

**CHI Health
at Home™***Imagine better health.®*

VNA Health at Home – Home Care - Lexington
2464 Fortune Drive, Suite 110
Lexington, KY 40509
Phone: 859-277-5111
Fax: 859-278-0597

Fax Lead Sheet**DATE:** 5/12/25**ATTENTION:** _____**COMPANY:** McGrath Medical Wound Care**FAX NO:** 859-399-6697**PHONE NO:** _____**RE:** _____**MESSAGE:** Referral for Harry Black Jr.**NUMBER OF PAGES:** _____ (Including Lead Sheet)**FROM:** Sharita RN**PHONE NO:** _____**THANK YOU!**

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RETURN FAX NUMBER: _____

Order Number: 5966772

Printed: 5/12/2025 9:48 AM
Eastern Time Zone

VISITING NURSES ASSOCIATION HEALTH AT HOME LEXINGT
2464 FORTUNE DRIVE SUITE 110
LEXINGTON, KY 40509-4254
Phone: (859) 277-5111
Fax: (859) 317-2507

PHYSICIAN:

SHILPAN PATEL, MD
312 S 4TH ST STE 700 (KY/OH PTS)CARDINAL FAMILY
CARE
LOUISVILLE, KY 40202-

Phone: (502)586-4253

Fax: (833)563-1715

2nd Physician:

Send to Physician: Y

Verbal Order: Y

Verbal Date: 5/8/2025 Time: 2:00 PM

CLIENT:

BLACK JR, HARRY C
124 OLD BOTTOM RD
WINCHESTER, KY 40391-

SSN: XXX-XX-3033

DOB: 3/22/1937 MR#: 04200011736201

CERT: 4/6/2025 to 6/4/2025

Order Read Back to Physician/Agent of Physician?: NA

ABN Delivered to Patient?: NA

Order Date: 5/7/2025 4:35 PMOrder Type: PHYSICIAN ORDER

Order Description:

PER DR SHAILPAN.

WOUND CARE CONSULT WITH MCGRATH WOUND CARE FOR ASSESSMENT AND TREATMENT TO NOSE, NECK,
TOES

ENTERED / TAKEN BY (ELECTRONICALLY SIGNED):

SHANNON FISHER, LPN

DATE: 05/07/2025

APPROVED / PROCESSED BY (ELECTRONICALLY SIGNED):

DATE:

PHYSICIAN SIGNATURE:

DATE:

Patient Information Report

Patient:	BLACK JR, HARRY C	Insured ID:	XTH049M92562	Primary Payor:	CARELON MYNEXUS FOR ANTHEM MCR ADV FFS
MR No:	04200011736201	Insured ID:		Secondary Payor:	SELF PAY
Legacy MR No:					

Assigned Branch	VISITING NURSES ASSOCIATION HEALTH AT HOME LEXINGTON	Assigned Team	TEAM B	Location	
Patient Nickname		Patient ID	117362	SSN	XXX-XX-3033

Referral Info					
Referral Date	10/17/2022	Referral Type	RECERTIFICATION	Referral Taken By	KIRCHDORFER, JANIS
Referral Source		Referring Physician	PREWITT, REGINA	Referring Physician Contact	REGINA PREWITT

Care Type and Effective Dates (P=Primary)	
HOME HEALTH 04/06/2025 - (P)	
SUTURE HEALTH 04/06/2025 -	

Demographics	
Patient Info	
Gender	MALE
DOB	03/22/1937
Race	WHITE
Preferred Language	
Primary Phone	8597711378
Alt Phone	(859) 749-1468
Email	
Primary Address	
Street	124 OLD BOTTOM RD
City	WINCHESTER
State	KY
Zip	40391-
County	CLARK
Phone	(859)749-7711
MSA #	
CBSA	30460
Floor	
Room	
Travel Directions	

