

11/06/2025 10:24:49 AM  
Printed By: HUGHES, TERESA L

## Patient Information Report

<b>Patient:</b>	GRIFFIN, SONJA J	<b>Insured ID:</b>	42068912	<b>Primary Payor:</b>	WELLCARE MCR ADV PDGM
<b>MR No:</b>	04200040760601	<b>Insured ID:</b>	0007556301 QMB	<b>Secondary Payor:</b>	MEDICAID KENTUCKY
<b>Legacy MR No:</b>					

<b>Assigned Branch</b>	VISITING NURSES ASSOCIATION HEALTH AT HOME LEXINGTON	<b>Assigned Team</b>	TEAM B	<b>Location</b>	
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<b>Patient Nickname</b>		<b>Patient ID</b>	407606	<b>SSN</b>	
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### Referral Info

<b>Referral Date</b>	06/18/2025	<b>Referral Type</b>	RECERTIFICATION	<b>Referral Taken By</b>	INTERFACE
<b>Referral Source</b>	PHYSICIAN	<b>Referring Physician</b>	BASHAM, SHELBI	<b>Referring Physician Contact</b>	SHELBI BASHAM

### Care Type and Effective Dates (P=Primary)

HOME HEALTH 10/16/2025 - (P)

### Demographics

#### Patient Info

<b>Gender</b>	FEMALE	<b>DOB</b>	07/20/1965	<b>Race</b>	
<b>Preferred Language</b>					
<b>Primary Phone</b>	8592026799	<b>Alt Phone</b>		<b>Email</b>	
<b>Primary Address</b>					
<b>Street</b>	647 WELLS CT	<b>City</b>	LEXINGTON	<b>State</b>	KY
<b>Phone</b>	(859)550-4399	<b>MSA #</b>		<b>Zip</b>	40505-
		<b>CBSA</b>	30460	<b>Floor</b>	
<b>Travel Directions</b>				<b>County</b>	FAYETTE
				<b>Room</b>	

### Current Service Location: CLIENT'S HOME/RESIDENCE

<b>Street</b>	647 WELLS CT	<b>City</b>	LEXINGTON	<b>State</b>	KY
<b>Phone</b>	(859) 550-4399	<b>MSA #</b>		<b>Zip</b>	40505-
		<b>CBSA</b>	30460	<b>Floor</b>	
<b>Travel Directions</b>				<b>County</b>	FAYETTE
				<b>Room</b>	

### Patient Contacts

<b>Contact Name</b>	SHANEKA GRIFFIN	<b>Relationship</b>	DAUGHTER	<b>Contact Type</b>	EMERGENCY CONTACT	<b>Contact Relationship Type</b>	PRIMARY CAREGIVER
<b>Home Phone</b>		<b>Primary Phone</b>	(859) 550-4399	<b>Alternate Phone</b>		<b>Address</b>	

### Payor Source Info

<b>Payor Source Type</b>	PRIMARY	<b>Payor Type</b>	MANAGED MEDICARE PPS / PDGM	<b>Payor Source</b>	WELLCARE MCR ADV PDGM	<b>Is patient in an HMO (HHCAHPS)?</b>	
<b>Medicare No.</b>		<b>Medicare A Effective</b>		<b>Medicare B Effective</b>		<b>Admission Source</b>	1 - PHYSICIAN REFERRAL
<b>Medicaid No.</b>		<b>Medicaid Effective</b>		<b>Physician Medicaid No.</b>		<b>Physician Name</b>	BENITES, JENNIFER

### Payor Source Info

<b>Payor Source Type</b>	SECONDARY	<b>Payor Type</b>	MEDICAID	<b>Payor Source</b>	MEDICAID KENTUCKY	<b>Is patient in an HMO (HHCAHPS)?</b>	
<b>Medicare No.</b>		<b>Medicare A Effective</b>		<b>Medicare B Effective</b>		<b>Admission Source</b>	1 - PHYSICIAN REFERRAL
<b>Medicaid No.</b>	0007556301 QMB	<b>Medicaid Effective</b>		<b>Physician Medicaid No.</b>		<b>Physician Name</b>	BENITES, JENNIFER

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<b>Legacy MR No:</b>					

### Private Payor Type Info

<b>Claim No.</b>	<b>Policy No.</b>	<b>Insured ID</b>			
	42068912				
<b>Insured Name</b>	<b>Insured Relation</b>	<b>Insured Address</b>			
		<b>Insured City</b>	<b>Insured State</b>	<b>Insured Zip</b>	
		<b>Insured Phone</b>			

### Private Payor Type Info

<b>Claim No.</b>	<b>Policy No.</b>	<b>Insured ID</b>			
<b>Insured Name</b>	<b>Insured Relation</b>	<b>Insured Address</b>			
		<b>Insured City</b>	<b>Insured State</b>	<b>Insured Zip</b>	
		<b>Insured Phone</b>			
<b>Employer Name</b>	<b>Employer ID</b>	<b>Employer Address</b>			
		<b>Employer City</b>	<b>Employer State</b>	<b>Employer Zip</b>	
		<b>Employer Phone</b>			
<b>Employer Name</b>	<b>Employer ID</b>	<b>Employer Address</b>			
		<b>Employer City</b>	<b>Employer State</b>	<b>Employer Zip</b>	
		<b>Employer Phone</b>			

<b><u>Program Name</u></b>	<b><u>Obtained Date</u></b>	<b><u>Obtained By/ Authorized By</u></b>	<b><u>Authorization No./ Active</u></b>	<b><u>Start Date/ End Date</u></b>
PPS PROGRAM	10/8/2025 4:38:23 PM	HCHB RECERTIFICATION	Y	10/16/2025 12/14/2025

<b>Unit Type</b>	<b>Budget Type</b>	<b>Billing Code</b>	<b>Qty Per Period</b>	<b>Qty Per Day</b>	<b>Qty Per Week</b>	<b>Qty Per Month</b>	<b>Qty Per Year</b>	<b>Active</b>
PPS PROGRAM	10/21/2025 12:27:09 PM					105206768		10/16/2025 11/14/2025
						Y		
<b>Unit Type</b>	<b>Budget Type</b>	<b>Billing Code</b>	<b>Qty Per Period</b>	<b>Qty Per Day</b>	<b>Qty Per Week</b>	<b>Qty Per Month</b>	<b>Qty Per Year</b>	<b>Active</b>
PPS PROGRAM	11/4/2025 1:35:44 PM	SN	8			105424946		11/03/2025 11/14/2025
						Y		
<b>Unit Type</b>	<b>Budget Type</b>	<b>Billing Code</b>	<b>Qty Per Period</b>	<b>Qty Per Day</b>	<b>Qty Per Week</b>	<b>Qty Per Month</b>	<b>Qty Per Year</b>	<b>Active</b>
PPS PROGRAM		OT	1					Y

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<b>MR No:</b> 04200040760601	<b>Insured ID:</b> 0007556301 QMB	<b>Secondary Payor:</b> MEDICAID KENTUCKY
<b>Legacy MR No:</b>		

<b>Program Name</b>	<b>Obtained Date</b>	<b>Obtained By/ Authorized By</b>	<b>Authorization No./ Active</b>	<b>Start Date/ End Date</b>
PPS PROGRAM	11/4/2025 1:36:14 PM	DESIRAE TRUMMER, ashley	105424947 Y	11/03/2025 11/14/2025

<b>Unit Type</b>	<b>Budget Type</b>	<b>Billing Code</b>	<b>Qty Per Period</b>	<b>Qty Per Day</b>	<b>Qty Per Week</b>	<b>Qty Per Month</b>	<b>Qty Per Year</b>	<b>Active</b>
VISITS	DISCIPLINES	PT	1					Y

### Physician Info

<b>Primary Physician</b>	<b>NPI #</b>	<b>Date Last Seen</b>
BENITES, JENNIFER	1679394217	
<b>Address</b>	<b>City</b>	<b>State</b>
2195 HARRODSBURG RD STE 125	LEXINGTON	KY
<b>Phone</b>	<b>Fax</b>	<b>Zip</b>
(859)323-6371	(859)257-3585	40504-
<b>Pager</b>		
<b>Secondary Physician</b>	<b>Admitting Discipline</b>	<b>Perform Add-On Evaluation Prior to Approval of the Plan of Care associated with the Completed SOC Visit?</b>
BASHAM, SHELBI	SN	N
<b>Requested Date of Evaluation</b>	<b>Add-On Discipline</b>	
10/16/2025		
<b>Requested Date of Add-On Evaluation</b>		

### Clinical Info

<b>Case Manager</b>	<b>Team Member(s)</b>
COREY VANDERPOOL, RN	JERRI CRAGER, OT
	MEGAN KIFER, PTA
	VALERIE GIBBS, PT
<b>Weight</b>	<b>Paperwork Received By Patient</b>
	Y
<b>Height</b>	
<b>Pregnant</b>	
N	

### Medical Release Code

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

<b>Acuity Status</b>	<b>Disaster Status</b>	<b>Evacuation Location</b>
3 - WITHIN WEEK	CHAIR BOUND	SHELTER AT HOME

<b>Type</b>	<b>Location</b>	<b>Contents</b>	<b>Contact Name</b>	<b>Contact Phone</b>	<b>Was Adv Dir Info Left With Caregiver?</b>
NONE					Y
NONE					N
NONE					N

### Inpatient Events (Unaffiliated with your Agency)

<b>Inpatient Facility</b>	<b>Hospital Admit Date</b>	<b>Hospital Discharge Date</b>	<b>Surgery Date</b>	<b>Inpatient MR No.</b>	<b>Reason for Admission</b>
UK GOOD SAMARITAN HOSPITAL LEXINGTON	10/26/2025	10/31/2025			GRAM NEGATIVE BACTEREMIA

### Home Health Care Survey

<b>Is care related to surgical discharge?</b>	<b>Does patient have end-stage renal disease?</b>	<b>Number of ADLs for which patient is not independent?</b>

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<b>Legacy MR No:</b>					

<b>Has patient requested "No Publicity" status?</b>	<b>Is maternity care the primary reason for home health care?</b>	<b>Primary Spoken Language</b>
N	N	

### ICD-10 Diagnoses/Procedures

Order	Code	Description	Onset / Exac.	O/E Date	Type	Sym. Ctrl. Rtg.	OASIS Item
1	E11.621	TYPE 2 DIABETES MELLITUS WITH FOOT ULCER	E	10/13/2025	D	2 - Symptoms controlled with difficulty, affecting daily functioning; patient needs ongoing monitoring.	M1021
2	L97.512	NON-PRS CHRONIC ULCER OTH PRT RIGHT FOOT W FAT LAYER EXPOSED	O	10/13/2025	D	1 - Symptoms well controlled with current therapy.	M1023
3	E11.622	TYPE 2 DIABETES MELLITUS WITH OTHER SKIN ULCER	O	10/13/2025	D	1 - Symptoms well controlled with current therapy.	M1023
4	L97.212	NON-PRESSURE CHRONIC ULCER OF RIGHT CALF W FAT LAYER EXPOSED	O	10/13/2025	D	1 - Symptoms well controlled with current therapy.	M1023
5	L97.812	NON-PRS CHRONIC ULCER OTH PRT R LOW LEG W FAT LAYER EXPOSED	O	10/13/2025	D	1 - Symptoms well controlled with current therapy.	M1023
6	E11.52	TYPE 2 DIABETES W DIABETIC PERIPHERAL ANGIOPATHY W GANGRENE	O	10/13/2025	D	1 - Symptoms well controlled with current therapy.	M1023
7	I89.0	LYMPHEDEMA, NOT ELSEWHERE CLASSIFIED	O	10/13/2025	D	1 - Symptoms well controlled with current therapy.	M1023
8	I12.9	HYPERTENSIVE CHRONIC KIDNEY DISEASE W STG 1-4/UNSP CHR KDNY	O	10/13/2025	D	1 - Symptoms well controlled with current therapy.	M1023
9	E11.22	TYPE 2 DIABETES MELLITUS W DIABETIC CHRONIC KIDNEY DISEASE	O	10/13/2025	D	1 - Symptoms well controlled with current therapy.	M1023
10	N18.9	CHRONIC KIDNEY DISEASE, UNSPECIFIED	O	10/13/2025	D	1 - Symptoms well controlled with current therapy.	M1023
11	D63.1	ANEMIA IN CHRONIC KIDNEY DISEASE	O	10/13/2025	D	1 - Symptoms well controlled with current therapy.	M1023
12	Z89.422	ACQUIRED ABSENCE OF OTHER LEFT TOE(S)	O	10/13/2025	D		M1023
13	F41.9	ANXIETY DISORDER, UNSPECIFIED	O	10/13/2025	D	1 - Symptoms well controlled with current therapy.	M1023
14	Z79.84	LONG TERM (CURRENT) USE OF ORAL HYPOGLYCEMIC DRUGS	O	10/13/2025	D		M1023
15	Z79.4	LONG TERM (CURRENT) USE OF INSULIN	O	10/13/2025	D		M1023
16	Z55.6	Problems related to health literacy	O	10/13/2025	D		M1023
17	Z91.81	HISTORY OF FALLING	O	10/13/2025	D		M1023

### Allergies

Description	Date Entered
NKA	6/18/2025 12:08:24 PM

\* denotes Non-Visit QI Reporting Collection

11/06/2025 10:25:45 AM

Printed By: HUGHES, TERESA L

## Visit Note Report

Client: GRIFFIN, SONJA J  
 Client DOB: 7/20/1965  
 Insured ID: 42068912  
 Insured ID: 0007556301 QMB

MR No: 04200040760601

Legacy MR No:

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

Visit Date: 11/04/2025 Visit Number: 3 Visit Type: RN15 - RN RESUMPTION OF CARE

General: GRIFFIN, SONJA J. 04200040760601

Visit Date: 11/04/2025 Visit Number: 3 Visit Type: RN15 - RN RESUMPTION OF CARE Branch Code: 042 Billable: ☒

Agent ID: 595909 Agent Name: COREY VANDERPOOL RN Mileage Payment Method: AM Trip Fees: 0.00 Mileage Start: 0 Mileage End: 0 Mileage: 0

