



1300 E New Circle Road, 180, Lexington, KY, 40505
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FAX COVER SHEET

TO:	FROM:
<i>Mr. Bush Mobile Wound Clinic</i>	<i>Dianne</i>
FAX #:	DATE:
<i>859. 399. 6697</i>	<i>9.19.25</i>
PHONE #:	# OF PAGES:
RE:	

COMMENTS:
<i>Info requests for July wentt.</i>

CenterWell's skilled nurses and therapists can help ensure your patients receive the care they need in the safety of their homes.

We are here 24 hours a day, 7 days a week, 365 days a year and ready to care for your patients.

Call me any time at (859) 252-4206 or email me, and we'll work together to help get your patients the in-home care they need.

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Patient Information Report

Patient: EVERETT, JUDY H Insured ID: 2JF2UM8CD05 Primary Payor: MEDICARE PDGM
 MR No: B3500256549801
 Legacy MR No:

Assigned Branch	LEXINGTON - CENTERWELL HOME HEALTH	Assigned Team	TEAM 1	Location
Patient Nickname		Patient ID	2565498	SSN
				XXX-XX-3054

Referral Info

Referral Date	06/03/2025	Referral Type	RECERTIFICATION	Referral Taken By	ANDREA CASHMYER
Referral Source		Referring Facility		Referring Facility Contact	
FACILITY		BAPTIST HEALTH (LEXINGTON)		JOETTA HUTSON	

Care Type and Effective Dates (P=Primary)

MEDICATION HISTORY 08/04/2025 - (P)

CATHETER 08/06/2025 -

Demographics**Patient Info**

Gender	FEMALE	DOB	11/14/1960	Race	
Preferred Language					
Primary Phone	8595821197	Alt Phone		Email	wheelkat@gmail.com

Primary Address

Street		City		State	KY	Zip	40475-	County	MADISON
2043 RIVER CIR DR		RICHMOND		Floor				Room	
Phone	MSA #	CBSA							
(859)582-1197		99918							

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

Street		City		State	KY	Zip	40475	County	MADISON
2043 RIVER CIR DR		RICHMOND		Floor				Room	
Phone	MSA #	CBSA							
(859)582-1197		99918							

Travel Directions**Patient Contacts**

Contact Name	<u>Relationship</u>	<u>Contact Type</u>	<u>Contact Relationship Type</u>
MIKE EVERETT	SPOUSE	EMERGENCY	PRIMARY CAREGIVER
Home Phone	<u>Primary Phone</u>	<u>Alternate Phone</u>	<u>Address</u>
	(859) 200-2296		

Payor Source Info

Payor Source Type	<u>Payor Type</u>	<u>Payor Source</u>	Is patient in an HMO (HHCAHPS)?
PRIMARY	MEDICARE	MEDICARE PDGM	
Medicare No.	Medicare A Effective	Medicare B Effective	Admission Source
2JF2UM8CD05			1 - PHYSICIAN REFERRAL
Medicaid No.	Medicaid Effective	Physician Medicaid No.	Physician Name
			MCDOWELL, SUSAN

Private Payor Type Info

Claim No.	Policy No.	Insured ID		
Insured Name	Insured Relation	Insured Address		
		Insured City	Insured State	Insured Zip

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Employer Name	Employer ID	Insured Phone 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	
PPS PROGRAM	7/24/2025 8:38:56 PM		HCHB RECERTIFICATION		Y		08/04/2025 10/02/2025	
Unit Type	Budget Type	Billing Code	Qty Per Period	Qty Per Day	Qty Per Week	Qty Per Month	Qty Per Year	Active
VISITS	DISCIPLINES	OT	9					Y
VISITS	DISCIPLINES	SN	17					Y
Physician Info								
Primary Physician MCDOWELL, SUSAN			NPI # 1770676694			Date Last Seen		
Address 740 S LIMESTONE			City LEXINGTON			State KY		
Phone (859)257-3573	Fax (859)323-0096	Pager						
Secondary Physician SAJADI, KAVEH			Perform Add-On Evaluation Prior to Approval of the Plan of Care associated with the Completed SOC Visit?					
Requested Date of Evaluation 08/04/2025			Admitting Discipline SN			N		
Requested Date of Add-On Evaluation			Add-On Discipline					
Clinical Info								
Case Manager JANET MIDDLETON, RN			Team Member(s) CARMEN HALL-LAMB, RN CRYSTAL BRAKEFIELD, OT MOLLYE SCHWAB, MSW TIFFANEY WHITE, RN					
Weight	Height	Pregnant N	Paperwork Received By Patient Y					
Medical Release Code YES, PROVIDER HAS A SIGNED STATEMENT PERMITTING RELEASE OF MEDICAL BILLING DATA RELATED TO A CLAIM								
Acuity Status 3 - CAN BE >72 HRS			Disaster Status AMBULATORY W/ ASSIST			Evacuation Location HOSPITAL		
Type NONE	Location	Contents			Contact Name	Contact Phone	Was Adv Dir Info Left With Caregiver? N	

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Inpatient Events (Unaffiliated with your Agency)

Inpatient Facility	Hospital Admit Date	Hospital Discharge Date	Surgery Date	Inpatient MR No.	Reason for Admission
BAPTIST HEALTH (LEXINGTON)	05/19/2025	06/03/2025			RIGHT SHOULDER

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?
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Has patient requested "No Publicity" status?	Is maternity care the primary reason for home health care?	Primary Spoken Language
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ICD-10 Diagnoses/Procedures

Order	Code	Description	Onset / Exac.	O/E Date	Type	Sym. Ctrl. Rtg.	OASIS Item
1	L89.326	PRESSURE-INDUCED DEEP TISSUE DAMAGE OF LEFT BUTTOCK	E	07/30/2025	D	3 - Symptoms poorly controlled, patient needs frequent adjustments in treatment and dose monitoring.	M1021
2	S31.821D	LACERATION WITHOUT FOREIGN BODY OF LEFT BUTTOCK, SUBS ENCNTR	O	06/02/2025	D	2 - Symptoms controlled with difficulty, affecting daily functioning; patient needs ongoing monitoring.	M1023
3	L89.311	PRESSURE ULCER OF RIGHT BUTTOCK, STAGE 1	O	06/02/2025	D	2 - Symptoms controlled with difficulty, affecting daily functioning; patient needs ongoing monitoring.	M1023
4	G82.20	PARAPLEGIA, UNSPECIFIED	O	06/02/2025	D	2 - Symptoms controlled with difficulty, affecting daily functioning; patient needs ongoing monitoring.	M1023
5	F43.10	POST-TRAUMATIC STRESS DISORDER, UNSPECIFIED	O	06/02/2025	D	2 - Symptoms controlled with difficulty, affecting daily functioning; patient needs ongoing monitoring.	M1023
6	G47.00	INSOMNIA, UNSPECIFIED	O	06/02/2025	D	2 - Symptoms controlled with difficulty, affecting daily functioning; patient needs ongoing monitoring.	M1023
7	G89.29	OTHER CHRONIC PAIN	O	06/02/2025	D	2 - Symptoms controlled with difficulty, affecting daily functioning; patient needs ongoing monitoring.	M1023
8	Z79.1	LONG TERM (CURRENT) USE OF NON-STEROIDAL NON-INFLAM (NSAID)	O	06/05/2025	D		M1023
9	Z96.611	PRESENCE OF RIGHT ARTIFICIAL SHOULDER JOINT	O	06/02/2025	D		M1023
10	Z87.440	PERSONAL HISTORY OF URINARY (TRACT) INFECTIONS	O	06/02/2025	D		M1023
11	Z85.3	PERSONAL HISTORY OF MALIGNANT NEOPLASM OF BREAST	O	06/05/2025	D		M1023
12	Z90.11	ACQUIRED ABSENCE OF RIGHT BREAST AND NIPPLE	O	06/05/2025	D		M1023
13	Z55.6	Problems related to health literacy	O	06/02/2025	D		M1023
14	Z59.82	TRANSPORTATION INSECURITY	O	06/05/2025	D		M1023
15	L89.309	PRESSURE ULCER OF UNSPECIFIED BUTTOCK, UNSPECIFIED STAGE	E	08/08/2025	D	4 - Symptoms poorly controlled, history of re-hospitalizations.	M1023

Allergies

Description

NKA

Date Entered

6/5/2025 11:57:32 AM

* denotes Non-Visit QI Reporting Collection

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Visit Date: 09/17/2025 Visit Number: 12 Visit Type: SN11 - SN SUBSEQUENT VISIT

General: EVERETT, JUDY H. B3500256549801

Visit Date: 09/17/2025 Visit Number: 12 Visit Type: SN11 - SN SUBSEQUENT VISIT Branch Code: B35 Billable:

Agent ID: 148929	Agent Name: ROWENA CROOKS JACKSON LPN	Mileage Payment Method: AM	Trip Fees: 0.00	Mileage Start: 0	Mileage End: 0	Mileage: 0
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Time:

TRAVEL TIME	DRIVE START TIME	09/17/2025 02:10 PM	DRIVE END TIME	09/17/2025 02:44 PM
IN-HOME TIME	BEGAN	09/17/2025 02:44 PM	COMPLETED	09/17/2025 03:40 PM

Total In-Home Time:	0.93	Hours
Total Drive Time:	0.56	Hours
Total Time:	0.93	Hours

Vital Signs

Vital Signs	Reading	Time Recorded	Details	Instrument Problems
Temperature	97.6	09/17/2025 03:16 PM	TEMPORAL	N
Pulse	84	09/17/2025 03:15 PM	APICAL	N
Pulse Characteristics:			WNL	
Respirations	18	09/17/2025 03:15 PM	WNL	N
Respiration Characteristics:				
Blood Pressure	128 / 72	09/17/2025 03:15 PM	SITTING ARM - RT	N
Oxygen Saturation Level (%)	97	09/17/2025 03:15 PM		N
Oxygen Saturation Characteristics:			NO SUPPLEMENTAL OXYGEN	
Pain	5	09/17/2025 03:15 PM		N

Assessment

PATIENT IDENTIFIER

INDICATE TWO PATIENT IDENTIFIERS USED TO IDENTIFY THE PATIENT:

PATIENT NAME

VISUAL RECOGNITION

MEDICATIONS

MEDICATIONS: (MARK ALL THAT APPLY)

NO NEW/CHANGED MEDICATIONS SINCE LAST VISIT

TAKING MEDICATIONS AS PRESCRIBED

NURSING SUBJECTIVE

PATIENT AND/OR CAREGIVER SUBJECTIVE COMMENTS:

PT FOUND LYING IN HOSPITAL BED AWAKE

ENVIRONMENTAL

ARCHITECTURAL/HOME: (MARK ALL THAT APPLY)

PATIENT LIVES WITH SPOUSE OR SIGNIFICANT OTHER

HEAD/NECK

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Assessment

INDICATE HEAD AND NECK ASSESSMENT FINDINGS: (MARK ALL THAT APPLY)

NO PROBLEMS IDENTIFIED

EYES/EARS/NOSE/THROAT

EYES/EARS/NOSE/THROAT: (MARK ALL THAT APPLY)

PERRL

CARDIOPULMONARY

CARDIOPULMONARY: (MARK ALL THAT APPLY)

AUSCULTATED BREATH SOUNDS

AUSCULTATED HEART SOUNDS

INDICATE BREATH SOUNDS FINDINGS:

CLEAR

INDICATE HEART SOUNDS FINDINGS:

NORMAL

PAIN

PAIN:

PATIENT/CAREGIVER REPORT PAIN

INDICATE PAIN LOCATION(S):

BACK

IS PATIENT ABLE TO SELF-REPORT PAIN?

YES

INDICATE WHEN PAIN OCCURS:

DURING THE DAY AND NIGHT

INDICATE QUALITY OF PAIN: (MARK ALL THAT APPLY)

ACHING

INDICATE NATURE OF PAIN

CHRONIC

INDICATE WHAT RELIEVES PAIN (MARK ALL THAT APPLY):

DISTRACTION

MEDICATIONS

ARE THERE ANY ADDITIONAL DETAILS THAT NEED TO BE PROVIDED TO DESCRIBE THE PATIENTS PAIN AND/OR MANAGEMENT OF PAIN?

NO

INTEGUMENTARY

INDICATE INTEGUMENTARY ASSESSMENT FINDINGS: (MARK ALL THAT APPLY)

WOUND(S)

IV OR AV FISTULA/GRAFT ACCESS SITE PRESENT?

NO

GENITOURINARY

GENITOURINARY: (MARK ALL THAT APPLY)

INDWELLING/SUPRAPUBIC CATHETER

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

WNL

GASTROINTESTINAL

GASTROINTESTINAL: (MARK ALL THAT APPLY)

BOWEL SOUNDS

INDICATE DATE OF LAST BOWEL MOVEMENT:

9/17/2025

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Assessment**NUTRITIONAL**

NUTRITIONAL STATUS: (MARK ALL THAT APPLY)

WNL

COGNITIVE/BEHAVIORAL

BEHAVIORAL: (SELECT ALL THAT APPLY)

NONE OF THE ABOVE BEHAVIORS DEMONSTRATED

ENDOCRINE/HEMATOPOIETIC

ENDOCRINE/HEMATOPOIETIC (MARK ALL THAT APPLY):

PATIENT DOES NOT HAVE AN ENDOCRINE/HEMATOPOIETIC CONDITION

NEUROLOGIC

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

ALERT

ORIENTED TO PERSON

ORIENTED TO TIME

ORIENTED TO PLACE

ABLE TO FOLLOW MULTI-STEP COMMANDS

ABLE TO FOLLOW SIMPLE COMMANDS

INDICATE ABNORMAL NEUROLOGIC FINDINGS:

NONE

IMMUNOLOGIC

INFECTION SYMPTOMS: (MARK ALL THAT APPLY)

NO SYMPTOMS

FUNCTIONAL

MUSCULOSKELETAL: (MARK ALL THAT APPLY)

DECREASED STRENGTH

LIMITED RANGE OF MOTION

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

LOWER BILAT

IN WHAT EXTREMITIES DOES LIMITED RANGE OF MOTION EXIST? (MARK ALL THAT APPLY)

LOWER BILAT

FUNCTIONAL TESTS AND MEASURES

PLEASE INDICATE WHICH TESTS AND MEASURES WILL BE PERFORMED DURING THIS VISIT (MARK ALL THAT APPLY):

NO TESTS PERFORMED - NOT APPROPRIATE/APPLICABLE THIS VISIT

HOMEBOUND STATUS

INDICATE HOMEBOUND STATUS:

PATIENT IS HOMEBOUND

INDICATE REASONS PATIENT IS HOMEBOUND (SELECT ALL THAT APPLY):

NEEDS AID OF SUPPORTIVE DEVICES - WHEELCHAIR

NEEDS SPECIAL TRANSPORTATION

7 SELF-CARE BEHAVIORS

SELECT THE SEVEN (7) SELF-CARE BEHAVIORS ADDRESSED THIS VISIT: (MARK ALL THAT APPLY)

1. HEALTHY COPING:

- EFFECTIVELY MANAGE YOUR CONDITION(S) OR HEALTH CONCERN(S)
- LEARN WAYS TO DEAL WITH CHALLENGES
- ALERT YOUR HOME HEALTH OR HEALTHCARE PROVIDER

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Assessment
CHANGES IN YOUR CONDITION
2. HEALTHY EATING:

- PLANNING AND MAKING HEALTHY EATING CHOICES
- RECOGNIZING THE IMPORTANCE OF NUTRIENT-RICH FOODS
- READING AND UNDERSTANDING A FOOD LABEL

3. BEING ACTIVE:

- REGULAR PARTICIPATION IN AN ACTIVITY AND EXERCISE PROGRAM
- SETTING GOALS FOR YOUR ACTIVITY AND TRACKING PROGRESS

4. TAKING MEDICINES:

- UNDERSTANDING THE PURPOSE OF EACH OF YOUR PRESCRIBED AND OVER THE COUNTER MEDICATIONS
- ENSURING YOUR HEALTHCARE PROVIDER IS AWARE OF ALL YOUR MEDICATIONS
- NOTIFYING YOUR HEALTHCARE PROVIDER OF SYMPTOMS OR QUESTIONS RELATED TO YOUR MEDICATIONS

CARE COORDINATION

DID THE PATIENT ALONG WITH PATIENT'S CAREGIVER AND REPRESENTATIVE (IF ANY AND AS APPROPRIATE), AGREE WITH AND PARTICIPATE IN DEVELOPMENT/UPDATE OF THE PLAN OF CARE?

