

Visit Note Report

Client: BOWEN, KATHERINE M **MR No:** 04200023583501 **Legacy MR No:**
Client DOB: 8/5/1934 **Primary Payor:** HUMANA MCR ADV PDGM
Insured ID: H31833807

Visit Date: 11/14/2025 **Visit Number:** 1 **Visit Type:** SN11 - SN SUBSEQUENT VISIT

General: BOWEN, KATHERINE M. 04200023583501

Visit Date:	Visit Number:	Visit Type:	Branch Code:	Billable:		
11/14/2025	1	SN11 - SN SUBSEQUENT VISIT	042	<input checked="" type="checkbox"/>		
Agent ID:	Agent Name:	Mileage Payment Method:	Trip Fees:	Mileage Start:	Mileage End:	Mileage:
211549	CHERYL COOK LPN	AM	0.00	0	0	0

Time:

TRAVEL TIME	DRIVE START TIME	11/14/2025 11:12 AM	DRIVE END TIME	11/14/2025 11:15 AM
IN-HOME TIME	BEGAN	11/14/2025 11:15 AM	INCOMPLETE	11/14/2025 12:04 PM
DOCUMENTATION TIME	RESUMED	11/16/2025 12:51 PM	COMPLETED	11/16/2025 01:00 PM
Total In-Home Time:	0.82	Hours		
Total Drive Time:	0.05	Hours		
Total Doc Time:	0.14	Hours		
Total Time:	0.97	Hours		

Vital Signs

Vital Signs	Reading	Time Recorded	Details	Instrument Problems
Temperature	98	11/14/2025 11:45 AM	TEMPORAL	N
Pulse	88	11/14/2025 11:45 AM	RADIAL WNL	N
Pulse Characteristics:				
Respirations	16	11/14/2025 11:45 AM		N
Respiration Characteristics:			WNL	
Blood Pressure	102 / 60	11/14/2025 11:45 AM	LYING ARM - LT	N
Oxygen Saturation Level (%)	96	11/14/2025 11:45 AM		N
Oxygen Saturation Characteristics:			ON ROOM AIR	

Assessment**PATIENT ELIGIBILITY**

INDICATE TWO PATIENT IDENTIFIERS USED TO IDENTIFY THE PATIENT:

PATIENT NAME

DATE OF BIRTH

VISUALrecognition

PATIENT ADDRESS

HAS PATIENT'S INSURANCE CHANGED SINCE LAST VISIT?

NO

THE PATIENT IS CONSIDERED HOMEBOUND/CONFINED TO HOME BECAUSE:

BECAUSE OF ILLNESS OR INJURY, PATIENT NEEDS AID OF SUPPORTIVE DEVICES - WHEELCHAIR - LEVEL 1

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:

FALL RISK

EYES/EARS/NOSE/THROAT

INDICATE EYES/EARS/NOSE/THROAT FINDINGS:

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Assessment**HARD OF HEARING**

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

INTEGUMENTARY

INDICATE INTEGUMENTARY ASSESSMENT FINDINGS: (MARK ALL THAT APPLY)

NO PROBLEMS IDENTIFIED

CARDIOVASCULAR

CARDIOVASCULAR ASSESSMENT FINDINGS: (MARK ALL THAT APPLY)

HEART SOUNDS WITH NORMAL RATE AND RHYTHM

ARE COMPRESSION STOCKINGS ORDERED?

NO

RESPIRATORY

INDICATE RESPIRATORY ASSESSMENT FINDINGS: (MARK ALL THAT APPLY)

LUNGS CLEAR IN ALL LOBES

WAS O2 SATURATION LEVEL TESTED?

YES

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

ON ROOM AIR

O2 SAT LEVEL ON ROOM AIR:

96.0

WAS PERCEIVED FUNCTIONAL DYSPNEA SCALE PERFORMED?

NO

GENITOURINARY

INDICATE GENITOURINARY ASSESSMENT: (MARK ALL THAT APPLY)

WNL

GASTROINTESTINAL

INDICATE GASTROINTESTINAL ASSESSMENT FINDINGS: (MARK ALL THAT APPLY)

DIARRHEA

INDICATE DATE OF LAST BOWEL MOVEMENT:

11/14/2025

NUTRITIONAL STATUS:

GOOD APPETITE

COGNITIVE/BEHAVIORAL

INDICATE 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

PSYCHIATRIC

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Assessment

DOES THE PATIENT TAKE A PSYCHOTROPIC MEDICATION?