(M0090) Date Assessment Completed: 11/4/2025

(M0080) Discipline of Person Completing Assessment: RN

## Time:

TRAVEL TIME	DRIVE START TIME	11/04/2025 01:27 PM	DRIVE END TIME	11/04/2025 01:27 PM
IN-HOME TIME	BEGAN	11/04/2025 01:27 PM	INCOMPLETE	11/04/2025 02:50 PM
DOCUMENTATION TIME	RESUMED	11/04/2025 03:11 PM	PAUSED	11/04/2025 03:28 PM
DOCUMENTATION TIME	RESUMED	11/04/2025 03:33 PM	INCOMPLETE	11/04/2025 03:34 PM
DOCUMENTATION TIME	RESUMED	11/04/2025 04:53 PM	COMPLETED	11/04/2025 05:02 PM

Total In-Home Time: 1.38 Hours  
 Total Doc Time: 0.47 Hours  
 Total Time: 1.85 Hours

## ICD-10 Diagnoses/Procedures

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## Visit Note Report

Client: GRIFFIN, SONJA J  
Client DOB: 7/20/1965  
Insured ID: 42068912  
Insured ID: 0007556301 QMB

MR No: 04200040760601

Legacy MR No:

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

Visit Date: 11/04/2025 Visit Number: 3 Visit Type: RN15 - RN RESUMPTION OF CARE

## Vital Signs

Vital Signs	Reading	Time Recorded	Details	Instrument Problems
Temperature	98.4	11/04/2025 01:57 PM	TEMPORAL	N
Pulse	65	11/04/2025 01:57 PM	RADIAL	N
Pulse Characteristics:			WNL	
Respirations	17	11/04/2025 01:57 PM		N
Respiration Characteristics:			WNL	
Blood Pressure	136 / 78	11/04/2025 01:57 PM	SITTING ARM - LT	N
Body Mass Index (%)	31	11/04/2025 01:57 PM		N
Height	68	11/04/2025 01:57 PM		N
Oxygen Saturation Level (%)	97	11/04/2025 01:57 PM		N
Oxygen Saturation Characteristics:			ON ROOM AIR	
Weight (lbs)	210	11/04/2025 01:57 PM	SCALES	N

## Emergency Preparedness

Evacuation Location	Acuity Status	Disaster Status
SHELTER AT HOME	3 - WITHIN WEEK	CHAIR BOUND

## Contact Info

Contact: SHANEKA GRIFFIN Contact Type: EMERGENCY CONTACT Relationship: DAUGHTER

Address:

Home Ph: Alternate Ph: Email:

Primary Ph: 8595504399

Caregiver/Representative Type: PRIMARY CAREGIVER

Caregiver Availability/Schedule: EVENINGS AND WEEKENDS, 24/7

## Assessment

## PATIENT IDENTIFIER

INDICATE TWO PATIENT IDENTIFIERS USED TO IDENTIFY THE PATIENT:

PATIENT NAME  
DATE OF BIRTH  
VISUAL RECOGNITION  
PATIENT ADDRESS

## VERIFY INSURANCE

HAS PATIENT'S INSURANCE CHANGED SINCE LAST VISIT?  
NO

## CLIENT DEMOGRAPHICS

(OBQI)(M0100) THIS ASSESSMENT IS CURRENTLY BEING COMPLETED FOR THE FOLLOWING REASON:  
3 - RESUMPTION OF CARE (AFTER INPATIENT STAY)

SELECT THE CLIENT'S MARITAL STATUS:  
NOT MARRIED

INDICATE THE CLIENT'S RELIGION:

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**Visit Number:** 3  
**Visit Type:** RN15 - RN RESUMPTION OF CARE

### Assessment

CHRISTIAN

(E)(M0102) IS THE DATE OF PHYSICIAN-ORDERED START OF CARE / RESUMPTION OF CARE KNOWN?

1. YES

(M0102) DATE OF PHYSICIAN-ORDERED START OF CARE (RESUMPTION OF CARE): IF THE PHYSICIAN INDICATED A SPECIFIC START OF CARE (RESUMPTION OF CARE) DATE WHEN THE PATIENT WAS REFERRED FOR HOME HEALTH SERVICES, RECORD THE DATE SPECIFIED.  
11/4/2025

### HOMEBOUND STATUS

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  
 ASSISTANCE OF ANOTHER PERSON IN ORDER TO LEAVE PLACE OF RESIDENCE - LEVEL 1  
 PATIENT HAS A CONDITION SUCH THAT LEAVING HOME IS MEDICALLY CONTRAINDICATED - LEVEL 1

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

GAIT DEFICIT  
 LIMITED AMBULATION  
 FALL RISK

ARE ENVIRONMENTAL BARRIERS PRESENT THAT PREVENT/RESTRICT THE PATIENT FROM LEAVING HOME?

NO

### FINANCIAL

(C1) (M0150) CURRENT PAYMENT SOURCES FOR HOME CARE: (MARK ALL THAT APPLY.)

2 - MEDICARE (HMO/MANAGED CARE/ADVANTAGE PLAN)  
 4 - MEDICAID (HMO/MANAGED CARE)

### HEALTH HISTORY

WAS THE PATIENT DISCHARGED FROM AN INPATIENT FACILITY WITHIN THE LAST 14 DAYS?

YES

(C1) (PRA) (M1000) FROM WHICH OF THE FOLLOWING INPATIENT FACILITIES WAS THE PATIENT DISCHARGED WITHIN THE PAST 14 DAYS? (MARK ALL THAT APPLY.)

3 - SHORT-STAY ACUTE HOSPITAL (IPPS)

IS DATE OF INPATIENT DISCHARGE KNOWN?

NO

(M1005) INPATIENT DISCHARGE DATE (MOST RECENT): MONTH/DAY/YEAR

UK - UNKNOWN

INDICATE SIGNIFICANT PAST HISTORY: (MARK ALL THAT APPLY)

FREQUENT URI  
 HEART DISEASE  
 PVD

INDICATE IMMUNIZATIONS HISTORY: (MARK ALL THAT APPLY AND RECORD IN VACCINATION SECTION)

UP TO DATE

(D)(M1028) ACTIVE DIAGNOSES- COMORBIDITIES AND CO-EXISTING CONDITIONS – CHECK ALL THAT APPLY

1 - PERIPHERAL VASCULAR DISEASE (PVD) OR PERIPHERAL ARTERIAL DISEASE (PAD)  
 2 - DIABETES MELLITUS (DM)

(PRA) (M1033) RISK FOR HOSPITALIZATION: WHICH OF THE FOLLOWING SIGNS OR SYMPTOMS CHARACTERIZE THIS PATIENT AS AT RISK FOR HOSPITALIZATION? (MARK ALL THAT APPLY.)

4 - MULTIPLE EMERGENCY DEPARTMENT VISITS (2 OR MORE) IN THE PAST 6 MONTHS  
 5 - DECLINE IN MENTAL, EMOTIONAL, OR BEHAVIORAL STATUS IN THE PAST 3 MONTHS  
 6 - REPORTED OR OBSERVED HISTORY OF DIFFICULTY COMPLYING WITH ANY MEDICAL INSTRUCTIONS (FOR EXAMPLE, MEDICATIONS, DIET, EXERCISE) IN THE PAST 3 MONTHS  
 7 - CURRENTLY TAKING 5 OR MORE MEDICATIONS  
 8 - CURRENTLY REPORTS EXHAUSTION

WAS HEIGHT ASSESSED?

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 Insured ID: 0007556301 QMB Secondary Payor: MEDICAID KENTUCKY  
 Visit Date: 11/04/2025 Visit Number: 3 Visit Type: RN15 - RN RESUMPTION OF CARE

### Assessment

YES

(M1060A) HEIGHT (IN INCHES). RECORD MOST RECENT HEIGHT MEASURE SINCE THE MOST RECENT SOC/ROC. WHILE MEASURING IF THE NUMBER IS X.1 - X.4 ROUND DOWN; X.5 OR GREATER ROUND UP

68

WAS WEIGHT ASSESSED?

YES

(M1060B) WEIGHT (IN POUNDS). BASE WEIGHT ON MOST RECENT MEASURE IN LAST 30 DAYS; MEASURE WEIGHT CONSISTENTLY, ACCORDING TO STANDARD AGENCY PRACTICE (FOR EXAMPLE, IN A.M. AFTER VOIDING, BEFORE MEALS, WITH SHOES OFF, ETC). WHILE MEASURING IF THE NUMBER IS X.1 - X.4 ROUND DOWN; X.5 OR GREATER ROUND UP

210

WAS CLIENT KNOWLEDGE ASSESSED?

YES

INDICATE CLIENT KNOWLEDGE BASE DEFICITS: (MARK ALL THAT APPLY)

TECHNICAL PROCEDURES

PATHOPHYSIOLOGY OF DISEASE

SIGNS AND SYMPTOMS TO REPORT

WAS CAREGIVER KNOWLEDGE ASSESSED?

NO

INDICATE REASON CAREGIVER KNOWLEDGE NOT ASSESSED:

NOT APPLICABLE

(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?

1. RARELY

(A1250) TRANSPORTATION (NAHC (C)): HAS LACK OF TRANSPORTATION KEPT YOU FROM MEDICAL APPOINTMENTS, MEETINGS, WORK, OR FROM GETTING THINGS NEEDED FOR DAILY LIVING?

C. NO

### ENVIRONMENTAL

(QM) (M1100) PATIENT LIVING SITUATION: WHICH OF THE FOLLOWING BEST DESCRIBES THE PATIENT'S RESIDENTIAL CIRCUMSTANCE AND AVAILABILITY OF ASSISTANCE? (CHECK ONE BOX ONLY).

B - PATIENT LIVES WITH OTHER PERSON(S) IN THE HOME

(QM) (M1100B) PATIENT LIVES WITH OTHER PERSON(S) IN THE HOME: WHICH OF THE FOLLOWING BEST DESCRIBES THE PATIENT'S AVAILABILITY OF ASSISTANCE AT THEIR RESIDENCE?

06 - AROUND THE CLOCK

IS THE CLIENT RECEIVING ASSISTANCE FROM PERSONS OTHER THAN HOME CARE STAFF?

YES

(M&E 380) COMMUNITY SERVICES INVOLVED OR NEEDED IN THE CLIENT'S CARE: (MARK ALL THAT APPLY)

0 - NO COMMUNITY RESOURCES NEEDED AT THIS TIME

INDICATE TYPE OF MOBILITY BARRIERS PRESENT IN THE HOME (MARK ALL THAT APPLY):

NONE

INDICATE STRUCTURAL BARRIERS: (MARK ALL THAT APPLY)

NONE

INDICATE SAFETY HAZARDS: (MARK ALL THAT APPLY)

NONE

INDICATE SANITATION ISSUES: (MARK ALL THAT APPLY)

NONE

### HEAD/NECK

WERE HEAD AND NECK ASSESSED?

YES

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

## Visit Note Report

Client: GRIFFIN, SONJA J  
Client DOB: 7/20/1965  
Insured ID: 420688912  
Insured ID: 0007556301 QMB

MR No: 04200040760601

Legacy MR No:

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

Visit Date: 11/04/2025 Visit Number: 3 Visit Type: RN15 - RN RESUMPTION OF CARE

### Assessment

#### HEADACHES

#### EYES/EARS/NOSE/THROAT

WERE EYES ASSESSED?

YES

INDICATE EYES ASSESSMENT: (MARK ALL THAT APPLY)

VISUAL DISTURBANCES REQUIRING GLASSES OR CONTACTS

WERE EARS ASSESSED?

YES

INDICATE EARS ASSESSMENT: (MARK ALL THAT APPLY)

WNL

WAS MOUTH AND THROAT ASSESSED?

YES

INDICATE MOUTH AND THROAT ASSESSMENT: (MARK ALL THAT APPLY)

POOR DENTITION

WERE NOSE AND SINUSES ASSESSED?

YES

INDICATE NOSE AND SINUS ASSESSMENT: (MARK ALL THAT APPLY)

WNL

#### PAIN

IS PATIENT UNCOMFORTABLE BECAUSE OF PAIN?

YES

INDICATE WHICH PAIN INTENSITY SCALE USED:

NUMERIC PAIN SCALE

PAIN SCORE (0-10):

0

(J0510) PAIN EFFECT ON SLEEP: ASK PATIENT: "OVER THE PAST 5 DAYS, HOW MUCH OF THE TIME HAS PAIN MADE IT HARD FOR YOU TO SLEEP AT NIGHT?"

0. DOES NOT APPLY - I HAVE NOT HAD ANY PAIN OR HURTING IN THE PAST 5 DAYS

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

NO

#### BRADEN RISK ASSESSMENT SCALE

SENSORY PERCEPTION - ABILITY TO RESPOND MEANINGFULLY TO PRESSURE-RELATED DISCOMFORT

NO IMPAIRMENT - RESPONDS TO VERBAL COMMANDS. HAS NO SENSORY DEFICIT WHICH WOULD LIMIT ABILITY TO FEEL OR VOICE PAIN OR DISCOMFORT.

MOISTURE - DEGREE TO WHICH SKIN IS EXPOSED TO MOISTURE

OCCASIONALLY MOIST - SKIN IS OCCASIONALLY MOIST, REQUIRING AN EXTRA LINEN CHANGE APPROXIMATELY ONCE A DAY.

ACTIVITY - DEGREE OF PHYSICAL ACTIVITY

CHAIRFAST - ABILITY TO WALK SEVERELY LIMITED OR NON-EXISTENT. CANNOT BEAR OWN WEIGHT AND/OR MUST BE ASSISTED INTO CHAIR OR WHEELCHAIR.

MOBILITY - ABILITY TO CHANGE AND CONTROL BODY POSITION

VERY LIMITED - MAKES OCCASIONAL SLIGHT CHANGES IN BODY OR EXTREMITY POSITION BUT UNABLE TO MAKE FREQUENT OR SIGNIFICANT CHANGES INDEPENDENTLY.

NUTRITION - USUAL FOOD INTAKE PATTERN

PROBABLY INADEQUATE - RARELY EATS A COMPLETE MEAL AND GENERALLY EATS ONLY ABOUT 1/2 OF ANY FOOD OFFERED. PROTEIN INTAKE INCLUDES ONLY 3 SERVINGS OF MEAT OR DAIRY PRODUCTS PER DAY. OCCASIONALLY WILL TAKE A DIETARY SUPPLEMENT, OR RECEIVES LESS THAN OPTIMUM AMOUNT OF LIQUID DIET OR TUBE FEEDING.