NA - NO CHANGES TO FREQUENCY/DURATION, MEDICATIONS, OR TREATMENTS

WERE ANY ZONE TOOL(S) ADDRESSED THIS VISIT?

N/A, NOT APPLICABLE THIS VISIT

HAS THE PATIENT DONE ANY OF THE FOLLOWING SINCE THE LAST VISIT?

PATIENT HAS NOT; CONTACTED THEIR PHYSICIAN/ALLOWED PRACTITIONER, GONE TO THE ER OR BEEN HOSPITALIZED SINCE THE LAST VISIT

WERE LABS COLLECTED THIS VISIT?

NO

NEXT HEALTH CARE PROVIDER APPOINTMENT:

PATIENT HAS AN UPCOMING APPOINTMENT; DOCUMENT/VERIFY DETAILS ARE INCLUDED ON A SNAPSHOT NOTE.

INDICATE IF YOU COMMUNICATED WITH OTHER DISCIPLINES INVOLVED IN THIS CASE:

YES

INDICATE DISCIPLINES YOU COMMUNICATED WITH:

SUPERVISOR

PT

OT

RN

LPN/LVN

INDICATE DETAILS OF CARE COORDINATION:

REPORTED TO T CARMEN RN, CAROL RN, STEPHANIE LPN, JANET RN, JANET M RN DAYNA, RN SUPERVISOR, AGNES LPN, BRIGETT , RN BETH PT, CRYSTAL OT, HUGH PT, VIA EMAILED DAILY REPORT

SUPERVISORY FUNCTIONS

INDICATE DISCIPLINE OF EMPLOYEE BEING EVALUATED:

SUPERVISORY FUNCTION NOT APPLICABLE THIS VISIT

VISIT IMPRESSION/ PLAN

PATIENT SELF-REPORT: COMPARE AND CATEGORIZE OVERALL PATIENT SELF-REPORT; ZONE TOOL; BALANCE/FALL; BREATHING; FATIGUE/RPE; VOIDING; SLEEP; APPETITE/THIRST; PAIN; MEDICATION MANAGEMENT; FOCUS/MEMORY; EMOTIONAL OUTLOOK.

IMPROVING

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Assessment

- GREEN ON ZONE TOOL

OBJECTIVE SUMMARY: COMPARE AND CATEGORIZE OVERALL OBSERVED CHANGE; VITAL SIGNS/BIOMETRICS; LUNG SOUNDS; HEART TONES; MOBILITY/SELF-CARE ABILITY; EDEMA; MEDICATION ADHERENCE /RESPONSE; MENTATION; SKIN INTEGRITY; LAB RESULTS.

IMPROVING

- GREEN ZONE, POSITIVE RESPONSE TO INTERVENTIONS
- SINCE BASELINE/OVER THE PAST 2-3 VISITS

RISK CATEGORY IS:

0

LOW RISK

INDICATE RISK CATEGORY:

LOW RISK (0-2)

LOW RISK:

- CONTINUE PER POC

NURSING ASSESSMENT/PLAN

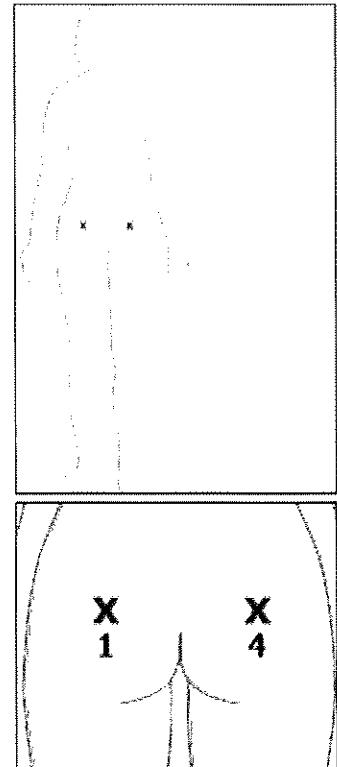
INDICATE SUMMARY OF CLINICAL FINDINGS THIS VISIT, INCLUDING THE MAIN BARRIERS OR IMPAIRMENTS TO ADDRESS AND EXPLAIN WHY SKILLED SERVICES ARE NEEDED TO SUPPORT MEDICAL NECESSITY:

FOC THIS VISIT: GU MANAGEMENT, WOUND MANAGEMENT/PICTURES

RECOMMENDED PLAN FOR NEXT VISIT INCLUDING SPECIFIC SKILL/CARE AND EXPECTED PROGRESS/OUTCOMES:

WOUND CARE

Wound Assessment	Historical wounds are retained as inactive and wound numbers continuously increment for subsequent episodes and admissions.	Anatomical Figures
Wound # / Location / Type / Source		
Question	Answer	
FEMALE POSTERIOR		
#1 - LAT LT - UP BUTTOCK, LT, UNSTAGE DTI - HCHB		
Onset Date: 07/03/2025		
CHANGE IN STATUS	NONE	
WOUND ASSESSED	YES	
TOTAL WAT SCORE	27	
MEASUREMENTS TAKEN	YES	
LENGTHxWIDTHxDEPTH(CM)	3 X 4 X 0.3	
SURFACE AREA (SQ CM)	12	
DEPTH DESCRIPTION	FULL THICK	
UNDERMINING	NONE	
TUNNELING	NO	
IS THIS A SUSPECTED DEEP TISSUE INJURY?	NO	
GRANULATION TISSUE	<75 & > 25%	
EDGES	NOT ATTACH	
EXUDATE TYPE	SEROSANG	
EXUDATE AMOUNT	MOD	
ODOR	NONE	
EPITHELIALIZATION	50-<75%	
NECROTIC TISSUE TYPE	NONE	
NECROTIC TISSUE AMOUNT	NONE	
MACERATION SURROUNDING TISSUE	ABSENT	
SKIN COLOR SURROUNDING WOUND	NORM	
PERIPHERAL TISSUE EDEMA	NONE	



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PERIPHERAL TISSUE INDURATION DOES PATIENT HAVE PAIN ASSOCIATED WITH THIS WOUND? DRAIN PRESENT WOUND CARE PROVIDED	NONE NO NO SPOKE WITH ROBIN, AGENT, DR McDOWELL OFFICE AT NOON ON 9/10/25. CLEANSE WITH NORMALSALINE OR CHOICE OF CLEANSER. PATTED DRY. DAKINS WET TO DRY. COVER WITH FOAM BORDER DRESSING. CHANGE DAILY AND PRN IF DISLODGED OR SOILED. MAY USE NORMAL SALINE UNTIL PATIENT RECEIVES DAKINS.. CLEANSED WITH WOUND CLEANSER, PATTED DRY, APPLIED DAKINS WET TO DRY, COVERED WITH FOAM BORDERED DRESSING. PT DENIED PAIN WITH WOUND CARE.	
Wound Images N/A #4 - DIST - UP BUTTOCK, RT, PU STAGE I - HCHB Onset Date: 07/30/2025		
CHANGE IN STATUS WOUND ASSESSED TOTAL WAT SCORE MEASUREMENTS TAKEN LENGTHxWIDTHxDEPTH(CM) SURFACE AREA (SQ CM) DEPTH DESCRIPTION UNDERMINING TUNNELING IS THIS A SUSPECTED DEEP TISSUE INJURY? GRANULATION TISSUE EDGES EXUDATE TYPE EXUDATE AMOUNT ODOR EPITHELIALIZATION NECROTIC TISSUE TYPE NECROTIC TISSUE AMOUNT MACERATION SURROUNDING TISSUE SKIN COLOR SURROUNDING WOUND PERIPHERAL TISSUE EDEMA PERIPHERAL TISSUE INDURATION DOES PATIENT HAVE PAIN ASSOCIATED WITH THIS WOUND? DRAIN PRESENT		

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WOUND CARE PROVIDED Wound Images N/A	SPOKE WITH ROBIN, AGENT, DR McDOWELL OFFICE AT NOON ON 9/10/25. CLEANSE WITH NORMALSALINE OR CHOICE OF CLEANSER. PATTED DRY. DAKINS WET TO DRY. COVER WITH FOAM BORDER DRESSING. CHANGE DAILY AND PRN IF DISLODGED OR SOILED. MAY. USE NORMAL SALINE UNTIL PATIENT RECEIVES DAKINS. CLEANSED WITH WOUND CLEANSER, PATTED DRY, APPLIED DAKINS WET TO DRY, COVERED WITH BORDERED FOAM DRESSING. PT DENIED PAIN WITH WOUND CARE.	
Narrative SNV THIS DAY FOR WOUND MANAGEMENT, GU MANAGEMENT. PT IS HOMEBOUND DUE TO BLE PARALYSIS REQUIRING ASSISTIVE DEVICES AND SPECIAL TRANSPORTATION FOR OUTINGS. PT REQUIRES SKILLED NURSE FOR WOUND MANAGEMENT, GU MANAGEMENT. PT FOUND SITTING UP IN HOSPITAL BED AWAKE. PERFORMED HEAD TO TOE ASSESSMENT AND INQUIRY. PT DENIES FALLS, ER OR URGENT CARE VISITS SINCE LAST SNV. RECONCILED MEDICATIONS. VS WNL. PERFORMED WOUND CARE WITH MEASURMENTS AND PICTURES uploaded VIA FORCURA. PT TOLERATED WELL. PERFORMED INDWELLING CATHETER INSERTION/CHANGE. REMOVED OLD CATHETER INTACT WITHOUT COMPLICATIONS. PERFORMED SITE CARE USING STERILE TECHNIQUE. INSERTED CATHETER / 16 FR / 10 ML BALLOON USING STERILE TECHNIQUE. RETURNED 50ML URINE CLEAR YELLOW . INFLATED BALLOON WITH 10 ML WATER. SECURED CATHETER WITH BSD BAG AND ENSURED PROPER BAG PLACEMENT TO PROMOTE CLINICAL STABILITY. PT DENIED DISCOMFORT WITH CARE. PT PROGRESSING TOWARDS GOALS AEB PATENT CATHETER WITH NO SIGNS OF UTI, NO SIGNS OF WOUND INFECTION. PLAN FOR NEXT VISIT: WOUND MANAGEMENT.		
Patient Goals Patient Goal WOUNDS TO HEAL		

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Interventions Provided

1. INSTRUCT PATIENT/CAREGIVER ON URINARY TRACT INFECTION SUCH AS DISEASE PROCESS, RISK FACTORS, SYMPTOM MONITORING AND METHODS TO PREVENT RECURRING URINARY TRACT INFECTIONS.

DETAILS/COMMENTS: SNV THIS DAY FOR WOUND MANAGEMENT, GU MANAGEMENT. PT IS HOMEBOUND DUE TO BLE PARALYSIS REQUIRING ASSISTIVE DEVICES AND SPECIAL TRANSPORTATION FOR OUTINGS. PT REQUIRES SKILLED NURSE FOR WOUND MANAGEMENT, GU MANAGEMENT. PT FOUND SITTING UP IN HOSPITAL BED AWAKE. PERFORMED HEAD TO TOE ASSESSMENT AND INQUIRY. PT DENIES FALLS, ER OR URGENT CARE VISITS SINCE LAST SNV. RECONCILED MEDICATIONS. VS WNL.

PERFORMED WOUND CARE WITH MEASUREMENTS AND PICTURES uploaded via FORCURA. PT TOLERATED WELL.

PERFORMED INDWELLING CATHETER INSERTION/CHANGE. REMOVED OLD CATHETER. INTACT WITHOUT COMPLICATIONS. PERFORMED SITE CARE USING STERILE TECHNIQUE. INSERTED CATHETER / 16 FR / 10 ML BALLOON USING STERILE TECHNIQUE. RETURNED 50ML URINE CLEAR YELLOW . INFLATED BALLOON WITH 10 ML WATER. SECURED CATHETER WITH BSD BAG AND ENSURED PROPER BAG PLACEMENT TO PROMOTE CLINICAL STABILITY. PT DENIED DISCOMFORT WITH CARE. PT PROGRESSING TOWARDS GOALS AEB PATENT CATHETER WITH NO SIGNS OF UTI, NO SIGNS OF WOUND INFECTION. PLAN FOR NEXT VISIT: WOUND MANAGEMENT.

2. INSTRUCT PATIENT/CAREGIVER ON INDWELLING URINARY CATHETER MANAGEMENT INCLUDING DEFINITION, SYMPTOM MONITORING, AND INTENDED EFFECTS

DETAILS/COMMENTS: SEE ABOVE

3. INSERT/CHANGE INDWELLING URINARY CATHETER. INSTRUCT PATIENT/CAREGIVER ON INDWELLING URINARY CATHETER INCLUDING PURPOSE, SYMPTOM MONITORING, AND INTENDED EFFECTS

DETAILS/COMMENTS: SEE ABOVE

Goals Met

1. PATIENT/CAREGIVER INDICATES UNDERSTANDING VIA TEACH BACK AND/OR DEMONSTRATION OF URINARY TRACT INFECTION MANAGEMENT.

2. PATIENT/CAREGIVER INDICATES UNDERSTANDING VIA TEACH BACK AND/OR DEMONSTRATION OF INDWELLING URINARY CATHETER MANAGEMENT.

3. PATIENT/CAREGIVER INDICATES UNDERSTANDING VIA TEACH BACK OF INDWELLING URINARY CATHETER PURPOSE AND INTENDED EFFECTS. PATIENT TOLERATES INDWELLING CATHETER INSERTION/CHANGE WITHOUT COMPLICATIONS.