NO

WERE BEHAVIORAL SCALES ASSESSMENTS COMPLETED?

NO

ENDOCRINE/HEMATOPOIETIC

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

WNL

IS THE CLIENT TAKING AN ANTICOAGULANT?

YES

FUNCTIONAL

INDICATE MUSCULOSKELETAL ASSESSMENT: (MARK ALL THAT APPLY)

WNL

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

CAREGIVER

WRITTEN PATIENT INSTRUCTIONS ARE KEPT IN THE FOLLOWING LOCATION IN THE HOME:

LR TABLE

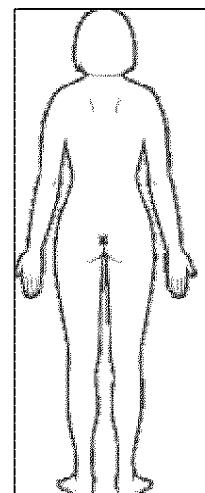
SUPERVISORY FUNCTIONS

WERE SUPERVISORY FUNCTIONS PERFORMED?

NOT APPLICABLE

Wound Assessment	Historical wounds are retained as inactive and wound numbers continuously increment for subsequent episodes and admissions.
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Anatomical Figures



Anatomical View

Wound # / Location / Type / Source	Question	Answer
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FEMALE POSTERIOR

#3 - MID - RECTAL, PU STAGE II - HCHB

Onset Date: 11/07/2025

CHANGE IN STATUS	NONE
WOUND ASSESSED	YES
TOTAL WAT SCORE	32
MEASUREMENTS TAKEN	YES
LENGTHxWIDTHxDEPTH(CM)	2.5 X 3 X 0.2
SURFACE AREA (SQ CM)	7.5
DEPTH DESCRIPTION	FULL THICK
IS THIS A CLOSED SURGICAL WOUND OR SUSPECTED DEEP TISSUE INJURY?	NO
GRANULATION TISSUE	<25%
EDGES	DISTINCT
SHAPE	ROUND
EXUDATE TYPE	SEROUS
EXUDATE AMOUNT	SCANT
ODOR	NONE

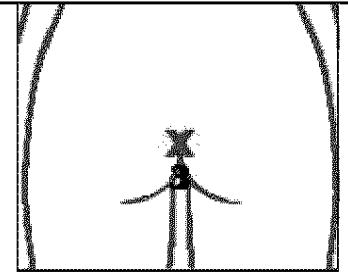
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EPITHELIALIZATION	<25%
NECROTIC TISSUE TYPE	YELLOW
NECROTIC TISSUE AMOUNT	25-<50%
TOTAL NECROTIC TISSUE SLOUGH	26-50%
TOTAL NECROTIC TISSUE ESCHAR	0-25%
EDGE / SURROUNDING TISSUE - MACERATION	ABSENT
UNDERMINING	NONE
TUNNELING	NO
SKIN COLOR SURROUNDING WOUND	NORM
PERIPHERAL TISSUE EDEMA	NONE
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	<p>SKILLED NURSE FOR INSTRUCTIONS / REINFORCEMENT OF / MANAGEMENT OF DIABETES TO INCLUDE DIET, SKIN CARE, MEDICATION MANAGEMENT, BLOOD GLUCOSE TESTING AND DIABETIC FOOT CARE. PATIENT DOES NOT CHECK GLU OR TAKE ANY MEDICATIONS.</p> <p>SKILLED NURSE FOR OBSERVATION / ASSESSMENT OF GASTROINTESTINAL STATUS AND TO INTERVENE TO MINIMIZE COMPLICATIONS. SKILLED NURSE TO PROVIDE SKILLED TEACHING/REINFORCEMENT RELATED TO ALTERED GASTROINTESTINAL STATUS INCLUDING PATHOPHYSIOLOGY, SELF CARE MANAGEMENT, NUTRITIONAL REQUIREMENTS, AND MEDICATION REGIMEN</p> <p>SKILLED NURSE TO FOCUS ON IDENTIFIED NEED FOR HIGH RISK MEDICATION INTERVENTION.</p> <p>SKILLED NURSE TO OBSERVE AND ASSESS INTEGUMENTARY STATUS TO IDENTIFY CHANGES AND INTERVENE TO MINIMIZE COMPLICATIONS. CLINICIAN TO PROVIDE SKILLED TEACHING RELATED TO ALTERED SKIN INTEGRITY INCLUDING PATHOPHYSIOLOGY, NUTRITION, MEDICATION REGIMEN, AND MEASURES TO PROMOTE OPTIMAL SKIN INTEGRITY.</p> <p>CLINICIAN TO PERFORM/TEACH PRESSURE ULCER CARE TO BUTTOCK CLEFT USING CLEAN/ASEPTIC TECHNIQUE. CLEANSE WITH NS. APPLY SKIN PROTECTANT TO PERI WOUND TISSUE IF REQUIRED. APPLY</p>