Current Service Location: CLIENT'S HOME/RESIDENCE	
Street	124 OLD BOTTOM RD
City	WINCHESTER
State	KY
Zip	40391-
County	CLARK
Phone	(859) 749-7711
MSA #	
CBSA	30460
Floor	
Room	
Travel Directions	

Patient Contacts	
Contact Name	LOIS BLACK
Relationship	SPOUSE
Contact Type	EMERGENCY CONTACT
Contact Relationship Type	
Home Phone	(859) 749-7711
Primary Phone	
Alternate Phone	
Address	
Contact Name	WES BLACK
Relationship	
Contact Type	EMERGENCY - PHI APPROVED
Contact Relationship Type	
Home Phone	(859) 771-1378
Primary Phone	
Alternate Phone	
Address	

Payor Source Info	
Payor Source Type	PRIMARY
Payor Type	MANAGED MEDICARE FFS
Payor Source	CARELON MYNEXUS FOR ANTHEM MCR ADV FFS
Is patient in an HMO (HHCAHPS)?	N
Medicare No.	
Medicare A Effective	
Medicare B Effective	
Admission Source	1 - PHYSICIAN REFERRAL
Medicaid No.	
Medicaid Effective	
Physician Medicaid No.	
Physician Name	PREWITT, REGINA

Payor Source Info	
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Patient Information Report

Patient:	BLACK JR, HARRY C	Insured ID:	XTH049M92562	Primary Payor:	CARELON MYNEXUS FOR ANTHEM MCR ADV FFS
MR No:	04200011736201	Insured ID:		Secondary Payor:	SELF PAY
Legacy MR No:					

Payor Source Type	Payor Type	Payor Source	Is patient in an HMO (HHCAHPS)?
SECONDARY	SELF PAY	SELF PAY	
Medicare No.	Medicare A Effective	Medicare B Effective	Admission Source
			1 - PHYSICIAN REFERRAL
Medicaid No.	Medicaid Effective	Physician Medicaid No.	Physician Name
			PREWITT, REGINA

Private Payor Type Info

Claim No.	Policy No.	Insured ID		
	XTH049M92562			
Insured Name	Insured Relation	Insured Address		
BLACK JR, HARRY	SELF	124 OLD BOTTOM RD		
		Insured City	Insured State	Insured Zip
		WINCHESTER	KY	40391-
		Insured Phone		
		(859) 749-7711		

Private Payor Type Info

Claim No.	Policy No.	Insured ID		
Insured Name	Insured Relation	Insured Address		
BLACK JR, HARRY	SELF	124 OLD BOTTOM RD		
		Insured City	Insured State	Insured Zip
		WINCHESTER	KY	40391-
		Insured Phone		
		(859) 749-7711		
Employer Name	Employer ID	Employer Address		
		Employer City	Employer State	Employer Zip
		Employer Phone		
Employer Name	Employer ID	Employer Address		
		Employer City	Employer State	Employer Zip
		Employer Phone		

Program Name	Obtained Date	Obtained By/ Authorized By	Authorization No./ Active	Start Date/ End Date
NON BILLABLE INCL PHONE TH CH CHW ETC	3/31/2025 1:18:39 PM	GINA EAST,	NON BILLABLE	04/06/2025
			Y	06/04/2025

Unit Type	Budget Type	Billing Code	Qty Per Period	Qty Per Day	Qty Per Week	Qty Per Month	Qty Per Year	Active
VISITS	JOB DESCRIPTION S	OT	0					Y
VISITS	JOB DESCRIPTION S	PT	0					Y
VISITS	JOB DESCRIPTION S	SN	0					Y

Patient Information Report

Patient:	BLACK JR, HARRY C	Insured ID:	XTH049M92562	Primary Payor:	CARELON MYNEXUS FOR ANTHEM MCR ADV FFS
MR No:	04200011736201	Insured ID:		Secondary Payor:	SELF PAY
Legacy MR No:					