FRICTION AND SHEAR

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Legacy MR No:

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**PROBLEM - REQUIRES MODERATE TO MAXIMUM ASSISTANCE IN MOVING. COMPLETE LIFTING WITHOUT SLIDING AGAINST SHEETS IS IMPOSSIBLE. FREQUENTLY SLIDES DOWN IN BED OR CHAIR, REQUIRING FREQUENT REPOSITIONING WITH MAXIMUM ASSISTANCE. SPASTICITY, CONTRACTURES, OR AGITATION LEADS TO ALMOST CONSTANT FRICTION.**

TOTAL SCORE (PATIENTS WITH A TOTAL SCORE OF 12 OR LESS ARE CONSIDERED TO BE AT HIGH RISK OF DEVELOPING PRESSURE ULCERS):

14

BASED ON THE SCORE, THE RISK LEVEL FOR THIS PATIENT IS:

**MODERATE**

INDICATE THE BRADEN RISK LEVEL PRESENTED:

**MILD RISK (15-18)**

A STANDARD MATTRESS IS APPROPRIATE AT THIS TIME.

**OK**

### INTEGUMENTARY

(D) (CC) (QM) (M1306) DOES THE PATIENT HAVE AT LEAST ONE UNHEALED PRESSURE ULCER/INJURY AT STAGE 2 OR HIGHER OR DESIGNATED AS UNSTAGEABLE? (EXCLUDES STAGE 1 PRESSURE INJURIES AND ALL HEALED PRESSURE ULCERS/INJURIES)

**0 - NO**

(D) (QM) (M1322) CURRENT NUMBER OF STAGE 1 PRESSURE INJURIES: INTACT SKIN WITH NON-BLANCHABLE REDNESS OF A LOCALIZED AREA USUALLY OVER A BONY PROMINENCE. DARKLY PIGMENTED SKIN MAY NOT HAVE A VISIBLE BLANCHING; IN DARK SKIN TONES ONLY IT MAY APPEAR WITH PERSISTENT BLUE OR PURPLE HUES.

**0**

(D) (QM) (PRA) (M1324) STAGE OF MOST PROBLEMATIC UNHEALED PRESSURE ULCER/INJURY THAT IS STAGEABLE: (EXCLUDES PRESSURE ULCER/INJURY THAT CANNOT BE STAGED DUE TO A NON-REMOVABLE DRESSING/DEVICE, COVERAGE OF WOUND BED BY SLOUGH AND/OR ESCHAR, OR DEEP TISSUE INJURY.)

**NA - PATIENT HAS NO PRESSURE ULCERS/INJURIES OR NO STAGEABLE PRESSURE ULCERS/INJURIES**

(C1) (PRA) (M1330) DOES THIS PATIENT HAVE A STASIS ULCER?

**2 - YES, PATIENT HAS OBSERVABLE STASIS ULCERS ONLY**

(C1) (PRA) (M1332) CURRENT NUMBER OF STASIS ULCER(S) THAT ARE OBSERVABLE

**4 - FOUR OR MORE**

(C1) (PRA) (M1334) STATUS OF MOST PROBLEMATIC STASIS ULCER THAT IS OBSERVABLE

**2 - EARLY/PARTIAL GRANULATION**

(CC) (QM) (PRA) (M1340) DOES THIS PATIENT HAVE A SURGICAL WOUND?

**0 - NO**

WAS INTEGUMENTARY ASSESSED?

**YES**

INDICATE INTEGUMENTARY ASSESSMENT FINDINGS: (MARK ALL THAT APPLY)

**BRUISING**

**MOIST**

**NAIL ABNORMALITY**

**PALE**

**POOR TURGOR**

**RASH**

**WOUND(S)**

### RESPIRATORY

WAS RESPIRATORY SYSTEM ASSESSED?

**YES**

INDICATE RESPIRATORY ASSESSMENT FINDINGS: (MARK ALL THAT APPLY)

**WNL**

WAS O2 SATURATION LEVEL TESTED?

**YES**

## Visit Note Report

<b>Client:</b> GRIFFIN, SONJA J <b>Client DOB:</b> 7/20/1965 <b>Insured ID:</b> 42068912 <b>Insured ID:</b> 0007556301 QMB	<b>MR No:</b> 04200040760601 <b>Primary Payor:</b> WELLCARE MCR ADV PDGM <b>Secondary Payor:</b> MEDICAID KENTUCKY	<b>Legacy MR No:</b>   <b>Visit Date:</b> 11/04/2025 <b>Visit Number:</b> 3 <b>Visit Type:</b> RN15 - RN RESUMPTION OF CARE
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### Assessment

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

AT REST

ON ROOM AIR

O2 SAT LEVEL AT REST:

97.0

O2 SAT LEVEL ON ROOM AIR:

97.0

WAS PERCEIVED FUNCTIONAL DYSPNEA SCALE PERFORMED?

NO

(QM) (PRA) (M1400) WHEN IS THE PATIENT DYSPNEIC OR NOTICEABLY SHORT OF BREATH?

2 - WITH MODERATE EXERTION (FOR EXAMPLE, WHILE DRESSING, USING COMMODE OR BEDPAN, WALKING DISTANCES LESS THAN 20 FEET)

### CARDIOVASCULAR

CARDIOVASCULAR SYSTEM ASSESSED?

YES

CARDIOVASCULAR ASSESSMENT FINDINGS: (MARK ALL THAT APPLY)

EDEMA

HYPERTENSION

INDICATE LOCATION OF EDEMA:

LOWER RIGHT

INDICATE CHARACTERISTICS OF EDEMA (LOWER RIGHT):

2+

ARE COMPRESSION STOCKINGS ORDERED?

YES

IS PATIENT ADHERENT?

NO

PROVIDE EXPLANATION WHY PATIENT NOT USING COMPRESSION STOCKINGS:

PT STATES THEY DONT WORK FOR HER AND HER STUMP COMPRESSION BREAKS HER SKIN OUT AND IS TOO SMALL

WEAR SCHEDULE:

CONTINUOUS

IF THE PATIENT IS EASILY FATIGUED OR SHOWS DYSPNEA ON EXERTION IS THERE A NEED FOR ENERGY CONSERVATION TRAINING?

NO

### GENITOURINARY

WAS GENITOURINARY SYSTEM ASSESSED?

YES

INDICATE GENITOURINARY ASSESSMENT: (MARK ALL THAT APPLY)

INCONTINENCE

(QM) (M1600) HAS THIS PATIENT BEEN TREATED FOR A URINARY TRACT INFECTION IN THE PAST 14 DAYS?

1 - YES

(C1) (QM) (PRA) (M1610) URINARY INCONTINENCE OR URINARY CATHETER PRESENCE:

1 - PATIENT IS INCONTINENT

### GASTROINTESTINAL

INDICATE GASTROINTESTINAL ASSESSMENT FINDINGS: (MARK ALL THAT APPLY)

WNL

INDICATE DATE OF LAST BOWEL MOVEMENT:

11/4/2025

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### Assessment

(QM) (M1620) BOWEL INCONTINENCE FREQUENCY:

0 - VERY RARELY OR NEVER HAS BOWEL INCONTINENCE

(C1) (PRA) (M1630) OSTOMY FOR BOWEL ELIMINATION: DOES THIS PATIENT HAVE AN OSTOMY FOR BOWEL ELIMINATION THAT (WITHIN THE LAST 14 DAYS): A) WAS RELATED TO AN INPATIENT FACILITY STAY; OR B) NECESSITATED A CHANGE IN MEDICAL OR TREATMENT REGIMEN?

0 - PATIENT DOES NOT HAVE AN OSTOMY FOR BOWEL ELIMINATION.

### NUTRITIONAL

INDICATE NUTRITIONAL ASSESSMENT FINDINGS: (MARK ALL THAT APPLY)

PATIENT EATS FEWER THAN 2 MEALS PER DAY

PATIENT EATS ALONE MOST OF THE TIME

PATIENT TAKES 3 OR MORE PRESCRIBED OR OVER THE COUNTER DRUGS PER DAY

WITHOUT WANTING TO, THE PATIENT HAS LOST OR GAINED OVER 10 POUNDS IN THE PAST 6 MONTHS

PATIENT NOT ALWAYS PHYSICALLY ABLE TO SHOP, COOK, AND/OR FEED SELF

PATIENT DRINKS LESS THAN FOUR GLASSES OF WATER PER DAY

TOTAL NUTRITION ASSESSMENT SCORE:

11

BASED ON THE SCORE, THE NUTRITIONAL RISK LEVEL IS:

PATIENT IS AT A HIGH NUTRITIONAL RISK

DID THE PATIENT SCORE 6 OR ABOVE ON THE NUTRITIONAL ASSESSMENT?

NO

(K05201) NUTRITIONAL APPROACHES: CHECK ALL OF THE NUTRITIONAL APPROACHES THAT APPLY ON ADMISSION.

Z. NONE OF THE ABOVE

### IMMUNOLOGIC

WAS IMMUNOLOGIC SYSTEM ASSESSED?

YES

INDICATE IMMUNOLOGIC ASSESSMENT: (MARK ALL THAT APPLY)

WNL

### ENDOCRINE/HEMATOPOIETIC

WAS ENDOCRINE/HEMATOPOIETIC ASSESSED?

YES

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

DIABETES

IS THE CLIENT TAKING INSULIN?

YES

HOW FREQUENT ARE BLOOD SUGARS CHECKED?

PATIENT WEARS DEXCOM

WHAT ARE THE CLIENT'S USUAL BLOOD SUGAR READINGS?

150-300

CAN THE PATIENT DRAW UP INJECTABLE MEDICATION (I.E., INSULIN, B12, CALCIMAR) ?

YES

CAN THE PATIENT SELF INJECT INJECTABLE MEDICATION (I.E., INSULIN, B12, CALCIMAR) ?

YES

IS THE CLIENT TAKING AN ANTICOAGULANT?

YES

### COGNITIVE/BEHAVIORAL/NEURO

(C1) (QM) (PRA) (M1700) COGNITIVE FUNCTIONING: PATIENT'S CURRENT (DAY OF ASSESSMENT) LEVEL OF ALERTNESS, ORIENTATION, COMPREHENSION, CONCENTRATION, AND IMMEDIATE MEMORY FOR SIMPLE COMMANDS.

0 - ALERT/ORIENTED, ABLE TO FOCUS AND SHIFT ATTENTION, COMPREHENDS AND RECALLS TASK DIRECTIONS INDEPENDENTLY.

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### Assessment

(QM) (M1710) WHEN CONFUSED (REPORTED OR OBSERVED) WITHIN THE LAST 14 DAYS:

0 - NEVER

(QM) (M1720) WHEN ANXIOUS (REPORTED OR OBSERVED) WITHIN THE LAST 14 DAYS:

0 - NONE OF THE TIME

(C1) (QM) (PRA) (M1740) COGNITIVE, BEHAVIORAL, AND PSYCHIATRIC SYMPTOMS THAT ARE DEMONSTRATED AT LEAST ONCE A WEEK (REPORTED OR OBSERVED): (MARK ALL THAT APPLY.)

7 - NONE OF THE ABOVE BEHAVIORS DEMONSTRATED

(QM) (M1745) FREQUENCY OF DISRUPTIVE BEHAVIOR SYMPTOMS (REPORTED OR OBSERVED) ANY PHYSICAL, VERBAL, OR OTHER DISRUPTIVE/DANGEROUS SYMPTOMS THAT ARE INJURIOUS TO SELF OR OTHERS OR JEOPARDIZE PERSONAL SAFETY

0 - NEVER

(C0100) SHOULD BRIEF INTERVIEW FOR MENTAL STATUS (C0200-C0500) BE CONDUCTED? ATTEMPT TO CONDUCT INTERVIEW WITH ALL PATIENTS.

1. YES

(C0200) REPETITION OF THREE WORDS: ASK PATIENT "I AM GOING TO SAY THREE WORDS FOR YOU TO REMEMBER. PLEASE REPEAT THE WORDS AFTER I HAVE SAID ALL THREE. THE WORDS ARE: SOCK, BLUE, AND BED. NOW, TELL ME THE THREE WORDS." AFTER THE PATIENT'S FIRST ATTEMPT, REPEAT THE WORDS USING CUES ("SOCK, SOMETHING TO WEAR; BLUE, A COLOR; BED, A PIECE OF FURNITURE"). YOU MAY REPEAT THE WORDS UP TO TWO MORE TIMES. NUMBER OF WORDS REPEATED AFTER FIRST ATTEMPT.

3. THREE

(C0300A) TEMPORAL ORIENTATION (ORIENTATION TO YEAR, MONTH, AND DAY): ASK PATIENT: "PLEASE TELL ME WHAT YEAR IT IS RIGHT NOW." ABLE TO REPORT CORRECT YEAR?

3. CORRECT

(C0300B) TEMPORAL ORIENTATION (ORIENTATION TO YEAR, MONTH, AND DAY): ASK PATIENT: "WHAT MONTH ARE WE IN RIGHT NOW?" ABLE TO REPORT CORRECT MONTH?

2. ACCURATE WITHIN 5 DAYS

(C0300C) TEMPORAL ORIENTATION (ORIENTATION TO YEAR, MONTH, AND DAY): ASK PATIENT: "WHAT DAY OF THE WEEK IS TODAY?" ABLE TO REPORT CORRECT DAY OF THE WEEK?

1. CORRECT

(C0400A) RECALL: ASK PATIENT: "LET'S GO BACK TO AN EARLIER QUESTION. WHAT WERE THOSE THREE WORDS THAT I ASKED YOU TO REPEAT?" IF UNABLE TO REMEMBER A WORD, GIVE A CUE (SOMETHING TO WEAR; A COLOR; A PIECE OF FURNITURE) FOR THAT WORD. ABLE TO RECALL "SOCK"?

2. YES, NO CUE REQUIRED

(C0400B) RECALL: ASK PATIENT: "LET'S GO BACK TO AN EARLIER QUESTION. WHAT WERE THOSE THREE WORDS THAT I ASKED YOU TO REPEAT?" IF UNABLE TO REMEMBER A WORD, GIVE A CUE (SOMETHING TO WEAR; A COLOR; A PIECE OF FURNITURE) FOR THAT WORD. ABLE TO RECALL "BLUE"?