Supplies Delivered

1 - GUIDE,MEASURING,WOUND,10EA - PK
 1 - RULER,EDUCARE WOUND,(PAPER),25/PAD - BX
 4 - OPTIFOAM GENTLE EX, BORDERED, 4X4 - EA
 4 - OPTIFOAM GENTLE EX, BORDERED, 6X6 - EA
 4 - GAUZE,BORDER,4X4,2.5X2.5PAD,STERILE - EA
 4 - GAUZE,BORDER,4X8,2X6PAD,STERILE - EA
 4 - GAUZE,BORDER,6X6,4X4PAD,STERILE - EA
 4 - GAUZE, BORDER, 3X6, 1.5X4PAD, STERIL - EA
 4 - GAUZE,BORDER,4X5,2X2.5PAD,STERILE - EA

Agent Signature:

Client Signature:

ROWENA CROOKS JACKSON LPN 09/17/2025 03:40 PM
 (Electronically Signed)

Visit Note Report

Client: EVERETT, JUDY H	MR No: B3500256549801	Legacy MR No:
Client DOB: 11/14/1960	Primary Payor:	MEDICARE PDGM
Insured ID: 2JF2UM8CD05		

Visit Date: 09/17/2025	Visit Number: 12	Visit Type: SN11 - SN SUBSEQUENT VISIT
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Last Modification Date: 9/18/2025 5:16 AM	Last Modified By: sql-svc-jams-prd-rwx
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LATE ENTRY

SERVICE CODE CHANGED:
Old = SN11
New = SN11
Who Changed = ADMIN HCHB, CUSTOMER SUPPORT
When Changed = Sep 17 2025 3:44PM

SUPPLIES DELIVERED/USED EDITED BY sql-svc-jams-prd-rwx ON Sep 18 2025 5:16AM

Visit Note Report

Client: EVERETT, JUDY H **MR No:** B3500256549801 **Legacy MR No:**
Client DOB: 11/14/1960 **Primary Payor:** MEDICARE PDGM
Insured ID: 2JF2UM8CD05

Visit Date: 09/10/2025 **Visit Number:** 10 **Visit Type:** RN11 - RN SUBSEQUENT VISIT

General: EVERETT, JUDY H. B3500256549801

Visit Date: Visit Number: Visit Type: Branch Code: Billable:
 09/10/2025 10 RN11 - RN SUBSEQUENT VISIT B35

Agent ID:	Agent Name:	Mileage Payment Method:	Trip Fees:	Mileage Start:	Mileage End:	Mileage:
149965	JANET MIDDLETON RN	AM	0.00	0	0	0

Time:

TRAVEL TIME	DRIVE START TIME	09/10/2025 11:20 AM	DRIVE END TIME	09/10/2025 11:53 AM
IN-HOME TIME	BEGAN	09/10/2025 12:00 PM	INCOMPLETE	09/10/2025 12:52 PM
DOCUMENTATION TIME	RESUMED	09/10/2025 07:25 PM	COMPLETED	09/10/2025 07:59 PM

Total In-Home Time:	0.87	Hours
Total Drive Time:	0.55	Hours
Total Doc Time:	0.57	Hours
Total Time:	1.44	Hours

Vital Signs

Vital Signs	Reading	Time Recorded	Details	Instrument Problems
Temperature	98.5	09/10/2025 12:12 PM	TEMPORAL	N
Pulse	88	09/10/2025 12:12 PM	APICAL	N
Pulse Characteristics:			WNL	
Respirations	16	09/10/2025 12:12 PM	WNL	N
Respiration Characteristics:				
Blood Pressure	118 / 68	09/10/2025 12:12 PM	SITTING ARM - RT	N
Oxygen Saturation Level (%)	96	09/10/2025 12:12 PM	NO SUPPLEMENTAL OXYGEN	N
Oxygen Saturation Characteristics:				
Pain	4	09/10/2025 12:12 PM		N

Assessment

PATIENT IDENTIFIER

INDICATE TWO PATIENT IDENTIFIERS USED TO IDENTIFY THE PATIENT:

PATIENT NAME
 DATE OF BIRTH
 VISUAL RECOGNITION

MEDICATIONS

MEDICATIONS: (MARK ALL THAT APPLY)

NO NEW/CHANGED MEDICATIONS SINCE LAST VISIT

NURSING SUBJECTIVE

PATIENT AND/OR CAREGIVER SUBJECTIVE COMMENTS:

SAW DR McDOWELL MONDAY 9/8/25

HEAD/NECK

INDICATE HEAD AND NECK ASSESSMENT FINDINGS: (MARK ALL THAT APPLY)

Visit Note Report

Client: EVERETT, JUDY H MR No: B3500256549801 Legacy MR No:
Client DOB: 11/14/1960
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Visit Date: 09/10/2025 Visit Number: 10 Visit Type: RN11 - RN SUBSEQUENT VISIT

Assessment

NO PROBLEMS IDENTIFIED

EYES/EARS/NOSE/THROAT

EYES/EARS/NOSE/THROAT: (MARK ALL THAT APPLY)

PERRL

WNL

CARDIOPULMONARY

CARDIOPULMONARY: (MARK ALL THAT APPLY)

AUSCULTATED BREATH SOUNDS

AUSCULTATED HEART SOUNDS

WNL

INDICATE BREATH SOUNDS FINDINGS:

CLEAR

INDICATE HEART SOUNDS FINDINGS:

NORMAL

PAIN

PAIN:

PATIENT/CAREGIVER REPORT PAIN

INDICATE PAIN LOCATION(S):

BACK

IS PATIENT ABLE TO SELF-REPORT PAIN?

YES

INDICATE WHEN PAIN OCCURS:

POSITIONAL PAIN

INDICATE QUALITY OF PAIN: (MARK ALL THAT APPLY)

ACHING

TENDER

INDICATE NATURE OF PAIN

CHRONIC

INDICATE WHAT RELIEVES PAIN (MARK ALL THAT APPLY):

MEDICATIONS

POSITIONING

REST/SLEEP

ARE THERE ANY ADDITIONAL DETAILS THAT NEED TO BE PROVIDED TO DESCRIBE THE PATIENTS PAIN AND/OR MANAGEMENT OF PAIN?

NO

INTEGUMENTARY

INDICATE INTEGUMENTARY ASSESSMENT FINDINGS: (MARK ALL THAT APPLY)

WOUND(S)

IV OR AV FISTULA/GRAFT ACCESS SITE PRESENT?

NO

GENITOURINARY

GENITOURINARY: (MARK ALL THAT APPLY)

INDWELLING/SUPRAPUBIC CATHETER

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

WNL

GASTROINTESTINAL

GASTROINTESTINAL: (MARK ALL THAT APPLY)

Visit Note Report

Client: EVERETT, JUDY H
 Client DOB: 11/14/1960
 Insured ID: 2JF2UM8CD05

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Visit Date: 09/10/2025 Visit Number: 10 Visit Type: RN11 - RN SUBSEQUENT VISIT

Assessment

BOWEL SOUNDS
 WNL

INDICATE DATE OF LAST BOWEL MOVEMENT:

9/9/2025

ENVIRONMENTAL

ARCHITECTURAL/HOME: (MARK ALL THAT APPLY)
 PATIENT LIVES WITH SPOUSE OR SIGNIFICANT OTHER

NUTRITIONAL

NUTRITIONAL STATUS: (MARK ALL THAT APPLY)
 GOOD APPETITE

COGNITIVE/BEHAVIORAL

BEHAVIORAL: (SELECT ALL THAT APPLY)
 NONE OF THE ABOVE BEHAVIORS DEMONSTRATED

ENDOCRINE/HEMATOPOIETIC

ENDOCRINE/HEMATOPOIETIC (MARK ALL THAT APPLY):
 PATIENT DOES NOT HAVE AN ENDOCRINE/HEMATOPOIETIC CONDITION

NEUROLOGIC

INDICATE CLIENT'S MENTAL STATUS: (MARK ALL THAT APPLY)
 ALERT
 ORIENTED TO PERSON
 ORIENTED TO TIME
 ORIENTED TO PLACE

INDICATE ABNORMAL NEUROLOGIC FINDINGS:
 PARALYSIS

IMMUNOLOGIC

INFECTION SYMPTOMS: (MARK ALL THAT APPLY)
 NO SYMPTOMS

FUNCTIONAL

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

FUNCTIONAL TESTS AND MEASURES

PLEASE INDICATE WHICH TESTS AND MEASURES WILL BE PERFORMED DURING THIS VISIT (MARK ALL THAT APPLY):
 NO TESTS PERFORMED - NOT APPROPRIATE/APPLICABLE THIS VISIT

HOMEBOUND STATUS

INDICATE HOMEBOUND STATUS:
 PATIENT IS HOMEBOUND
INDICATE REASONS PATIENT IS HOMEBOUND (SELECT ALL THAT APPLY):
 NEEDS AID OF SUPPORTIVE DEVICES - WHEELCHAIR
 NEEDS ASSISTANCE OF ANOTHER PERSON IN ORDER TO LEAVE PLACE OF RESIDENCE
 LIMITED ENDURANCE
 HIGH FALL RISK
 LOWER EXTREMITY WEAKNESS

7 SELF-CARE BEHAVIORS

SELECT THE SEVEN (7) SELF-CARE BEHAVIORS ADDRESSED THIS VISIT: (MARK ALL THAT APPLY)

Visit Note Report

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 Insured ID: 2JF2UM8CD05

MR No: B3500256549801 Legacy MR No:
 Primary Payor: MEDICARE PDGM

Visit Date: 09/10/2025 Visit Number: 10 Visit Type: RN11 - RN SUBSEQUENT VISIT

Assessment
2. HEALTHY EATING:

- PLANNING AND MAKING HEALTHY EATING CHOICES
- RECOGNIZING THE IMPORTANCE OF NUTRIENT-RICH FOODS
- READING AND UNDERSTANDING A FOOD LABEL

4. TAKING MEDICINES:

- UNDERSTANDING THE PURPOSE OF EACH OF YOUR PRESCRIBED AND OVER THE COUNTER MEDICATIONS
- ENSURING YOUR HEALTHCARE PROVIDER IS AWARE OF ALL YOUR MEDICATIONS
- NOTIFYING YOUR HEALTHCARE PROVIDER OF SYMPTOMS OR QUESTIONS RELATED TO YOUR MEDICATIONS

CARE COORDINATION

DID THE PATIENT ALONG WITH PATIENT'S CAREGIVER AND REPRESENTATIVE (IF ANY AND AS APPROPRIATE), AGREE WITH AND PARTICIPATE IN DEVELOPMENT/UPDATE OF THE PLAN OF CARE?

NA - NO CHANGES TO FREQUENCY/DURATION, MEDICATIONS, OR TREATMENTS

WERE ANY ZONE TOOL(S) ADDRESSED THIS VISIT:

YES

SELECT ZONE TOOL(S) ADDRESSED THIS VISIT (MARK ALL THAT APPLY):

WOUNDS

DOCUMENT ACTIONS TAKEN TO ADDRESS ZONE TOOL(S) I.E. EDUCATION, PATIENT RESPONSE, PROVIDING/ASSURING PATIENT HAS A PRINTED COPY OF ZONE TOOLS IN THE HOME:

VERBALIZED UNDERSTANDING

HAS THE PATIENT DONE ANY OF THE FOLLOWING SINCE THE LAST VISIT?

PATIENT HAS NOT; CONTACTED THEIR PHYSICIAN/ALLOWED PRACTITIONER, GONE TO THE ER OR BEEN HOSPITALIZED SINCE THE LAST VISIT

WERE LABS COLLECTED THIS VISIT?

NO

NEXT HEALTH CARE PROVIDER APPOINTMENT:

PATIENT HAS AN UPCOMING APPOINTMENT; DOCUMENT/VERIFY DETAILS ARE INCLUDED ON A SNAPSHOT NOTE.

INDICATE IF YOU COMMUNICATED WITH OTHER DISCIPLINES INVOLVED IN THIS CASE:

YES

INDICATE DISCIPLINES YOU COMMUNICATED WITH:

SUPERVISOR

OT

RN

LPN/LVN

INDICATE DETAILS OF CARE COORDINATION:

NARRATIVE NOTE

SUPERVISORY FUNCTIONS

INDICATE DISCIPLINE OF EMPLOYEE BEING EVALUATED:

LICENSED PRACTICAL/VOCATIONAL NURSE

INDICATE NAME OF LPN/LVN BEING EVALUATED IF APPLICABLE:

ROWE

IS THE LPN/LVN FOLLOWING THE PLAN OF CARE?

YES

IS THE PATIENT SATISFIED WITH THE CURRENT CARE BEING PROVIDED BY THE LPN/LVN?

1 - YES

DOES THE LPN/LVN NOTIFY THE PATIENT OR CAREGIVER, IN TIMELY FASHION, OF CHANGES IN THE PLAN OF CARE, SCHEDULE / TIME CHANGES?

Visit Note Report

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Visit Date: 09/10/2025 Visit Number: 10 Visit Type: RN11 - RN SUBSEQUENT VISIT

Assessment

1 - YES

DOES THE LPN/LVN REPORT CHANGES IN CONDITION TO SUPERVISING DISCIPLINE / CLINICAL AND/OR CASE MANAGER?

YES

DOES THE LPN/LVN RESPECT THE PATIENT'S RIGHTS RELATED TO PRIVACY, DIGNITY, CONFIDENTIALITY, PERSONAL BELONGINGS AND PROPERTY?

1 - YES

IS PATIENT ABLE TO VERBALIZE HIS/HER OVERALL PATIENT'S RIGHTS?

1 - YES

DOES THE STAFF OBSERVE INFECTION CONTROL PROTOCOLS?

YES

SELECT OUTCOME(S) OF THIS SUPERVISORY VISIT: (MARK ALL THAT APPLY)

NO CONCERN OR NEED TO UPDATE PLAN OF CARE IDENTIFIED

VISIT IMPRESSION/PLAN

PATIENT SELF-REPORT: COMPARE AND CATEGORIZE OVERALL PATIENT SELF-REPORT: ZONE TOOL; BALANCE/FALL; BREATHING; FATIGUE/RPE; VOIDING; SLEEP; APPETITE/THIRST; PAIN; MEDICATION MANAGEMENT; FOCUS/MEMORY; EMOTIONAL OUTLOOK.

NO CHANGE

• NO POSITIVE OR NEGATIVE CHANGES

• SINCE BASELINE OR OVER THE PAST SEVERAL DAYS

OBJECTIVE SUMMARY: COMPARE AND CATEGORIZE OVERALL OBSERVED CHANGE: VITAL SIGNS/BIOMETRICS; LUNG SOUNDS; HEART TONES; MOBILITY/SELF-CARE ABILITY; EDEMA; MEDICATION ADHERENCE /RESPONSE; MENTATION; SKIN INTEGRITY; LAB RESULTS.