Program Name	Obtained Date	Obtained By/ Authorized By	Authorization No./ Active	Start Date/ End Date
ROUTINE VISITS (G CODES)	4/14/2025 6:36:09 PM	LINDA KIZZEE,	A20221020236346	04/06/2025
EXCLUDE NON BILLABLE		SN	Y	06/04/2025

Unit Type	Budget Type	Billing Code	Qty Per Period	Qty Per Day	Qty Per Week	Qty Per Month	Qty Per Year	Active
VISITS	DISCIPLINES	SN	1					Y

Physician Info

Primary Physician	NPI #	Date Last Seen
PREWITT, REGINA	1164870216	
Address	City	State
407 SHOPPERS DR	WINCHESTER	KY
Phone	Fax	Pager
(859)744-9866	(859)744-1971	
Secondary Physician	Perform Add-On Evaluation Prior to Approval of the Plan of Care associated with the Completed SOC Visit?	
GODBY, RACHEL		
Requested Date of Evaluation	Admitting Discipline	
04/06/2025	SN	N
Requested Date of Add-On Evaluation	Add-On Discipline	

Clinical Info

Case Manager	Team Member(s)
JULIE TAYLOR, RN	JOHNNA LOCK, RN SHANNON FISHER, LPN
Weight	Height
Pregnant	Paperwork Received By Patient
N	Y

Medical Release Code

YES, PROVIDER HAS A SIGNED STATEMENT PERMITTING RELEASE OF MEDICAL BILLING DATA RELATED TO A CLAIM

Acuity Status	Disaster Status	Evacuation Location
3 - WITHIN WEEK	BEDBOUND	SON

Type	Location	Contents	Contact Name	Contact Phone	Was Adv Dir Info Left With Caregiver?
DO NOT RESUSCITATE	BEDROOM		WIFE		N

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	

Patient Information Report

Patient:	BLACK JR, HARRY C	Insured ID:	XTH049M92562	Primary Payor:	CARELON MYNEXUS FOR ANTHEM MCR ADV FFS
MR No:	04200011736201	Insured ID:		Secondary Payor:	SELF PAY
Legacy MR No:					

ICD-10 Diagnoses/Procedures

Order	Code	Description	Onset / Exac.	O/E Date	Type	Sym. Ctrl. Rtg.	OASIS Item
1	Z43.5	ENCOUNTER FOR ATTENTION TO CYSTOSTOMY	E	04/03/2025	D		M1021
2	Z46.6	ENCOUNTER FOR FITTING AND ADJUSTMENT OF URINARY DEVICE	E	10/03/2024	D		M1023
3	G30.9	ALZHEIMER'S DISEASE, UNSPECIFIED	E	10/03/2024	D	1 - Symptoms well controlled with current therapy.	M1023
4	F02.84	DEM IN OTHER DIS CLASSD ELSWHR, UNSP SEVERITY, WITH ANXIETY	E	10/03/2024	D	1 - Symptoms well controlled with current therapy.	M1023
5	F02.83	DEM IN OTHER DIS CLASSD ELSWHR, UNSP SEV, WITH MOOD DISTRB	E	10/03/2024	D	1 - Symptoms well controlled with current therapy.	M1023
6	F32.A	DEPRESSION, UNSPECIFIED	E	10/03/2024	D	1 - Symptoms well controlled with current therapy.	M1023
7	J44.9	CHRONIC OBSTRUCTIVE PULMONARY DISEASE, UNSPECIFIED	E	10/03/2024	D	1 - Symptoms well controlled with current therapy.	M1023
8	M72.0	PALMAR FASCIAL FIBROMATOSIS [DUPUYTREN]	E	10/03/2024	D	1 - Symptoms well controlled with current therapy.	M1023
9	I25.10	ATHSCL HEART DISEASE OF NATIVE CORONARY ARTERY W/O ANG PCTRS	E	10/03/2024	D		M1023
10	M51.369	Oth intvrt disc degen, lum rgn w/o lum bck or lw extm pain	E	10/03/2024	D		M1023
11	I12.9	HYPERTENSIVE CHRONIC KIDNEY DISEASE W STG 1-4/UNSP CHR KDNY	E	10/03/2024	D		M1023
12	N18.9	CHRONIC KIDNEY DISEASE, UNSPECIFIED	E	10/03/2024	D		M1023
13	Z87.891	PERSONAL HISTORY OF NICOTINE DEPENDENCE	E	10/03/2024	D		M1023
14	Z91.81	HISTORY OF FALLING	E	10/03/2024	D		M1023