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MEDIHONEY TO WOUND BED.
COVER/SECURE WITH BORDER
FOAM DRESSING.
CHANGE DRESSING 3 X WEEKLY
AND PRN FOR LOOSE OR SOILED
DRESSING. OFFLOAD PRESSURE
TO WOUND BY REPOSITIONING.
WOUND CARE TO BE COMPLETED
BY CLINICIAN OR CAREGIVER.
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
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
SKILLED NURSE TO OBSERVE AND
ASSESS CARDIOVASCULAR SYSTEM
TO IDENTIFY CHANGES AND
INTERVENE TO MINIMIZE
COMPLICATIONS AND PROMOTE
SELF CARE MANAGEMENT. SKILLED
NURSE TO PROVIDE SKILLED
TEACHING RELATED TO
PATHOPHYSIOLOGY, DISEASE
MANAGEMENT, SAFE MEDICATION
ADMINISTRATION, WEIGHT/EDEMA
MANAGEMENT, PERMITTED
ACTIVITIES, S/SX OF
EXACERBATION, AND S/SX TO
NOTIFY AGENCY, PHYSICIAN OR 911
RELATED TO THE DIAGNOSIS OF A-
FIB
PATIENT/CAREGIVER WILL BE
KNOWLEDGEABLE OF DISCHARGE
PLANS AND WILL
DEMONSTRATE/PROVIDE
EDUCATION AND RESOURCES
NEEDED TO MAINTAIN HEALTH.
AGENCY WILL DISCHARGE PATIENT
TO DR. ERIN MOORE
PHYSICIAN/HEALTH CARE
PROVIDER AND MAY ACCEPT
ORDERS FROM THE FOLLOWING
PHYSICIANS:
SN REMOTE VIDEO VISIT(S) TO

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ASSESS/EVALUATE AND PROVIDE EDUCATION/TRAINING ON INTERVENTIONS/PROCEDURES PER THE POC, SAFE MEDICATION ADMINISTRATION, DISEASE MANAGEMENT SIGNS/SYMPOTMS OF EXACERBATION, METHODS TO PREVENT EXACERBATION, AND SIGNS/SYMPOTMS TO REPORT AGENCY, PHYSICIAN OR 911. 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. TOLERATED WELL

Wound Images
N/A

Narrative

LYING IN BED AWAKE. NO ACUTE DISTRESS. DENIES PAIN BUT DOES REPORT OCCASIONAL SORENESS TO WOUND. SITE MEASURED AND WOUND CARE PROVIDED. WOUND HAS DECLINED. PATIENT AND CG BOTH AGREEABLE TO REFERRAL TO MCGRATH. MCS NOTIFIED AND ORDERS ENTERED. ALSO REFERRED TO CARDINAL HEALTH DUE TO DIFFICULTY LEAVING THE HOME. SAW PCP DUE TO ONGOING EPISODES OF DIARRHEA AND NO CHANGES WERE MADE TO POC. CH STATES MOST RECENT STOOL CX WAS NEGATIVE FOR CDIFF.

Patient Goals

Patient Goal

TO GET STRONGER AND BACK WALKING TO BATHROOM AND KITCHEN, AND GET OUT OF CHAIR WITHOUT ASSISTANCE

Interventions Provided

1. INSTRUCT ON SPECIAL PRECAUTIONS FOR ALL HIGH-RISK MEDICATIONS (SUCH AS HYPOGLYCEMICS, ANTICOAGULANTS, ETC.) AND HOW AND WHEN TO REPORT PROBLEMS THAT MAY OCCUR

DETAILS/COMMENTS: HOW AND WHEN TO REPORT PROBLEMS THAT MAY OCCUR DUE TO HIGH-RISK MEDICATIONS

2. 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 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

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

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

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KEEP ASSISTIVE DEVICES CLOSE AT HAND FOR USE WITH MOBILITY

3. 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.

