

Form# 4

REV 10.27.24

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

above, notify the Privacy officer at 1-800-845-4310 and immediately return the facsimile documents to the address listed below. If you have received this transmission in error, you have received this transmission in error, please advise. If you have received this transmission in error, you are hereby notified that we do not consent to any reading, receipt and may contain information that is privileged, confidential and exempt from disclosure under applicable law. If you have received this transmission in error, you are hereby notified that we do not consent to any reading, receipt and may contain information that is privileged, confidential and exempt from disclosure under applicable law.

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THANK YOU!**PHONE NO:** 859-277-5111**FROM:** VNA HEALTH AT HOME**NUMBER OF PAGES:** _____ (Including Lead Sheet)

Teresa Phillips RDHCS
859-447-0059
can accept patient
Please let me know if you

MESSAGE:**RE:** Samuel Tscacs**PHONE NO:****FAX NO:****COMPANY:****ATTENTION:** HICFACN wound care**DATE:** 9/5/18**Fax Lead Sheet**

Page 1 of 1

ENTERED / TAKEN BY ELECTRONICALLY SIGNED:		APPROVED / PROCESSED BY ELECTRONICALLY SIGNED:		PHYSICIAN SIGNATURE (ELECTRONICALLY SIGNED):	
TERESA HUGHES, RN	DATE: 09/03/2025	MICHAEL ROYALTY, MD	DATE: 09/04/2025		
TERESA HUGHES, RN	DATE: 09/03/2025				

VO: MICHAEL ROYALTY					
REFER PATIENT TO IN HOME WOUND CARE, MCGRAPTH WOUND CARE					
Order Description:					
Hospital MR No	Inpatient Facility	Admit Date	Discharge Date	Reason For Admission	Order Type: PHYSICIAN ORDER
HOSPITAL	UNIVERSITY OF KENTUCKY	4/16/2025	5/6/2025	UTI	Order Date: 9/3/2025 9:19 AM
HOSPITAL	UNIVERSITY OF KENTUCKY	6/10/2025	6/20/2025	ACUTE HYPOXIC FAILURE	UNIVERSITY OF KENTUCKY 8/7/2025 8/16/2025
HOSPITAL	UNIVERSITY OF KENTUCKY	6/10/2025	6/20/2025	UTI	UNIVERSITY OF KENTUCKY 8/7/2025 8/16/2025
REFER PATIENT TO IN HOME WOUND CARE, MCGRAPTH WOUND CARE					
Order Description:					
Vetbal Order Date: 9/3/2025	Time: 9:19 AM	ABN Delivered to Patient?: NA	Send to Physician: Y	2nd Physician: CERT: 7/7/2025 to 9/4/2025	Verbal Order: ABN Delivered to Physician/Agent of Physician?: NA
Phone: (859)278-8421	Fax: (859)276-2433	SSN: 5/20/1984	MR#: 04200045838901	322 GLENDOVER RD	LEXINGTON, KY 40513-4000
MCMAEL ROYALTY, MD	ISACS, SAMUEL	1000 MONARCH ST, STE 100	LEXINGTON, KY 40503	LEXINGTON, KY 40513-4000	LEXINGTON, KY 40513-4000
PHYSICIAN:					
CLIENT:					
Fax: (859) 317-2507					
Phone: (859) 277-5111					
264 FORTUNE DRIVE SUITE 110					
VISITING NURSES ASSOCIATION HEALTH AT HOME LEXINGTON					