Allergies

Description

AVODART

Date Entered

10/24/2022 12:54:09 PM

* denotes Non-Visit QI Reporting Collection

Visit Note Report

Client: BLACK JR, HARRY C MR No: 04200011736201 Legacy MR No:
 Client DOB: 3/22/1937
 Insured ID: XTH049M92562 Primary Payor: CARELON MYNEXUS FOR ANTHEM MCR ADV FFS
 Insured ID: Secondary Payor: SELF PAY
 Visit Date: 05/07/2025 Visit Number: 1 Visit Type: SN11 - SN SUBSEQUENT VISIT

General: BLACK JR, HARRY C. 04200011736201

Visit Date: 05/07/2025 Visit Number: 1 Visit Type: SN11 - SN SUBSEQUENT VISIT Branch Code: 042 Billable: ☒
 Agent ID: 325799 Agent Name: SHANNON FISHER LPN Mileage Payment Method: AM Trip Fees: 0.00 Mileage Start: 0 Mileage End: 0 Mileage: 0

Time:

TRAVEL TIME	DRIVE START TIME	05/07/2025 03:55 PM	DRIVE END TIME	05/07/2025 04:35 PM
IN-HOME TIME	BEGAN	05/07/2025 04:35 PM	INCOMPLETE	05/07/2025 05:09 PM
DOCUMENTATION TIME	RESUMED	05/12/2025 06:01 AM	COMPLETED	05/12/2025 06:09 AM
Total In-Home Time:	0.58	Hours		
Total Drive Time:	0.66	Hours		
Total Doc Time:	0.13	Hours		
Total Time:	0.71	Hours		

Vital Signs

Vital Signs	Reading	Time Recorded	Details	Instrument Problems
Temperature	98.3	05/07/2025 05:00 PM	TEMPORAL	N
Pulse	98	05/07/2025 05:00 PM	RADIAL	N
Pulse Characteristics:			WNL	
Respirations	16	05/07/2025 05:00 PM		N
Respiration Characteristics:			WNL	
Blood Pressure	108 / 62	05/07/2025 05:02 PM	LYING ARM - LT	N

Assessment

PATIENT ELIGIBILITY

INDICATE TWO PATIENT IDENTIFIERS USED TO IDENTIFY THE PATIENT:

PATIENT NAME

HAS PATIENT'S INSURANCE CHANGED SINCE LAST VISIT?

NO

THE PATIENT IS CONSIDERED HOMEBOUND/CONFINED TO HOME BECAUSE:

PATIENT HAS A CONDITION SUCH THAT LEAVING HOME IS MEDICALLY CONTRAINDICATED - LEVEL 1

THE PATIENT HAS NORMAL INABILITY TO LEAVE THE HOME AND LEAVING THE HOME TAKES CONSIDERABLE AND TAXING EFFORT BECAUSE:

GAIT DEFICIT

EYES/EARS/NOSE/THROAT

INDICATE EYES/EARS/NOSE/THROAT FINDINGS:

WNL

INDICATE HEAD AND NECK ASSESSMENT FINDINGS:

WNL

PAIN

IS PATIENT UNCOMFORTABLE BECAUSE OF PAIN?

NO

ARE THERE ANY ADDITIONAL DETAILS THAT NEED TO BE PROVIDED TO DESCRIBE THE CLIENT'S PAIN?