4. 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

5. PROVIDE/INSTRUCT ON PRESSURE ULCER CARE. (ALL INTERVENTION DETAILS MUST BE INSTRUCTED ON PRIOR TO MARKING THE INTERVENTION GOAL AS ACHIEVED)

DETAILS/COMMENTS: INSTRUCTED ON PROPER WOUND CARE TO PATIENT/CAREGIVER

PATIENT/CAREGIVER DEMONSTRATE PROPER WOUND CARE TECHNIQUE AND MAINTAINING ADEQUATE SUPPLIES.

INSTRUCTED ON PRINCIPLES OF STANDARD PRECAUTIONS: PROPER HANDLING/DISPOSAL OF ITEMS COMING IN CONTACT WITH BODY FLUIDS.

INSTRUCTED ON SIGNS / SYMPTOMS OF INFECTION TO WOUND (REDNESS, DRAINAGE, ODOR)

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

CALORIES: PROMOTES COLLAGEN DEVELOPMENT AND WOUND HEALING

PROTEIN: CELL BUILDING BLOCKS, PROMOTES POSITIVE NITROGEN BALANCE FOR TISSUE DEVELOPMENT. IMPORTANT TO EAT PROTEIN CONTAINING FOODS FIRST DURING MEALTIME.

GLUCOSE: REGULATE TO DECREASE BODY FROM USING PROTEIN AS ENERGY SOURCE.

FATS: DEVELOP AND STABILIZE CELL MEMBRANES.

FLUIDS: SUPPLEMENT FLUIDS WITH HIGH EXUDATION WOUNDS, FEVER/PERSPIRATION, EMESIS/DIARRHEA, OR ON AIR FLUIDIZED BEDS.

ARGININE: PRIMARY MAIN AMINO ACID FOR TISSUE AND CELL BUILDING AND REPAIR AND SUPPORTS IMMUNE RESPONSE FOR COLLAGEN FORMATION

GLUTAMINE: AMINO ACID FOR PROTEIN BUILD UP

FAT SOLUBLE VITAMINS: STORED IN LIVER AND FATTY TISSUES AND NOT EXCRETED BY BODY: A (COLLAGEN FORMATION), D (BUILDING AND MAINTAINING BONES), E (PROTECTS VITAMIN A AND C), K (COAGULATION).

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).

7. INSTRUCT ON THE USE OF MEDICATION THERAPY ASSOCIATED WITH SKIN INTEGRITY

DETAILS/COMMENTS: MANAGEMENT OF MEDICATION REGIMEN INCLUDING CORRECT MEDICATION DOSAGE, FREQUENCY, ROUTE

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SPECIFIC MEDICATION EDUCATION INCLUDING PURPOSE, DOSE, SCHEDULE, SIDE EFFECTS, INEFFECTIVE DRUG THERAPY, DUPLICATE DRUG THERAPY, SPECIAL CONSIDERATIONS, AND POTENTIAL INTERACTIONS

8. ASSESS SKIN FOR SIGNS / SYMPTOMS OF BREAKDOWN AS WELL AS PREVENTATIVE MEASURES PROVIDED TO MAINTAIN SKIN INTEGRITY. (ALL INTERVENTION DETAILS MUST BE INSTRUCTED ON PRIOR TO MARKING THE INTERVENTION GOAL AS ACHIEVED)

DETAILS/COMMENTS: DEFINITION OF SKIN BREAKDOWN - CHANGES TO INTACT SKIN, INCLUDING NONBLANCHABLE ERYTHEMA WITHOUT OVERLYING TISSUE LOSS, ABRASION, MILD OPENING INTO THE SKIN, AND DEEP AND EXTENSIVE PRESSURE ULCERS.

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/SHEAR 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.)