NO CHANGE

• NO POSITIVE OR NEGATIVE S/SX CHANGES

• SINCE BASELINE/OVER THE PAST 2-3 VISITS

RISK CATEGORY IS:

2

LOW RISK

INDICATE RISK CATEGORY:

LOW RISK (0-2)

LOW RISK:

• CONTINUE PER POC

NURSING ASSESSMENT/PLAN

INDICATE SUMMARY OF CLINICAL FINDINGS THIS VISIT, INCLUDING THE MAIN BARRIERS OR IMPAIRMENTS TO ADDRESS AND EXPLAIN WHY SKILLED SERVICES ARE NEEDED TO SUPPORT MEDICAL NECESSITY:

NEXT SN VISIT WOUND CARE

RECOMMENDED PLAN FOR NEXT VISIT INCLUDING SPECIFIC SKILL/CARE AND EXPECTED PROGRESS/OUTCOMES:

NEXT SN VISIT WOUND CARE

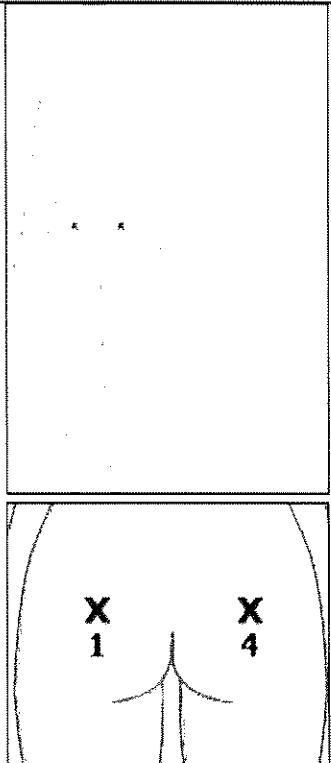
Wound Assessment	Historical wounds are retained as inactive and wound numbers continuously increment for subsequent episodes and admissions.	Anatomical Figures
Anatomical View		
Wound # / Location / Type / Source		
Question	Answer	
FEMALE POSTERIOR		
#1 - LAT LT - UP BUTTOCK, LT, UNSTAGE DTI - HCHB		
Onset Date: 07/03/2025		
CHANGE IN STATUS	NONE	
WOUND ASSESSED	YES	
TOTAL WAT SCORE	31	
MEASUREMENTS TAKEN	YES	

Visit Note Report

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 Primary Payor: MEDICARE PDGM

Visit Date: 09/10/2025 Visit Number: 10 Visit Type: RN11 - RN SUBSEQUENT VISIT

LENGTHxWIDTHxDEPTH(CM)	3 X 4 X 1	
SURFACE AREA (SQ CM)	12	
DEPTH DESCRIPTION	FULL THICK	
UNDERMINING	NONE	
TUNNELING	NO	
IS THIS A SUSPECTED DEEP TISSUE INJURY?	NO	
GRANULATION TISSUE	<75 & > 25%	
EDGES	NOT ATTACH	
EXUDATE TYPE	SEROSANG	
EXUDATE AMOUNT	MOD	
ODOR	NONE	
EPITHELIALIZATION	50-<75%	
NECROTIC TISSUE TYPE	YELLOW	
NECROTIC TISSUE AMOUNT	25-<50%	
MACERATION SURROUNDING TISSUE	ABSENT	
SKIN COLOR SURROUNDING WOUND	NORM	
PERIPHERAL TISSUE EDEMA	NONE	
PERIPHERAL TISSUE INDURATION	NONE	
DOES PATIENT HAVE PAIN ASSOCIATED WITH THIS WOUND?	NO	
DRAIN PRESENT	NO	
WOUND CARE PROVIDED	SPOKE WITH ROBIN, AGENT, DR McDOWELL OFFICE AT NOON ON 9/10/25. CLEANSE WITH NORMALSALINE OR CHOICE OF CLEANSER. PATTED DRY. DAKINS WET TO DRY. COVER WITH FOAM BORDER DRESSING. CHANGE DAILY AND PRN IF DISLODGED OR SOILED. MAY USE NORMAL SALINE UNTIL PATIENT RECEIVES DAKINS.. CLEANSED WITH NORMALSALINE. PATTED DRY. NORMAL SALINE WET TO DRY. COVERED WITH FOAM BORDER DRESSING. PATIENT TOLERATED	
Wound Images		
N/A		
#4 - DIST - UP BUTTOCK, RT, PU STAGE I - HCHB		
Onset Date: 07/30/2025		
CHANGE IN STATUS	NONE	
WOUND ASSESSED	YES	
TOTAL WAT SCORE	30	
MEASUREMENTS TAKEN	YES	
LENGTHxWIDTHxDEPTH(CM)	2.5 X 1.5 X 1	
SURFACE AREA (SQ CM)	3.75	
DEPTH DESCRIPTION	FULL THICK	
UNDERMINING	NONE	
TUNNELING	NO	
IS THIS A SUSPECTED DEEP TISSUE INJURY?	NO	
GRANULATION TISSUE	<75 & > 25%	
EDGES	NOT ATTACH	
EXUDATE TYPE	SEROSANG	
EXUDATE AMOUNT	MOD	
ODOR	NONE	

Visit Note Report

Client: EVERETT, JUDY H
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MR No: B3500256549801 **Legacy MR No:**
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Visit Date: 09/10/2025 **Visit Number:** 10 **Visit Type:** RN11 - RN SUBSEQUENT VISIT

EPITHELIALIZATION	50-<75%	
NECROTIC TISSUE TYPE	YELLOW	
NECROTIC TISSUE AMOUNT	25-<50%	
MACERATION SURROUNDING TISSUE	ABSENT	
SKIN COLOR SURROUNDING WOUND	NORM	
PERIPHERAL TISSUE EDEMA	NONE	
PERIPHERAL TISSUE INDURATION	NONE	
DOES PATIENT HAVE PAIN ASSOCIATED WITH THIS WOUND?	NO	
DRAIN PRESENT	NO	
WOUND CARE PROVIDED	SPOKE WITH ROBIN, AGENT, DR McDOWELL OFFICE AT NOON ON 9/10/25. CLEANSE WITH NORMALSALINE OR CHOICE OF CLEANSER. PATTED DRY. DAKINS WET TO DRY. COVER WITH FOAM BORDER DRESSING. CHANGE DAILY AND PRN IF DISLODGED OR SOILED. MAY USE NORMAL SALINE UNTIL PATIENT RECEIVES DAKINS. CLEANSED WITH NORMALSALINE. PATTED DRY. NS WET TO DRY. COVER WITH FOAM BORDER DRESSING. PATIENT TOLERATED WELL	

Wound Images
N/A

Narrative

PATIENT LYING IN BED UPON ARRIVAL. VITAL SIGNS STABLE AND WITHIN NORMAL LIMITS. PATIENT SAW DR MC DOWELL MONDAY. DEBRIDED PERFORMED AGAIN. SPOKE WITH ROBIN WHILE AT PATIENT'S HOME AND NEW ORDERS NOTED: DAKINS WET TO DRY, FOAM BORDER DRESSING. CHANGE DAILY. MAY USE NS UNTIL DAKINS IS ORDERED. DR McDowell WILL FAX TO OFFICE. SN FOR WOUND CARE NEXT VISIT. MEASUREMENTS AND PICTURES UPLOADED TO FORCURA.

Patient Goals

Patient Goal

WOUNDS TO HEAL

Interventions Provided

1. INSTRUCT PATIENT/CAREGIVER ON METHODS TO AVOID HOSPITALIZATION OR ED VISITS INCLUDING HOW AND WHEN TO CALL THE HOME HEALTH AGENCY, UTILIZATION OF ZONE TOOL TEACHING FOR CONDITION/DISEASE/SYMPTOM MANAGEMENT AND EMERGENCY CARE PLAN.

DETAILS/COMMENTS: EDUCATED PATIENT/CAREGIVER ON CONCEPTS TO AVOID HOSPITALIZATION OR ED VISITS; IDENTIFICATION OF PAST TRIGGERS FOR REHOSPITALIZATION, CALL US FIRST, ZONE TOOLS, EMERGENCY CARE PLAN, KEEPING PHYSICIAN APPOINTMENTS AND USE OF A PERSONAL HEALTH RECORD.

EDUCATED PATIENT/CAREGIVER ON METHODS TO REDUCE FALL OCCURRENCES.

EDUCATED PATIENT/CAREGIVER ON METHODS TO REDUCE UNINTENTIONAL WEIGHT LOSS.

EDUCATED PATIENT/CAREGIVER ON METHODS TO REDUCE DECLINE IN MENTAL, EMOTIONAL, OR BEHAVIORAL STATUS IN THE PAST 3 MONTHS.

EDUCATED PATIENT/CAREGIVER ON MEDICATIONS RELATED TO TAKING 5 OR MORE MEDICATIONS.

EDUCATED PATIENT/CAREGIVER ON METHODS TO REDUCE EXHAUSTION.

EDUCATED PATIENT/CAREGIVER ON IMPORTANCE OF RECEIVING VACCINATIONS AND KEEPING THEM UP TO DATE (I.E. ANNUAL INFLUENZA, PREVNAR 13, PNEUMOVAX 23, COVID-19, ETC.).

EDUCATED PATIENT/CAREGIVER ON METHODS TO REDUCE OTHER HOSPITAL/ED VISIT RISKS;

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Visit Date: 09/10/2025 Visit Number: 10 Visit Type: RN11 - RN SUBSEQUENT VISIT

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

DIETARY RESTRICTIONS THAT PROMOTE CONTROL OF CARDIAC DISEASE

MEDICATION REGIMEN, SIDE EFFECTS/DESIRED EFFECTS, POTENTIAL INTERACTIONS AND REFILL PROCESS

BALANCING ACTIVITIES AND NEED FOR FREQUENT REST PERIODS

ENVIRONMENTAL FACTORS

DISEASE PROCESS

3. INSTRUCT PATIENT/CAREGIVER ON URINARY TRACT INFECTION SUCH AS DISEASE PROCESS, RISK FACTORS, SYMPTOM MONITORING AND METHODS TO PREVENT RECURRING URINARY TRACT INFECTIONS.

DETAILS/COMMENTS: ::ASSESSED:::

PATIENT'S CURRENT URINATION PATTERN AS COMPARED TO URINATION PATTERN PRIOR TO URINARY TRACT INFECTION. IDENTIFIED CHANGES TO URINARY ELIMINATION PATTERN SUCH AS URGENCY, FREQUENCY, AND NEW ONSET INCONTINENCE,

INSTRUCTED PATIENT ON THE FOLLOWING:

DEFINITION OF URINARY TRACT INFECTION; AN INFECTION IN ANY PART OF URINARY SYSTEM SUCH AS KIDNEYS, URETERS, BLADDER AND URETHRA.

CALL US (YOUR HOME HEALTH AGENCY) FIRST FOR: URINE IS CLOUDY, DISCOLORED AND/OR HAS SLIGHT ODOR, PRESSURE OR DISCOMFORT, ITCHING AND/OR BURNING WITH URINATION, A FEELING OF BLADDER FULLNESS WITH A SENSE OF URGENCY TO URINATE AND/OR WETTING SELF, FREQUENT URINATION WITH ABILITY TO PASS ONLY SMALL AMOUNTS OF URINE AT A TIME, PAIN IN LOWER PART OF BACK AND/OR STOMACH, ELEVATED TEMPERATURE.

PATIENT/CAREGIVER INDICATES UNDERSTANDING VIA TEACH BACK AND/OR DEMONSTRATION OF URINARY TRACT INFECTION MANAGEMENT.

4. INSTRUCT PATIENT/CAREGIVER ON INDWELLING URINARY CATHETER MANAGEMENT INCLUDING DEFINITION, SYMPTOM MONITORING, AND INTENDED EFFECTS

DETAILS/COMMENTS: INSTRUCTED PATIENT ON THE FOLLOWING:

DEFINITION OF INDWELLING URINARY CATHETER: DEVICE INSERTED INTO BLADDER THAT COLLECTS URINE,

CALL US (YOUR HOME HEALTH AGENCY) FIRST FOR: CHANGE IN URINE COLOR/AMOUNT/ODOR, ABDOMINAL PAIN, FEVER, CHANGE IN MENTAL STATUS OR SKIN CONDITION, IF CATHETER FALLS OUT OR URINE LEAKS AROUND CATHETER, PAIN, ITCHING BURNING, LOW OR NO URINE OUTPUT, UNUSUAL DRAINAGE NEAR OR AT CATHETER INSERTION SITE.

SITE CARE, SKIN INSPECTION AND INTENDED EFFECTS,

IMPORTANCE OF KEEPING CATHETER BAG BELOW LEVEL OF THE BLADDER,

PATIENT/CAREGIVER INDICATES UNDERSTANDING VIA TEACH BACK AND/OR DEMONSTRATION OF INDWELLING URINARY CATHETER MANAGEMENT.

5. PROVIDE/INSTRUCT PATIENT/CAREGIVER ON WOUND CARE, SUCH AS DEFINITION, SYMPTOM MONITORING, DRESSING CHANGES, AND INTENDED EFFECTS.

DETAILS/COMMENTS: ::PERFORMED:::

WOUND CARE,

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INSTRUCTED PATIENT ON THE FOLLOWING:

TREATMENT APPLICATION TECHNIQUE, FREQUENCY, AND INTENDED EFFECTS.

OVERCOMING CHALLENGES TO PROMOTE WOUND MANAGEMENT,

BATHING INSTRUCTIONS; PROTECT DRESSING SITE FROM MOISTURE IN BATHING PROCESS,

PATIENT/CAREGIVER DEMONSTRATES COMPLIANCE WITH DRESSING CHANGE FOR APPLICATION AND ORDERED FREQUENCY.

6. OBSERVE FOR FALL RISK INCLUDING HISTORY, ACCIDENTS, MEDICATION, COGNITION, MOBILITY, AND ENVIRONMENTAL STATUS

DETAILS/COMMENTS: OBSERVED FOR FALL RISK INCLUDING HISTORY, NUMBER OF FALLS/ACCIDENTS, COGNITIVE STATUS, TUG TEST, VISUAL IMPAIRMENT, DIZZINESS, AND ENVIRONMENTAL FACTORS TO PROMOTE CLINICAL STABILITY.

7. INSTRUCT PATIENT/CAREGIVER ON FALL RISK FACTORS AND PREVENTION

DETAILS/COMMENTS: EDUCATED PATIENT/CAREGIVER ON FALL RISK FACTORS AND SAFETY MODIFICATIONS INCLUDING MINIMIZING CLUTTER AND CORDS, MAINTAINING GOOD LIGHTING, CLEANING UP SPILLS, STORING ITEMS WITHIN EASY REACH, AND USING GRAB BARS/HANDRAILS/ASSISTIVE DEVICES TO PROMOTE SAFETY AWARENESS USING SCENARIO-BASED TEACH BACK.

Interventions Not Provided

1. INSERT/CHANGE INDWELLING URINARY CATHETER. INSTRUCT PATIENT/CAREGIVER ON INDWELLING URINARY CATHETER INCLUDING PURPOSE, SYMPTOM MONITORING, AND INTENDED EFFECTS
EXCEPTION CODE: NOT APPLICABLE TO CURRENT VISIT

Goals Met

1. PATIENT/CAREGIVER VERBALIZES/DEMONSTRATES WHEN AND HOW TO CONTACT THE HOME HEALTH AGENCY WHEN EXPERIENCING WORSENING OF SYMPTOMS OR HAVE CONCERNs RELATED TO CONDITION/DISEASE/SYMPTOM MANAGEMENT.
2. CHANGES TO CO-MORBID CONDITIONS WILL BE IDENTIFIED AND REPORTED TO THE PHYSICIAN.
3. PATIENT/CAREGIVER INDICATES UNDERSTANDING VIA TEACH BACK AND/OR DEMONSTRATION OF URINARY TRACT INFECTION MANAGEMENT.
4. PATIENT/CAREGIVER INDICATES UNDERSTANDING VIA TEACH BACK AND/OR DEMONSTRATION OF INDWELLING URINARY CATHETER MANAGEMENT.
5. PATIENT/CAREGIVER VERBALIZES/DEMONSTRATES WOUND MANAGEMENT, TREATMENT APPLICATION TECHNIQUE, AND INTENDED EFFECTS.
6. FALL RISK IDENTIFIED AND INTERVENTIONS IMPLEMENTED TO MINIMIZE COMPLICATIONS.
7. PATIENT/CAREGIVER VERBALIZES/DEMONSTRATES APPROPRIATE METHODS TO REDUCE FALL RISK.

