED NURSE TO ASSESS/EVALUATE ANY CONDITIONS THAT PRESENT THEMSELVES AND THAT WILL IMPACT THE PLAN OF CARE DURING THE COURSE OF THE EPISODE TO IDENTIFY CHANGES AND INTERVENE TO MINIMIZE COMPLICATIONS. TEACH AND MONITOR PATIENT/CAREGIVER ABILITY TO SAFELY ADMINISTER MEDICATIONS. PHONE TOUCHPOINTS CAN BE PERFORMED AS NEEDED TO SUPPLEMENT THE PLAN OF CARE. PATIENT/CAREGIVER WILL BE KNOWLEDGEABLE OF DISCHARGE PLANS AND WILL DEMONSTRATE/PROVIDE EDUCATION AND RESOURCES NEEDED TO MAINTAIN HEALTH. AGENCY WILL DISCHARGE PATIENT TO GEORGE PITTMAN MD AND MAY ACCEPT ORDERS FROM THE FOLLOWING PHYSICIANS: WOUND CARE, RHONDAE RHODE, KENNETH MORFAW 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. PSYCHOSOCIAL / COGNITIVE ASSESSMENT INDICATES NO NEED FOR SOCIAL, FINANCIAL, OR TRANSPORTATION SUPPORT OR FOR ADDITIONAL CARE PROVIDERS/DISCIPLINES OR REFERRALS TO OUTSIDE ENTITIES. 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. 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. OCCUPATIONAL THERAPY TO INSTRUCT IN SAFE TRANSFERS USING APPROPRIATE BODY MECHANICS AND EQUIPMENT. OCCUPATIONAL THERAPY TO EVALUATE FUNCTIONAL MOBILITY/AMBULATION AND PROVIDE TRAINING USING APPROPRIATE ASSISTIVE DEVICES TO ENSURE PATIENT SAFETY 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. OCCUPATIONAL THERAPY TO PROVIDE INSTRUCTION IN ENERGY CONSERVATION TECHNIQUES DESIGNED TO MAXIMIZE PATIENT'S TOLERANCE DURING ADL'S/ADL'S. OCCUPATIONAL THERAPY TO PROVIDE BALANCE TRAINING TO REDUCE FALL RISK DURING FUNCTIONAL ACTIVITIES. PATIENT/CAREGIVER WILL BE KNOWLEDGEABLE OF DISCHARGE PLANS AND WILL DEMONSTRATE/PROVIDE EDUCATION AND RESOURCES NEEDED TO MAINTAIN HEALTH.		

## 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/HEALTH CARE PROVIDER. MAY ACCEPT ORDERS FROM THE FOLLOWING PHYSICIAN(S): GEORGE PITTMAN	PHYSICIAN ORDER	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
01/17/2025 5:39 PM	01/30/2025	03/10/2025		485 ORDERS	N
01/24/2025 1:14 PM	01/24/2025	03/10/2025		PHYSICIAN ORDER	Y

Wound Images

N/A

#5 POST-HEEL RT. DIABULGER - HGB [INACTIVATED 03/18/2025] [REACTIVATED 03/06/2025]

Onset Date: 01/17/2025

Wound Details		03/06/2025 2:37 PM Base (gr)
AGENT		FRIZ, JENA RN
CHANGE IN STATUS		INACTIVATED ACTIVATED IN ERROR REACTIVATED NEW ORDER
STAGE HISTORY		YES
WAS WOUND ASSESSED		N/A
TOTAL WAT SCORE		NO
MEASUREMENTS TAKEN		NOT DUE
REASON MEASUREMENTS NOT TAKEN		PARTIAL
DEPTH DESCRIPTION		NO
IS THIS A CLOSED SURGICAL WOUND OR SUSPECTED DEEP TISSUE INJURY?		NO
GRANULATION TISSUE		75-100%
EDGES		INDIST
SHAPE		IRREG
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		0-25%
EDGE / SURROUNDING TISSUE - MACERATION		ABSENT
UNDERMINING		NONE

## Wound Record Report

Client: MILLS, STEVE MIR No: 04200057623301 Legacy MR No: Episode Start Date: 05/05/2025

Wound Details	03/06/2025 2:37 PM Baseline
TUNNELING	NO
SKIN COLOR SURROUNDING WOUND	WHITE
PERIPHERAL TISSUE EDEMA	NONFLIT > 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

## 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.

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03/06/2025 1:39 PM	03/14/2025	04/11/2025		485 ORDERS	N	N	N

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	<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 DUSLOGGED 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, EXCERBTIONOF COMORBITTIES.</p> <p>SKILLED NURSE TO EVALUATE AND DEVELOP PLAN OF CARE TO BE SIGNED BY THE PHYSICIAN. SKILLED NURSE TO ASSES/EVALUATE ANY CONDITIONS THAT PRESENT THEMSELVES AND THAT WILL IMPACT THE PLAN OF CARE DURING THE COURSE OF THE EPISODE TO IDENTIFY CHANGES AND INTERVENE TO MINIMIZE COMPLICATIONS. TEACH AND MONITOR PATIENT/CAREGIVER ABILITY TO SAFELY ADMINISTER MEDICATIONS. PHONE TOUCHPOINTS CAN BE PERFORMED AS NEEDED TO SUPPLEMENT THE PLAN OF CARE.</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 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</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.</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>		