Goals Met

1. PATIENT/CAREGIVER WILL VERBALIZE UNDERSTANDING OF SPECIAL PRECAUTIONS TO BE TAKEN FOR ALL HIGH-RISK MEDICATIONS
2. PATIENT/CAREGIVER WILL VERBALIZE UNDERSTANDING OF HOW AND WHEN TO REPORT PROBLEMS THAT MAY OCCUR DUE TO HIGH-RISK MEDICATIONS
3. PATIENT / CAREGIVER VERBALIZE / DEMONSTRATE APPROPRIATE MANAGEMENT TO REDUCE FALL RISK.
4. 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.
5. CHANGES TO CO-MORBID CONDITIONS WILL BE IDENTIFIED AND REPORTED TO THE PHYSICIAN.
6. PATIENT TOLERATES WOUND CARE WELL AND PATIENT/CAREGIVER VERBALIZE/DEMONSTRATE PROPER WOUND CARE PROCEDURE.(DO NOT MARK GOAL AS MET UNLESS ALL INTERVENTION DETAILS ARE UNDERSTOOD BY PATIENT / CAREGIVER)
7. PATIENT VERBALIZES TOLERANCE TO PRESSURE ULCER CARE. PATIENT / CAREGIVER VERBALIZES / RETURNS DEMONSTRATION OF WOUND CARE. (DO NOT MARK GOAL AS MET UNLESS ALL INTERVENTION DETAILS ARE UNDERSTOOD BY PATIENT / CAREGIVER)
8. PATIENT/CAREGIVER VERBALIZES UNDERSTANDING OF THE USE OF MEDICATIONS TO TREAT DISEASE PROCESS/SYMPOTMS (DO NOT MARK GOAL AS MET UNLESS ALL INTERVENTION DETAILS ARE UNDERSTOOD BY PATIENT/CAREGIVER)
9. 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)

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 TOLERATED DIAGNOSTIC TEST / TREATMENT WITHOUT CONCERNS OR COMPLAINTS.
EXCEPTION CODE: NOT APPLICABLE TO CURRENT VISIT

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3. PATIENT/CAREGIVER VERBALIZES AGREEMENT WITH DISCHARGE PLANS.
EXCEPTION CODE: ADDITIONAL TIME REQUIRED TO MEET INTERVENTION/GOAL
4. PATIENT / CAREGIVER VERBALIZES UNDERSTANDING OF THE PATHOPHYSIOLOGY/UNDERLYING CAUSES OF CARDIOVASCULAR DISEASE (DO NOT MARK GOAL AS MET UNLESS ALL INTERVENTION DETAILS ARE UNDERSTOOD BY PATIENT / CAREGIVER)
EXCEPTION CODE: ADDITIONAL TIME REQUIRED TO MEET INTERVENTION/GOAL
5. PATIENT / CAREGIVER VERBALIZES UNDERSTANDING OF DIETARY REQUIREMENTS THAT PROMOTE CONTROL OF CARDIOVASCULAR DISEASE (DO NOT MARK GOALS AS MET UNLESS ALL INTERVENTION DETAILS ARE UNDERSTOOD BY PATIENT / CAREGIVER)
EXCEPTION CODE: ADDITIONAL TIME REQUIRED TO MEET INTERVENTION/GOAL
6. PATIENT/CAREGIVER VERBALIZES UNDERSTANDING ON THE USE OF MEDICATIONS TO TREAT CARDIOVASCULAR DISEASE (DO NOT MARK GOAL AS MET UNLESS ALL INTERVENTION DETAILS ARE UNDERSTOOD BY PATIENT / CAREGIVER)
EXCEPTION CODE: ADDITIONAL TIME REQUIRED TO MEET INTERVENTION/GOAL
7. PATIENT / CAREGIVER VERBALIZES UNDERSTANDING OF THE IMPORTANCE OF DAILY ACTIVITY/EXERCISE (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. PATIENT / CAREGIVER VERBALIZES UNDERSTANDING OF THE PATHOPHYSIOLOGY/UNDERLYING CAUSES OF CARDIOVASCULAR DISEASE (DO NOT MARK GOAL AS MET UNLESS ALL INTERVENTION DETAILS ARE UNDERSTOOD BY PATIENT / CAREGIVER)
EXCEPTION CODE: ADDITIONAL TIME REQUIRED TO MEET INTERVENTION/GOAL
9. PATIENT / CAREGIVER VERBALIZES UNDERSTANDING OF PATHOPHYSIOLOGY/UNDERLYING CAUSES OF GASTROINTESTINAL DISEASE (DO NOT MARK GOAL AS MET UNLESS ALL INTERVENTION DETAILS ARE UNDERSTOOD BY PATIENT / CAREGIVER)
EXCEPTION CODE: ADDITIONAL TIME REQUIRED TO MEET INTERVENTION/GOAL
10. PATIENT / CAREGIVER VERBALIZES UNDERSTANDING OF DIETARY REQUIREMENTS THAT PROMOTE CONTROL OF GASTROINTESTINAL DISEASE. (DO NOT MARK GOAL AS MET UNLESS ALL INTERVENTION DETAILS ARE UNDERSTOOD BY PATIENT / CAREGIVER)
EXCEPTION CODE: ADDITIONAL TIME REQUIRED TO MEET INTERVENTION/GOAL
11. PATIENT / CAREGIVER VERBALIZES UNDERSTANDING ON THE USE OF MEDICATIONS TO TREAT GASTROINTESTINAL DISEASE (DO NOT MARK GOAL AS MET UNLESS ALL INTERVENTION DETAILS ARE UNDERSTOOD BYPATIENT / CAREGIVER)
EXCEPTION CODE: ADDITIONAL TIME REQUIRED TO MEET INTERVENTION/GOAL
12. PATIENT/CAREGIVER VERBALIZES PATHOPHYSIOLOGY OF DIABETES INCLUDING DEFINITION, S/S AND POSSIBLE CAUSES OF HIGH/LOW BLOOD SUGAR.
EXCEPTION CODE: NOT APPLICABLE TO CLIENT'S POC
13. PATIENT / CAREGIVER VERBALIZES UNDERSTANDING OF PROPER DIETARY / FLUID INTAKE WHICH PROMOTE NORMAL GLUCOSE LEVELS.
EXCEPTION CODE: NOT APPLICABLE TO CLIENT'S POC
14. PATIENT / CAREGIVER VERBALIZE / DEMONSTRATE APPROPRIATE SKIN CARE AND FOOT CARE TO PROMOTE INTACT SKIN INTEGRITY
EXCEPTION CODE: NOT APPLICABLE TO CLIENT'S POC
15. PATIENT / CAREGIVER VERBALIZE / DEMONSTRATE PROPER DIABETIC MANAGEMENT INCLUDING ADMINISTRATION OF INSULIN.
EXCEPTION CODE: NOT APPLICABLE TO CLIENT'S POC
16. PATIENT / CAREGIVER VERBALIZE / DEMONSTRATE APPROPRIATE TECHNIQUE FOR OBTAINING BLOOD GLUCOSE LEVEL AS WELL AS CARE AND MAINTENANCE OF EQUIPMENT.
EXCEPTION CODE: NOT APPLICABLE TO CLIENT'S POC
17. PATIENT / CAREGIVER IS INDEPENDENT IN THEIR KNOWLEDGE OF WHAT TO DO IF SYMPTOMS OF HIGH OR LOW BLOOD SUGAR OCCUR.
EXCEPTION CODE: NOT APPLICABLE TO CLIENT'S POC
18. PATIENT / CAREGIVER IS INDEPENDENT IN THEIR KNOWLEDGE OF WHAT TO DO IF SYMPTOMS OF HIGH OR LOW BLOOD SUGAR OCCUR.
EXCEPTION CODE: NOT APPLICABLE TO CLIENT'S POC
19. PATIENT / CAREGIVER IS INDEPENDENT IN KNOWLEDGE AND AWARE OF POSSIBLE CHRONIC COMPLICATIONS OF DIABETES MELLITUS.
EXCEPTION CODE: NOT APPLICABLE TO CLIENT'S POC
20. PATIENT / CAREGIVER VERBALIZES UNDERSTANDING ON THE USE OF MEDICATIONS TO TREAT DISEASE PROCESS (DO NOT MARK GOAL AS MET UNLESS ALL INTERVENTION DETAILS ARE UNDERSTOOD BY PATIENT / CAREGIVER)

Visit Note Report

Client: BOWEN, KATHERINE M
Client DOB: 8/5/1934
Insured ID: H31833807

MR No: 04200023583501 **Legacy MR No:**
Primary Payor: HUMANA MCR ADV PDGM

Visit Date: 11/14/2025 **Visit Number:** 1 **Visit Type:** SN11 - SN SUBSEQUENT VISIT

EXCEPTION CODE: NOT APPLICABLE TO CLIENT'S POC

Supplies Delivered

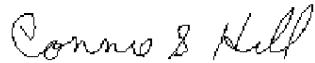
6 - OPTIFOAM GENTLE EX BORDERED FOAM 5CM X 5CM - EACH

Agent Signature:

Caregiver Signature:

Reason Caregiver Signature Obtained:

UNABLE



CHERYL COOK LPN 11/16/2025 01:00 PM

(Electronically Signed)

Last Modification Date:

11/16/2025 1:16 PM

Last Modified By:

SQL-SVC-JAMS-PRD-RWX

ADDENDUM

DOCUMENTATION OF THIS VISIT OCCURRED AFTER THE ACTUAL IN-HOME VISIT.

VISIT DATE: 11/14/25

PROVIDE DETAILS: UNABLE TO COMPLETE IN HOME

SUPPLIES DELIVERED/USED EDITED BY SQL-SVC-JAMS-PRD-RWX ON Nov 16 2025 1:16PM

Patient Information Report

Patient: BOWEN, KATHERINE M
 MR No: 04200023583501
 Legacy MR No:

Insured ID: H31833807

Primary Payor:

HUMANA MCR ADV PDGM

Assigned Branch	VISITING NURSES ASSOCIATION HEALTH AT HOME LEXINGTON	Assigned Team	TEAM A	Location
Patient Nickname		Patient ID	235835	SSN

Referral Info

Referral Date	09/10/2025	Referral Type	RECERTIFICATION	Referral Taken By	THOMAS, JACKIE
Referral Source	FACILITY	Referring Facility	SAINT JOSEPH HOSPITAL LEXINGTON	Referring Facility Contact	DISCHARGE PLANNER

Care Type and Effective Dates (P=Primary)

HOME HEALTH 11/11/2025 - (P)
 RSP2 11/11/2025 -

Demographics**Patient Info**

Gender	FEMALE	DOB	08/05/1934	Race	WHITE
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Preferred Language

Primary Phone	5028396205	Alt Phone	Email
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Primary Address

Street	115 DJEDDAH DR	City	LAWRENCEBURG	State	KY	Zip	40342-	County	ANDERSON
Phone	(502)837-0681	MSA #	CBSA	Floor				Room	

Travel Directions**Current Service Location: CLIENT'S HOME/RESIDENCE**

Street	115 DJEDDAH DR	City	LAWRENCEBURG	State	KY	Zip	40342-	County	ANDERSON
Phone	(502)837-0681	MSA #	CBSA	Floor				Room	

Travel Directions**Patient Contacts**

Contact Name	CONNIE HILL	Relationship	OTHER	Contact Type	PRIMARY CAREGIVER - PHI APPROVED	Contact Relationship Type	PRIMARY CAREGIVER
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Home Phone		Primary Phone	(859) 837-0681	Alternate Phone		Address	
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Contact Name	JIM BOWEN	Relationship	SON	Contact Type	EMERGENCY - PHI APPROVED	Contact Relationship Type	
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Home Phone		Primary Phone	(859) 466-3900	Alternate Phone		Address	
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Payor Source Info

Payor Source Type	Payor Type	Payor Source	Is patient in an HMO (HHCAHPS)?
PRIMARY	MANAGED MEDICARE PPS / PDGM	HUMANA MCR ADV PDGM	N
Medicare No.	Medicare A Effective	Medicare B Effective	Admission Source
Medicaid No.	Medicaid Effective	Physician Medicaid No.	1 - PHYSICIAN REFERRAL
			Physician Name
			MOORE, ERIN

Patient Information Report

Patient: MR No: Legacy MR No:	BOWEN, KATHERINE M 04200023583501	Insured ID: H31833807	Primary Payor: HUMANA MCR ADV PDGM
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Private Payor Type Info					
Claim No.	Policy No.	Insured ID			
Insured Name	Insured Relation	Insured Address		Insured City	Insured State Insured Zip
				Insured Phone	
Employer Name	Employer ID	Employer Address		Employer City	Employer State Employer Zip
				Employer Phone	

<u>Program Name</u>	<u>Obtained Date</u>	<u>Obtained By/ Authorized By</u>		<u>Authorization No./ Active</u>		<u>Start Date/ End Date</u>
PPS PROGRAM	10/28/2025 2:59:25 PM	HCHB RECERTIFICATION		Y		11/11/2025 01/09/2026
Unit Type VISITS	Budget Type DISCIPLINES	Billing Code	Qty Per Period	Qty Per Day	Qty Per Week	Qty Per Month
PPS PROGRAM	11/12/2025 8:23:40 PM		ELIGIBILITY07 ELEMENT5, ELEMENT5 ashley		217569404 Y	11/11/2025 01/09/2026
Unit Type VISITS	Budget Type DISCIPLINES	Billing Code	Qty Per Period	Qty Per Day	Qty Per Week	Qty Per Month
VISITS	DISCIPLINES	HHA	60			
VISITS	DISCIPLINES	MSW	60			
VISITS	DISCIPLINES	OT	60			
VISITS	DISCIPLINES	PT	60			
VISITS	DISCIPLINES	SN	60			
VISITS	DISCIPLINES	ST	60			