NO

Visit Note Report

Client: BLACK JR, HARRY C
 Client DOB: 3/22/1937
 Insured ID: XTH049M92562
 Insured ID:

MR No: 04200011736201

Legacy MR No:

Primary Payor:
 Secondary Payor:

CARELON MYNEXUS FOR ANTHEM MCR ADV FFS
 SELF PAY

Visit Date: 05/07/2025

Visit Number: 1

Visit Type:

SN11 - SN SUBSEQUENT VISIT

Assessment**INTEGUMENTARY**INDICATE INTEGUMENTARY ASSESSMENT FINDINGS: (MARK ALL THAT APPLY)

NO PROBLEMS IDENTIFIED

CARDIOVASCULARCARDIOVASCULAR ASSESSMENT FINDINGS: (MARK ALL THAT APPLY)

HEART SOUNDS WITH NORMAL RATE AND RHYTHM

ARE COMPRESSION STOCKINGS ORDERED?

NO

RESPIRATORYINDICATE RESPIRATORY ASSESSMENT FINDINGS: (MARK ALL THAT APPLY)

LUNGS CLEAR IN ALL LOBES

WAS O2 SATURATION LEVEL TESTED?

NO

WAS PERCEIVED FUNCTIONAL DYSPNEA SCALE PERFORMED?

NO

GENITOURINARYINDICATE GENITOURINARY ASSESSMENT: (MARK ALL THAT APPLY)

INDWELLING/SUPRAPUBIC CATHETER

INDICATE INDWELLING/SUPRAPUBIC CATHETER FINDINGS (MARK ALL THAT APPLY):

WNL

GASTROINTESTINALINDICATE GASTROINTESTINAL ASSESSMENT FINDINGS: (MARK ALL THAT APPLY)

WNL

INDICATE DATE OF LAST BOWEL MOVEMENT:

5/6/2025

NUTRITIONAL STATUS:

FAIR APPETITE

ADEQUATE HYDRATION

COGNITIVE/BEHAVIORALINDICATE CLIENT'S MENTAL STATUS: (MARK ALL THAT APPLY)

ALERT

ORIENTED TO PERSON

ORIENTED TO PLACE

ORIENTED TO TIME

INDICATE ABNORMAL NEUROLOGIC FINDINGS: (MARK ALL THAT APPLY)

WNL

PSYCHIATRICDOES THE PATIENT TAKE A PSYCHOTROPIC MEDICATION?

NO

WERE BEHAVIORAL SCALES ASSESSMENTS COMPLETED?

NO

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

WNL

IS THE CLIENT TAKING AN ANTICOAGULANT?

NO

Visit Note Report

Client: BLACK JR, HARRY C
 Client DOB: 3/22/1937
 Insured ID: XTH049M92562
 Insured ID:

MR No: 04200011736201

Legacy MR No:

Primary Payor: CARELON MYNEXUS FOR ANTHEM MCR ADV FFS
 Secondary Payor: SELF PAY

Visit Date: 05/07/2025 Visit Number: 1 Visit Type: SN11 - SN SUBSEQUENT VISIT

Assessment**FUNCTIONAL**INDICATE MUSCULOSKELETAL ASSESSMENT: (MARK ALL THAT APPLY)**DECREASED STRENGTH**IN WHAT EXTREMITIES DOES DECREASED STRENGTH EXIST? (MARK ALL THAT APPLY)**LOWER BILAT**HAS THE PATIENT HAD ANY UNREPORTED FALLS SINCE LAST VISIT?**NO****CARE COORDINATION**INDICATE IF YOU COMMUNICATED WITH OTHER DISCIPLINES INVOLVED IN THIS CASE:**NA-NOT APPLICABLE**INDICATE WHO YOU REVIEWED WRITTEN PLAN OF CARE INSTRUCTIONS WITH (MARK ALL THAT APPLY)**PATIENT**WRITTEN PATIENT INSTRUCTIONS ARE KEPT IN THE FOLLOWING LOCATION IN THE HOME:**PERSON****SUPERVISORY FUNCTIONS**WERE SUPERVISORY FUNCTIONS PERFORMED?**NOT APPLICABLE****Narrative**