Patient Information Report

Patient Information Report

Order Code	Description	Onset	O/E Date	Type	Sym. Crit. Rtg.	DASIS
1 J86.21	ACUTE AND CHRONIC RESPIRATORY FAILURE WITH HYPOXIA	08/21/2025	D		2 - Symptoms controlled with difficulty, breathing daily	M1021
2 L89.220	PRESSURE ULCER OF LEFT HIP, UNSTAGENABLE	08/21/2025	D		2 - Symptoms controlled with difficulty, breathing daily	M1023
3 G82.50	QUADRIPLEGIA, UNSPECIFIED	08/21/2025	D		2 - Symptoms controlled with difficulty, breathing daily	M1023
4 G40.909	EPILEPSY, UNSP, NOT INTRACTABLE, WITHOUT SEIZURES, UNSPECIFIED	08/21/2025	D		2 - Symptoms controlled with difficulty, breathing daily	M1023
5 K60.7	MORBID (SEVERE) OBESITY DUE TO EXCESS CALORIES	08/21/2025	D		2 - Symptoms controlled with difficulty, breathing daily	M1023
6 E66.01	OTHER CHRONIC PAIN	08/21/2025	D		2 - Symptoms controlled with difficulty, breathing daily	M1023
7 Z93.1	DEPRESSIVENESS, UNSPECIFIED	08/21/2025	D		2 - Symptoms controlled with difficulty, breathing daily	M1023
8 G89.29	ESSENTIAL (PRIMAR) HYPERTEENSION	08/21/2025	D		2 - Symptoms controlled with difficulty, breathing daily	M1023
9 F32A	GASTRO-EOSPHAGEL REFLEX DISEASE	08/21/2025	D		2 - Symptoms controlled with difficulty, breathing daily	M1023
10 H10	NEUROGENIC BOWEL, NOT ELSEWHERE CLASSIFIED	08/21/2025	D		2 - Symptoms controlled with difficulty, breathing daily	M1023
11 K21.9	SCOLIOSIS, UNSPECIFIED	08/21/2025	D		2 - Symptoms controlled with difficulty, breathing daily	M1023
12 M41.9	OR UNKNOWN ETIOLOGY	08/21/2025	D		2 - Symptoms controlled with difficulty, breathing daily	M1023
13 G31.84	MILD COGNITIVE IMPAIRMENT OF UNCERTAIN UNQUALIFYING; parallel needs ongoing monitoring.	08/21/2025	D		2 - Symptoms controlled with difficulty, breathing daily	M1023
14 K59.2	NEUROMUSCULAR DYSFUNCTION OF UNKNOWN UNQUALIFYING; parallel needs ongoing monitoring.	08/21/2025	D		2 - Symptoms controlled with difficulty, breathing daily	M1023
15 N31.9	BLADDER, UNSPECIFIED	08/21/2025	D		2 - Symptoms controlled with difficulty, breathing daily	M1023
16 K59.00	CONSTIPATION, UNSPECIFIED	08/21/2025	D		2 - Symptoms controlled with difficulty, breathing daily	M1023
17 D64.8	ANEMIA, UNSPECIFIED	E	08/21/2025	D	2 - Symptoms controlled with difficulty, breathing daily	M1023

ICD-10 Diagnoses/Procedures

Home Health Care Survey	Has patient requested "No Publicity" status?	Primarily care the primary reason for home health care?	N
Impatient Facility	Does patient have end-stage renal disease?	Number of ADLs for which patient is not independent?	
UNIVERSITY OF KENTUCKY HOSPITAL	04/16/2025	05/06/2025	
UNIVERSITY OF KENTUCKY HOSPITAL	06/10/2025	06/20/2025	UTI
UNIVERSITY OF KENTUCKY HOSPITAL	08/07/2025	08/16/2025	ACUTE HYPOXIC RESPIRATION FAILURE
UNIVERSITY OF KENTUCKY HOSPITAL			HOSPITAL
Type	Location	Contents	Impatient Events (Unrelated with Your Agency)
Was Ady Dir Info Left With Caregiver?	Info Left Dir Caregiver?	Phone Contact Name	Hospital Admit Date Discharge Date Surgery Reason for Admission Impatient MR No.
MR No:	Legacy MR No:	Isaccs, SAMUEL	ISAACS, SAMUEL
Patient:	MR No:	04200045838801	Primary Payor:
			MEDICARE PDGM

ICD-10 Diagnoses/Procedures						
Order	Code	Description	Onset /Exac.	O/E Date	Type	Sym. Crit. Rtg.
18	Z79.800	OTHER LONG TERM (CURRENT) DRUG	E	08/21/2025	D	M1023
19	Z80.81	DEPENDENCE ON SUPPLEMENTAL OXYGEN	E	08/21/2025	D	M1023
20	Z87.01	PERSONAL HISTORY OF PNEUMONIA	E	08/21/2025	D	M1023
21	Z87.440	PERSONAL HISTORY OF URINARY (TRACT) (RECURRENT)	E	08/21/2025	D	M1023
22	Z97.8	PRESENCE OF OTHER SPECIFIED DEVICES	E	08/21/2025	D	M1023
23	Z91.81	HISTORY OF FALLING	E	08/21/2025	D	M1023
24	Z68.36	BODY MASS INDEX (BMI) 35.0-36.9, ADULT	E	08/21/2025	D	M1023
25	Z03.311	CELLULITIS OF ABDOMINAL WALL	E	08/21/2025	D	M1023
		2 - Symptoms controlled with difficulty, affecting daily				
		truncation; patient needs ongoing monitoring.				
Allergies						
		"denotes Non-Vital Reportable Condition				
		MORPHINE				
		5/8/2025 3:32:18 PM				
		5/8/2025 3:31:37 PM				
Descriptions						
		LEVOFLOXACIN				
		Date Entered				