2. YES, NO CUE REQUIRED

(C0400C) RECALL: ASK PATIENT: "LET'S GO BACK TO AN EARLIER QUESTION. WHAT WERE THOSE THREE WORDS THAT I ASKED YOU TO REPEAT?" IF UNABLE TO REMEMBER A WORD, GIVE A CUE (SOMETHING TO WEAR; A COLOR; A PIECE OF FURNITURE) FOR THAT WORD. ABLE TO RECALL "BED"?

2. YES, NO CUE REQUIRED

BIMS SCORING SCRIPTS

15

(C0500) BIMS SUMMARY SCORE: ADD SCORES FOR QUESTIONS C0200-C0400 AND FILL IN TOTAL SCORE (00-15). ENTER 99 IF THE PATIENT WAS UNABLE TO COMPLETE THE INTERVIEW.

15.0

INDICATE LEVEL OF COGNITIVE IMPAIRMENT

13 - 15: COGNITIVELY INTACT

(F1) (D0150) PATIENT MOOD INTERVIEW (PHQ-2 TO 9) PFIZER®: DETERMINE IF THE PATIENT IS RARELY/NEVER UNDERSTOOD VERBALLY, IN WRITING, OR USING ANOTHER METHOD. IF RARELY/NEVER UNDERSTOOD, CODE D0150A1 AND D0150B1 AS 9. NO RESPONSE, LEAVE D0150A2 AND D0150B2 BLANK. END THE PHQ-2 INTERVIEW. AND LEAVE D0160. TOTAL SEVERITY SCORE BLANK. OTHERWISE, SAY TO PATIENT: "OVER THE LAST 2 WEEKS, HAVE YOU BEEN BOTHERED BY ANY OF THE FOLLOWING PROBLEMS? READ AND SHOW THE PATIENT A CARD WITH SYMPTOM FREQUENCY CHOICES.

(D0150A1) SYMPTOM PRESENCE: LITTLE INTEREST OR PLEASURE IN DOING THINGS

0. NO

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Legacy MR No:

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### Assessment

(D0150B1) SYMPTOM PRESENCE: FEELING DOWN, DEPRESSED, OR HOPELESS

0. NO

DID THE PATIENT RESPOND WITH A SYMPTOM PRESENCE OF "NOT ASSESSED/NO INFORMATION" OR A SYMPTOM FREQUENCY OF "7 - 11 DAYS" OR "12 - 14 DAYS"?

NO - END PHQ INTERVIEW

(D0160) ADD SCORES FOR ALL FREQUENCY RESPONSES FOR SYMPTOM FREQUENCY. TOTAL SCORE MUST BE BETWEEN 00 AND 27. ENTER 99 IF UNABLE TO COMPLETE INTERVIEW (I.E., SYMPTOM FREQUENCY IS BLANK FOR 3 OR MORE REQUIRED ITEMS)

0

(C1310A) SIGNS AND SYMPTOMS OF DELIRIUM (FROM CAM (C)): CODE AFTER COMPLETING BRIEF INTERVIEW FOR MENTAL STATUS AND REVIEWING MEDICAL RECORD - ACUTE ONSET OF MENTAL STATUS CHANGE. IS THERE EVIDENCE OF AN ACUTE CHANGE IN MENTAL STATUS FROM PATIENT'S BASELINE?

0. NO

(C1310B) INATTENTION - DID THE PATIENT HAVE DIFFICULTY FOCUSING ATTENTION, FOR EXAMPLE, BEING EASILY DISTRACTIBLE OR HAVING DIFFICULTY KEEPING TRACK OF WHAT WAS BEING SAID?

0. BEHAVIOR NOT PRESENT

(C1310C) DISORGANIZED THINKING - WAS THE PATIENT'S THINKING DISORGANIZED OR INCOHERENT (RAMBLING OR IRRELEVANT CONVERSATION, UNCLEAR OR ILLOGICAL FLOW OF IDEAS, OR UNPREDICTABLE SWITCHING FROM SUBJECT TO SUBJECT)?

0. BEHAVIOR NOT PRESENT

(C1310D) ALTERED LEVEL OF CONSCIOUSNESS - DID THE PATIENT HAVE ALTERED LEVEL OF CONSCIOUSNESS, AS INDICATED BY ANY OF THE FOLLOWING CRITERIA? VIGILANT - STARTLED EASILY TO ANY SOUND OR TOUCH; LETHARGIC - REPEATEDLY DOZED OFF WHEN BEING ASKED QUESTIONS, BUT RESPONDED TO VOICE OR TOUCH; STUPOROUS - VERY DIFFICULT TO AROUSE AND KEEP AROUSED FOR THE INTERVIEW; COMATOSE - COULD NOT BE AROUSED

0. BEHAVIOR NOT PRESENT

(D0700) SOCIAL ISOLATION: HOW OFTEN DO YOU FEEL LONELY OR ISOLATED FROM THOSE AROUND YOU?

0. NEVER

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

ALERT

ORIENTED TO PERSON

ORIENTED TO PLACE

ORIENTED TO TIME

ABLE TO FOLLOW MULTI-STEP COMMANDS

INDICATE ABNORMAL NEUROLOGIC FINDINGS: (MARK ALL THAT APPLY)

WNL

### FALLS

WAS MAHC 10 FALL RISK ASSESSMENT COMPLETED?

YES

AGE 65+

YES

DIAGNOSIS (3 OR MORE CO-EXISTING) -- INCLUDES ONLY DOCUMENTED MEDICAL DIAGNOSIS

YES

PRIOR HISTORY OF FALLS WITHIN 3 MONTHS -- AN UNINTENTIONAL CHANGE IN POSITION RESULTING IN COMING TO REST ON THE GROUND OR AT A LOWER LEVEL

NO

INCONTINENCE -- INABILITY TO MAKE IT TO THE BATHROOM OR COMMODE IN TIMELY MANNER INCLUDES FREQUENCY, URGENCY, AND/OR NOCTURIA

YES

VISUAL IMPAIRMENT -- INCLUDES BUT NOT LIMITED TO, MACULAR DEGENERATION, DIABETIC RETINOPATHIES, VISUAL FIELD LOSS, AGE RELATED CHANGES, DECLINE IN VISUAL ACUITY, ACCOMMODATION, GLARE TOLERANCE, DEPTH PERCEPTION, AND NIGHT VISION OR NOT WEARING PRESCRIBED GLASSES OR HAVING THE CORRECT PRESCRIPTION

YES

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IMPAIRED FUNCTIONAL MOBILITY -- MAY INCLUDE PATIENTS WHO NEED HELP WITH IADLS OR ADLS OR HAVE GAIT OR TRANSFER PROBLEMS, ARTHRITIS, PAIN, FEAR OF FALLING, FOOT PROBLEMS, IMPAIRED SENSATION, IMPAIRED COORDINATION OR IMPROPER USE OF ASSISTIVE DEVICES.

YES

ENVIRONMENTAL HAZARDS -- MAY INCLUDE BUT NOT LIMITED TO, POOR ILLUMINATION, EQUIPMENT TUBING, INAPPROPRIATE FOOTWEAR, PETS, HARD TO REACH ITEMS, FLOOR SURFACES THAT ARE UNEVEN OR CLUTTERED, OR OUTDOOR ENTRY AND EXITS.

NO

POLY PHARMACY (4 OR MORE PRESCRIPTIONS - ANY TYPE) -- ALL PRESCRIPTIONS INCLUDING PRESCRIPTIONS FOR OTC MEDS, DRUGS HIGHLY ASSOCIATED WITH FALL RISK INCLUDE BUT NOT LIMITED TO, SEDATIVES, ANTI-DEPRESSANTS, TRANQUILIZERS, NARCOTICS, ANTIHYPERTENSIVES, CARDIAC MEDS, CORTICOSTEROIDS, ANTI-ANXIETY DRUGS, ANTICHOLINERGIC DRUGS, AND HYPOGLYCEMIC DRUGS.

YES

PAIN AFFECTING LEVEL OF FUNCTION -- PAIN OFTEN AFFECTS AN INDIVIDUAL'S DESIRE OR ABILITY TO MOVE, OR PAIN CAN BE A FACTOR IN DEPRESSION OR COMPLIANCE WITH SAFETY RECOMMENDATIONS.

YES

COGNITIVE IMPAIRMENT -- COULD INCLUDE PATIENTS WITH DEMENTIA, ALZHEIMER'S OR STROKE PATIENTS, OR PATIENTS WHO ARE CONFUSED, USE POOR JUDGMENT, HAVE DECREASED COMPREHENSION, IMPULSIVITY, MEMORY DEFICITS, CONSIDER PATIENTS ABILITY TO ADHERE TO THE PLAN OF CARE.

NO

ACCORDING TO THE MAHC 10 FALL RISK ASSESSMENT, THIS PATIENT'S SCORE IS:

7

BASED ON THE SCORE, THE PATIENT IS:

AT RISK FOR FALLING

### FUNCTIONAL

WAS MUSCULOSKELETAL SYSTEM ASSESSED?

YES

INDICATE MUSCULOSKELETAL ASSESSMENT: (MARK ALL THAT APPLY)

PAIN / STIFFNESS

ATROPHY

AMPUTATION

IN WHAT EXTREMITIES DO PAIN/STIFFNESS EXIST? (MARK ALL THAT APPLY)

LOWER RIGHT

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

LOWER RIGHT

IN WHAT EXTREMITIES DO AMPUTATIONS EXIST? (MARK ALL THAT APPLY)

LOWER LEFT

(C1) (QM) (PRA) (M1800) GROOMING: CURRENT ABILITY TO TEND SAFELY TO PERSONAL HYGIENE NEEDS (SPECIFICALLY: WASHING FACE AND HANDS, HAIR CARE, SHAVING OR MAKE UP, TEETH OR DENTURE CARE, OR FINGERNAIL CARE).

2 - SOMEONE MUST ASSIST THE PATIENT TO GROOM SELF

(E)(GG0130B1) SELF-CARE ORAL HYGIENE SOC/ROC PERFORMANCE: THE ABILITY TO USE SUITABLE ITEMS TO CLEAN TEETH, DENTURES (IF APPLICABLE); THE ABILITY TO INSERT AND REMOVE DENTURES INTO AND FROM MOUTH, AND MANAGE DENTURE SOAKING AND RINSING WITH USE OF EQUIPMENT. CODE THE PATIENT'S USUAL PERFORMANCE AT SOC/ROC FOR EACH ACTIVITY USING THE 6-POINT SCALE. IF ACTIVITY WAS NOT ATTEMPTED AT SOC/ROC, CODE THE REASON. CODING: SAFETY AND QUALITY OF PERFORMANCE - IF HELPER ASSISTANCE IS REQUIRED BECAUSE PATIENT'S PERFORMANCE IS UNSAFE OR OF POOR QUALITY, SCORE ACCORDING TO AMOUNT OF ASSISTANCE PROVIDED.

02. SUBSTANTIAL/MAXIMAL ASSISTANCE - HELPER DOES MORE THAN HALF THE EFFORT. HELPER LIFTS OR HOLDS TRUNK OR LIMBS AND PROVIDES MORE THAN HALF THE EFFORT

(QM) (M1810) CURRENT ABILITY TO DRESS UPPER BODY SAFELY (WITH OR WITHOUT DRESSING AIDS) INCLUDING UNDERGARMENTS, PULLOVERS, FRONT-OPENING SHIRTS AND BLOUSES, MANAGING ZIPPERS, BUTTONS, AND SNAPS:

2 - SOMEONE MUST HELP THE PATIENT PUT ON UPPER BODY CLOTHING

## Visit Note Report

Client: GRIFFIN, SONJA J  
 Client DOB: 7/20/1965  
 Insured ID: 42068912  
 Insured ID: 0007556301 QMB

MR No: 04200040760601

Legacy MR No:

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

Visit Date: 11/04/2025 Visit Number: 3 Visit Type: RN15 - RN RESUMPTION OF CARE

### Assessment

(E)(GG0130F1) SELF-CARE UPPER BODY DRESSING SOC/ROC PERFORMANCE: THE ABILITY TO DRESS AND UNDRRESS ABOVE THE WAIST, INCLUDING FASTENERS, IF APPLICABLE. CODE THE PATIENT'S USUAL PERFORMANCE AT SOC/ROC FOR EACH ACTIVITY USING THE 6-POINT SCALE. IF ACTIVITY WAS NOT ATTEMPTED AT SOC/ROC, CODE THE REASON. CODING: SAFETY AND QUALITY OF PERFORMANCE - IF HELPER ASSISTANCE IS REQUIRED BECAUSE PATIENT'S PERFORMANCE IS UNSAFE OR OF POOR QUALITY. SCORE ACCORDING TO AMOUNT OF ASSISTANCE PROVIDED.

**02. SUBSTANTIAL/MAXIMAL ASSISTANCE - HELPER DOES MORE THAN HALF THE EFFORT. HELPER LIFTS OR HOLDS TRUNK OR LIMBS AND PROVIDES MORE THAN HALF THE EFFORT**

(QM) (M1820) CURRENT ABILITY TO DRESS LOWER BODY SAFELY (WITH OR WITHOUT DRESSING AIDS) INCLUDING UNDERGARMENTS, SLACKS, SOCKS OR NYLONS, SHOES:

**3 - PATIENT DEPENDS ENTIRELY UPON ANOTHER PERSON TO DRESS LOWER BODY**

(E)(GG0130G1) SELF-CARE LOWER BODY DRESSING SOC/ROC PERFORMANCE: THE ABILITY TO DRESS AND UNDRRESS BELOW THE WAIST, INCLUDING FASTENERS, DOES NOT INCLUDE FOOTWEAR. CODE THE PATIENT'S USUAL PERFORMANCE AT SOC/ROC FOR EACH ACTIVITY USING THE 6-POINT SCALE. IF ACTIVITY WAS NOT ATTEMPTED AT SOC/ROC, CODE THE REASON. CODING: SAFETY AND QUALITY OF PERFORMANCE - IF HELPER ASSISTANCE IS REQUIRED BECAUSE PATIENT'S PERFORMANCE IS UNSAFE OR OF POOR QUALITY. SCORE ACCORDING TO AMOUNT OF ASSISTANCE PROVIDED.

**01. DEPENDENT - HELPER DOES ALL OF THE EFFORT. PATIENT DOES NONE OF THE EFFORT TO COMPLETE THE ACTIVITY. OR, THE ASSISTANCE OF 2 OR MORE HELPERS IS REQUIRED FOR THE PATIENT TO COMPLETE THE ACTIVITY**

(E)(GG0130H1) SELF-CARE PUTTING ON/TAKING OFF FOOTWEAR SOC/ROC PERFORMANCE: THE ABILITY TO PUT ON AND TAKE OFF SOCKS, AND SHOES OR OTHER FOOTWEAR THAT IS APPROPRIATE FOR SAFE MOBILITY, INCLUDING FASTENERS, IF APPLICABLE. CODE THE PATIENT'S USUAL PERFORMANCE AT SOC/ROC FOR EACH ACTIVITY USING THE 6-POINT SCALE. IF ACTIVITY WAS NOT ATTEMPTED AT SOC/ROC, CODE THE REASON. CODING: SAFETY AND QUALITY OF PERFORMANCE - IF HELPER ASSISTANCE IS REQUIRED BECAUSE PATIENT'S PERFORMANCE IS UNSAFE OR OF POOR QUALITY. SCORE ACCORDING TO AMOUNT OF ASSISTANCE PROVIDED.

**02. SUBSTANTIAL/MAXIMAL ASSISTANCE - HELPER DOES MORE THAN HALF THE EFFORT. HELPER LIFTS OR HOLDS TRUNK OR LIMBS AND PROVIDES MORE THAN HALF THE EFFORT**

(QM) (M1870) FEEDING OR EATING: CURRENT ABILITY TO FEED SELF MEALS AND SNACKS SAFELY. NOTE: THIS REFERS ONLY TO THE PROCESS OF EATING, CHEWING, AND SWALLOWING, NOT PREPARING THE FOOD TO BE EATEN.

**1 - ABLE TO FEED SELF INDEPENDENTLY BUT REQUIRES: (A) MEAL SET-UP; OR (B) INTERMITTENT ASSISTANCE OR SUPERVISION FROM ANOTHER PERSON; OR (C) A LIQUID, PUREED OR GROUND MEAT DIET**

(E)(GG0130A1) SELF-CARE EATING SOC/ROC PERFORMANCE: THE ABILITY TO USE SUITABLE UTENSILS TO BRING FOOD AND/OR LIQUID TO THE MOUTH AND SWALLOW FOOD AND/OR LIQUID ONCE THE MEAL IS PLACED BEFORE THE PATIENT. CODE THE PATIENT'S USUAL PERFORMANCE AT SOC/ROC FOR EACH ACTIVITY USING THE 6-POINT SCALE. IF ACTIVITY WAS NOT ATTEMPTED AT SOC/ROC, CODE THE REASON. CODING: SAFETY AND QUALITY OF PERFORMANCE - IF HELPER ASSISTANCE IS REQUIRED BECAUSE PATIENT'S PERFORMANCE IS UNSAFE OR OF POOR QUALITY. SCORE ACCORDING TO AMOUNT OF ASSISTANCE PROVIDED.

**05. SETUP OR CLEAN-UP ASSISTANCE - HELPER SETS UP OR CLEANS UP; PATIENT COMPLETES ACTIVITY. HELPER ASSISTS ONLY PRIOR TO OR FOLLOWING THE ACTIVITY**

(QM) (M1830) BATHING: CURRENT ABILITY TO WASH ENTIRE BODY SAFELY. EXCLUDES GROOMING (WASHING FACE, WASHING HANDS AND SHAMPOOING HAIR)

**5 - UNABLE TO USE THE SHOWER OR TUB, BUT ABLE TO PARTICIPATE IN BATHING SELF IN BED, AT THE SINK, IN BEDSIDE CHAIR, OR ON COMMODE, WITH THE ASSISTANCE OR SUPERVISION OF ANOTHER PERSON.**

(E)(GG0130E1) SELF-CARE SHOWER/BATHE SELF SOC/ROC PERFORMANCE: THE ABILITY TO BATHE SELF, INCLUDING WASHING, RINSING, AND DRYING SELF (EXCLUDES WASHING OF BACK AND HAIR). DOES NOT INCLUDE TRANSFERRING IN/OUT OF TUB/SHOWER. CODE THE PATIENT'S USUAL PERFORMANCE AT SOC/ROC FOR EACH ACTIVITY USING THE 6-POINT SCALE. IF ACTIVITY WAS NOT ATTEMPTED AT SOC/ROC, CODE THE REASON. CODING: SAFETY AND QUALITY OF PERFORMANCE - IF HELPER ASSISTANCE IS REQUIRED BECAUSE PATIENT'S PERFORMANCE IS UNSAFE OR OF POOR QUALITY. SCORE ACCORDING TO AMOUNT OF ASSISTANCE PROVIDED.

**02. SUBSTANTIAL/MAXIMAL ASSISTANCE - HELPER DOES MORE THAN HALF THE EFFORT. HELPER LIFTS OR HOLDS TRUNK OR LIMBS AND PROVIDES MORE THAN HALF THE EFFORT**

(QM) (M1840) TOILET TRANSFERRING: CURRENT ABILITY TO GET TO AND FROM THE TOILET OR BEDSIDE COMMODE SAFELY AND TRANSFER ON AND OFF TOILET/COMMODE.

**3 - UNABLE TO GET TO AND FROM THE TOILET OR BEDSIDE COMMODE BUT IS ABLE TO USE A BEDPAN/URINAL INDEPENDENTLY.**

(E)(GG0170F1) MOBILITY TOILET TRANSFER SOC/ROC PERFORMANCE: THE ABILITY TO GET ON AND OFF A TOILET OR COMMODE. CODE THE PATIENT'S USUAL PERFORMANCE AT SOC/ROC FOR EACH ACTIVITY USING THE 6-POINT SCALE. IF ACTIVITY WAS NOT ATTEMPTED AT SOC/ROC, CODE THE REASON. CODING: SAFETY AND QUALITY OF PERFORMANCE - IF HELPER ASSISTANCE IS REQUIRED BECAUSE PATIENT'S PERFORMANCE IS UNSAFE OR OF POOR QUALITY. SCORE ACCORDING TO AMOUNT OF ASSISTANCE PROVIDED.

**02. SUBSTANTIAL/MAXIMAL ASSISTANCE - HELPER DOES MORE THAN HALF THE EFFORT. HELPER LIFTS OR HOLDS TRUNK OR LIMBS AND PROVIDES MORE THAN HALF THE EFFORT**

(QM) (M1845) TOILETING HYGIENE: CURRENT ABILITY TO MAINTAIN PERINEAL HYGIENE SAFELY, ADJUST CLOTHES AND/OR INCONTINENCE PADS BEFORE AND AFTER USING TOILET, COMMODE, BEDPAN, URINAL, IF MANAGING OSTOMY, INCLUDE CLEANING AREA AROUND STOMA, BUT NOT MANAGING EQUIPMENT.

**2 - SOMEONE MUST HELP THE PATIENT TO MAINTAIN TOILETING HYGIENE AND/OR ADJUST CLOTHING.**

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(E)(GG0130C1) SELF-CARE TOILETING HYGIENE SOC/ROC PERFORMANCE: THE ABILITY TO MAINTAIN PERINEAL HYGIENE, ADJUST CLOTHES BEFORE AND AFTER VOIDING OR HAVING A BOWEL MOVEMENT. IF MANAGING AN OSTOMY, INCLUDE WIPING THE OPENING BUT NOT MANAGING EQUIPMENT. CODE THE PATIENT'S USUAL PERFORMANCE AT SOC/ROC FOR EACH ACTIVITY USING THE 6-POINT SCALE. IF ACTIVITY WAS NOT ATTEMPTED AT SOC/ROC, CODE THE REASON. CODING: SAFETY AND QUALITY OF PERFORMANCE - IF HELPER ASSISTANCE IS REQUIRED BECAUSE PATIENT'S PERFORMANCE IS UNSAFE OR OF POOR QUALITY. SCORE ACCORDING TO AMOUNT OF ASSISTANCE PROVIDED.

01. DEPENDENT - HELPER DOES ALL OF THE EFFORT. PATIENT DOES NONE OF THE EFFORT TO COMPLETE THE ACTIVITY. OR, THE ASSISTANCE OF 2 OR MORE HELPERS IS REQUIRED FOR THE PATIENT TO COMPLETE THE ACTIVITY

(QM) (M1850) TRANSFERRING: CURRENT ABILITY TO MOVE SAFELY FROM BED TO CHAIR, OR ABILITY TO TURN AND POSITION SELF IN BED IF PATIENT IS BEDFAST.

4 - BEDFAST, UNABLE TO TRANSFER BUT IS ABLE TO TURN AND POSITION SELF IN BED

(E)(GG0170A1) MOBILITY ROLL LEFT AND RIGHT SOC/ROC PERFORMANCE: THE ABILITY TO ROLL FROM LYING ON BACK TO LEFT AND RIGHT SIDE, AND RETURN TO LYING ON BACK ON THE BED. CODE THE PATIENT'S USUAL PERFORMANCE AT SOC/ROC FOR EACH ACTIVITY USING THE 6-POINT SCALE. IF ACTIVITY WAS NOT ATTEMPTED AT SOC/ROC, CODE THE REASON. CODING: SAFETY AND QUALITY OF PERFORMANCE - IF HELPER ASSISTANCE IS REQUIRED BECAUSE PATIENT'S PERFORMANCE IS UNSAFE OR OF POOR QUALITY. SCORE ACCORDING TO AMOUNT OF ASSISTANCE PROVIDED.

02. SUBSTANTIAL/MAXIMAL ASSISTANCE - HELPER DOES MORE THAN HALF THE EFFORT. HELPER LIFTS OR HOLDS TRUNK OR LIMBS AND PROVIDES MORE THAN HALF THE EFFORT

(E)(GG0170B1) MOBILITY SIT TO LYING SOC/ROC PERFORMANCE: THE ABILITY TO MOVE FROM SITTING ON SIDE OF BED TO LYING FLAT ON THE BED. CODE THE PATIENT'S USUAL PERFORMANCE AT SOC/ROC FOR EACH ACTIVITY USING THE 6-POINT SCALE. IF ACTIVITY WAS NOT ATTEMPTED AT SOC/ROC, CODE THE REASON. CODING: SAFETY AND QUALITY OF PERFORMANCE - IF HELPER ASSISTANCE IS REQUIRED BECAUSE PATIENT'S PERFORMANCE IS UNSAFE OR OF POOR QUALITY. SCORE ACCORDING TO AMOUNT OF ASSISTANCE PROVIDED.

02. SUBSTANTIAL/MAXIMAL ASSISTANCE - HELPER DOES MORE THAN HALF THE EFFORT. HELPER LIFTS OR HOLDS TRUNK OR LIMBS AND PROVIDES MORE THAN HALF THE EFFORT

(E)(GG0170C1) MOBILITY LYING TO SITTING ON SIDE OF BED SOC/ROC PERFORMANCE: THE ABILITY TO MOVE FROM LYING ON THE BACK TO SITTING ON THE SIDE OF THE BED WITH NO BACK SUPPORT. CODE THE PATIENT'S USUAL PERFORMANCE AT SOC/ROC FOR EACH ACTIVITY USING THE 6-POINT SCALE. IF ACTIVITY WAS NOT ATTEMPTED AT SOC/ROC, CODE THE REASON. CODING: SAFETY AND QUALITY OF PERFORMANCE - IF HELPER ASSISTANCE IS REQUIRED BECAUSE PATIENT'S PERFORMANCE IS UNSAFE OR OF POOR QUALITY. SCORE ACCORDING TO AMOUNT OF ASSISTANCE PROVIDED.

02. SUBSTANTIAL/MAXIMAL ASSISTANCE - HELPER DOES MORE THAN HALF THE EFFORT. HELPER LIFTS OR HOLDS TRUNK OR LIMBS AND PROVIDES MORE THAN HALF THE EFFORT

(E)(GG0170D1) MOBILITY SIT TO STAND SOC/ROC PERFORMANCE: THE ABILITY TO COME TO A STANDING POSITION FROM SITTING IN A CHAIR, WHEELCHAIR, OR ON THE SIDE OF THE BED. CODE THE PATIENT'S USUAL PERFORMANCE AT SOC/ROC FOR EACH ACTIVITY USING THE 6-POINT SCALE. IF ACTIVITY WAS NOT ATTEMPTED AT SOC/ROC, CODE THE REASON. CODING: SAFETY AND QUALITY OF PERFORMANCE - IF HELPER ASSISTANCE IS REQUIRED BECAUSE PATIENT'S PERFORMANCE IS UNSAFE OR OF POOR QUALITY. SCORE ACCORDING TO AMOUNT OF ASSISTANCE PROVIDED.

02. SUBSTANTIAL/MAXIMAL ASSISTANCE - HELPER DOES MORE THAN HALF THE EFFORT. HELPER LIFTS OR HOLDS TRUNK OR LIMBS AND PROVIDES MORE THAN HALF THE EFFORT

(E)(GG0170E1) MOBILITY CHAIR/BED-TO-CHAIR TRANSFER SOC/ROC PERFORMANCE: THE ABILITY TO TRANSFER TO AND FROM A BED TO A CHAIR (OR WHEELCHAIR). CODE THE PATIENT'S USUAL PERFORMANCE AT SOC/ROC FOR EACH ACTIVITY USING THE 6-POINT SCALE. IF ACTIVITY WAS NOT ATTEMPTED AT SOC/ROC, CODE THE REASON. CODING: SAFETY AND QUALITY OF PERFORMANCE - IF HELPER ASSISTANCE IS REQUIRED BECAUSE PATIENT'S PERFORMANCE IS UNSAFE OR OF POOR QUALITY. SCORE ACCORDING TO AMOUNT OF ASSISTANCE PROVIDED.

01. DEPENDENT - HELPER DOES ALL OF THE EFFORT. PATIENT DOES NONE OF THE EFFORT TO COMPLETE THE ACTIVITY. OR, THE ASSISTANCE OF 2 OR MORE HELPERS IS REQUIRED FOR THE PATIENT TO COMPLETE THE ACTIVITY

(E)(GG0170G1) MOBILITY CAR TRANSFER SOC/ROC PERFORMANCE: THE ABILITY TO TRANSFER IN AND OUT OF A CAR OR VAN ON THE PASSENGER SIDE. DOES NOT INCLUDE THE ABILITY TO OPEN/CLOSE DOOR OR FASTEN SEAT BELT. CODE THE PATIENT'S USUAL PERFORMANCE AT SOC/ROC FOR EACH ACTIVITY USING THE 6-POINT SCALE. IF ACTIVITY WAS NOT ATTEMPTED AT SOC/ROC, CODE THE REASON. CODING: SAFETY AND QUALITY OF PERFORMANCE - IF HELPER ASSISTANCE IS REQUIRED BECAUSE PATIENT'S PERFORMANCE IS UNSAFE OR OF POOR QUALITY. SCORE ACCORDING TO AMOUNT OF ASSISTANCE PROVIDED.

01. DEPENDENT - HELPER DOES ALL OF THE EFFORT. PATIENT DOES NONE OF THE EFFORT TO COMPLETE THE ACTIVITY. OR, THE ASSISTANCE OF 2 OR MORE HELPERS IS REQUIRED FOR THE PATIENT TO COMPLETE THE ACTIVITY

(C1) (QM) (PRA) (M1860) AMBULATION/LOCOMOTION: CURRENT ABILITY TO WALK SAFELY, ONCE IN A STANDING POSITION, OR USE A WHEELCHAIR, ONCE IN A SEATED POSITION, ON A VARIETY OF SURFACES.

4 - CHAIRFAST, UNABLE TO AMBULATE BUT IS ABLE TO WHEEL SELF INDEPENDENTLY.

(E)(GG0100B) INDOOR MOBILITY (AMBULATION) PRIOR FUNCTIONING: EVERYDAY ACTIVITIES: INDICATE THE PATIENT'S USUAL ABILITY WITH EVERYDAY ACTIVITIES PRIOR TO THE CURRENT ILLNESS, EXACERBATION, OR INJURY. CODE THE PATIENT'S NEED FOR ASSISTANCE WITH WALKING FROM ROOM TO ROOM (WITH OR WITHOUT A DEVICE SUCH AS CANE, CRUTCH OR WALKER) PRIOR TO THE CURRENT ILLNESS, EXACERBATION, OR INJURY.

2. NEEDED SOME HELP - PATIENT NEEDED PARTIAL ASSISTANCE FROM ANOTHER PERSON TO COMPLETE ANY ACTIVITIES

## Visit Note Report

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 Client DOB: 7/20/1965  
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### Assessment

(E)(GG0170I1) MOBILITY WALK 10 FEET SOC/ROC PERFORMANCE: ONCE STANDING, THE ABILITY TO WALK AT LEAST 10 FEET IN A ROOM, CORRIDOR, OR SIMILAR SPACE. CODE THE PATIENT'S USUAL PERFORMANCE AT SOC/ROC FOR EACH ACTIVITY USING THE 6-POINT SCALE. IF ACTIVITY WAS NOT ATTEMPTED AT SOC/ROC, CODE THE REASON. CODING: SAFETY AND QUALITY OF PERFORMANCE - IF HELPER ASSISTANCE IS REQUIRED BECAUSE PATIENT'S PERFORMANCE IS UNSAFE OR OF POOR QUALITY. SCORE ACCORDING TO AMOUNT OF ASSISTANCE PROVIDED.

**02. SUBSTANTIAL/MAXIMAL ASSISTANCE - HELPER DOES MORE THAN HALF THE EFFORT. HELPER LIFTS OR HOLDS TRUNK OR LIMBS AND PROVIDES MORE THAN HALF THE EFFORT**

(E)(GG0170J1) MOBILITY WALK 50 FEET WITH TWO TURNS SOC/ROC PERFORMANCE: ONCE STANDING, THE ABILITY TO WALK 50 FEET AND MAKE TWO TURNS. CODE THE PATIENT'S USUAL PERFORMANCE AT SOC/ROC FOR EACH ACTIVITY USING THE 6-POINT SCALE. IF ACTIVITY WAS NOT ATTEMPTED AT SOC/ROC, CODE THE REASON. CODING: SAFETY AND QUALITY OF PERFORMANCE - IF HELPER ASSISTANCE IS REQUIRED BECAUSE PATIENT'S PERFORMANCE IS UNSAFE OR OF POOR QUALITY. SCORE ACCORDING TO AMOUNT OF ASSISTANCE PROVIDED.

**03. PARTIAL/MODERATE ASSISTANCE - HELPER DOES LESS THAN HALF THE EFFORT. HELPER LIFTS, HOLDS OR SUPPORTS TRUNK OR LIMBS, BUT PROVIDES LESS THAN HALF THE EFFORT**

(E)(GG0170K1) MOBILITY WALK 150 FEET SOC/ROC PERFORMANCE: ONCE STANDING, THE ABILITY TO WALK AT LEAST 150 FEET IN A CORRIDOR OR SIMILAR SPACE. CODE THE PATIENT'S USUAL PERFORMANCE AT SOC/ROC FOR EACH ACTIVITY USING THE 6-POINT SCALE. IF ACTIVITY WAS NOT ATTEMPTED AT SOC/ROC, CODE THE REASON. CODING: SAFETY AND QUALITY OF PERFORMANCE - IF HELPER ASSISTANCE IS REQUIRED BECAUSE PATIENT'S PERFORMANCE IS UNSAFE OR OF POOR QUALITY. SCORE ACCORDING TO AMOUNT OF ASSISTANCE PROVIDED.

**01. DEPENDENT - HELPER DOES ALL OF THE EFFORT. PATIENT DOES NONE OF THE EFFORT TO COMPLETE THE ACTIVITY. OR, THE ASSISTANCE OF 2 OR MORE HELPERS IS REQUIRED FOR THE PATIENT TO COMPLETE THE ACTIVITY**

(E)(GG0170L1) MOBILITY WALKING 10 FEET ON UNEVEN SURFACES SOC/ROC PERFORMANCE: THE ABILITY TO WALK 10 FEET ON UNEVEN OR SLOPING SURFACES (INDOOR OR OUTDOOR), SUCH AS TURF OR GRAVEL. CODE THE PATIENT'S USUAL PERFORMANCE AT SOC/ROC FOR EACH ACTIVITY USING THE 6-POINT SCALE. IF ACTIVITY WAS NOT ATTEMPTED AT SOC/ROC, CODE THE REASON. CODING: SAFETY AND QUALITY OF PERFORMANCE - IF HELPER ASSISTANCE IS REQUIRED BECAUSE PATIENT'S PERFORMANCE IS UNSAFE OR OF POOR QUALITY. SCORE ACCORDING TO AMOUNT OF ASSISTANCE PROVIDED.

**02. SUBSTANTIAL/MAXIMAL ASSISTANCE - HELPER DOES MORE THAN HALF THE EFFORT. HELPER LIFTS OR HOLDS TRUNK OR LIMBS AND PROVIDES MORE THAN HALF THE EFFORT**

(E)(GG0170M1) MOBILITY 1 STEP (CURB) SOC/ROC PERFORMANCE: THE ABILITY TO GO UP AND DOWN A CURB OR UP AND DOWN ONE STEP. CODE THE PATIENT'S USUAL PERFORMANCE AT SOC/ROC FOR EACH ACTIVITY USING THE 6-POINT SCALE. IF ACTIVITY WAS NOT ATTEMPTED AT SOC/ROC, CODE THE REASON. CODING: SAFETY AND QUALITY OF PERFORMANCE - IF HELPER ASSISTANCE IS REQUIRED BECAUSE PATIENT'S PERFORMANCE IS UNSAFE OR OF POOR QUALITY. SCORE ACCORDING TO AMOUNT OF ASSISTANCE PROVIDED.

**01. DEPENDENT - HELPER DOES ALL OF THE EFFORT. PATIENT DOES NONE OF THE EFFORT TO COMPLETE THE ACTIVITY. OR, THE ASSISTANCE OF 2 OR MORE HELPERS IS REQUIRED FOR THE PATIENT TO COMPLETE THE ACTIVITY**

(E)(GG0170N1) MOBILITY 4 STEPS SOC/ROC PERFORMANCE: THE ABILITY TO GO UP AND DOWN FOUR STEPS WITH OR WITHOUT A RAIL. CODE THE PATIENT'S USUAL PERFORMANCE AT SOC/ROC FOR EACH ACTIVITY USING THE 6-POINT SCALE. IF ACTIVITY WAS NOT ATTEMPTED AT SOC/ROC, CODE THE REASON. CODING: SAFETY AND QUALITY OF PERFORMANCE - IF HELPER ASSISTANCE IS REQUIRED BECAUSE PATIENT'S PERFORMANCE IS UNSAFE OR OF POOR QUALITY. SCORE ACCORDING TO AMOUNT OF ASSISTANCE PROVIDED.

**02. SUBSTANTIAL/MAXIMAL ASSISTANCE - HELPER DOES MORE THAN HALF THE EFFORT. HELPER LIFTS OR HOLDS TRUNK OR LIMBS AND PROVIDES MORE THAN HALF THE EFFORT**

(E)(GG0170O1) MOBILITY 12 STEPS SOC/ROC PERFORMANCE: THE ABILITY TO GO UP AND DOWN 12 STEPS WITH OR WITHOUT A RAIL. CODE THE PATIENT'S USUAL PERFORMANCE AT SOC/ROC FOR EACH ACTIVITY USING THE 6-POINT SCALE. IF ACTIVITY WAS NOT ATTEMPTED AT SOC/ROC, CODE THE REASON. CODING: SAFETY AND QUALITY OF PERFORMANCE - IF HELPER ASSISTANCE IS REQUIRED BECAUSE PATIENT'S PERFORMANCE IS UNSAFE OR OF POOR QUALITY. SCORE ACCORDING TO AMOUNT OF ASSISTANCE PROVIDED.

**02. SUBSTANTIAL/MAXIMAL ASSISTANCE - HELPER DOES MORE THAN HALF THE EFFORT. HELPER LIFTS OR HOLDS TRUNK OR LIMBS AND PROVIDES MORE THAN HALF THE EFFORT**

(E)(GG0170P1) MOBILITY PICKING UP OBJECT SOC/ROC PERFORMANCE: THE ABILITY TO BEND/STOOP FROM A STANDING POSITION TO PICK UP A SMALL OBJECT, SUCH AS A SPOON, FROM THE FLOOR. CODE THE PATIENT'S USUAL PERFORMANCE AT SOC/ROC FOR EACH ACTIVITY USING THE 6-POINT SCALE. IF ACTIVITY WAS NOT ATTEMPTED AT SOC/ROC, CODE THE REASON. CODING: SAFETY AND QUALITY OF PERFORMANCE - IF HELPER ASSISTANCE IS REQUIRED BECAUSE PATIENT'S PERFORMANCE IS UNSAFE OR OF POOR QUALITY. SCORE ACCORDING TO AMOUNT OF ASSISTANCE PROVIDED.

**01. DEPENDENT - HELPER DOES ALL OF THE EFFORT. PATIENT DOES NONE OF THE EFFORT TO COMPLETE THE ACTIVITY. OR, THE ASSISTANCE OF 2 OR MORE HELPERS IS REQUIRED FOR THE PATIENT TO COMPLETE THE ACTIVITY**

(GG0170Q1) MOBILITY DOES PATIENT USE WHEELCHAIR/SCOOTER?

**1 - YES**

(E)(GG0170R1) MOBILITY WHEEL 50 FEET WITH TWO TURNS SOC/ROC PERFORMANCE: ONCE SEATED IN WHEELCHAIR/SCOOTER, THE ABILITY TO WHEEL AT LEAST 50 FEET AND MAKE TWO TURNS. CODE THE PATIENT'S USUAL PERFORMANCE AT SOC/ROC FOR EACH ACTIVITY USING THE 6-POINT SCALE. IF ACTIVITY WAS NOT ATTEMPTED AT SOC/ROC, CODE THE REASON. CODING: SAFETY AND QUALITY OF PERFORMANCE - IF HELPER ASSISTANCE IS REQUIRED BECAUSE PATIENT'S PERFORMANCE IS UNSAFE OR OF POOR QUALITY. SCORE ACCORDING TO AMOUNT OF ASSISTANCE PROVIDED.

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### Assessment

01. DEPENDENT - HELPER DOES ALL OF THE EFFORT. PATIENT DOES NONE OF THE EFFORT TO COMPLETE THE ACTIVITY. OR, THE ASSISTANCE OF 2 OR MORE HELPERS IS REQUIRED FOR THE PATIENT TO COMPLETE THE ACTIVITY

(GG0170RR1) MOBILITY INDICATE THE TYPE OF WHEELCHAIR OR SCOOTER USED.

#### 1 - MANUAL

(E)(GG0170S1) MOBILITY WHEEL 150 FEET SOC/ROC PERFORMANCE: ONCE SEATED IN WHEELCHAIR/SCOOTER, THE ABILITY TO WHEEL AT LEAST 150 FEET IN A CORRIDOR OR SIMILAR SPACE. CODE THE PATIENT'S USUAL PERFORMANCE AT SOC/ROC FOR EACH ACTIVITY USING THE 6-POINT SCALE. IF ACTIVITY WAS NOT ATTEMPTED AT SOC/ROC, CODE THE REASON. CODING: SAFETY AND QUALITY OF PERFORMANCE - IF HELPER ASSISTANCE IS REQUIRED BECAUSE PATIENT'S PERFORMANCE IS UNSAFE OR OF POOR QUALITY. SCORE ACCORDING TO AMOUNT OF ASSISTANCE PROVIDED.

02. SUBSTANTIAL/MAXIMAL ASSISTANCE - HELPER DOES MORE THAN HALF THE EFFORT. HELPER LIFTS OR HOLDS TRUNK OR LIMBS AND PROVIDES MORE THAN HALF THE EFFORT

(GG0170SS1) MOBILITY INDICATE THE TYPE OF WHEELCHAIR OR SCOOTER USED.

#### 1 - MANUAL

(E)(GG0100C) STAIRS PRIOR FUNCTIONING: EVERYDAY ACTIVITIES: INDICATE THE PATIENT'S USUAL ABILITY WITH EVERYDAY ACTIVITIES PRIOR TO THE CURRENT ILLNESS, EXACERBATION, OR INJURY. CODE THE PATIENT'S NEED FOR ASSISTANCE WITH INTERNAL OR EXTERNAL STAIRS (WITH OR WITHOUT A DEVICE SUCH AS CANE, CRUTCH, OR WALKER) PRIOR TO THE CURRENT ILLNESS, EXACERBATION, OR INJURY.

2. NEEDED SOME HELP - PATIENT NEEDED PARTIAL ASSISTANCE FROM ANOTHER PERSON TO COMPLETE ANY ACTIVITIES

(E)(GG0100A) SELF CARE PRIOR FUNCTIONING: EVERYDAY ACTIVITIES: INDICATE THE PATIENT'S USUAL ABILITY WITH EVERYDAY ACTIVITIES PRIOR TO THE CURRENT ILLNESS, EXACERBATION, OR INJURY. CODE THE PATIENT'S NEED FOR ASSISTANCE WITH BATHING, DRESSING, USING THE TOILET, AND EATING PRIOR TO THE CURRENT ILLNESS, EXACERBATION, OR INJURY.

1. DEPENDENT - A HELPER COMPLETED ALL THE ACTIVITIES FOR THE PATIENT

(GG0110) FUNCTIONAL ABILITIES AND GOALS PRIOR DEVICE USE: INDICATE DEVICES AND AIDS USED BY THE PATIENT PRIOR TO THE CURRENT ILLNESS, EXACERBATION, OR INJURY. CHECK ALL THAT APPLY.

A - MANUAL WHEELCHAIR

D - WALKER

(E)(GG0100D) FUNCTIONAL COGNITION PRIOR FUNCTIONING: EVERYDAY ACTIVITIES: INDICATE THE PATIENT'S USUAL ABILITY WITH EVERYDAY ACTIVITIES PRIOR TO THE CURRENT ILLNESS, EXACERBATION, OR INJURY. CODE THE PATIENT'S NEED FOR ASSISTANCE WITH PLANNING REGULAR TASKS, SUCH AS SHOPPING OR REMEMBERING TO TAKE MEDICATION PRIOR TO THE CURRENT ILLNESS, EXACERBATION, OR INJURY.

1. DEPENDENT - A HELPER COMPLETED ALL THE ACTIVITIES FOR THE PATIENT

### CO-MORBID CONDITIONS

WERE THE PATIENT'S CO-MORBID CONDITIONS ASSESSED/EVALUATED?

YES

WERE ANY NEW SYMPTOMS IDENTIFIED ASSOCIATED WITH THESE CONDITIONS?

NO

### MEDICATIONS

(CC)(M2001) DRUG REGIMEN REVIEW: DID A COMPLETE DRUG REGIMEN REVIEW IDENTIFY POTENTIAL CLINICALLY SIGNIFICANT MEDICATION ISSUES?

0 - NO - NO ISSUES FOUND DURING REVIEW

(QM) (M2010) PATIENT/CAREGIVER HIGH RISK DRUG EDUCATION: HAS THE PATIENT/CAREGIVER RECEIVED INSTRUCTION ON SPECIAL PRECAUTIONS FOR ALL HIGH-RISK MEDICATIONS (SUCH AS HYPOGLYCEMICS, ANTICOAGULANTS, ETC.) AND HOW AND WHEN TO REPORT PROBLEMS THAT MAY OCCUR?

1 - YES

(QM) (M2020) MANAGEMENT OF ORAL MEDICATIONS: PATIENT'S CURRENT ABILITY TO PREPARE AND TAKE ALL ORAL MEDICATIONS RELIABLY AND SAFELY, INCLUDING ADMINISTRATION OF THE CORRECT DOSAGE AT THE APPROPRIATE TIMES/INTERVALS. EXCLUDES INJECTABLE AND IV MEDICATIONS. (NOTE: THIS REFERS TO ABILITY, NOT COMPLIANCE OR WILLINGNESS.)

1 - ABLE TO TAKE MEDICATION(S) AT THE CORRECT TIMES IF: (A) INDIVIDUAL DOSAGES ARE PREPARED IN ADVANCE BY ANOTHER PERSON; OR (B) ANOTHER PERSON DEVELOPS A DRUG DIARY OR CHART.

(M2030) MANAGEMENT OF INJECTABLE MEDICATIONS: PATIENT'S CURRENT ABILITY TO PREPARE AND TAKE ALL PRESCRIBED INJECTABLE MEDICATIONS RELIABLY AND SAFELY, INCLUDING ADMINISTRATION OF CORRECT DOSAGE AT THE APPROPRIATE TIMES/INTERVALS. EXCLUDES IV MEDICATIONS.

1 - ABLE TO TAKE INJECTABLE MEDICATION(S) AT THE CORRECT TIMES IF: (A) INDIVIDUAL SYRINGES ARE PREPARED IN ADVANCE BY ANOTHER PERSON; OR (B) ANOTHER PERSON DEVELOPS A DRUG DIARY OR CHART.

## Visit Note Report

Client: GRIFFIN, SONJA J  
 Client DOB: 7/20/1965  
 Insured ID: 42068912  
 Insured ID: 0007556301 QMB

MR No: 04200040760601

Legacy MR No:

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

Visit Date: 11/04/2025 Visit Number: 3 Visit Type: RN15 - RN RESUMPTION OF CARE

### Assessment

(N0415) HIGH-RISK DRUG CLASSES USE AND INDICATION: CHECK IF THE PATIENT IS TAKING ANY MEDICATIONS BY PHARMACOLOGICAL CLASSIFICATION, NOT HOW IT IS USED, IN THE FOLLOWING CLASSES:

#### E1. ANTICOAGULANT

##### J1. HYPOGLYCEMIC (INCLUDING INSULIN)

(N0415E2) CHECK IF THERE IS AN INDICATION NOTED FOR ALL MEDICATIONS IN THE ANTICOAGULANT CLASS

1. YES

(N0415J2) CHECK IF THERE IS AN INDICATION NOTED FOR ALL MEDICATIONS IN THE HYPOGLYCEMIC CLASS (INCLUDING INSULIN)

1. YES

#### MEDICATION COMPLIANCE REVIEWED:

**PATIENT/CAREGIVER COMPLIANT WITH ALL MEDICATION ADMINISTRATION**

VERIFIED ACCURATE MEDICATION LIST IN HOME?

NO

WERE SIGNIFICANT SIDE EFFECTS IDENTIFIED?

NO

IS INEFFECTIVE DRUG THERAPY IDENTIFIED?

NO

IS DUPLICATE DRUG THERAPY IDENTIFIED?

NO

IS NON-ADHERENCE WITH DRUG THERAPY IDENTIFIED?

NO

### CARE MANAGEMENT

(PRA) (M2102F) TYPES AND SOURCES OF ASSISTANCE: DETERMINE THE LEVEL OF CAREGIVER ABILITY AND WILLINGNESS TO PROVIDE ASSISTANCE FOR SUPERVISION AND SAFETY (FOR EXAMPLE, DUE TO COGNITIVE IMPAIRMENT), IF ASSISTANCE IS NEEDED.

#### 1 - NON-AGENCY CAREGIVER(S) CURRENTLY PROVIDE ASSISTANCE

(Q0110A) SPECIAL TREATMENTS, PROCEDURES, AND PROGRAMS: CHECK ALL OF THE FOLLOWING TREATMENTS, PROCEDURES, AND PROGRAMS THAT APPLY ON ADMISSION.

#### Z1. NONE OF THE ABOVE

### PROVIDER

HAS THE CLIENT RECEIVED HOME HEALTH SERVICES FROM A DIFFERENT HOME HEALTH PROVIDER IN THE PAST 60 DAYS?

NO

HAS THE CLIENT RECEIVED OUTPATIENT THERAPY SERVICES IN THE PAST 60 DAYS?

NO

IS THIS ASSESSMENT BEING PERFORMED FOR A MEDICARE PAYMENT EPISODE THAT DETERMINES A CASE MIX GROUP (THERAPY NEED)?

YES

(M2200) THERAPY NEED: IN THE HOME HEALTH PLAN OF CARE FOR THE MEDICARE PAYMENT EPISODE FOR WHICH THIS ASSESSMENT WILL DEFINE A CASE MIX GROUP, WHAT IS THE INDICATED NEED FOR THERAPY VISITS (TOTAL OF REASONABLE AND NECESSARY PHYSICAL, OCCUPATIONAL, AND SPEECH-LANGUAGE PATHOLOGY VISITS COMBINED)? (ENTER ZERO ["000"] IF NO THERAPY VISITS INDICATED.)

1

### PSYCHIATRIC

DOES THE PATIENT TAKE A PSYCHOTROPIC MEDICATION?

NO

WERE BEHAVIORAL SCALES ASSESSMENTS COMPLETED?

NO

### CHANGE OF SERVICE PROVIDED

IS A CHANGE OF SERVICES REQUIRED?

**NO ADDITIONAL DISCIPLINES/CHANGE IN FREQUENCY OF VISITS NEEDED**

### SUPERVISORY FUNCTIONS

WERE SUPERVISORY FUNCTIONS PERFORMED?

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### Assessment

YES

INDICATE DISCIPLINE OF EMPLOYEE BEING EVALUATED:

LICENSED VOCATIONAL NURSE

INDICATE NAME OF LVN/LPN BEING EVALUATED IF APPLICABLE:

LAURA

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

YES

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

YES

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

YES

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

YES

INDICATE CHANGES IN PLAN/GOAL/UPDATE, IF APPLICABLE:

NA

IS THE CLIENT SATISFIED WITH THE CURRENT CARE BEING PROVIDED?

YES

### CARE COORDINATION

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

YES

INDICATE DISCIPLINE(S) YOU COMMUNICATED WITH? (MARK ALL THAT APPLY)

SUPERVISOR

WAS A CARE COORDINATION NOTE COMPLETED DOCUMENTING COMMUNICATION?

YES

INDICATE WHO YOU REVIEWED WRITTEN PLAN OF CARE INSTRUCTIONS WITH (MARK ALL THAT APPLY)

PATIENT

FAMILY MEMBER

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

FOLDER

### EQUIPMENT/SUPPLIES

DURABLE MEDICAL EQUIPMENT RECOMMENDED: (MARK ALL THAT APPLY)

STANDARD WALKER

BED SIDE COMMODE

ELEVATED TOILET SEAT

GLUCOMETER

### 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 ANTERIOR

#1 - ANT DIST RT MULTI / SCAT - DIST PRETIBIAL, RT, DIAB ULCER - HCHB

Onset Date: 06/18/2025

CHANGE IN STATUS

NONE

WOUND ASSESSED

YES

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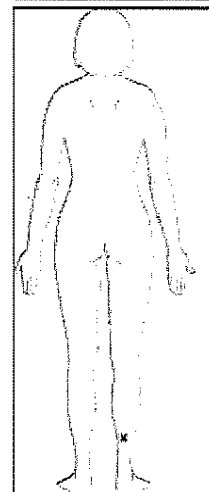
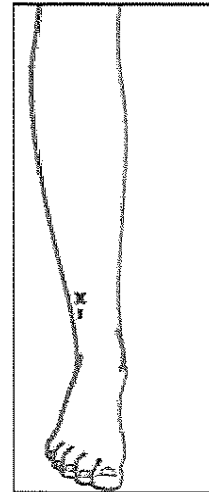
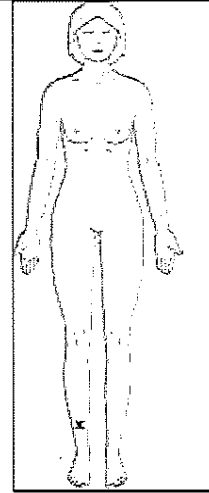
MR No: 04200040760601

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Visit Date: 11/04/2025 Visit Number: 3 Visit Type: RN15 - RN RESUMPTION OF CARE

TOTAL WAT SCORE	35
MEASUREMENTS TAKEN	YES
LENGTHxWIDTHxDEPTH(CM)	4.1 X 5 X 0.1
SURFACE AREA (SQ CM)	20.5
DEPTH DESCRIPTION	FULL THICK
IS THIS A CLOSED SURGICAL WOUND OR SUSPECTED DEEP TISSUE INJURY?	NO
GRANULATION TISSUE	<25%
EDGES	DISTINCT
SHAPE	IRREG
EXUDATE TYPE	SEROUS
EXUDATE AMOUNT	LARGE
ODOR	NONE
EPITHELIALIZATION	<25%
NECROTIC TISSUE TYPE	NONE
NECROTIC TISSUE AMOUNT	NONE
TOTAL NECROTIC TISSUE SLOUGH	0-25%
TOTAL NECROTIC TISSUE ESCHAR	0-25%
EDGE / SURROUNDING TISSUE - MACERATION	PRESENT
UNDERMINING	NONE
TUNNELING	NO
SKIN COLOR SURROUNDING WOUND	WHITE
PERIPHERAL TISSUE EDEMA	NONPIT <4CM
PERIPHERAL TISSUE INDURATION	NONE
DOES PATIENT HAVE PAIN ASSOCIATED WITH THIS WOUND?	NO
STATE	CHRONIC
SIGNS AND SYMPTOMS OF INFECTION	YES
DEBRIDEMENT THIS VISIT	YES
DEBRIDEMENT DATE	11/04/2025
DEBRIDEMENT TYPE	MECH
DRAIN PRESENT	NO
WOUND CARE PROVIDED	WOUND CARE TO RIGHT LOWER LEG. CLEANSE WOUND WITH NORMAL SALINE. PLACE SILVER ALGINATE ONTO WOUND TISSUE. PLACE 2 LAYER COMPRESSION TO COVER. WOUND CARE TO BE COMPLETED THREE TIMES WEEKLY BY SKILLED NURSING OR PATIENT DAUGHTER AND PRN FOR SOILED OR DISLODGED DRESSING.. PT TOLERATED WELO



### Wound Images

N/A

### FEMALE POSTERIOR

#2 - DIST POST RT MULTI / SCAT - DIST CALF, RT, DIAB ULCER  
 [INACTIVATED 11/04/2025] - HCHB

Onset Date: 06/18/2025

CHANGE IN STATUS

INACTIVATE WOUND - PRIMARILY CLOSED

WOUND ASSESSED

YES

TOTAL WAT SCORE

N/A

WOUND CARE PROVIDED

## Visit Note Report

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**Insured ID:** 42068912  
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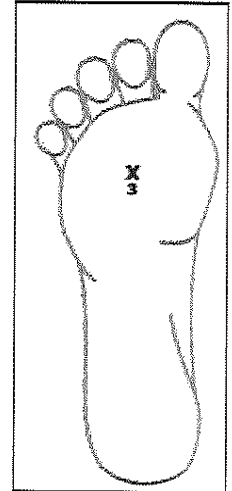
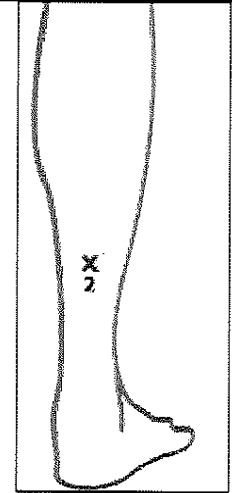
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**Visit Date:** 11/04/2025 **Visit Number:** 3 **Visit Type:** RN15 - RN RESUMPTION OF CARE

<b>Wound Images</b> N/A	
<b>RIGHT PLANTAR FOOT</b>	
#3 - PROX RT - PROX PLANTAR, RT, DIAB ULCER [INACTIVATED 11/04/2025] - HCHB	
Onset Date: 06/18/2025	
CHANGE IN STATUS	INACTIVATE WOUND - PRIMARILY CLOSED
WOUND ASSESSED	YES
TOTAL WAT SCORE	N/A
WOUND CARE PROVIDED	
<b>Wound Images</b> N/A	



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### Narrative

SKILLED NURSING VISIT TODAY FOR RESUMPTION OF CARE POST HOSPITAL DISCHARGE. PATIENT WAS ADMITTED TO THE HOSPITAL LAST WEEK WITH URINARY TRACT INFECTION AND SEPSIS OF UNKNOWN ORIGIN. PATIENT RECEIVED INTRAVENOUS ANTIBIOTICS DURING HER HOSPITAL STAY AND WAS DISCHARGED HOME WITH ORAL ANTIBIOTICS. ON ARRIVAL TO PATIENT'S HOME TODAY PATIENT SITTING ON HER BED IN THE BACK BEDROOM WATCHING TELEVISION WITH HER GREAT-GRANDSON SLEEPING ON THE BED NEXT TO HER. PATIENT STATES HER DAUGHTER'S JUST DID HER WOUND CARE BUT THIS ARE IN DOES WOUND CARE ONCE MORE TO TAKE MEASUREMENTS AND TO VISUALIZE CHANGES OF HER STAY ULCERATIONS AND LYMPHEDEMA. PATIENT WAS BEING SEEN BY PERSONA FOR HER WOUND CARE. PERSONIC DISCHARGE PATIENTS WHILE SHE WAS IN THE HOSPITAL LEAVING PATIENT WITH NO ONE TO PROVIDE WOUND CARE ORDER. THIS RN AND VNA OFFICE RN'S WORKING DILIGENTLY TRYING TO FIND PROVIDER FOR WRITTEN OR VARIABLE WOUND CARE ORDERS MOVING FORWARD FOR PATIENT. PATIENCE PRIMARY CARE PROVIDER CALL TODAY BY THIS RN AND ASKED FOR VERBAL ORDERS FOR PLAN OF CARE AND WOUND CARE ORDERS OR REFERRAL FROM PRIMARY CARE TO MCGRATH WOUND CARE WHO COULD WRITE ORDERS AND SEE PATIENT. ON PHYSICAL ASSESSMENT PATIENT VITAL SIGNS WITHIN NORMAL LIMITS LUNGS CLEAR AND HEART SOUNDS STRONG AND REGULAR. PATIENCE WOUND NO CHANGES NOTED STASIS ULCERATIONS STILL OPEN AND WEEPING. TOO MANY ULCERATIONS TO MEASURE INDIVIDUALLY SOME MEASUREMENTS OF SURFACE AREA TAKEN INSTEAD BY THIS RN. NO OTHER SKIN INTEGRITY ISSUES NOTED ON ASSESSMENT TODAY PATIENCE UTI HAS RESOLVED AND PATIENT STATES SHE IS URINATING WELL AND HAD A BOWEL MOVEMENT THIS MORNING. PATIENT MEDICATIONS RECONCILED BY THIS RN NO MEDICATION CHANGES NOTED NO SIDE EFFECTS OR DRUG INTERACTIONS NOTED. PATIENT WEARS DEXCOM WITH CONTINUOUS BLOOD SUGAR MONITORING AND GIVES HERSELF INSULIN. SKILLED NURSING EDUCATES PATIENTS TO CONTINUE WOUND CARE DRESSING CHANGES AS PERSONIC HAD ORDERED UNTIL THIS RN OR VNA OFFICE TELLS HER OTHERWISE. PATIENT VERBALIZES AGREEMENT OF EXPLANATION OF SERVICES AND ALSO OF PLAN OF CARE AND MCGRATH WOUND CARE TAKING CARE OF HER WOUND. PATIENT HAS NO MORE QUESTIONS OR CONCERNS AND KNOWS TO CALL VNA WITH ANY QUESTIONS OR CONCERNS AND TO CALL 911 IMMEDIATELY FOR ANY SKILLED NURSING NEEDS. THIS RN WILL CONTINUE WORKING DILIGENTLY FOR PATIENT TO FIND PROVIDER WHO IS COMFORTABLE RIDING WOUND CARE ORDERS. PATIENT KNOWS THIS RN WILL NOTIFY HER OF ANY CHANGES IN THE PLAN OF CARE.

### Patient Goals

#### Patient Goal

TO HEAL WOUNDS AND BE ABLE TO USE PROTHESIS AGAIN

#### Patient Goal Comment

CONTINUE WOUND CARE

### Interventions Provided

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

DETAILS/COMMENTS: KEEP A PHONE CLOSE BY AT ALL TIMES

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

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

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

2. COLLABORATE WITH PATIENT/CAREGIVER AND APPROPRIATE PHYSICIAN(S) IN POC DEVELOPMENT. CHANGES IN POC ARE AGREED UPON AND COMMUNICATED WITH THE PATIENT/CAREGIVER, PHYSICIANS WRITING ORDERS ON THE POC AND/OR THE RECEIVING PHYSICIAN/HEALTH CARE PROVIDER.

DETAILS/COMMENTS: THE FOLLOWING CHANGE(S) WERE AGREED UPON AND MADE TO THE DISCHARGE PLAN: SWITCHING TO MCGRWTH WOUND CARE

3. ASSESS AND EVALUATE CO-MORBID CONDITIONS

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

4. INSTRUCT ON THE USE OF MEDICATIONS TO TREAT CARDIOVASCULAR DISEASE. (ALL INTERVENTION DETAILS MUST BE INSTRUCTED ON PRIOR TO MARKING THE INTERVENTION GOAL AS ACHIEVED)

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

5. INSTRUCT ON THE USE OF MEDICATIONS TO TREAT RESPIRATORY DISEASE. (ALL INTERVENTION DETAILS MUST BE INSTRUCTED ON PRIOR TO MARKING THE INTERVENTION GOALS AS ACHIEVED)

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

6. INSTRUCT ON THE USE OF MEDICATIONS TO TREAT GENITOURINARY DISEASE. INSTRUCTED ON: (ALL INTERVENTION DETAILS MUST BE INSTRUCTED ON PRIOR TO MARKING THE INTERVENTION GOAL AS ACHIEVED)

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

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

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

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

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

8. ASSESS/IDENTIFY SIGNS AND SYMPTOMS AND DEGREE OF DEPRESSION

DETAILS/COMMENTS: NO S/S OF DEPRESSION EVIDENT AT THIS TIME.

9. INSTRUCTED HEALTH STRATEGIES / COPING MECHANISMS FOR DEALING WITH DEPRESSION

DETAILS/COMMENTS: ENCOURAGED TO KEEP ALL PHYSICIAN APPOINTMENTS.

10. INSTRUCTED PATIENT/CAREGIVER ON PATHOPHYSIOLOGY AND SYMPTOMATOLOGY OF DEPRESSION.

DETAILS/COMMENTS: DEFINED AS A PERSISTENT FEELING OF SADNESS OR WORTHLESSNESS WITH A LACK OF DESIRE TO ENGAGE IN ACTIVITIES THAT WERE ONCE ENJOYED.

11. INSTRUCT ON ORDERED NUTRITIONAL DIET, INCLUDING CALORIE COUNTS, EXCHANGE UNITS AND RESTRICTIONS

DETAILS/COMMENTS: INCREASE THE USE OF HIGH FIBER FOODS, SUCH AS DRIED BEANS, WHOLE GRAINS, AND RAW VEGETABLES TO CONSUME 25-35 GM/DAY.

EAT 3 BALANCED MEALS DAILY. CONTROL YOUR PORTION SIZE AND LIMIT SECOND HELPINGS. EAT A VARIETY OF FOODS. LIMIT LEAN MEATS, FISH, AND POULTRY TO 6-7 OUNCES PER DAY.

12. INSTRUCT WHAT TO DO IF SYMPTOMS OF HIGH BLOOD SUGAR OCCUR.

DETAILS/COMMENTS: IF BLOOD SUGARS ARE HIGH EVERY MORNING, THAT'S IMPORTANT BECAUSE IT MEANS THAT YOUR LIVER IS PRODUCING TOO MUCH SUGAR DURING THE NIGHT. THAT MIGHT REQUIRE NEW OR AN ADDITIONAL MEDICINE. TELL YOUR NURSE IF THIS IS HAPPENING.

GET MORE EXERCISE, OR LIMIT CARBS AT YOUR NEXT MEAL.

IF YOU'VE BEEN DOING ALL YOU CAN TO KEEP YOUR BLOOD SUGAR IN CONTROL, BUT STILL HAVE HIGH BLOOD SUGAR READINGS, IT MIGHT BE TIME TO SWITCH MEDICATION. TALK TO YOUR NURSE OR YOUR PHYSICIAN.

13. INSTRUCT WHAT TO DO IF SYMPTOMS OF LOW BLOOD SUGAR OCCUR.

DETAILS/COMMENTS: INSTRUCTED TO EAT SOME FORM OF GLUCOSE OR CARBOHYDRATE IF BLOOD SUGAR IS LOW.

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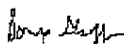
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### Goals Met

1. PATIENT / CAREGIVER VERBALIZE / DEMONSTRATE APPROPRIATE MANAGEMENT TO REDUCE FALL RISK.
2. POC, CHANGES IN POC, AND CHANGES IMPACTING DISCHARGE PLAN WILL BE AGREED UPON AND COMMUNICATED WITH THE PATIENT/CAREGIVER, PHYSICIANS WRITING ORDERS ON THE POC AND/OR THE RECEIVING PHYSICIAN/HEALTH CARE PROVIDER THROUGHOUT THE EPISODE OF CARE.
3. CHANGES TO CO-MORBID CONDITIONS WILL BE IDENTIFIED AND REPORTED TO THE PHYSICIAN.
4. PATIENT/CAREGIVER VERBALIZES UNDERSTANDING ON THE USE OF MEDICATIONS TO TREAT CARDIOVASCULAR DISEASE (DO NOT MARK GOAL AS MET UNLESS ALL INTERVENTION DETAILS ARE UNDERSTOOD BY PATIENT / CAREGIVER)
5. PATIENT / CAREGIVER VERBALIZES UNDERSTANDING OF THE USE OF MEDICATIONS TO TREAT RESPIRATORY DISEASE (DO NOT MARK GOAL AS MET UNLESS ALL INTERVENTION DETAILS ARE UNDERSTOOD BY PATIENT / CAREGIVER)
6. PATIENT / CAREGIVER VERBALIZES UNDERSTANDING OF THE USE OF MEDICATIONS TO TREAT GENITOURINARY DISEASE (DO NOT MARK GOAL AS MET UNLESS ALL INTERVENTION DETAILS ARE UNDERSTOOD BY PATIENT / CAREGIVER)
7. PATIENT TOLERATES WOUND CARE WELL AND PATIENT/CAREGIVER VERBALIZE/DEMONSTRATE PROPER WOUND CARE PROCEDURE.(DO NOT MARK GOAL AS MET UNLESS ALL INTERVENTION DETAILS ARE UNDERSTOOD BY PATIENT / CAREGIVER)
8. PATIENT VERBALIZES TOLERANCE TO PRESSURE ULCER CARE. PATIENT / CAREGIVER VERBALIZES / RETURNS DEMONSTRATION OF WOUND CARE. (DO NOT MARK GOAL AS MET UNLESS ALL INTERVENTION DETAILS ARE UNDERSTOOD BY PATIENT / CAREGIVER)
9. SIGNS AND SYMPTOMS OF DEPRESSION ARE ADEQUATELY IDENTIFIED AND PROMPTLY ADDRESSED.
10. PATIENT/CAREGIVER VERBALIZE UNDERSTANDING OF THE PATHOPHYSIOLOGY, SYMPTOMOLOGY AND EFFECTS OF DEPRESSION
11. PATIENT/CAREGIVER UNDERSTAND AND DEMONSTRATE HEALTHY BEHAVIORS AND COPING STRATEGIES TO MANAGE DEPRESSION.
12. PATIENT/CAREGIVER UNDERSTAND AND DEMONSTRATE HEALTHY BEHAVIORS AND COPING STRATEGIES TO MANAGE DEPRESSION.
13. PATIENT / CAREGIVER VERBALIZES UNDERSTANDING OF PROPER DIETARY / FLUID INTAKE WHICH PROMOTE NORMAL GLUCOSE LEVELS.
14. PATIENT / CAREGIVER IS INDEPENDENT IN THEIR KNOWLEDGE OF WHAT TO DO IF SYMPTOMS OF HIGH OR LOW BLOOD SUGAR OCCUR.
15. PATIENT / CAREGIVER IS INDEPENDENT IN THEIR KNOWLEDGE OF WHAT TO DO IF SYMPTOMS OF HIGH OR LOW BLOOD SUGAR OCCUR.

**Agent Signature:**

**Client Signature:**

COREY VANDERPOOL RN 11/04/2025 05:02 PM  
 (Electronically Signed)