SN WELCOMED BY THE SPOUSE AND PRIMARY CG. PATIENT WAS IN HIS BED WATCHING TV. SN NOTES GROWTH TO PATIENTS NOSE TODAY IS MUCH LARGER. SN SPOKE WITH THEM REGARDING NEW WOUND CARE/PODIATRIST THAT CAN SEE HIM IN HOME DUE TO HIM NOT BEING ABLE TO LEAVE HOME DUE TO BED BOUND STATUS. TGEY ARE AGREEABLE. VSS, LCTA, BSX4QUAD ACTIVE. NO DIFFICULTY. SN SET UP STERILE FIELD, COMPLETED CATH CHANGE AS ORDERED. 18FR/10ML SUPRAPUBIC CATHETER WAS INSERTED USING STERILE TECHNIQUE. CLEAR YELLOW URINE WAS DRAINING TO GRAVITY. SN INSTRUCTED ON SS UTI, BLADDER SPASMS, CALLING VNA HAH FOR ANY QUESTIONS OR CONCERNS

Patient Goals**Patient Goal****KEEP FOLEY CHANGED, FREE FROM INFECTION****Interventions Provided**

1. PROVIDE SKILLED ASSESSMENT, INSTRUCTION AND INTERVENTIONS RELATED TO PATIENT'S RISK FOR FALLS AND SAFETY TO PREVENT FALLS. INSTRUCTED ON:

DETAILS/COMMENTS: MAKING YOUR HOME A SAFETY ZONE AGREEMENT LOCATED IN THE PATIENT ORIENTATION HANDBOOK

KEEP STAIRS AND PATHWAYS CLEAR OF CLUTTER

KEEP A PHONE CLOSE BY AT ALL TIMES

REMOVE LOOSE THROW RUGS OR SECURE THEM WITH A SLIP RESISTANT BACKING

ENSURE STAIRS AND STEPS HAVE SECURE HANDRAILS ALONG THE FULL LENGTH OF THE STAIRWAY

USE GOOD LIGHTING AND ENSURE HALLWAYS AND DARK AREAS IN THE HOME ARE WELL LIT AT NIGHT WITH NIGHT LIGHTS

USE A RUBBER BATH MAT OR NON-SLIP STRIPS IN THE BATHTUB

WIPE UP SPILLS AND SPLASHED WATER IMMEDIATELY

IF GRAB BARS ARE INSTALLED, BE SURE THEY ARE ATTACHED INTO STUDS IN THE WALL FOR SAFETY

DO NOT WAIT UNTIL THE LAST MOMENT TO START A TRIP TO THE BATHROOM

STORE FOOD, DISHES AND COOKING EQUIPMENT AT EASY TO REACH, WAIST HIGH LEVELS

Visit Note Report

Client: BLACK JR, HARRY C Client DOB: 3/22/1937 Insured ID: XTH049M92582 Insured ID:	MR No: 04200011736201 Primary Payor: Secondary Payor:	Legacy MR No: CARELON MYNEXUS FOR ANTHEM MCR ADV FFS SELF PAY
Visit Date: 05/07/2025 Visit Number: 1	Visit Type: SN11 - SN SUBSEQUENT VISIT	

DO NOT TRY TO CARRY TOO MANY ITEMS AT ONE TIME.

KEEP ASSISTIVE DEVICES CLOSE AT HAND FOR USE WITH MOBILITY

2. ASSESS AND EVALUATE CO-MORBID CONDITIONS

DETAILS/COMMENTS: PATIENT'S SYMPTOMS RELATED TO CO-MORBID CONDITIONS ARE CURRENTLY CONTROLLED.

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

ENVIRONMENTAL FACTORS

DISEASE PROCESS

3. INSERT/CHANGE CATHETER

DETAILS/COMMENTS: REMOVED OLD CATHETER TIP INTACT

UTILIZING ASEPTIC TECHNIQUE, PERINEAL AREA PREPPED, INSERTED 18F(SIZE) / 30(BALLOON ML) CATHETER. INFLATED BALLOON WITH 10 ML OF WATER AND SECURED CATHETER.