ICD-10 Diagnoses/Procedures									
Order	Code	Description	O/E	O/E Date	Type	Sym.	Crit.	Rtg.	OASIS Item
1	J86.21	ACUTE AND CHRONIC RESPIRATORY FAILURE	E	08/21/2025	D	2 - Symptoms controlled with difficulty, after 1 day of hospitalization; patient needs ongoing monitoring.			M1021
10	H10	ESSENTIAL (PRIMARY) HYPERTENSION	E	08/21/2025	D	2 - Symptoms controlled with difficulty, after 1 day of hospitalization; patient needs ongoing monitoring.			M1023
11	K21.9	GASTRO-EOSOPHAGEAL REFLUX DISEASE	E	08/21/2025	D	2 - Symptoms controlled with difficulty, after 1 day of hospitalization; patient needs ongoing monitoring.			M1023
12	M41.9	SCOLIOSIS, UNSPECIFIED	E	08/21/2025	D	2 - Symptoms controlled with difficulty, after 1 day of hospitalization; patient needs ongoing monitoring.			M1023
13	G31.84	MILD COGNITIVE IMPAIRMENT OF UNCERTAIN OR UNKNOWN ETIOLOGY	E	08/21/2025	D	2 - Symptoms controlled with difficulty, after 1 day of hospitalization; patient needs ongoing monitoring.			M1023
14	K59.2	NEUROGENIC BOWEL, NOT ELSEWHERE CLASSIFIED	E	08/21/2025	D	2 - Symptoms controlled with difficulty, after 1 day of hospitalization; patient needs ongoing monitoring.			M1023
15	N31.9	NEUROMUSCULAR DYSFUNCTION OF BLADDER, UNSPECIFIED	E	08/21/2025	D	2 - Symptoms controlled with difficulty, after 1 day of hospitalization; patient needs ongoing monitoring.			M1023
16	K69.00	CONSTIPATION, UNSPECIFIED	E	08/21/2025	D	2 - Symptoms controlled with difficulty, after 1 day of hospitalization; patient needs ongoing monitoring.			M1023
17	d64.9	ANEMIA, UNSPECIFIED	E	08/21/2025	D	2 - Symptoms controlled with difficulty, after 1 day of hospitalization; patient needs ongoing monitoring.			M1023
18	Z79.899	OTHER LONG TERM (CURRENT) DRUG THERAPY	E	08/21/2026	D	2 - Symptoms controlled with difficulty, after 1 day of hospitalization; patient needs ongoing monitoring.			M1023
19	Z99.81	DEPENDENCE ON SUPPLEMENTAL OXYGEN	E	08/21/2026	D	2 - Symptoms controlled with difficulty, after 1 day of hospitalization; patient needs ongoing monitoring.			M1023