Goals Not Met

1. PATIENT/CAREGIVER INDICATES UNDERSTANDING VIA TEACH BACK OF INDWELLING URINARY CATHETER PURPOSE AND INTENDED EFFECTS. PATIENT TOLERATES INDWELLING CATHETER INSERTION/CHANGE WITHOUT COMPLICATIONS.
EXCEPTION CODE: NOT APPLICABLE TO CURRENT VISIT

Visit Note Report

Client: EVERETT, JUDY H
Client DOB: 11/14/1960
Insured ID: 2JF2UM8CD05

MR No: B3500256549801 Legacy MR No:
Primary Payor: MEDICARE PDGM

Visit Date: 09/10/2025 Visit Number: 10 Visit Type: RN11 - RN SUBSEQUENT VISIT

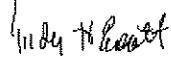
Supplies Delivered

4 - OPTIFOAM GENTLE EX, BORDERED, 4X4 - EA
4 - OPTIFOAM GENTLE EX, BORDERED, 6X6 - EA
2 - GAUZE,SPONGE,4X4,6PLY,STRL,LF - BX
1 - GAUZE,SPONGE,4X4,8PLY,NS,LF,200/PK - BG

Agent Signature:



Client Signature:



JANET MIDDLETON RN 09/10/2025 07:59 PM

(Electronically Signed)

Last Modification Date:

9/11/2025 7:16 AM

Last Modified By:

sql-svc-jams-prd-rwx

LATE ENTRY

SUPPLIES DELIVERED/USED EDITED BY sql-svc-jams-prd-rwx ON Sep 11 2025 7:16AM

Visit Note Report

Client: EVERETT, JUDY H
 Client DOB: 11/14/1960
 Insured ID: 2JF2UM8CD05

MR No: B3500256549801 Legacy MR No:
 Primary Payor: MEDICARE PDGM

Visit Date: 09/03/2025 Visit Number: 8 Visit Type: SN11 - SN SUBSEQUENT VISIT

General: EVERETT, JUDY H. B3500256549801							
Visit Date: 09/03/2025	Visit Number: 8	Visit Type: SN11 - SN SUBSEQUENT VISIT	Branch Code: B35	Billable: <input checked="" type="checkbox"/>			
Agent ID: 148929	Agent Name: ROWENA CROOKS JACKSON LPN	Mileage Payment Method: AM	Trip Fees: 0.00	Mileage Start: 0	Mileage End: 0	Mileage: 0	
Time:							
TRAVEL TIME	DRIVE START TIME	09/03/2025 01:27 PM	DRIVE END TIME	09/03/2025 02:01 PM			
IN-HOME TIME	BEGAN	09/03/2025 02:01 PM	PAUSED	09/03/2025 02:32 PM			
IN-HOME TIME	RESUMED	09/03/2025 02:33 PM	COMPLETED	09/03/2025 02:39 PM			
Total In-Home Time:	0.61	Hours					
Total Drive Time:	0.57	Hours					
Total Time:	0.61	Hours					
Vital Signs							
Vital Signs	Reading	Time Recorded	Details	Instrument Problems			
Temperature	98.5	09/03/2025 02:15 PM	TEMPORAL	N			
Pulse	81	09/03/2025 02:15 PM	APICAL	N			
Pulse Characteristics:			WNL	N			
Respirations	18	09/03/2025 02:15 PM		N			
Respiration Characteristics:			WNL	N			
Blood Pressure	118 / 68	09/03/2025 02:15 PM	SITTING ARM - RT	N			
Oxygen Saturation Level (%)	97	09/03/2025 02:15 PM		N			
Oxygen Saturation Characteristics:			NO SUPPLEMENTAL OXYGEN	N			
Pain	6	09/03/2025 02:15 PM		N			
Assessment							
PATIENT IDENTIFIER							
INDICATE TWO PATIENT IDENTIFIERS USED TO IDENTIFY THE PATIENT:							
PATIENT NAME							
VISUAL RECOGNITION							
MEDICATIONS							
MEDICATIONS: (MARK ALL THAT APPLY)							
NO NEW/CHANGED MEDICATIONS SINCE LAST VISIT							
TAKING MEDICATIONS AS PRESCRIBED							
NURSING SUBJECTIVE							
PATIENT AND/OR CAREGIVER SUBJECTIVE COMMENTS:							
PT FOUND SITTING UP IN HOSPITAL BED AWAKE							
ENVIRONMENTAL							
ARCHITECTURAL/HOME: (MARK ALL THAT APPLY)							
PATIENT LIVES WITH SPOUSE OR SIGNIFICANT OTHER							

Visit Note Report

Client: EVERETT, JUDY H
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MR No: B3500256549801 Legacy MR No:
Primary Payor: MEDICARE PDGM

Visit Date: 09/03/2025 Visit Number: 8 Visit Type: SN11 - SN SUBSEQUENT VISIT

Assessment**HEAD/NECK**

INDICATE HEAD AND NECK ASSESSMENT FINDINGS: (MARK ALL THAT APPLY)

NO PROBLEMS IDENTIFIED

EYES/EARS/NOSE/THROAT

EYES/EARS/NOSE/THROAT: (MARK ALL THAT APPLY)

PERRL

CARDIOPULMONARY

CARDIOPULMONARY: (MARK ALL THAT APPLY)

AUSCULTATED BREATH SOUNDS

AUSCULTATED HEART SOUNDS

INDICATE BREATH SOUNDS FINDINGS:

CLEAR

INDICATE HEART SOUNDS FINDINGS:

NORMAL

PAIN

PAIN:

PATIENT/CAREGIVER REPORT PAIN

INDICATE PAIN LOCATION(S):

BACK

IS PATIENT ABLE TO SELF-REPORT PAIN?

YES

INDICATE WHEN PAIN OCCURS:

WITH ACTIVITY ONLY

INDICATE QUALITY OF PAIN: (MARK ALL THAT APPLY)

ACHING

INDICATE NATURE OF PAIN

CHRONIC

INDICATE WHAT RELIEVES PAIN (MARK ALL THAT APPLY):

DISTRACTION

MEDICATIONS

ARE THERE ANY ADDITIONAL DETAILS THAT NEED TO BE PROVIDED TO DESCRIBE THE PATIENTS PAIN AND/OR MANAGEMENT OF PAIN?

NO

INTEGUMENTARY

INDICATE INTEGUMENTARY ASSESSMENT FINDINGS: (MARK ALL THAT APPLY)

WOUND(S)

IV OR AV FISTULA/GRAFT ACCESS SITE PRESENT?

NO

GENITOURINARY

GENITOURINARY: (MARK ALL THAT APPLY)

INDWELLING/SUPRAPUBIC CATHETER

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

WNL

GASTROINTESTINAL

GASTROINTESTINAL: (MARK ALL THAT APPLY)

BOWEL SOUNDS

INDICATE DATE OF LAST BOWEL MOVEMENT:

Visit Note Report

Client: EVERETT, JUDY H
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 Insured ID: 2JF2UM8CD05

MR No: B3500256549801 Legacy MR No:
 Primary Payor: MEDICARE PDGM

Visit Date: 09/03/2025 Visit Number: 8 Visit Type: SN11 - SN SUBSEQUENT VISIT

Assessment

9/3/2025

NUTRITIONAL

NUTRITIONAL STATUS: (MARK ALL THAT APPLY)

WNL

COGNITIVE/BEHAVIORAL

BEHAVIORAL: (SELECT ALL THAT APPLY)

NONE OF THE ABOVE BEHAVIORS DEMONSTRATED

ENDOCRINE/HEMATOPOIETIC

ENDOCRINE/HEMATOPOIETIC (MARK ALL THAT APPLY):

PATIENT DOES NOT HAVE AN ENDOCRINE/HEMATOPOIETIC CONDITION

NEUROLOGIC

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

ALERT

ORIENTED TO PERSON

ORIENTED TO TIME

ORIENTED TO PLACE

ABLE TO FOLLOW MULTI-STEP COMMANDS

ABLE TO FOLLOW SIMPLE COMMANDS

INDICATE ABNORMAL NEUROLOGIC FINDINGS:

NONE

IMMUNOLOGIC

INFECTION SYMPTOMS: (MARK ALL THAT APPLY)

NO SYMPTOMS

FUNCTIONAL

MUSCULOSKELETAL: (MARK ALL THAT APPLY)

DECREASED STRENGTH

LIMITED RANGE OF MOTION

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

LOWER BILAT

IN WHAT EXTREMITIES DOES LIMITED RANGE OF MOTION EXIST? (MARK ALL THAT APPLY)

LOWER BILAT

FUNCTIONAL TESTS AND MEASURES

PLEASE INDICATE WHICH TESTS AND MEASURES WILL BE PERFORMED DURING THIS VISIT (MARK ALL THAT APPLY):

NO TESTS PERFORMED - NOT APPROPRIATE/APPLICABLE THIS VISIT

HOMEBOUND STATUS

INDICATE HOMEBOUND STATUS:

PATIENT IS HOMEBOUND

INDICATE REASONS PATIENT IS HOMEBOUND (SELECT ALL THAT APPLY):

NEEDS AID OF SUPPORTIVE DEVICES - WHEELCHAIR

NEEDS SPECIAL TRANSPORTATION

7 SELF-CARE BEHAVIORS

SELECT THE SEVEN (7) SELF-CARE BEHAVIORS ADDRESSED THIS VISIT: (MARK ALL THAT APPLY)

1. **HEALTHY COPING:**

- EFFECTIVELY MANAGE YOUR CONDITION(S) OR HEALTH CONCERNs

- LEARN WAYS TO DEAL WITH CHALLENGES

Visit Note Report

Client: EVERETT, JUDY H
 Client DOB: 11/14/1960
 Insured ID: 2JF2UM8CD05

MR No: B3500256549801 Legacy MR No:
 Primary Payor: MEDICARE PDGM

Visit Date: 09/03/2025 Visit Number: 8 Visit Type: SN11 - SN SUBSEQUENT VISIT

Assessment

- ALERT YOUR HOME HEALTH OR HEALTHCARE PROVIDER CHANGES IN YOUR CONDITION
- 2. HEALTHY EATING:**
 - PLANNING AND MAKING HEALTHY EATING CHOICES
 - RECOGNIZING THE IMPORTANCE OF NUTRIENT-RICH FOODS
 - READING AND UNDERSTANDING A FOOD LABEL
- 3. BEING ACTIVE:**
 - REGULAR PARTICIPATION IN AN ACTIVITY AND EXERCISE PROGRAM
 - SETTING GOALS FOR YOUR ACTIVITY AND TRACKING PROGRESS
- 4. TAKING MEDICINES:**
 - UNDERSTANDING THE PURPOSE OF EACH OF YOUR PRESCRIBED AND OVER THE COUNTER MEDICATIONS
 - ENSURING YOUR HEALTHCARE PROVIDER IS AWARE OF ALL YOUR MEDICATIONS
 - NOTIFYING YOUR HEALTHCARE PROVIDER OF SYMPTOMS OR QUESTIONS RELATED TO YOUR MEDICATIONS
- 5. MONITORING:**
 - CHECKING YOUR OVERALL HEALTH
 - MONITORING YOUR VITAL SIGNS AND ANY SPECIFIC MONITORING FOR YOUR CONDITION(S)
 - USING A ZONE TOOL TO MONITOR YOUR CONDITION

CARE COORDINATION

DID THE PATIENT ALONG WITH PATIENT'S CAREGIVER AND REPRESENTATIVE (IF ANY AND AS APPROPRIATE), AGREE WITH AND PARTICIPATE IN DEVELOPMENT/UPDATE OF THE PLAN OF CARE?

NA - NO CHANGES TO FREQUENCY/DURATION, MEDICATIONS, OR TREATMENTS

WERE ANY ZONE TOOL(S) ADDRESSED THIS VISIT?

N/A, NOT APPLICABLE THIS VISIT

HAS THE PATIENT DONE ANY OF THE FOLLOWING SINCE THE LAST VISIT?

PATIENT HAS NOT; CONTACTED THEIR PHYSICIAN/ALLOWED PRACTITIONER, GONE TO THE ER OR BEEN HOSPITALIZED SINCE THE LAST VISIT

WERE LABS COLLECTED THIS VISIT?

NO

NEXT HEALTH CARE PROVIDER APPOINTMENT:

PATIENT HAS AN UPCOMING APPOINTMENT; DOCUMENT/VERIFY DETAILS ARE INCLUDED ON A SNAPSHOT NOTE.

INDICATE IF YOU COMMUNICATED WITH OTHER DISCIPLINES INVOLVED IN THIS CASE:

YES

INDICATE DISCIPLINES YOU COMMUNICATED WITH:

SUPERVISOR
 PT
 OT
 RN
 LPN/LVN

INDICATE DETAILS OF CARE COORDINATION:

REPORTED TO T CARMEN RN, CAROL RN, STEPHANIE LPN, JANET RN, JANET M RN DAYNA, RN SUPERVISOR, AGNES LPN, BRIGETT , RN BETH PT, CRYSTAL OT, HUGH PT, VIA EMAILED DAILY REPORT

SUPERVISORY FUNCTIONS

Visit Note Report

Client: EVERETT, JUDY H
 Client DOB: 11/14/1960
 Insured ID: 2JF2UM8CD05

MR No: B3500256549801 Legacy MR No:
 Primary Payor: MEDICARE PDGM

Visit Date: 09/03/2025 Visit Number: 8 Visit Type: SN11 - SN SUBSEQUENT VISIT

Assessment

INDICATE DISCIPLINE OF EMPLOYEE BEING EVALUATED:
SUPERVISORY FUNCTION NOT APPLICABLE THIS VISIT

VISIT IMPRESSION/PLAN

PATIENT SELF-REPORT: COMPARE AND CATEGORIZE OVERALL PATIENT SELF-REPORT: ZONE TOOL: BALANCE/FALL; BREATHING; FATIGUE/RPE; VOIDING; SLEEP, APPETITE/THIRST; PAIN; MEDICATION MANAGEMENT; FOCUS/MEMORY; EMOTIONAL OUTLOOK.

IMPROVING

- GREEN ON ZONE TOOL

OBJECTIVE SUMMARY: COMPARE AND CATEGORIZE OVERALL OBSERVED CHANGE: VITAL SIGNS/BIOMETRICS; LUNG SOUNDS; HEART TONES; MOBILITY/SELF-CARE ABILITY; EDEMA; MEDICATION ADHERENCE /RESPONSE; MENTATION; SKIN INTEGRITY; LAB RESULTS.