Physician Info					
Primary Physician MOORE, ERIN		NPI # 1134383854	Date Last Seen 09/10/2025		
Address 1221 S BROADWAY	City LEXINGTON		State KY		
Phone (859)258-4530	Fax (859)258-4870	Pager			Zip 40504-
Secondary Physician			Perform Add-On Evaluation Prior to Approval of the Plan of Care associated with the Completed SOC Visit?		
Requested Date of Evaluation 11/11/2025		Admitting Discipline SN		N	
Requested Date of Add-On Evaluation		Add-On Discipline			

Clinical Info					
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Patient Information Report

Patient:	BOWEN, KATHERINE M	Insured ID:	H31833807	Primary Payor:	HUMANA MCR ADV PDGM
MR No:	04200023583501				
Legacy MR No:					

Case Manager	Team Member(s)
MANDI MCBRIDE, RN	CHERYL COOK, LPN
	JEREMY PARSONS, OT
	MEGAN KIFER, PTA
	WALTER LUTTRELL, PT

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	AMBULATORY W/ ASSIST	CONNIE HILL

Type	Location	Contents	Contact Name	Contact Phone	Was Adv Dir Info Left With Caregiver?
ADVANCE HEALTH CARE DIRECTIVE	IN THE HOME				N

Inpatient Events (Unaffiliated with your Agency)					
Inpatient Facility	Hospital Admit Date	Hospital Discharge Date	Surgery Date	Inpatient MR No.	Reason for Admission
SAINT JOSEPH HOSPITAL LEXINGTON	09/06/2025	09/10/2025			

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	

ICD-10 Diagnoses/Procedures

Order	Code	Description	Onset / Exac.	O/E Date	Type	Sym. Ctrl. Rtg.	OASIS Item
1	L89.892	PRESSURE ULCER OF OTHER SITE, STAGE 2	E	09/12/2025	D	2 - Symptoms controlled with difficulty, affecting daily functioning; patient needs ongoing monitoring.	M1021
2	I48.20	CHRONIC ATRIAL FIBRILLATION, UNSPECIFIED	O	09/12/2025	D	1 - Symptoms well controlled with current therapy.	M1023
3	E11.9	TYPE 2 DIABETES MELLITUS WITHOUT COMPLICATIONS	O	09/12/2025	D	1 - Symptoms well controlled with current therapy.	M1023
4	I49.9	CARDIAC ARRHYTHMIA, UNSPECIFIED	O	09/12/2025	D	1 - Symptoms well controlled with current therapy.	M1023
5	I10	ESSENTIAL (PRIMARY) HYPERTENSION	O	09/12/2025	D	1 - Symptoms well controlled with current therapy.	M1023
6	K44.9	DIAPHRAGMATIC HERNIA WITHOUT OBSTRUCTION OR GANGRENE	O	09/12/2025	D	1 - Symptoms well controlled with current therapy.	M1023
7	Z79.01	LONG TERM (CURRENT) USE OF ANTICOAGULANTS	O	11/07/2025	D		M1023
8	Z86.718	PERSONAL HISTORY OF OTHER VENOUS THROMBOSIS AND EMBOLISM	O	09/12/2025	D		M1023
9	Z87.442	PERSONAL HISTORY OF URINARY CALCULI	O	11/07/2025	D		M1023
10	Z87.440	PERSONAL HISTORY OF URINARY (TRACT) INFECTIONS	O	11/07/2025	D		M1023
11	Z91.81	HISTORY OF FALLING	O	09/12/2025	D		M1023

Allergies

Description	Date Entered
CEFUROXIME	9/12/2025 1:23:43 PM

Patient Information Report

Patient: BOWEN, KATHERINE M
MR No: 04200023583501
Legacy MR No:

Insured ID: H31833807

Primary Payor:

HUMANA MCR ADV PDGM

Allergies

Description**Date Entered**

CIPRO

9/12/2025 1:23:08 PM

CODEINE

9/12/2025 1:23:15 PM

* denotes Non-Visit QI Reporting Collection