Visit Note Report

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Order Code	Description	O/E	O/E Date	Type	Sym. Ctrl. Rtg.	Item	OASIS	INFECTIOUS PERSONAL HISTORY OF URINARY (TRACT)	M1023	287.440	PERSONAL HISTORY OF PNEUMONIA	E	08/21/2025	D	2-Sympoma controlled with difficulty, reflecting daily trucalming.	M1023	20	287.01	PERSONAL HISTORY OF PNEUMONIA	E	08/21/2025	D	2-Sympoma controlled with difficulty, reflecting daily trucalming.	M1023	21	287.440	INFECTIOUS PERSONAL HISTORY OF URINARY (TRACT)	E	08/21/2025	D	2-Sympoma controlled with difficulty, reflecting daily trucalming.	M1023	22	297.8	PRESENCE OF OTHER SPECIFIED DEVICES	E	08/21/2026	D	2-Sympoma controlled with difficulty, reflecting daily trucalming.	M1023	23	297.8	HISTORY OF FALLING	E	08/21/2025	D	2-Sympoma controlled with difficulty, reflecting daily trucalming.	M1023	24	268.35	BODY MASS INDEX [BMI] 35.0-36.9, ADULT	E	08/21/2025	D	2-Sympoma controlled with difficulty, reflecting daily trucalming; parallel needs ongolng M1023	25	103.311	CELLULITIS OF ABDOMINAL WALL	E	08/21/2025	D	2-Sympoma controlled with difficulty, reflecting daily trucalming; parallel needs ongolng M1023	26	GB2.50	QUADRIPLEGIA, UNSPECIFIED	E	08/21/2026	D	2-Sympoma controlled with difficulty, reflecting daily trucalming; parallel needs ongolng M1023	27	440.909	EPILEPSY, UNSP. NOT INTRACTABLE, WITHOUT STATUS EPILEPTICUS	E	08/21/2025	D	2-Sympoma controlled with difficulty, reflecting daily trucalming; parallel needs ongolng M1023	28	556.7	ILLES, UNSPECIFIED	E	08/21/2025	D	2-Sympoma controlled with difficulty, reflecting daily trucalming; parallel needs ongolng M1023	29	666.01	MORBID (SEVERE) OBESITY DUE TO EXCESS CALORIES	E	08/21/2025	D	2-Sympoma controlled with difficulty, reflecting daily trucalming; parallel needs ongolng M1023	30	283.1	GASTROSTOMY STATUS	E	08/21/2025	D	2-Sympoma controlled with difficulty, reflecting daily trucalming; parallel needs ongolng M1023	31	688.28	OTHER CHRONIC PAIN	E	08/21/2025	D	2-Sympoma controlled with difficulty, reflecting daily trucalming; parallel needs ongolng M1023	32	F32A	DEPRESSION, UNSPECIFIED	E	08/21/2025	D	2-Sympoma controlled with difficulty, reflecting daily trucalming; parallel needs ongolng M1023	33	Vital Signs	Reading Time Recorded Details	08/21/2025 11:10 AM	RADIAL	WNL	Insisturments	N	Pulse Characteristics:	108	08/21/2025 11:10 AM	RADIAL	WNL	Comments	N	Vital Signs Alert:	108	08/21/2025 11:10 AM	RADIAL	WNL	Comments	N	PT HAS HISTORY OF RUNNING TACHY, WILL NOTIFY PCP WHEN CALLING FOR VERBAL ORDER.	16	08/21/2025 11:10 AM	WNL	LYING ARM - LT	124 / 86	08/21/2025 11:10 AM	LYING ARM - LT	N	Blood Pressure	16	08/21/2025 11:10 AM	WNL	LYING ARM - LT	92	08/21/2025 11:14 AM	ON ROOM AIR	N	Oxygen Saturation Level (%)	92	08/21/2025 11:14 AM	ON ROOM AIR	Oxygen Saturation Characteristics:	EMERGENCY PREPAREDNESS	EVACUATION LOCATION	CHARIR BOUND	DISASTER STATUS	3 - WITHIN WEEK	ACUTE STATUS	HOSEITAL
2	L89.220	PRESSURE ULCER OF LEFT HIP, UNSTAGEABLE	E	08/21/2026	D	2-Sympoma controlled with difficulty, reflecting daily trucalming.	M1023	20	287.01	PERSONAL HISTORY OF PNEUMONIA	E	08/21/2025	D	2-Sympoma controlled with difficulty, reflecting daily trucalming.	M1023	21	287.440	INFECTIOUS PERSONAL HISTORY OF URINARY (TRACT)	E	08/21/2025	D	2-Sympoma controlled with difficulty, reflecting daily trucalming.	M1023	22	297.8	PRESENCE OF OTHER SPECIFIED DEVICES	E	08/21/2026	D	2-Sympoma controlled with difficulty, reflecting daily trucalming.	M1023	23	297.8	HISTORY OF FALLING	E	08/21/2025	D	2-Sympoma controlled with difficulty, reflecting daily trucalming.	M1023	24	268.35	BODY MASS INDEX [BMI] 35.0-36.9, ADULT	E	08/21/2025	D	2-Sympoma controlled with difficulty, reflecting daily trucalming; parallel needs ongolng M1023	25	103.311	CELLULITIS OF ABDOMINAL WALL	E	08/21/2025	D	2-Sympoma controlled with difficulty, reflecting daily trucalming; parallel needs ongolng M1023	26	GB2.50	QUADRIPLEGIA, UNSPECIFIED	E	08/21/2026	D	2-Sympoma controlled with difficulty, reflecting daily trucalming; parallel needs ongolng M1023	27	440.909	EPILEPSY, UNSP. NOT INTRACTABLE, WITHOUT STATUS EPILEPTICUS	E	08/21/2025	D	2-Sympoma controlled with difficulty, reflecting daily trucalming; parallel needs ongolng M1023	28	556.7	ILLES, UNSPECIFIED	E	08/21/2025	D	2-Sympoma controlled with difficulty, reflecting daily trucalming; parallel needs ongolng M1023	29	666.01	MORBID (SEVERE) OBESITY DUE TO EXCESS CALORIES	E	08/21/2025	D	2-Sympoma controlled with difficulty, reflecting daily trucalming; parallel needs ongolng M1023	30	283.1	GASTROSTOMY STATUS	E	08/21/2025	D	2-Sympoma controlled with difficulty, reflecting daily trucalming; parallel needs ongolng M1023	31	688.28	OTHER CHRONIC PAIN	E	08/21/2025	D	2-Sympoma controlled with difficulty, reflecting daily trucalming; parallel needs ongolng M1023	32	F32A	DEPRESSION, UNSPECIFIED	E	08/21/2025	D	2-Sympoma controlled with difficulty, reflecting daily trucalming; parallel needs ongolng M1023	33	Vital Signs	Reading Time Recorded Details	08/21/2025 11:10 AM	RADIAL	WNL	Insisturments	N	Pulse Characteristics:	108	08/21/2025 11:10 AM	RADIAL	WNL	Comments	N	Vital Signs Alert:	108	08/21/2025 11:10 AM	RADIAL	WNL	Comments	N	PT HAS HISTORY OF RUNNING TACHY, WILL NOTIFY PCP WHEN CALLING FOR VERBAL ORDER.	16	08/21/2025 11:10 AM	WNL	LYING ARM - LT	124 / 86	08/21/2025 11:10 AM	LYING ARM - LT	N	Blood Pressure	16	08/21/2025 11:10 AM	WNL	LYING ARM - LT	92	08/21/2025 11:14 AM	ON ROOM AIR	N	Oxygen Saturation Level (%)	92	08/21/2025 11:14 AM	ON ROOM AIR	Oxygen Saturation Characteristics:	EMERGENCY PREPAREDNESS	EVACUATION LOCATION	CHARIR BOUND	DISASTER STATUS	3 - WITHIN WEEK	ACUTE STATUS	HOSEITAL									

Visit Date: 06/21/2025 Visit Type: 5 Visit Number: RN15 - RN RESUMPTION OF CARE

measured ID: 300404CSHMI40 Primary Payor: MEDICARE PG&M

client: ISACS, SAMUEL
MR No: 04200045838901
Legacy MR No:

Visit Note Report

Visit Note Report

ASSESSMENT	THE PATIENT IS CONSIDERED HOMEBOUND/CONFINED TO HOME BECAUSE: (MARK ALL THAT APPLY)	BECAUSE OF ILLNESS OR INJURY, PATIENT NEEDS AID OF SUPPORTIVE DEVICES - WHEELCHAIR - LEVEL 1	OTHER (SPECIFY)	INDICATE OTHER HOMEBOUND STATUS REASON.	NON AMBULATORY AT BASELINE	ARE ENVIRONMENTAL BARRIERS PRESENT THAT PREVENT/RESTRICT THE PATIENT FROM LEAVING HOME?	FINANCIAL	HEALTH HISTORY	(C1) (M0150) CURENT PAYMENT SOURCES FOR HOME CARE: (MARK ALL THAT APPLY)	1 - MEDICARE (TRADITIONAL FEE-FOR-SERVICE)	3 - MEDICAIID (TRADITIONAL FEE-FOR-SERVICE)	YES	(C1) (M1000) FROM WHICH OF THE FOLLOWING FACILITIES WAS THE PATIENT DISCHARGED WITHIN THE PAST 14 DAYS?	(MARK ALL THAT APPLY)	IS DATE OF PATIENT DISCHARGE DATE (MOST RECENT): MONTH/DAY/YEAR	YES	(M1005) INPATIENT DISCHARGE DATE (MOST RECENT): MONTH/DAY/YEAR	CHRONIC UTI	BACK SURGERY/INJURY	INDICATE IMMUNIZATIONS HISTORY: (MARK ALL THAT APPLY AND RECORD IN VACCINATION SECTION)	UP TO DATE	(D1M028) ACTIVE DIAGNOSES-COMORBIDITIES AND CO-EXISTING CONDITIONS - CHECK ALL THAT APPLY	3 - NONE OF THE ABOVE	7 - CURRENTLY TAKING 6 OR MORE MEDICATIONS	EGR/HOSPITALIZATION/RISK FOR HOSPITALIZATION, WHICH OF THE FOLLOWING SIGNS OR SYMPTOMS CHARACTERIZE THIS PATIENT AS AT RISK	(P1A) (M033) RISK FOR HOSPITALIZATION, WHICH OF THE FOLLOWING SIGNS OR SYMPTOMS CHARACTERIZE THIS PATIENT AS AT RISK	NOT ASSESSABLE	WAS HEIGHT ASSESSABLE	REASON WHY HEIGHT NOT ASSESSED (MARK ALL THAT APPLY)	IMMOBILITY	NOT ASSESSABLE	WAS CLINET KNOWLEDGE ASSESSED	INDICATE REASON CLIENT KNOWLEDGE NOT ASSESSED:	NOT APPLICABLE	WAAS CAREGIVER KNOWLEDGE ASSESSED?
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Assignment

Client ID:	ISACCS, SAMUEL	MR No.:	04200045838901	Legally MR No.:	6/20/1984	Central DOB:	6U09KCHM40	Measured ID:	Primary Payer:	MEDICARE PDGM
Visit Date:	08/21/2025	Visit Number:	5	Visit Type:	RN16 - RN RESUMPTION OF CARE					

Visit Note Report

Assessment		Indicate caregiver knowledge base deficits: (Mark all that apply)			
		<p>YES SIGNS AND SYMPTOMS TO REPORT WHO AND WHEN TO CALL FOR HELP SPECIAL DIET/FLUID RESTRICTIONS OR REQUIREMENTS BASIC PRINCIPALS OF CARE PROPER EQUIPMENT USE HOME SAFETY/EMERGENCY PROCEDURES (B1300) HEALTH LITERACY (FROM CREATIVE COMMONS (C)). HOW OFTEN DO YOU NEED TO HAVE SOMEONE HELP YOU WHEN YOU READ INSTRUCTIONS, PAMPHLETS, OR OTHER WRITTEN MATERIAL FROM YOUR DOCTOR OR PHARMACY? (A1250) TRANSPORTATION (NACHC (C)). HAS LACK OF TRANSPORTATION KEPT YOU FROM MEDICAL APPOINTMENTS, MEETINGS, WORK, OR AVAILABILITY OF ASSISTANCE? CHECK ONE BOX ONLY. (GM) (M100) PATIENT LIVING SITUATION, WHICH OF THE FOLLOWING BEST DESCRIBES THE PATIENT'S RESIDENTIAL CIRCUMSTANCES ENVIRONMENTAL</p> <p>NO (ME 360) COMMUNITY SERVICES INVOLVED OR NEEDED IN THE CLIENT'S CARE: (Mark all that apply)</p> <p>0 - NO COMMUNITY RESOURCES NEEDED AT THIS TIME INDICATE TYPE OF MOBILITY BARRIERS PRESENT IN THE HOME MARK ALL THAT APPLY.</p> <p>NONE INDICATE STRUCTURAL BARRIERS. (Mark all that apply)</p> <p>NONE INDICATE SAFETY HAZARDS. (Mark all that apply)</p> <p>NONE INDICATE SANITATION ISSUES: (Mark all that apply)</p> <p>NONE HEAD/NECK</p> <p>YES WERE HEAD AND NECK ASSESSED?</p> <p>YES NECK STIFFNESS</p> <p>YES EYES ASSESSED?</p> <p>YES PERL</p> <p>YES WERE EYES ASSESSED?</p> <p>YES INDICATE EYES ASSESSMENT: (Mark all that apply)</p> <p>WNL</p> <p>INDICATE EARS ASSESSMENT: (Mark all that apply)</p> <p>YES YES</p> <p>WERE EARS ASSESSED?</p> <p>YES PERL</p> <p>YES WERE EYES ASSESSED?</p> <p>YES INDICATE EYES ASSESSMENT: (Mark all that apply)</p> <p>WNL</p> <p>INDICATE MOUTH AND THROAT ASSESSMENT: (Mark all that apply)</p>			

Visit Date:	08/21/2025	Visit Number:	5	Visit Type:	RN15 - RN RESUMPTION OF CARE
Client ID:	5U0QKCG5H40	Primary Payor:	MEDICARE PDGM		
Client DOB:	5/20/1984	Legacy MR No:			
MR No:	04200045838901				

Visit Note Report