IMPROVING

- GREEN ZONE, POSITIVE RESPONSE TO INTERVENTIONS
- SINCE BASELINE/OVER THE PAST 2-3 VISITS

RISK CATEGORY IS:

0

LOW RISK

INDICATE RISK CATEGORY:

LOW RISK (0-2)

LOW RISK:

- CONTINUE PER POC

NURSING ASSESSMENT/PLAN

INDICATE SUMMARY OF CLINICAL FINDINGS THIS VISIT, INCLUDING THE MAIN BARRIERS OR IMPAIRMENTS TO ADDRESS AND EXPLAIN WHY SKILLED SERVICES ARE NEEDED TO SUPPORT MEDICAL NECESSITY:

FOC THIS VISIT: WOUND CARE/ASSESSMENT/PICTURES

RECOMMENDED PLAN FOR NEXT VISIT INCLUDING SPECIFIC SKILL/CARE AND EXPECTED PROGRESS/OUTCOMES:

WOUND CARE/ASSESSMENT/PICTURES

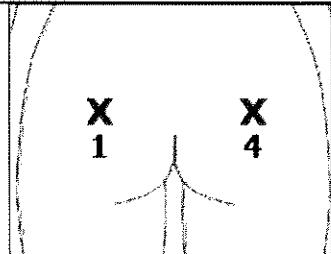
Wound Assessment	Historical wounds are retained as inactive and wound numbers continuously increment for subsequent episodes and admissions.	Anatomical Figures
Anatomical View	Wound # / Location / Type / Source Question	Answer
FEMALE POSTERIOR	#1 - LAT LT - UP BUTTOCK, LT, UNSTAGE DTI - HCHB	
Onset Date: 07/03/2025		
CHANGE IN STATUS		NONE
WOUND ASSESSED		YES
TOTAL WAT SCORE		31
MEASUREMENTS TAKEN		YES
LENGTHxWIDTHxDEPTH(CM)		3.5 X 4.5 X 1
SURFACE AREA (SQ CM)		15.75
DEPTH DESCRIPTION		FULL THICK
UNDERMINING		NONE
TUNNELING		NO
IS THIS A SUSPECTED DEEP TISSUE INJURY?		NO
GRANULATION TISSUE		<75 & > 25%
EDGES		NOT ATTACH
EXUDATE TYPE		SEROSANG
EXUDATE AMOUNT		MOD
ODOR		NONE
EPITHELIALIZATION		50-<75%

Visit Note Report

Client: EVERETT, JUDY H
 Client DOB: 11/14/1960
 Insured ID: 2JF2UM8CD05

MR No: B3500256549801 Legacy MR No:
 Primary Payor: MEDICARE PDGM

Visit Date: 09/03/2025 Visit Number: 8 Visit Type: SN11 - SN SUBSEQUENT VISIT

<p>NECROTIC TISSUE TYPE NECROTIC TISSUE AMOUNT MACERATION SURROUNDING TISSUE SKIN COLOR SURROUNDING WOUND PERIPHERAL TISSUE EDEMA PERIPHERAL TISSUE INDURATION DOES PATIENT HAVE PAIN ASSOCIATED WITH THIS WOUND? DRAIN PRESENT WOUND CARE PROVIDED</p>	<p>YELLOW 25-<50% ABSENT NORM NONE NONE NO NO ICC</p> <p>CLEANSED WITH WOUND CLEANSER, APPLIED SANTYL TO WOUND BED, COVERED WITH AQUACELL AG AND BORDERED FOAM DRESSING.. CLEANSED WITH WOUND CLEANSER, APPLIED SANTYL TO WOUND BED, COVERED WITH AQUACELL AG AND BORDERED FOAM DRESSING. PT DENIED PAIN WITH WOUND CARE.</p>		
			
<p>Wound Images N/A #4 - DIST - UP BUTTOCK, RT, PU STAGE I - HCHB Onset Date: 07/30/2025</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tbody> <tr> <td style="width: 50%;"> CHANGE IN STATUS WOUND ASSESSED TOTAL WAT SCORE MEASUREMENTS TAKEN LENGTHxWIDTHxDEPTH(CM) SURFACE AREA (SQ CM) DEPTH DESCRIPTION UNDERMINING TUNNELING IS THIS A SUSPECTED DEEP TISSUE INJURY? GRANULATION TISSUE EDGES EXUDATE TYPE EXUDATE AMOUNT ODOR EPITHELIALIZATION NECROTIC TISSUE TYPE NECROTIC TISSUE AMOUNT MACERATION SURROUNDING TISSUE SKIN COLOR SURROUNDING WOUND PERIPHERAL TISSUE EDEMA PERIPHERAL TISSUE INDURATION DOES PATIENT HAVE PAIN ASSOCIATED WITH THIS WOUND? DRAIN PRESENT </td> <td style="width: 50%;"> NONE YES 31 YES 3 X 2 X 0.5 6 FULL THICK NONE NO NO <75 & > 25% NOT ATTACH SEROSANG MOD NONE 50-<75% YELLOW 25-<50% ABSENT NORM NONE NONE NO NO </td> </tr> </tbody> </table>		CHANGE IN STATUS WOUND ASSESSED TOTAL WAT SCORE MEASUREMENTS TAKEN LENGTHxWIDTHxDEPTH(CM) SURFACE AREA (SQ CM) DEPTH DESCRIPTION UNDERMINING TUNNELING IS THIS A SUSPECTED DEEP TISSUE INJURY? GRANULATION TISSUE EDGES EXUDATE TYPE EXUDATE AMOUNT ODOR EPITHELIALIZATION NECROTIC TISSUE TYPE NECROTIC TISSUE AMOUNT MACERATION SURROUNDING TISSUE SKIN COLOR SURROUNDING WOUND PERIPHERAL TISSUE EDEMA PERIPHERAL TISSUE INDURATION DOES PATIENT HAVE PAIN ASSOCIATED WITH THIS WOUND? DRAIN PRESENT	NONE YES 31 YES 3 X 2 X 0.5 6 FULL THICK NONE NO NO <75 & > 25% NOT ATTACH SEROSANG MOD NONE 50-<75% YELLOW 25-<50% ABSENT NORM NONE NONE NO NO
CHANGE IN STATUS WOUND ASSESSED TOTAL WAT SCORE MEASUREMENTS TAKEN LENGTHxWIDTHxDEPTH(CM) SURFACE AREA (SQ CM) DEPTH DESCRIPTION UNDERMINING TUNNELING IS THIS A SUSPECTED DEEP TISSUE INJURY? GRANULATION TISSUE EDGES EXUDATE TYPE EXUDATE AMOUNT ODOR EPITHELIALIZATION NECROTIC TISSUE TYPE NECROTIC TISSUE AMOUNT MACERATION SURROUNDING TISSUE SKIN COLOR SURROUNDING WOUND PERIPHERAL TISSUE EDEMA PERIPHERAL TISSUE INDURATION DOES PATIENT HAVE PAIN ASSOCIATED WITH THIS WOUND? DRAIN PRESENT	NONE YES 31 YES 3 X 2 X 0.5 6 FULL THICK NONE NO NO <75 & > 25% NOT ATTACH SEROSANG MOD NONE 50-<75% YELLOW 25-<50% ABSENT NORM NONE NONE NO NO		

Visit Note Report

Client: EVERETT, JUDY H
Client DOB: 11/14/1960
Insured ID: 2JF2UM8CD05

MR No: B3500256549801 **Legacy MR No:**
Primary Payor: MEDICARE PDGM

Visit Date: 09/03/2025 **Visit Number:** 8 **Visit Type:** SN11 - SN SUBSEQUENT VISIT

WOUND CARE PROVIDED Wound Images N/A	ICC CLEANSED WITH WOUND CLEANSER, APPLIED SANTYL TO WOUND BED, COVERED WITH AQUACELL AG AND BORDERED FOAM DRESSING.. CLEANSED WITH WOUND CLEANSER, APPLIED SANTYL TO WOUND BED, COVERED WITH AQUACELL AG AND BORDERED FOAM DRESSING. PT DENIED PAIN WITH WOUND CARE.	
Narrative SNV THIS DAY FOR WOUND CARE. PT I HOMEBOUND DUE TO BLE PARALYSIS, REQUIRING ASSISTIVE DEVICE AND TAXING EFFORT FOR OUTINGS. PT REQUIRES SKILLED NURSE FOR WOUND MANAGEMENT, GU MANAGEMENT. PT FOUND LYING IN BED. PERFORMED HEAD TO TOE ASSESSMENT AND INQUIRY. PT DENIES FALLS, ER OR URGENT CARE VISITS SINCE LAST SNV. RECONCILED MEDICATIONS. VS WNL. PERFORMED WOUND CARE AS ORDERED. PT TOLERATED WELL. PT PROGRESSING TOWARDS GOALS AEB NO SIGNS OF WOUND INFECTION. PLAN FOR NEXT VISIT: WOUND CARE/ASSESSMENT/PICTURES		
Patient Goals Patient Goal WOUNDS TO HEAL		
Interventions Provided 1. PROVIDE/INSTRUCT PATIENT/CAREGIVER ON PRESSURE ULCER CARE, SUCH AS DEFINITION, SYMPTOM MONITORING, DRESSING CHANGES, AND INTENDED EFFECTS. DETAILS/COMMENTS: SNV THIS DAY FOR WOUND CARE. PT I HOMEBOUND DUE TO BLE PARALYSIS, REQUIRING ASSISTIVE DEVICE AND TAXING EFFORT FOR OUTINGS. PT REQUIRES SKILLED NURSE FOR WOUND MANAGEMENT, GU MANAGEMENT. PT FOUND LYING IN BED. PERFORMED HEAD TO TOE ASSESSMENT AND INQUIRY. PT DENIES FALLS, ER OR URGENT CARE VISITS SINCE LAST SNV. RECONCILED MEDICATIONS. VS WNL. PERFORMED WOUND CARE AS ORDERED. PT TOLERATED WELL. PT PROGRESSING TOWARDS GOALS AEB NO SIGNS OF WOUND INFECTION. PLAN FOR NEXT VISIT: WOUND CARE/ASSESSMENT/PICTURES		
2. PROVIDE/INSTRUCT PATIENT/CAREGIVER ON WOUND CARE, SUCH AS DEFINITION, SYMPTOM MONITORING, DRESSING CHANGES, AND INTENDED EFFECTS. DETAILS/COMMENTS: SEE ABOVE		
Goals Met 1. PATIENT/CAREGIVER VERBALIZES/DEMONSTRATES PRESSURE ULCER MANAGEMENT, DEFINITION OF PRESSURE ULCER, TREATMENT APPLICATION TECHNIQUE, AND INTENDED EFFECTS. 2. PATIENT/CAREGIVER VERBALIZES/DEMONSTRATES WOUND MANAGEMENT, TREATMENT APPLICATION TECHNIQUE, AND INTENDED EFFECTS.		

Visit Note Report

Client: EVERETT, JUDY H
Client DOB: 11/14/1960
Insured ID: 2JF2UM8CD05

MR No: B3500256549801 Legacy MR No:
Primary Payor: MEDICARE PDGM

Visit Date: 09/03/2025 Visit Number: 8 Visit Type: SN11 - SN SUBSEQUENT VISIT

Supplies Delivered

4 - OPTIFOAM GENTLE EX, BORDERED, 4X4 - EA
4 - OPTIFOAM GENTLE EX, BORDERED, 6X6 - EA
4 - OPTIFOAM GENTLE EX, SACRUM, 7X7 - EA
1 - GAUZE,SPONGE,4X4,3PLY,NS,LF - BG
2 - DRESSING, GEL FIBER, OPTICELL AG+,4X5 - EA
2 - DRESSING,MAXORB EXTRA AG,SLVR ALG,4X8 - EA
2 - DRESSING,MAXORB EXTRA AG,SLVR ALG,6X6 - EA

Agent Signature:

Client Signature:

ROWENA CROOKS JACKSON LPN 09/03/2025 02:39 PM

(Electronically Signed)

Last Modification Date:

9/4/2025 5:16 AM

Last Modified By:

sql-svc-jams-prd-rwx

LATE ENTRY

SERVICE CODE CHANGED:

Old = SN11

New = SN11

Who Changed = ADMIN HCHB, CUSTOMER SUPPORT

When Changed = Sep 3 2025 2:48PM

SUPPLIES DELIVERED/USED EDITED BY sql-svc-jams-prd-rwx ON Sep 4 2025 5:16AM

Visit Note Report

Client: EVERETT, JUDY H
 Client DOB: 11/14/1960
 Insured ID: 2JF2UM8CD05

MR No: B3500256549801 Legacy MR No:
 Primary Payor: MEDICARE PDGM

Visit Date: 08/26/2025 Visit Number: 6 Visit Type: RN11 - RN SUBSEQUENT VISIT

General: EVERETT, JUDY H B3500256549801																																										
Visit Date: 08/26/2025 Visit Number: 6 Visit Type: RN11 - RN SUBSEQUENT VISIT				Branch Code: B35 Billable: <input checked="" type="checkbox"/>																																						
Agent ID: 149965	Agent Name: JANET MIDDLETON RN	Mileage Payment Method: AM	Trip Fees: 0.00	Mileage Start: 0	Mileage End: 0	Mileage: 0																																				
Time: <table style="width: 100%; border-collapse: collapse;"> <tr> <td>TRAVEL TIME</td> <td>DRIVE START TIME</td> <td>08/26/2025 12:22 PM</td> <td>DRIVE END TIME</td> <td>08/26/2025 12:45 PM</td> </tr> <tr> <td>IN-HOME TIME</td> <td>BEGAN</td> <td>08/26/2025 12:46 PM</td> <td>INCOMPLETE</td> <td>08/26/2025 01:53 PM</td> </tr> <tr> <td>DOCUMENTATION TIME</td> <td>RESUMED</td> <td>08/26/2025 05:50 PM</td> <td>COMPLETED</td> <td>08/26/2025 06:09 PM</td> </tr> <tr> <td>Total In-Home Time:</td> <td>1.11</td> <td>Hours</td> <td></td> <td></td> </tr> <tr> <td>Total Drive Time:</td> <td>0.37</td> <td>Hours</td> <td></td> <td></td> </tr> <tr> <td>Total Doc Time:</td> <td>0.31</td> <td>Hours</td> <td></td> <td></td> </tr> <tr> <td>Total Time:</td> <td>1.42</td> <td>Hours</td> <td></td> <td></td> </tr> </table>								TRAVEL TIME	DRIVE START TIME	08/26/2025 12:22 PM	DRIVE END TIME	08/26/2025 12:45 PM	IN-HOME TIME	BEGAN	08/26/2025 12:46 PM	INCOMPLETE	08/26/2025 01:53 PM	DOCUMENTATION TIME	RESUMED	08/26/2025 05:50 PM	COMPLETED	08/26/2025 06:09 PM	Total In-Home Time:	1.11	Hours			Total Drive Time:	0.37	Hours			Total Doc Time:	0.31	Hours			Total Time:	1.42	Hours		
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Total Time:	1.42	Hours																																								
Vital Signs																																										
Vital Signs	Reading	Time Recorded	Details	Instrument Problems																																						
Temperature	98.3	08/26/2025 01:01 PM	TEMPORAL	N																																						
Pulse	82	08/26/2025 01:01 PM	APICAL	N																																						
Pulse Characteristics:			WNL	N																																						
Respirations	16	08/26/2025 01:01 PM		N																																						
Respiration Characteristics:			WNL	N																																						
Blood Pressure	128 / 72	08/26/2025 01:01 PM	SITTING ARM - LT	N																																						
Oxygen Saturation Level (%)	97	08/26/2025 01:01 PM		N																																						
Oxygen Saturation Characteristics:			NO SUPPLEMENTAL OXYGEN	N																																						
Pain	4	08/26/2025 01:01 PM		N																																						
Assessment																																										
<u>PATIENT IDENTIFIER</u> INDICATE TWO PATIENT IDENTIFIERS USED TO IDENTIFY THE PATIENT: PATIENT NAME DATE OF BIRTH VISUAL RECOGNITION																																										
<u>MEDICATIONS</u> MEDICATIONS: (MARK ALL THAT APPLY) NO NEW/CHANGED MEDICATIONS SINCE LAST VISIT																																										
<u>NURSING SUBJECTIVE</u> PATIENT AND/OR CAREGIVER SUBJECTIVE COMMENTS: FEELING GOOD TODAY																																										
<u>HEAD/NECK</u> INDICATE HEAD AND NECK ASSESSMENT FINDINGS: (MARK ALL THAT APPLY)																																										

Visit Note Report

Client: EVERETT, JUDY H MR No: B3500256549801 Legacy MR No:
Client DOB: 11/14/1960
Insured ID: 2JF2UM8CD05 Primary Payor: MEDICARE PDGM

Visit Date: 08/26/2025 Visit Number: 6 Visit Type: RN11 - RN SUBSEQUENT VISIT

Assessment

NO PROBLEMS IDENTIFIED

EYES/EARS/NOSE/THROAT

EYES/EARS/NOSE/THROAT: (MARK ALL THAT APPLY)

PERRL

WNL

CARDIOPULMONARY

CARDIOPULMONARY: (MARK ALL THAT APPLY)

AUSCULTATED BREATH SOUNDS

AUSCULTATED HEART SOUNDS

WNL

INDICATE BREATH SOUNDS FINDINGS:

CLEAR

INDICATE HEART SOUNDS FINDINGS:

NORMAL

PAIN

PAIN:

PATIENT/CAREGIVER REPORT PAIN

INDICATE PAIN LOCATION(S):

BACK

IS PATIENT ABLE TO SELF-REPORT PAIN?

YES

INDICATE WHEN PAIN OCCURS:

POSITIONAL PAIN

INDICATE QUALITY OF PAIN: (MARK ALL THAT APPLY)

ACHING

INDICATE NATURE OF PAIN

CHRONIC

INDICATE WHAT RELIEVES PAIN (MARK ALL THAT APPLY):

MEDICATIONS

POSITIONING

REST/SLEEP

ARE THERE ANY ADDITIONAL DETAILS THAT NEED TO BE PROVIDED TO DESCRIBE THE PATIENTS PAIN AND/OR MANAGEMENT OF PAIN?

NO

INTEGUMENTARY

INDICATE INTEGUMENTARY ASSESSMENT FINDINGS: (MARK ALL THAT APPLY)

WOUND(S)

IV OR AV FISTULA/GRAFT ACCESS SITE PRESENT?

NO

GENITOURINARY

GENITOURINARY: (MARK ALL THAT APPLY)

INDWELLING/SUPRAPUBLIC CATHETER

WNL

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

WNL

GASTROINTESTINAL

GASTROINTESTINAL: (MARK ALL THAT APPLY)

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Assessment

BOWEL SOUNDS

WNL

INDICATE DATE OF LAST BOWEL MOVEMENT:

8/24/2025

ENVIRONMENTAL

ARCHITECTURAL/HOME: (MARK ALL THAT APPLY)

PATIENT LIVES WITH SPOUSE OR SIGNIFICANT OTHER

NUTRITIONAL

NUTRITIONAL STATUS: (MARK ALL THAT APPLY)

GOOD APPETITE

COGNITIVE/BEHAVIORAL

BEHAVIORAL: (SELECT ALL THAT APPLY)

NONE OF THE ABOVE BEHAVIORS DEMONSTRATED

ENDOCRINE/HEMATOPOIETIC

ENDOCRINE/HEMATOPOIETIC (MARK ALL THAT APPLY):

PATIENT DOES NOT HAVE AN ENDOCRINE/HEMATOPOIETIC CONDITION

NEUROLOGIC

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

ALERT

ORIENTED TO PERSON

ORIENTED TO TIME

ORIENTED TO PLACE

INDICATE ABNORMAL NEUROLOGIC FINDINGS:

NONE

IMMUNOLOGIC

INFECTION SYMPTOMS: (MARK ALL THAT APPLY)

NO SYMPTOMS

FUNCTIONAL

MUSCULOSKELETAL: (MARK ALL THAT APPLY)

DECREASED STRENGTH

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

LOWER BILAT

FUNCTIONAL TESTS AND MEASURES

PLEASE INDICATE WHICH TESTS AND MEASURES WILL BE PERFORMED DURING THIS VISIT (MARK ALL THAT APPLY):

NO TESTS PERFORMED - NOT APPROPRIATE/APPLICABLE THIS VISIT

HOMEBOUND STATUS

INDICATE HOMEBOUND STATUS:

PATIENT IS HOMEBOUND

INDICATE REASONS PATIENT IS HOMEBOUND (SELECT ALL THAT APPLY):

NEEDS AID OF SUPPORTIVE DEVICES - WHEELCHAIR

NEEDS ASSISTANCE OF ANOTHER PERSON IN ORDER TO LEAVE PLACE OF RESIDENCE

LIMITED ENDURANCE

HIGH FALL RISK

LOWER EXTREMITY WEAKNESS

7 SELF-CARE BEHAVIORS

SELECT THE SEVEN (7) SELF-CARE BEHAVIORS ADDRESSED THIS VISIT: (MARK ALL THAT APPLY)

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Assessment
2. HEALTHY EATING:

- PLANNING AND MAKING HEALTHY EATING CHOICES
- RECOGNIZING THE IMPORTANCE OF NUTRIENT-RICH FOODS
- READING AND UNDERSTANDING A FOOD LABEL

4. TAKING MEDICINES:

- UNDERSTANDING THE PURPOSE OF EACH OF YOUR PRESCRIBED AND OVER THE COUNTER MEDICATIONS
- ENSURING YOUR HEALTHCARE PROVIDER IS AWARE OF ALL YOUR MEDICATIONS
- NOTIFYING YOUR HEALTHCARE PROVIDER OF SYMPTOMS OR QUESTIONS RELATED TO YOUR MEDICATIONS

CARE COORDINATION

DID THE PATIENT ALONG WITH PATIENT'S CAREGIVER AND REPRESENTATIVE (IF ANY AND AS APPROPRIATE), AGREE WITH AND PARTICIPATE IN DEVELOPMENT/UPDATE OF THE PLAN OF CARE?

YES - CHANGES MADE TO FREQUENCY/DURATION

WERE ANY ZONE TOOL(S) ADDRESSED THIS VISIT?

YES

SELECT ZONE TOOL(S) ADDRESSED THIS VISIT (MARK ALL THAT APPLY):

WOUNDS

DOCUMENT ACTIONS TAKEN TO ADDRESS ZONE TOOL(S) I.E. EDUCATION, PATIENT RESPONSE, PROVIDING/ASSURING PATIENT HAS A PRINTED COPY OF ZONE TOOLS IN THE HOME:

VERBALIZED UNDERSTANDING

HAS THE PATIENT DONE ANY OF THE FOLLOWING SINCE THE LAST VISIT?

PATIENT HAS NOT; CONTACTED THEIR PHYSICIAN/ALLOWED PRACTITIONER, GONE TO THE ER OR BEEN HOSPITALIZED SINCE THE LAST VISIT

WERE LABS COLLECTED THIS VISIT?

NO

NEXT HEALTH CARE PROVIDER APPOINTMENT:

PATIENT HAS AN UPCOMING APPOINTMENT; DOCUMENT/VERIFY DETAILS ARE INCLUDED ON A SNAPSHOT NOTE.

INDICATE IF YOU COMMUNICATED WITH OTHER DISCIPLINES INVOLVED IN THIS CASE:

YES

INDICATE DISCIPLINES YOU COMMUNICATED WITH:

SUPERVISOR

OT

RN

LPN/LVN

INDICATE DETAILS OF CARE COORDINATION:

NARRATIVE NOTE

SUPERVISORY FUNCTIONS

INDICATE DISCIPLINE OF EMPLOYEE BEING EVALUATED:

LICENSED PRACTICAL/VOCATIONAL NURSE

INDICATE NAME OF LPN/LVN BEING EVALUATED IF APPLICABLE:

STEPHANIE

IS THE LPN/LVN FOLLOWING THE PLAN OF CARE?

YES

IS THE PATIENT SATISFIED WITH THE CURRENT CARE BEING PROVIDED BY THE LPN/LVN?

1 - YES

DOES THE LPN/LVN NOTIFY THE PATIENT OR CAREGIVER, IN TIMELY FASHION, OF CHANGES IN THE PLAN OF CARE, SCHEDULE / TIME CHANGES?

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Assessment

1 - YES

DOES THE LPN/LVN REPORT CHANGES IN CONDITION TO SUPERVISING DISCIPLINE / CLINICAL AND/OR CASE MANAGER?

YES

DOES THE LPN/LVN RESPECT THE PATIENT'S RIGHTS RELATED TO PRIVACY, DIGNITY, CONFIDENTIALITY, PERSONAL BELONGINGS AND PROPERTY?

1 - YES

IS PATIENT ABLE TO VERBALIZE HIS/HER OVERALL PATIENT'S RIGHTS?

1 - YES

DOES THE STAFF OBSERVE INFECTION CONTROL PROTOCOLS?

YES

SELECT OUTCOME(S) OF THIS SUPERVISORY VISIT: (MARK ALL THAT APPLY)

NO CONCERN OR NEED TO UPDATE PLAN OF CARE IDENTIFIED

VISIT IMPRESSION/PLAN

PATIENT SELF-REPORT: COMPARE AND CATEGORIZE OVERALL PATIENT SELF-REPORT: ZONE TOOL; BALANCE/FALL; BREATHING; FATIGUE/RPE; VOIDING; SLEEP; APPETITE/THIRST; PAIN; MEDICATION MANAGEMENT; FOCUS/MEMORY; EMOTIONAL OUTLOOK.

NO CHANGE

- NO POSITIVE OR NEGATIVE CHANGES
- SINCE BASELINE OR OVER THE PAST SEVERAL DAYS

OBJECTIVE SUMMARY: COMPARE AND CATEGORIZE OVERALL OBSERVED CHANGE: VITAL SIGNS/BIOMETRICS; LUNG SOUNDS; HEART TONES; MOBILITY/SELF-CARE ABILITY; EDEMA; MEDICATION ADHERENCE /RESPONSE; MENTATION; SKIN INTEGRITY; LAB RESULTS.

NO CHANGE

- NO POSITIVE OR NEGATIVE S/SX CHANGES
- SINCE BASELINE/OVER THE PAST 2-3 VISITS

RISK CATEGORY IS:

2

LOW RISK

INDICATE RISK CATEGORY:

LOW RISK (0-2)

LOW RISK:

- CONTINUE PER POC

NURSING ASSESSMENT/PLAN

INDICATE SUMMARY OF CLINICAL FINDINGS THIS VISIT, INCLUDING THE MAIN BARRIERS OR IMPAIRMENTS TO ADDRESS AND EXPLAIN WHY SKILLED SERVICES ARE NEEDED TO SUPPORT MEDICAL NECESSITY:

SNV FOR WOUND CARE TO LEFT GLUTEAL AND LEFT HIP. FOLEY CATHETER CHANGE Q3WKS

RECOMMENDED PLAN FOR NEXT VISIT INCLUDING SPECIFIC SKILL/CARE AND EXPECTED PROGRESS/OUTCOMES:

SNV FOR WOUND CARE TO LEFT GLUTEAL AND LEFT HIP. FOLEY CATHETER CHANGE Q3WKS

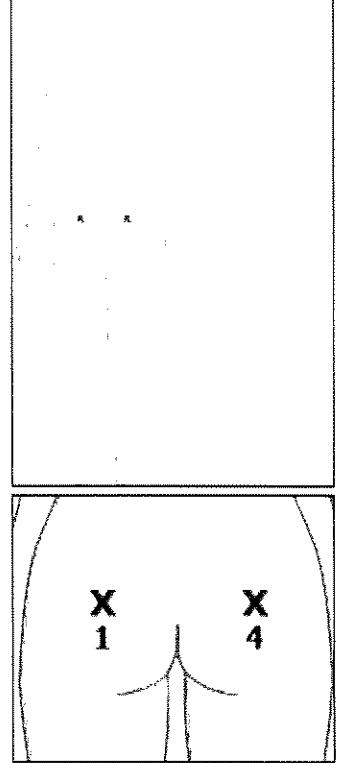
Wound Assessment	Historical wounds are retained as inactive and wound numbers continuously increment for subsequent episodes and admissions.	Anatomical Figures
Anatomical View		
Wound # / Location / Type / Source Question	Answer	
FEMALE POSTERIOR		
#1 - LAT LT - UP BUTTOCK, LT, UNSTAGE DTI - HCHB		
Onset Date: 07/03/2025		
CHANGE IN STATUS	NONE	
WOUND ASSESSED	YES	
TOTAL WAT SCORE	30	
MEASUREMENTS TAKEN	YES	

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LENGTHxWIDTHxDEPTH(CM)	3.5 X 4.5 X 1	
SURFACE AREA (SQ CM)	15.75	
DEPTH DESCRIPTION	FULL THICK	
UNDERMINING	NONE	
TUNNELING	NO	
IS THIS A SUSPECTED DEEP TISSUE INJURY?	NO	
GRANULATION TISSUE	<75 & > 25%	
EDGES	NOT ATTACH	
EXUDATE TYPE	PURUL	
EXUDATE AMOUNT	SMALL	
ODOR	NONE	
EPITHELIALIZATION	50-<75%	
NECROTIC TISSUE TYPE	YELLOW	
NECROTIC TISSUE AMOUNT	NONE	
MACERATION SURROUNDING TISSUE	ABSENT	
SKIN COLOR SURROUNDING WOUND	NORM	
PERIPHERAL TISSUE EDEMA	NONE	
PERIPHERAL TISSUE INDURATION	NONE	
DOES PATIENT HAVE PAIN ASSOCIATED WITH THIS WOUND?	NO	
DRAIN PRESENT	NO	
WOUND CARE PROVIDED	ICC CLEANSED WITH WOUND CLEANSER, APPLIED SANTYL TO WOUND BED, COVERED WITH AQUACELL AG AND BORDERED FOAM DRESSING.. CLEANSED WITH CLEANSER, APPLIED SANTYL, COVERED WITH AQUACEL AG AND FOAM BORDER DRESSING.	

Wound Images

N/A

#4 - DIST - UP BUTTOCK, RT, PU STAGE I - HCHB

Onset Date: 07/30/2025

CHANGE IN STATUS	NONE
WOUND ASSESSED	YES
TOTAL WAT SCORE	28
MEASUREMENTS TAKEN	YES
LENGTHxWIDTHxDEPTH(CM)	3 X 2 X 0.5
SURFACE AREA (SQ CM)	6
DEPTH DESCRIPTION	FULL THICK
UNDERMINING	NONE
TUNNELING	NO
IS THIS A SUSPECTED DEEP TISSUE INJURY?	NO
GRANULATION TISSUE	<75 & > 25%
EDGES	DISTINCT
EXUDATE TYPE	PURUL
EXUDATE AMOUNT	SMALL
ODOR	NONE
EPITHELIALIZATION	75-<100%
NECROTIC TISSUE TYPE	NONE
NECROTIC TISSUE AMOUNT	NONE
MACERATION SURROUNDING TISSUE	ABSENT

Visit Note Report

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MR No: B3500256549801 **Legacy MR No:**
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Visit Date: 08/26/2025 **Visit Number:** 6 **Visit Type:** RN11 - RN SUBSEQUENT VISIT

SKIN COLOR SURROUNDING WOUND	WHITE	
PERIPHERAL TISSUE EDEMA	NONE	
PERIPHERAL TISSUE INDURATION	NONE	
DOES PATIENT HAVE PAIN ASSOCIATED WITH THIS WOUND?	NO	
DRAIN PRESENT	NO	
WOUND CARE PROVIDED	ICC	
	CLEANSED WITH WOUND CLEANSER, APPLIED SANTYL TO WOUND BED, COVERED WITH AQUACELL AG AND BORDERED FOAM DRESSING.. CLEANSED WITH CLEANSER, APPLIED SANTYL, COVERED WITH AQUACEL AG AND FOAM BORDER DRESSING.	
Wound Images N/A		

Narrative

PATIENT LYING IN BED UPON ARRIVAL . VITAL SIGNS STABLE AND WITHIN NORMAL LIMITS. WOUND CARE PERFORMED AND PATIENT TOLERATED WELL . PICTURES AND MEASUREMENTS uploaded TO FORCURA .2500 CC'S EMPTIED FROM BEDSIDE DRAINAGE BAG. CLEAR YELLOW URINE. NEW CATHETER INSERTED WITH 16 FRENCH, 10 CC BALLOON . PATIENT TOLERATED WELL . 100 CC'S CLEAR YELLOW URINE NOTED IN NEW BEDSIDE DRAINAGE BAG . PATIENT HAS APPOINTMENT WITH DR MC DOWELL 9/8/25. FOLEY CATHETER SUPPLIES ORDERED. ORDER TO INCREASE SN FREQUENCY TO 2X WEEKLY. NEXT SN VISIT WOUND CARE.

Patient Goals

Patient Goal

WOUNDS TO HEAL

Interventions Provided

1. INSTRUCT PATIENT/CAREGIVER ON METHODS TO AVOID HOSPITALIZATION OR ED VISITS INCLUDING HOW AND WHEN TO CALL THE HOME HEALTH AGENCY, UTILIZATION OF ZONE TOOL TEACHING FOR CONDITION/DISEASE/SYMPTOM MANAGEMENT AND EMERGENCY CARE PLAN.

DETAILS/COMMENTS: EDUCATED PATIENT/CAREGIVER ON CONCEPTS TO AVOID HOSPITALIZATION OR ED VISITS; IDENTIFICATION OF PAST TRIGGERS FOR REHOSPITALIZATION, CALL US FIRST, ZONE TOOLS, EMERGENCY CARE PLAN, KEEPING PHYSICIAN APPOINTMENTS AND USE OF A PERSONAL HEALTH RECORD.

EDUCATED PATIENT/CAREGIVER ON METHODS TO REDUCE FALL OCCURRENCES.

EDUCATED PATIENT/CAREGIVER ON METHODS TO REDUCE UNINTENTIONAL WEIGHT LOSS.

EDUCATED PATIENT/CAREGIVER ON METHODS TO REDUCE DECLINE IN MENTAL, EMOTIONAL, OR BEHAVIORAL STATUS IN THE PAST 3 MONTHS.

EDUCATED PATIENT/CAREGIVER ON MEDICATIONS RELATED TO TAKING 5 OR MORE MEDICATIONS.

EDUCATED PATIENT/CAREGIVER ON METHODS TO REDUCE EXHAUSTION.

EDUCATED PATIENT/CAREGIVER ON IMPORTANCE OF RECEIVING VACCINATIONS AND KEEPING THEM UP TO DATE (I.E. ANNUAL INFLUENZA, PREVNAR 13, PNEUMOVAX 23, COVID-19, ETC.):

EDUCATED PATIENT/CAREGIVER ON METHODS TO REDUCE OTHER HOSPITAL/ED VISIT RISKS;

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

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DIETARY RESTRICTIONS THAT PROMOTE CONTROL OF CARDIAC DISEASE

MEDICATION REGIMEN, SIDE EFFECTS/DESIRED EFFECTS, POTENTIAL INTERACTIONS AND REFILL PROCESS

BALANCING ACTIVITIES AND NEED FOR FREQUENT REST PERIODS

ENVIRONMENTAL FACTORS

DISEASE PROCESS

3. INSTRUCT PATIENT/CAREGIVER ON URINARY TRACT INFECTION SUCH AS DISEASE PROCESS, RISK FACTORS, SYMPTOM MONITORING AND METHODS TO PREVENT RECURRING URINARY TRACT INFECTIONS.

DETAILS/COMMENTS: ::ASSESSED:::

PATIENT'S CURRENT URINATION PATTERN AS COMPARED TO URINATION PATTERN PRIOR TO URINARY TRACT INFECTION. IDENTIFIED CHANGES TO URINARY ELIMINATION PATTERN SUCH AS URGENCY, FREQUENCY, AND NEW ONSET INCONTINENCE,

INSTRUCTED PATIENT ON THE FOLLOWING:

DEFINITION OF URINARY TRACT INFECTION; AN INFECTION IN ANY PART OF URINARY SYSTEM SUCH AS KIDNEYS, URETERS, BLADDER AND URETHRA.

CALL US (YOUR HOME HEALTH AGENCY) FIRST FOR: URINE IS CLOUDY, DISCOLORED AND/OR HAS SLIGHT ODOR, PRESSURE OR DISCOMFORT, ITCHING AND/OR BURNING WITH URINATION, A FEELING OF BLADDER FULLNESS WITH A SENSE OF URGENCY TO URINATE AND/OR WETTING SELF, FREQUENT URINATION WITH ABILITY TO PASS ONLY SMALL AMOUNTS OF URINE AT A TIME, PAIN IN LOWER PART OF BACK AND/OR STOMACH, ELEVATED TEMPERATURE,

PATIENT/CAREGIVER INDICATES UNDERSTANDING VIA TEACH BACK AND/OR DEMONSTRATION OF URINARY TRACT INFECTION MANAGEMENT.

4. INSTRUCT PATIENT/CAREGIVER ON INDWELLING URINARY CATHETER MANAGEMENT INCLUDING DEFINITION, SYMPTOM MONITORING, AND INTENDED EFFECTS

DETAILS/COMMENTS: INSTRUCTED PATIENT ON THE FOLLOWING:

DEFINITION OF INDWELLING URINARY CATHETER: DEVICE INSERTED INTO BLADDER THAT COLLECTS URINE,

CALL US (YOUR HOME HEALTH AGENCY) FIRST FOR: CHANGE IN URINE COLOR/AMOUNT/ODOR, ABDOMINAL PAIN, FEVER, CHANGE IN MENTAL STATUS OR SKIN CONDITION, IF CATHETER FALLS OUT OR URINE LEAKS AROUND CATHETER, PAIN, ITCHING BURNING, LOW OR NO URINE OUTPUT, UNUSUAL DRAINAGE NEAR OR AT CATHETER INSERTION SITE.

SITE CARE, SKIN INSPECTION AND INTENDED EFFECTS,

::REDUCING RISK/PROBLEM SOLVING:::

IMPORTANCE OF KEEPING CATHETER BAG BELOW LEVEL OF THE BLADDER,

PATIENT/CAREGIVER INDICATES UNDERSTANDING VIA TEACH BACK AND/OR DEMONSTRATION OF INDWELLING URINARY CATHETER MANAGEMENT.

5. INSERT/CHANGE INDWELLING URINARY CATHETER. INSTRUCT PATIENT/CAREGIVER ON INDWELLING URINARY CATHETER INCLUDING PURPOSE, SYMPTOM MONITORING, AND INTENDED EFFECTS

DETAILS/COMMENTS: ::PERFORMED:::

PERFORMED INDWELLING CATHETER INSERTION/CHANGE. REMOVED OLD CATHETER INTACT WITHOUT COMPLICATIONS. PERFORMED SITE CARE USING STERILE TECHNIQUE. INSERTED CATHETER / 16 FR / 10 ML BALLOON USING STERILE TECHNIQUE. RETURNED 100 ML URINE CLEAR YELLOW. INFLATED BALLOON WITH 10 ML WATER. SECURED CATHETER WITH AND ENSURED PROPER BAG PLACEMENT.

INSTRUCTED PATIENT ON THE FOLLOWING:

INDWELLING CATHETER PURPOSE, SYMPTOM MONITORING, AND INTENDED EFFECTS.

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PATIENT/CAREGIVER INDICATES UNDERSTANDING VIA TEACH BACK OF INDWELLING URINARY CATHETER PURPOSE AND INTENDED EFFECTS.

6. PROVIDE/INSTRUCT PATIENT/CAREGIVER ON PRESSURE ULCER CARE, SUCH AS DEFINITION, SYMPTOM MONITORING, DRESSING CHANGES, AND INTENDED EFFECTS.

DETAILS/COMMENTS: :::PERFORMED:::

PRESSURE ULCER CARE,

INSTRUCTED PATIENT ON THE FOLLOWING:

DEFINITION OF PRESSURE ULCER: DAMAGE TO THE SKIN AS A RESULT OF PRESSURE OR FRICTION TO PROMOTE HEALTH LITERACY AND RISK FACTOR AWARENESS.

PRESSURE ULCER CARE INCLUDING; PRESSURE RELIEF, FREQUENCY, AND INTENDED EFFECTS.

BATHING INSTRUCTIONS; PROTECT DRESSING SITE FROM MOISTURE IN BATHING PROCESS,

PATIENT/CAREGIVER DEMONSTRATES COMPLIANCE WITH DRESSING CHANGE FOR APPLICATION AND ORDERED FREQUENCY.

7. PROVIDE/INSTRUCT PATIENT/CAREGIVER ON WOUND CARE, SUCH AS DEFINITION, SYMPTOM MONITORING, DRESSING CHANGES, AND INTENDED EFFECTS.

DETAILS/COMMENTS: :::PERFORMED:::

WOUND CARE,

INSTRUCTED PATIENT ON THE FOLLOWING:

TREATMENT APPLICATION TECHNIQUE, FREQUENCY, AND INTENDED EFFECTS.

OVERCOMING CHALLENGES TO PROMOTE WOUND MANAGEMENT,

BATHING INSTRUCTIONS; PROTECT DRESSING SITE FROM MOISTURE IN BATHING PROCESS,

PATIENT/CAREGIVER DEMONSTRATES COMPLIANCE WITH DRESSING CHANGE FOR APPLICATION AND ORDERED FREQUENCY.

8. OBSERVE FOR FALL RISK INCLUDING HISTORY, ACCIDENTS, MEDICATION, COGNITION, MOBILITY, AND ENVIRONMENTAL STATUS

DETAILS/COMMENTS: OBSERVED FOR FALL RISK INCLUDING HISTORY, NUMBER OF FALLS/ACCIDENTS, COGNITIVE STATUS, TUG TEST, VISUAL IMPAIRMENT, DIZZINESS, AND ENVIRONMENTAL FACTORS TO PROMOTE CLINICAL STABILITY.

9. INSTRUCT PATIENT/CAREGIVER ON FALL RISK FACTORS AND PREVENTION

DETAILS/COMMENTS: EDUCATED PATIENT/CAREGIVER ON FALL RISK FACTORS AND SAFETY MODIFICATIONS INCLUDING MINIMIZING CLUTTER AND CORDS, MAINTAINING GOOD LIGHTING, CLEANING UP SPILLS, STORING ITEMS WITHIN EASY REACH, AND USING GRAB BARS/HANDRAILS/ASSISTIVE DEVICES TO PROMOTE SAFETY AWARENESS USING SCENARIO-BASED TEACH BACK.

Visit Note Report

Client: EVERETT, JUDY H
Client DOB: 11/14/1960
Insured ID: 2JF2UM8CD05

MR No: B3500256549801 **Legacy MR No:**
Primary Payor: MEDICARE PDGM

Visit Date: 08/26/2025 **Visit Number:** 6 **Visit Type:** RN11 - RN SUBSEQUENT VISIT

Goals Met

1. PATIENT/CAREGIVER VERBALIZES/DEMONSTRATES WHEN AND HOW TO CONTACT THE HOME HEALTH AGENCY WHEN EXPERIENCING WORSENING OF SYMPTOMS OR HAVE CONCERNs RELATED TO CONDITION/DISEASE/SYMPtOM MANAGEMENT.
2. CHANGES TO CO-MORBID CONDITIONS WILL BE IDENTIFIED AND REPORTED TO THE PHYSICIAN.
3. PATIENT/CAREGIVER INDICATES UNDERSTANDING VIA TEACH BACK AND/OR DEMONSTRATION OF URINARY TRACT INFECTION MANAGEMENT.
4. PATIENT/CAREGIVER INDICATES UNDERSTANDING VIA TEACH BACK AND/OR DEMONSTRATION OF INDWELLING URINARY CATHETER MANAGEMENT.
5. PATIENT/CAREGIVER INDICATES UNDERSTANDING VIA TEACH BACK OF INDWELLING URINARY CATHETER PURPOSE AND INTENDED EFFECTS. PATIENT TOLERATES INDWELLING CATHETER INSERTION/CHANGE WITHOUT COMPLICATIONS.
6. PATIENT/CAREGIVER VERBALIZES/DEMONSTRATES PRESSURE ULCER MANAGEMENT, DEFINITION OF PRESSURE ULCER, TREATMENT APPLICATION TECHNIQUE, AND INTENDED EFFECTS.
7. PATIENT/CAREGIVER VERBALIZES/DEMONSTRATES WOUND MANAGEMENT, TREATMENT APPLICATION TECHNIQUE, AND INTENDED EFFECTS.
8. FALL RISK IDENTIFIED AND INTERVENTIONS IMPLEMENTED TO MINIMIZE COMPLICATIONS.
9. PATIENT/CAREGIVER VERBALIZES/DEMONSTRATES APPROPRIATE METHODS TO REDUCE FALL RISK.

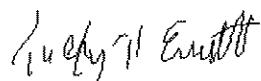
Supplies Delivered

2 - CATHETER,FOLEY,100% SILICONE,16FR,10ML,LF - EA
 2 - TRAY,FOLEY INSERTION,W/10ML SYRINGE - EA

Agent Signature:



Client Signature:



JANET MIDDLETON RN 08/26/2025 06:09 PM

(Electronically Signed)

Last Modification Date:

8/26/2025 6:45 PM

Last Modified By:

sql-svc-jams-prd-rwx

LATE ENTRY

SUPPLIES DELIVERED/USED EDITED BY sql-svc-jams-prd-rwx ON Aug 26 2025 6:45PM