RETURNED 90(ML) OF (DESCRIPTION) URINE. SECURED TUBING AND ENSURED PROPER BAG PLACEMENT

4. INSTRUCT ON DIETARY NEEDS THAT PROMOTE SKIN INTEGRITY. (ALL INTERVENTION DETAILS MUST BE INSTRUCTED ON PRIOR TO MARKING THE INTERVENTION GOAL AS ACHIEVED)

DETAILS/COMMENTS: INSTRUCTED PATIENT/CAREGIVER TODAY REGARDING:

EATING A WELL-BALANCED DIET AND DRINKING ENOUGH FLUIDS TO KEEP BODY HYDRATED.

CALORIES: PROMOTES COLLAGEN DEVELOPMENT AND WOUND HEALING

WATER SOLUBLE VITAMINS: NOT STORED IN BODY, NEEDS CONTINUAL REPLACEMENT, DEPLETED IN URINE, REQUIRED FOR LINKING COLLAGEN FIBERS IN TISSUE REBUILDING: C (COLLAGEN FORMATION AND FIBROBLAST FUNCTION), B (PRODUCES ENERGY FROM GLUCOSE, AMINO ACIDS, AND FATS).

MINERALS: ASSISTS WITH STRONG SCAR TISSUE AND TENSILE STRENGTH: IRON (LEUKOCYTE FUNCTION AND COLLAGEN FORMATION), ZINC (COLLAGEN AND PROTEIN DEVELOPMENT, CELL DIVISION)

INSTRUCTED ON WAYS TO IMPROVE NUTRITIONAL STATUS: SMALL PORTIONS IN SMALL SERVING DISHES, PREPARE SMALL PORTIONS AHEAD OF TIME FOR EASY ACCESS, OFFER FOODS EASY TO CHEW AND SWALLOW, ENCOURAGE FAVORITE FOODS AND USE FORTIFIED FOODS SUCH AS SALT, MAIZE/WHEAT FLOUR, SUGAR, VEGETABLE OIL, AND RICE (UNLESS MEDICALLY CONTRAINDICATED).

ENCOURAGE ADEQUATE NUTRITION AND HYDRATION (GOOD CALORIC INTAKE AND INCLUDE PROTEIN)

ASSESSED PATIENT/CAREGIVER ABILITY TO AFFORD ADEQUATE FOOD AND FLUID.

5. INSTRUCT ON APPROPRIATE PAIN MANAGEMENT TECHNIQUES. INSTRUCT ON: (ALL INTERVENTION DETAILS MUST BE INSTRUCTED ON PRIOR TO MARKING THE INTERVENTION GOAL AS ACHIEVED)

DETAILS/COMMENTS: INSTRUCTED PATIENT/CAREGIVER TODAY REGARDING:

TAKING MEDICATIONS AS PRESCRIBED WHILE PAIN IS STILL TOLERABLE

PROPER UTILIZATION OF PAIN SCALE INCLUDING USE OF PHARMACOLOGICAL AND NON-PHARMACOLOGICAL METHODS TO CONTROL PAIN

Visit Note Report

Client: BLACK JR, HARRY C
 Client DOB: 3/22/1937
 Insured ID: XTH049M92562
 Insured ID:

MR No: 04200011736201

Legacy MR No:

Primary Payor: CARELON MYNEXUS FOR ANTHEM MCR ADV FFS
 Secondary Payor: SELF PAY

Visit Date: 05/07/2025 Visit Number: 1 Visit Type: SN11 - SN SUBSEQUENT VISIT

LEVELS. NOTIFY PHYSICIAN OF UNCONTROLLED PAIN AS REPORTED BY PATIENT

NON-PHARMACOLOGICAL PAIN CONTROL METHODS INCLUDING MUSIC, BREATHING TECHNIQUES, REST AND ACTIVITY PATTERNS

COORDINATION OF ACTIVITIES WITH PAIN MEDICATIONS

"CALL ME FIRST", WHEN TO CALL 911, AND SIGNS/SYMPTOMS REQUIRING NOTIFICATION OF SN/PHYSICIAN

Goals Met:

1. PATIENT / CAREGIVER VERBALIZE / DEMONSTRATE APPROPRIATE MANAGEMENT TO REDUCE FALL RISK.
2. CHANGES TO CO-MORBID CONDITIONS WILL BE IDENTIFIED AND REPORTED TO THE PHYSICIAN.
3. PATIENT TOLERATED CATHETER INSERTION WITH RETURN OF URINE WITHOUT COMPLAINTS.
4. PATIENT / CAREGIVER VERBALIZES UNDERSTANDING OF DIETARY REQUIREMENTS THAT PROMOTE OPTIMAL SKIN INTEGRITY. (DO NOT MARK GOAL AS MET UNLESS ALL INTERVENTION DETAILS ARE UNDERSTOOD BY PATIENT / CAREGIVER)
5. PATIENT / CAREGIVER VERBALIZES UNDERSTANDING OF PHARMACOLOGIC AND NON PHARMACOLOGIC PAIN CONTROL TECHNIQUES (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 SPECIAL PRECAUTIONS TO BE TAKEN FOR ALL HIGH-RISK MEDICATIONS
EXCEPTION CODE: ADDITIONAL TIME REQUIRED TO MEET INTERVENTION/GOAL
2. PATIENT/CAREGIVER WILL VERBALIZE UNDERSTANDING OF HOW AND WHEN TO REPORT PROBLEMS THAT MAY OCCUR DUE TO HIGH-RISK MEDICATIONS
EXCEPTION CODE: ADDITIONAL TIME REQUIRED TO MEET INTERVENTION/GOAL
3. 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.
EXCEPTION CODE: OUTCOME ACHIEVED ON PREVIOUS VISIT
4. PATIENT/CAREGIVER WILL VERBALIZE UNDERSTANDING OF LAB TESTS TO HELP INDICATE LEVEL OF HEALING.
EXCEPTION CODE: NOT APPLICABLE TO CLIENT'S POC
5. 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)
EXCEPTION CODE: OUTCOME ACHIEVED ON PREVIOUS VISIT
6. PATIENT/CAREGIVER VERBALIZES AGREEMENT WITH DISCHARGE PLANS.
EXCEPTION CODE: OUTCOME ACHIEVED ON PREVIOUS VISIT
7. 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)
EXCEPTION CODE: ADDITIONAL TIME REQUIRED TO MEET INTERVENTION/GOAL
8. INCREASED PAIN OR INEFFECTIVE PAIN CONTROL MEASURES ARE IDENTIFIED AND PROMPTLY REPORTED TO THE PHYSICIAN
EXCEPTION CODE: ADDITIONAL TIME REQUIRED TO MEET INTERVENTION/GOAL

Visit Note Report

Client: BLACK JR, HARRY C
Client DOB: 3/22/1937
Insured ID: XTH049M92562
Insured ID:

MR No: 04200011736201

Legacy MR No:

Primary Payor:
Secondary Payor:

CARELON MYNEXUS FOR ANTHEM MCR ADV FFS
SELF PAY

Visit Date: 05/07/2025

Visit Number: 1

Visit Type:

SN11 - SN SUBSEQUENT VISIT

Agent Signature:



Caregiver Signature:

HCB

Reason Caregiver Signature Obtained:

POA

SHANNON FISHER LPN 05/12/2025 06:09 AM
(Electronically Signed)

Last Modification Date:

Last Modified By:

ADDENDUM

DOCUMENTATION OF THIS VISIT OCCURRED AFTER THE ACTUAL IN-HOME VISIT.
VISIT DATE:
PROVIDE DETAILS: