Frankfort Regional
Healthcare at Home

2041 Creative Drive, Suite 250
Lexington, KY 40505
Phone: (859) 269-2587
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# Fax

**Attention:** **From:** Marla Cain

**Fax:** (859) 399-6697 **Date:** 10/28/2025 4:24 PM EST

**Phone:** **Pages:** 61 (including cover)

**Re:** Nurses notes and wnd care / measurements (last 4)

**Comments:**

As requested via phone call from Todd McGrath, please let me know if you need anything else. Thank you, Marla,

Frankfort Regional Healthcare at Home

10/28/2025 04:21:20 PM
Printed By: CAIN, MARLA

# Visit Note Report

**Client:** NICKENS, KHALILAH B **MR No:** LEX00023560901 **Legacy MR No:**
**Client DOB:** 8/13/1988
**Insured ID:** 8YP2KA9VX18 **Primary Payor:** PALMETTO MEDICARE PDGM

**Visit Date:** 10/23/2025 **Visit Number:** 7 **Visit Type:** SN11 - SN VISIT

**General:** NICKENS, KHALILAH B. LEX00023560901

| Visit Date: | Visit Number: | Visit Type: | Branch Code: | Billable: |
|---|---|---|---|---|
| 10/23/2025 | 7 | SN11 - SN VISIT | LEX | X |

| Agent ID: | Agent Name: | Mileage Payment Method: | Trip Fees: | Mileage Start: | Mileage End: | Mileage: |
|---|---|---|---|---|---|---|
| 376214 | RACHEL DAUGHERTY RN | AM | 0.00 | 0 | 0 | 0 |

**Time:**

| | | | | | |
|---|---|---|---|---|---|
| TRAVEL TIME | DRIVE START TIME | 10/23/2025 03:54 PM | DRIVE END TIME | 10/23/2025 04:12 PM |
| IN-HOME TIME | BEGAN | 10/23/2025 04:12 PM | INCOMPLETE | 10/23/2025 04:57 PM |
| DOCUMENTATION TIME | RESUMED | 10/23/2025 07:09 PM | COMPLETED | 10/23/2025 07:21 PM |

| | | |
|---|---|---|
| Total In-Home Time: | 0.74 | Hours |
| Total Drive Time: | 0.31 | Hours |
| Total Doc Time: | 0.21 | Hours |
| Total Time: | 0.95 | Hours |

**Vital Signs**

| Vital Signs | Reading | Time Recorded | Details | Instrument Problems |
|---|---|---|---|---|
| Temperature | 97.2 | 10/23/2025 04:22 PM | FOREHEAD | N |
| Pulse | 87 | 10/23/2025 04:22 PM | RADIAL | N |
| Pulse Characteristics: | | | *WNL | |
| Respirations | 18 | 10/23/2025 04:22 PM | | N |
| Respiration Characteristics: | | | WNL | |
| Blood Pressure | 138 / 78 | 10/23/2025 04:22 PM | LYING ARM - RT | N |
| Oxygen Saturation Level (%) | 94 | 10/23/2025 04:23 PM | | N |
| Oxygen Saturation Characteristics: | | | ON ROOM AIR | |
| Pain | 0 | 10/23/2025 04:22 PM | | N |

**Assessment**

PATIENT IDENTIFIERS

INDICATE TWO PATIENT IDENTIFERS USED FOR THIS VISIT:

**PATIENT NAME**
**DATE OF BIRTH**
**VISUAL RECOGNITION**

HEAD/NECK

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

**NO PROBLEMS IDENTIFIED**

EYES/EARS/NOSE/THROAT

INDICATE EYES/EARS/NOSE/THROAT FINDINGS:

**PERRL**

PAIN

DOES THE PATIENT REPORT OR EXHIBIT PAIN?

# Visit Note Report

**Client:** NICKENS, KHALILAH B **MR No:** LEX00023560901 **Legacy MR No:**
**Client DOB:** 8/13/1988
**Insured ID:** 8YP2KA9VX18 **Primary Payor:** PALMETTO MEDICARE PDGM

**Visit Date:** 10/23/2025 **Visit Number:** 7 **Visit Type:** SN11 - SN VISIT

Assessment

**NO - PATIENT IS A 0 ON A 0-10 PAIN SCALE AND/OR EXHIBITS A 0 ON STANDARDIZED PAIN SCALES**

INTEGUMENTARY - ICC

INDICATE INTEGUMENTARY (HEAD TO TOE ASSESSMENT) FINDINGS INCLUDING OBSERVING FOR NEW PRESSURE ULCERS AND CHECKING BETWEEN THE TOES:

**WOUND(S)**

DOES THE PATIENT HAVE IV ACCESS?

**NO**

CARDIOVASCULAR

INDICATE CARDIOVASCULAR FINDINGS:

**WNL**

**STABLE WITH CURRENT MEDICATION REGIMEN/INTERVENTIONS**

RESPIRATORY

INDICATE RESPIRATORY ASSESSMENT FINDINGS: (MARK ALL THAT APPLY)

**WNL**

DOES THE PATIENT UTILIZE SUPPLEMENTAL OXYGEN – EITHER CONTINUOUSLY, INTERMITTENTLY OR PRN?

**NO**

GENITOURINARY

INDICATE GENITOURINARY FINDING(S):

**INDWELLING/SUPRAPUBIC CATHETER**

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

**WNL**

INDICATE SIZE AND TYPE OF CATHETER

**20 FRENCH 30 ML**

INDICATE INSERTION / LAST CHANGED DATE:

**10/23/2025**

GASTROINTESTINAL

INDICATE GASTROINTESTINAL ASSESSMENT FINDING(S): (MARK ALL THAT APPLY)

**WNL**

NUTRITIONAL

INDICATE NUTRITIONAL STATUS SINCE LAST VISIT:

**NO CHANGE**

COGNITIVE/BEHAVIORAL

WAS BEHAVIORAL STATUS ASSESSED?

**YES**

INDICATE BEHAVIORAL ASSESSMENT FINDINGS:

**NONE OF THE ABOVE BEHAVIORS DEMONSTRATED**

NEUROLOGIC

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

**ALERT**
**ORIENTED TO PERSON**
**ORIENTED TO TIME**
**ORIENTED TO PLACE**
**ABLE TO FOLLOW SIMPLE COMMANDS**
**FORGETFUL**

INDICATE ABNORMAL NEUROLOGIC FINDINGS:

**NO CHANGE-PATIENT AT BASELINE**

# Visit Note Report

**Client:** NICKENS, KHALILAH B **MR No:** LEX00023560901 **Legacy MR No:**
**Client DOB:** 8/13/1988
**Insured ID:** 8YP2KA9VX18 **Primary Payor:** PALMETTO MEDICARE PDGM

**Visit Date:** 10/23/2025 **Visit Number:** 7 **Visit Type:** SN11 - SN VISIT

**Assessment**

**OTHER (SPECIFY)**

INDICATE OTHER ABNORMAL NEUROLOGIC FINDINGS:
**SPINA. BIFIDA**

ENDOCRINE/HEMATOPOIETIC

INDICATE ENDOCRINE/HEMATOPOIETIC ASSESSMENT FINDINGS:
**NO ENDOCRINE/HEMATOPOIETIC FINDINGS**

IS THE CLIENT TAKING AN ANTICOAGULANT?
**NO**

FUNCTIONAL

INDICATE MUSCULOSKELETAL STATUS:
**OTHER - SPECIFY**

INDICATE OTHER MUSCULOSKELETAL FINDINGS (PLEASE INDICATE TYPE, ANATOMICAL LOCATION, AND DESCRIPTION):
**SPINAL BIFIDA, DOES NOT AMBULATE**

SUPERVISORY FUNCTIONS

WERE SUPERVISORY FUNCTIONS PERFORMED THIS VISIT?
**NO**

INDICATE REASON SUPERVISORY FUNCTIONS NOT PERFORMED:
**NOT APPLICABLE**

CARE COORDINATION

INDICATE IF YOU COMMUNICATED WITH OTHER DISCIPLINES INVOLVED IN THIS CASE:
**NO**

ANY CHANGES TO THE PLAN OF CARE OR TREATMENT WERE COMMUNICATED TO THE PATIENT AND/OR PATIENT REPRESENTATIVE AND/OR CAREGIVER?
**N/A**

**Wound Assessment**

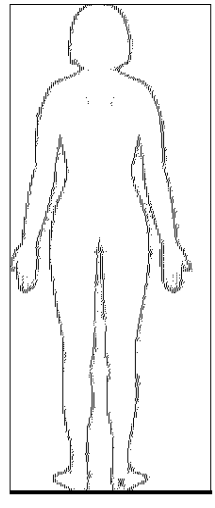
Historical wounds are retained as inactive and wound numbers continuously increment for subsequent episodes and admissions.

**Anatomical Figures**

**Anatomical View**

**Wound # / Location / Type / Source**

| Question | Answer |
|---|---|
| **FEMALE POSTERIOR** | |
| #12 - HEEL, RT, UNSPECIFIED - HCHB | |
| Onset Date: 03/20/2025 | |
| CHANGE IN STATUS | NONE |
| WOUND ASSESSED | YES |
| TOTAL WAT SCORE | 21 |
| MEASUREMENTS TAKEN | YES |
| LENGTHxWIDTHxDEPTH(CM) | 1.8 X 1.5 X 0.2 |
| SURFACE AREA (SQ CM) | 2.7 |
| DEPTH DESCRIPTION | PART THICK |
| IS THIS A CLOSED SURGICAL WOUND OR SUSPECTED DEEP TISSUE INJURY? | NO |
| GRANULATION TISSUE | 75-100% |
| EDGES | DISTINCT |
| SHAPE | ROUND |
| EXUDATE TYPE | SEROSANG |
| EXUDATE AMOUNT | SMALL |
| ODOR | NONE |
| EPITHELIALIZATION | 75-<100% |

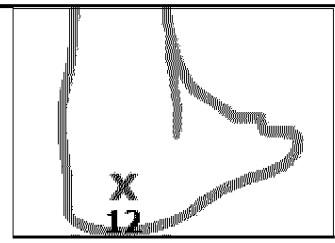


# Visit Note Report

**Client:** NICKENS, KHALILAH B **MR No:** LEX00023560901 **Legacy MR No:**
**Client DOB:** 8/13/1988
**Insured ID:** 8YP2KA9VX18 **Primary Payor:** PALMETTO MEDICARE PDGM

**Visit Date:** 10/23/2025 **Visit Number:** 7 **Visit Type:** SN11 - SN VISIT

| | |
|---|---|
| NECROTIC TISSUE TYPE | NONE |
| NECROTIC TISSUE AMOUNT | NONE |
| TOTAL NECROTIC TISSUE SLOUGH | 0-25% |
| TOTAL NECROTIC TISSUE ESCHAR | 0-25% |
| EDGE / SURROUNDING TISSUE - MACERATION | ABSENT |
| UNDERMINING | NONE |
| TUNNELING | NO |
| SKIN COLOR SURROUNDING WOUND | NORM |
| PERIPHERAL TISSUE EDEMA | NONE |
| PERIPHERAL TISSUE INDURATION | NONE |
| DOES PATIENT HAVE PAIN ASSOCIATED WITH THIS WOUND? | NO |
| STATE | CHRONIC |
| SIGNS AND SYMPTOMS OF INFECTION | NO |
| DEBRIDEMENT THIS VISIT | NO |
| DRAIN PRESENT | NO |
| WOUND CARE PROVIDED | SKILLED NURSE TO PERFORM / INSTRUCT WOUND CARE TO LEFT GREAT TOE AND RIGHT HEEL AS FOLLOWS: CLEANSED WITH VASHE, APPLIED HYDROFERA BLUE READY, COVERED WITH DRY GAUZE, SECURED WITH TAPE USING CLEAN TECHNIQUE. CHANGE DRESSING EVERY OTHER DAY AND PRN FOR SOILING/DISLODGEMENT.<br>*<br>PATIENT TOLERATED WELL WITH NO COMPLIANTS DURING PROCEDURE |




**Wound Images**
N/A

**Narrative**

PLEASE DOCUMENT SPECIFIC SKILL PROVIDED, PATIENTS RESPONSE TO TREATMENT AND SUMMARY OF PATIENTS PROGRESS TOWARD GOALS:

PATIENT LAYING IN BED UPON THIS NURSE'S ARRIVAL. PATIENT REPORTED SHE HAD JUST GOTTEN BACK FROM THE SENIOR CENTER AND HAD A GREAT DAY TODAY. PATIENT DENIES PAIN AND REPORTS NO FALLS. WOUND CARE COMPLETED TO RIGHT HEEL WITHOUT ISSUES, COMPLICATIONS, OR SIGNS AND SYMPTOMS OF INFECTION. AREA MEASURESED SMALLER THAN LAST WEEK FROM 2 X 2X 0.2 CMTO 1.8 X 1.5 X .2 CM. PATIENT GOES TO PODIATRY USUALLY ONCE A MONTH TO HAVE WOUND LOOKED AT. PATIENT VERY PLEASED WITH PROGRESS. PATIENT'S SUPRAPUBIC CATHETER CHANGED TODAY WITHOUT ISSUES, OLD CATHETER REMOVED AFTER BALLOON WAS DEFLATED. 30 MLS RETURNED FROM BALLOON, NEW S/P CATHETER 20 FRENCH 30 MLS CATHETER WAS INSERTED WITHOUT ISSUES OR COMPLICATIONS AND 75 MLS OF URINE RETURNED. PATIENT TOLERATED PROCEDURE WELL. PATIENT LIVES WITH SISTERS WHO ARE MAIN CAREGIVERS. PATIENT INSTRUCTED TO CALL OFFICE WITH ANY ISSUES BETWEEN NOW AND NEXT SCHEDULED VISIT.PATIENT REPORTED "I WILL"

**Patient Goals**

**Patient Goal**

TO GET STRONGER, FEEL BETTER, WOUND TO HEAL

# Visit Note Report

**Client:** NICKENS, KHALILAH B **MR No:** LEX00023560901 **Legacy MR No:**
**Client DOB:** 8/13/1988
**Insured ID:** 8YP2KA9VX18 **Primary Payor:** PALMETTO MEDICARE PDGM

**Visit Date:** 10/23/2025 **Visit Number:** 7 **Visit Type:** SN11 - SN VISIT

**Interventions Provided**

1. ASSESS AND EVALUATE CO-MORBID CONDITIONS

DETAILS/COMMENTS: ASSESSED AND EVALUATED THAT CO-MORBID CONDITIONS AND SYMPTOMS RELATED TO CO-MORBID CONDITIONS ARE CURRENTLY CONTROLLED.

REVIEWED AND INSTRUCTED ON RECENT EXACERBATION OF CO-MORBID CONDITIONS

2. INSTRUCT PATIENT/CAREGIVER ON PATHOPHYSIOLOGY/UNDERLYING CAUSES OF HYPERTENSION

DETAILS/COMMENTS: INSTRUCTED TO UTILIZE HYPERTENSION ZONE TOOL TO RECONGIZE AND REPORT SIGNS AND SYMPTOMS OF A CHANGE IN CONDITION.

EDUCATED ON CAUSES OF HYPERTENSION

3. INSTRUCT PATIENT/CAREGIVER ON SIGNS / SYMPTOMS OF HYPERTENSION

DETAILS/COMMENTS: INSTRUCTED ON SIGNS / SYMPTOMS OF HYPERTENSION SUCH AS NOSE BLEEDS, DIZZINESS, WEAKNESS, HEADACHE, EAR NOISE AND BUZZING, BLURRED VISION AND/OR ALTERED LEVEL OF CONSCIOUSNESS.

4. INSERT/CHANGE CATHETER

DETAILS/COMMENTS: REMOVED OLD CATHETER

CLEANSED PERINEAL AREA UTILIZING CLEAN TECHNIQUE, 20 FRENCH CATHETER INSERTED WITH 30 ML BULB, INFLATED WITH 30 ML OF WATER AND SECURED CATHETER

RETURNED 50 ML URINE, SECURED TUBING AND ENSURED PROPER BAG PLACEMENT

5. PROVIDE/INSTRUCT PATIENT/CAREGIVER ON WOUND CARE

DETAILS/COMMENTS: INSTRUCTED ON WOUND CARE TO RIGHT HEEL

6. PROVIDE INSTRUCTION RELATED TO PATIENT'S RISK FOR FALLS AND SAFETY TO PREVENT FALLS

DETAILS/COMMENTS: INSTRUCTED ON REMOVING HAZARDS IN THE HOME

INSTRUCTED TO KEEP A PHONE CLOSE BY AT ALL TIMES

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

7. EVALUATE PATIENT'S RESPONSE TO PHARMACOLOGICAL AND NON-PHARMACOLOGICAL PAIN REGIMEN INCLUDING PATIENT'S RESPONSE TO THE PAIN SCALE.

DETAILS/COMMENTS: ASSESSED THAT PAIN MEDICATIONS ARE BEING TAKEN AS PRESCRIBED

ASSESSED THAT BOTH A PHARMACOLOGICAL AND NONPHARMACOLOGICAL PAIN REGIMEN ARE BEING UTILIZED

ASSESSED THAT USE OF PAIN MEDICATIONS WITH ACTIVITIES/WOUND CARE IS COORDINATED.

8. INSTRUCT PATIENT/CAREGIVER ON THE USE OF MEDICATIONS TO TREAT DISEASE PROCESSES

DETAILS/COMMENTS: INSTRUCTED ON MEDICATION REGIMEN INCLUDING CORRECT MEDICATION, DOSAGE, FREQUENCY, TIMES

# Visit Note Report

**Client:** NICKENS, KHALILAH B **MR No:** LEX00023560901 **Legacy MR No:**
**Client DOB:** 8/13/1988
**Insured ID:** 8YP2KA9VX18 **Primary Payor:** PALMETTO MEDICARE PDGM

**Visit Date:** 10/23/2025 **Visit Number:** 7 **Visit Type:** SN11 - SN VISIT

**Goals Met**

1. CHANGES TO CO-MORBID CONDITIONS WILL BE IDENTIFIED AND REPORTED TO THE PROVIDER
2. PATIENT / CAREGIVER VERBALIZES UNDERSTANDING OF THE PATHOPHYSIOLOGY/UNDERLYING CAUSES OF HYPERTENSION
3. PATIENT / CAREGIVER VERBALIZES UNDERSTANDING OF THE SIGNS AND SYMPTOMS OF HYPERTENSION
4. PATIENT TOLERATED CATHETER INSERTION WITH RETURN OF URINE
5. PATIENT VERBALIZES TOLERANCE TO WOUND CARE. PATIENT / CAREGIVER VERBALIZES / RETURNS DEMONSTRATION OF WOUND CARE
6. PATIENT / CAREGIVER VERBALIZE/DEMONSTRATE APPROPRIATE METHODS TO REDUCE FALL RISK.
7. INCREASED PAIN OR INEFFECTIVE PAIN CONTROL MEASURES ARE IDENTIFIED AND PROMPTLY REPORTED TO THE PROVIDER.
8. PATIENT / CAREGIVER VERBALIZES UNDERSTANDING OF THE USE OF MEDICATIONS TO TREAT DISEASE PROCESSES.

**Goals Not Met**

1. FALL RISK IS PROMPTLY IDENTIFIED TO IMPLEMENT INTERVENTIONS QUICKLY.
EXCEPTION CODE: ADDITIONAL TIME REQUIRED TO MEET INTERVENTION/GOAL
2. PATIENT / CAREGIVER ADMINISTERS MEDICATIONS AS PRESCRIBED AS EVIDENCED BY NO ADVERSE EFFECTS OR MEDICATION ERROR.
EXCEPTION CODE: NOT APPLICABLE TO CLIENT'S POC

**Agent Signature:**

RACHEL DAUGHERTY RN 10/23/2025 07:21 PM
(Electronically Signed)

**Client Signature:**

Frankfort Regional Healthcare at Home

10/28/2025 04:20:59 PM
Printed By: CAIN, MARLA

# Visit Note Report

**Client:** NICKENS, KHALILAH B **MR No:** LEX00023560901 **Legacy MR No:**
**Client DOB:** 8/13/1988
**Insured ID:** 8YP2KA9VX18 **Primary Payor:** PALMETTO MEDICARE PDGM

**Visit Date:** 10/16/2025 **Visit Number:** 6 **Visit Type:** RN10 - RN VISIT + SUP

**General:** NICKENS, KHALILAH B. LEX00023560901

| Visit Date: | Visit Number: | Visit Type: | Branch Code: | Billable: |
|---|---|---|---|---|
| 10/16/2025 | 6 | RN10 - RN VISIT + SUP | LEX | X |

| Agent ID: | Agent Name: | Mileage Payment Method: | Trip Fees: | Mileage Start: | Mileage End: | Mileage: |
|---|---|---|---|---|---|---|
| 376214 | RACHEL DAUGHERTY RN | AM | 0.00 | 0 | 0 | 0 |

**Time:**

| | | | | |
|---|---|---|---|---|
| TRAVEL TIME | DRIVE START TIME | 10/16/2025 03:36 PM | DRIVE END TIME | 10/16/2025 04:04 PM |
| IN-HOME TIME | BEGAN | 10/16/2025 04:04 PM | INCOMPLETE | 10/16/2025 04:39 PM |
| DOCUMENTATION TIME | RESUMED | 10/19/2025 03:54 PM | COMPLETED | 10/19/2025 04:01 PM |

| | | |
|---|---|---|
| Total In-Home Time: | 0.58 | Hours |
| Total Drive Time: | 0.47 | Hours |
| Total Doc Time: | 0.12 | Hours |
| Total Time: | 0.71 | Hours |

**Vital Signs**

| Vital Signs | Reading | Time Recorded | Details | Instrument Problems |
|---|---|---|---|---|
| Temperature | 99 | 10/16/2025 04:30 PM | FOREHEAD | N |
| Pulse | 84 | 10/16/2025 04:30 PM | RADIAL | N |
| Pulse Characteristics: | | | *WNL | |
| Respirations | 18 | 10/16/2025 04:30 PM | | N |
| Respiration Characteristics: | | | WNL | |
| Blood Pressure | 128 / 72 | 10/16/2025 04:30 PM | SITTING ARM - LT | N |
| Oxygen Saturation Level (%) | 95 | 10/16/2025 04:37 PM | | N |
| Oxygen Saturation Characteristics: | | | ON ROOM AIR | |
| Pain | 0 | 10/16/2025 04:37 PM | | N |

**Assessment**

PATIENT IDENTIFIERS

INDICATE TWO PATIENT IDENTIFERS USED FOR THIS VISIT:

**PATIENT NAME**
**DATE OF BIRTH**
**VISUAL RECOGNITION**

HEAD/NECK

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

**NO PROBLEMS IDENTIFIED**

EYES/EARS/NOSE/THROAT

INDICATE EYES/EARS/NOSE/THROAT FINDINGS:

**PERRL**

PAIN

DOES THE PATIENT REPORT OR EXHIBIT PAIN?

# Visit Note Report

**Client:** NICKENS, KHALILAH B **MR No:** LEX00023560901 **Legacy MR No:**
**Client DOB:** 8/13/1988
**Insured ID:** 8YP2KA9VX18 **Primary Payor:** PALMETTO MEDICARE PDGM

**Visit Date:** 10/16/2025 **Visit Number:** 6 **Visit Type:** RN10 - RN VISIT + SUP

Assessment

**NO - PATIENT IS A 0 ON A 0-10 PAIN SCALE AND/OR EXHIBITS A 0 ON STANDARDIZED PAIN SCALES**

INTEGUMENTARY - ICC

INDICATE INTEGUMENTARY (HEAD TO TOE ASSESSMENT) FINDINGS INCLUDING OBSERVING FOR NEW PRESSURE ULCERS AND CHECKING BETWEEN THE TOES:

**WOUND(S)**

DOES THE PATIENT HAVE IV ACCESS?

**NO**

CARDIOVASCULAR

INDICATE CARDIOVASCULAR FINDINGS:

**WNL**
**STABLE WITH CURRENT MEDICATION REGIMEN/INTERVENTIONS**

RESPIRATORY

INDICATE RESPIRATORY ASSESSMENT FINDINGS: (MARK ALL THAT APPLY)

**WNL**

DOES THE PATIENT UTILIZE SUPPLEMENTAL OXYGEN – EITHER CONTINUOUSLY, INTERMITTENTLY OR PRN?

**NO**

GENITOURINARY

INDICATE GENITOURINARY FINDING(S):

**INDWELLING/SUPRAPUBIC CATHETER**

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

**WNL**

INDICATE SIZE AND TYPE OF CATHETER

**20 FRENCH, S/P**

INDICATE INSERTION / LAST CHANGED DATE:

**9/25/2025**

GASTROINTESTINAL

INDICATE GASTROINTESTINAL ASSESSMENT FINDING(S): (MARK ALL THAT APPLY)

**WNL**

NUTRITIONAL

INDICATE NUTRITIONAL ASSESSMENT FINDINGS: (MARK ALL THAT APPLY)

**PATIENT TAKES 3 OR MORE PRESCRIBED OR OVER THE COUNTER DRUGS PER DAY - 1 PT**
**PATIENT NOT ALWAYS PHYSICALLY ABLE TO SHOP, COOK, AND/OR FEED SELF - 2 PTS**

TOTAL NUTRITION ASSESSMENT SCORE:

**3**

BASED ON THE SCORE, THE NUTRITIONAL RISK LEVEL IS:

**PATIENT IS AT A MODERATE NUTRITIONAL RISK**

COGNITIVE/BEHAVIORAL

WAS BEHAVIORAL STATUS ASSESSED?

**YES**

INDICATE BEHAVIORAL ASSESSMENT FINDINGS:

**NONE OF THE ABOVE BEHAVIORS DEMONSTRATED**

NEUROLOGIC

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

**ALERT**
**ORIENTED TO PERSON**
**ORIENTED TO TIME**

# Visit Note Report

**Client:** NICKENS, KHALILAH B **MR No:** LEX00023560901 **Legacy MR No:**
**Client DOB:** 8/13/1988
**Insured ID:** 8YP2KA9VX18 **Primary Payor:** PALMETTO MEDICARE PDGM

**Visit Date:** 10/16/2025 **Visit Number:** 6 **Visit Type:** RN10 - RN VISIT + SUP

**Assessment**

**ORIENTED TO PLACE**
**ABLE TO FOLLOW SIMPLE COMMANDS**
**FORGETFUL**

INDICATE ABNORMAL NEUROLOGIC FINDINGS:
**PARALYSIS**

INDICATE THE TYPE OF PARALYSIS
**PARAPLEGIA**

ENDOCRINE/HEMATOPOIETIC

INDICATE ENDOCRINE/HEMATOPOIETIC ASSESSMENT FINDINGS:
**NO ENDOCRINE/HEMATOPOIETIC FINDINGS**

IS THE CLIENT TAKING AN ANTICOAGULANT?
**NO**

FUNCTIONAL

INDICATE MUSCULOSKELETAL STATUS:
**OTHER - SPECIFY**

INDICATE OTHER MUSCULOSKELETAL FINDINGS (PLEASE INDICATE TYPE, ANATOMICAL LOCATION, AND DESCRIPTION):
**SPINAL BIFIDA**

SUPERVISORY FUNCTIONS

INDICATE DISCIPLINE OF EMPLOYEE BEING EVALUATED:
**LICENSED VOCATIONAL NURSE**

INDICATE NAME OF LVN BEING EVALUATED IF APPLICABLE:
**KASEY ATHA, LPN**
**KIM WAINSCOTT, LPN**

IS THE CLIENT SATISFIED WITH THE CURRENT CARE BEING PROVIDED BY THE LVN?
**YES**

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

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

INDICATE CHANGES IN PLAN/GOAL/UPDATE, IF APPLICABLE:
**N/A**

CARE COORDINATION

INDICATE IF YOU COMMUNICATED WITH OTHER DISCIPLINES INVOLVED IN THIS CASE:
**NO**

ANY CHANGES TO THE PLAN OF CARE OR TREATMENT WERE COMMUNICATED TO THE PATIENT AND/OR PATIENT REPRESENTATIVE AND/OR CAREGIVER?
**N/A**

**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** | |
| #10 - GREAT TOE, LT, UNSPECIFIED [INACTIVATED 10/16/2025] - HCHB | |
| Onset Date: 09/28/2023 | |
| CHANGE IN STATUS | INACTIVATE WOUND - COMPLETELY EPITHELIALIZED |

# Visit Note Report

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**Client DOB:** 8/13/1988
**Insured ID:** 8YP2KA9VX18 **Primary Payor:** PALMETTO MEDICARE PDGM

**Visit Date:** 10/16/2025 **Visit Number:** 6 **Visit Type:** RN10 - RN VISIT + SUP

| | |
|---|---|
| WOUND ASSESSED | YES |
| TOTAL WAT SCORE | N/A |
| WOUND CARE PROVIDED | |

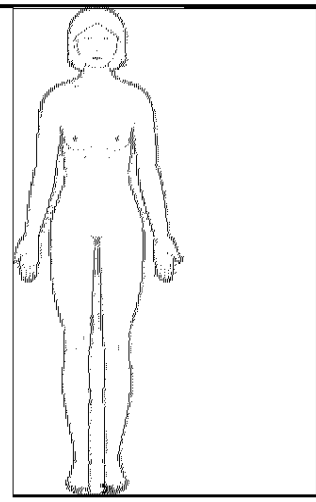
**Wound Images**
**N/A**

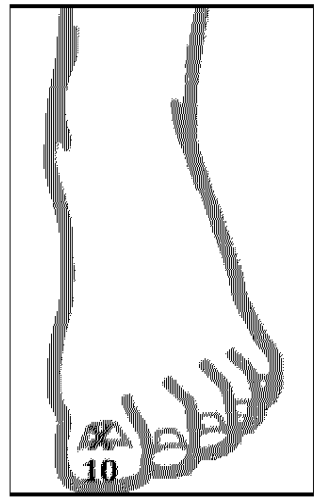
**FEMALE POSTERIOR**

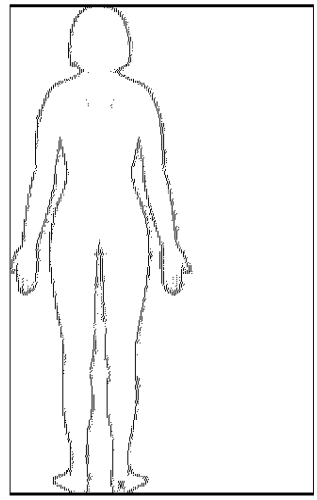
#12 - HEEL, RT, UNSPECIFIED - HCHB

Onset Date: 03/20/2025

| | |
|---|---|
| CHANGE IN STATUS | NONE |
| WOUND ASSESSED | YES |
| TOTAL WAT SCORE | 21 |
| MEASUREMENTS TAKEN | YES |
| LENGTHxWIDTHxDEPTH(CM) | 1.5 X 1 X 0.2 |
| SURFACE AREA (SQ CM) | 1.5 |
| DEPTH DESCRIPTION | PART THICK |
| IS THIS A CLOSED SURGICAL WOUND OR SUSPECTED DEEP TISSUE INJURY? | NO |
| GRANULATION TISSUE | 75-100% |
| EDGES | DISTINCT |
| SHAPE | ROUND |
| EXUDATE TYPE | SEROSANG |
| EXUDATE AMOUNT | SMALL |
| ODOR | NONE |
| EPITHELIALIZATION | 75-<100% |
| NECROTIC TISSUE TYPE | NONE |
| NECROTIC TISSUE AMOUNT | NONE |
| TOTAL NECROTIC TISSUE SLOUGH | 0-25% |
| TOTAL NECROTIC TISSUE ESCHAR | 0-25% |
| EDGE / SURROUNDING TISSUE - MACERATION | ABSENT |
| UNDERMINING | NONE |
| TUNNELING | NO |
| SKIN COLOR SURROUNDING WOUND | NORM |
| PERIPHERAL TISSUE EDEMA | NONE |
| PERIPHERAL TISSUE INDURATION | NONE |
| DOES PATIENT HAVE PAIN ASSOCIATED WITH THIS WOUND? | NO |
| STATE | CHRONIC |
| SIGNS AND SYMPTOMS OF INFECTION | NO |
| DEBRIDEMENT THIS VISIT | NO |
| DRAIN PRESENT | NO |
| WOUND CARE PROVIDED | SKILLED NURSE TO PERFORM / INSTRUCT WOUND CARE TO LEFT GREAT TOE AND RIGHT HEEL AS FOLLOWS: CLEANSED WITH VASHE, APPLIED HYDROFERA BLUE READY, COVERED WITH DRY GAUZE, SECURED WITH TAPE USING CLEAN TECHNIQUE. CHANGE DRESSING EVERY OTHER DAY AND PRN FOR SOILING/DISLODGEMENT.<br>*<br>PATIENT TOLERATED WELL WITH NO COMPLIANTS DURING PROCEDURE |





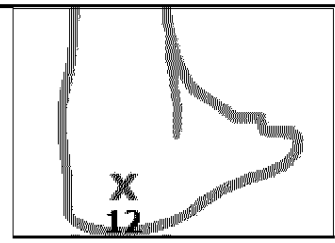



# Visit Note Report

**Client:** NICKENS, KHALILAH B **MR No:** LEX00023560901 **Legacy MR No:**
**Client DOB:** 8/13/1988
**Insured ID:** 8YP2KA9VX18 **Primary Payor:** PALMETTO MEDICARE PDGM

**Visit Date:** 10/16/2025 **Visit Number:** 6 **Visit Type:** RN10 - RN VISIT + SUP

**Wound Images**
**N/A**




**Narrative**

PLEASE DOCUMENT SPECIFIC SKILL PROVIDED, PATIENTS RESPONSE TO TREATMENT AND SUMMARY OF PATIENTS PROGRESS TOWARD GOALS:

UPON THIS NURSE'S ARRIVAL, PATIENT WAS SITTING IN WHEELCHAIR REPORTING SHE HAD JUST GOTTEN BACK FROM THE SENIOR CITIZENS CENTER. PATIENT DENIES PAIN TODAY. PATIENT'S CATHETER IS NOT DUE TO BE CHANGED UNTIL 10-25. WOUND CARE COMPLETED TODAY TO RIGHT HEEL WITHOUT COMPLICATIONS OR ANY SIGNS AND SYMPTOMS OF INFECTION. PICTURES AND MEASUREMENTS OBTAINED. WOUND TO LEFT GREAT TOE IS BEING INACTIVATED DUE TO HEALED. PATIENT REPORTS SHE WENT TO HER PODIATRIST YESTERDAY. PER PATIENT, SHE RECEIVED A GOOD REPORT AND WOUNDS ARE HEALING FINE. PATIENT'S SISTER IS DOING WOUND CARE ON DAYS SKILLED NURSE IS NOT IN HOME. PATIENT LIVES WITH HER 2 SISTERS. PATIENT INSTRUCTED TO CALL HOME HEALTH WITH ANY ISSUES OR COMPLICATIONS BETWEEN NOW AND NEXT VISIT.

**Patient Goals**

**Patient Goal**

TO GET STRONGER, FEEL BETTER, WOUND TO HEAL

# Visit Note Report

**Client:** NICKENS, KHALILAH B **MR No:** LEX00023560901 **Legacy MR No:**
**Client DOB:** 8/13/1988
**Insured ID:** 8YP2KA9VX18 **Primary Payor:** PALMETTO MEDICARE PDGM

**Visit Date:** 10/16/2025 **Visit Number:** 6 **Visit Type:** RN10 - RN VISIT + SUP

**Interventions Provided**

1. INSTRUCT PATIENT / CAREGIVER TO COORDINATE ADMINISTRATION OF PAIN MEDICATION AND ACTIVITIES.

DETAILS/COMMENTS: INSTRUCTED TO COORDINATE ADMINISTRATION OF PAIN MEDICATION AND ACTIVITIES TO ALLOW TIME FOR ANALGESIC EFFECT

INSTRUCTED HOW TO UTILIZE THE ZONE TOOL TO RECOGNIZE SPECIFIC SIGNS, SYMPTOMS THAT NECESSITATE CALLING A NURSE, PROVIDER OR 911.

2. IDENTIFY EFFECTIVENESS OF PHARMACOLOGIC PAIN CONTROL REGIMEN AND CONTACT PROVIDER IF NEW/CHANGED REGIMEN IS REQUIRED.

DETAILS/COMMENTS: EDUCATED ON HOW PAIN CONTROL MEDICATION REGIMEN IS EFFECTIVE AS PRESCRIBED

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

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

4. INSTRUCT PATIENT / CAREGIVER IN SCORING PAIN LEVEL TO ALLOW DETERMINATION OF IMPROVEMENT OR DECLINE OF PAIN MANAGEMENT.

DETAILS/COMMENTS: INSTRUCTED IN SCORING PAIN LEVEL TO ALLOW DETERMINATION OF IMPROVEMENT OF PAIN

EDUCATED ON HOW SCORING PAIN LEVEL HELPS RATE THE LEVEL OF PAIN SO IT CAN BE COMMUNICATED TO THE PROVIDER, OTHER HEALTH PROFESSIONALS, OR OTHER CAREGIVERS

5. INSTRUCT PATIENT / CAREGIVER THAT PAIN IS BEST CONTROLLED BEFORE IT REACHES AN UNMANAGEABLE LEVEL.

DETAILS/COMMENTS: INSTRUCTED THAT PAIN IS BEST CONTROLLED BEFORE IT REACHES AN UNMANAGEABLE LEVEL. MEDICATION SHOULD BE GIVEN PRIOR TO OR AS SOON AS POSSIBLE AFTER ONSET OF PAIN BEFORE IT BECOMES MORE INTENSE

INSTRUCTED HOW TO UTILIZE THE ZONE TOOL TO RECOGNIZE SPECIFIC SIGNS, SYMPTOMS THAT NECESSITATE CALLING A NURSE, PROVIDER OR 911.

6. EVALUATE PATIENT'S RESPONSE TO PHARMACOLOGICAL AND NON-PHARMACOLOGICAL PAIN REGIMEN INCLUDING PATIENT'S RESPONSE TO THE PAIN SCALE.

DETAILS/COMMENTS: ASSESSED THAT PAIN MEDICATIONS ARE BEING TAKEN AS PRESCRIBED

ASSESSED THAT BOTH A PHARMACOLOGICAL AND NONPHARMACOLOGICAL PAIN REGIMEN ARE BEING UTILIZED

7. INSTRUCT ON APPROPRIATE PAIN MANAGEMENT TECHNIQUES

DETAILS/COMMENTS: INSTRUCTED TO "CALL US FIRST" AND WHEN TO CALL 911

INSTRUCTED TO TAKE MEDICATIONS AS PRESCRIBED WHILE PAIN IS STILL TOLERABLE

# Visit Note Report

**Client:** NICKENS, KHALILAH B **MR No:** LEX00023560901 **Legacy MR No:**
**Client DOB:** 8/13/1988
**Insured ID:** 8YP2KA9VX18 **Primary Payor:** PALMETTO MEDICARE PDGM

**Visit Date:** 10/16/2025 **Visit Number:** 6 **Visit Type:** RN10 - RN VISIT + SUP

**Goals Met**

1. PATIENT VERBALIZES / DEMONSTRATES ADEQUATE PAIN CONTROL AND INCREASED ABILITY TO COMPLETE ACTIVITIES WITHOUT COMPLAINTS OF PAIN.

2. PATIENT VERBALIZES DECREASED PAIN LEVEL AS A RESULT OF PHARMACOLOGIC PAIN CONTROL REGIMEN.

3. PATIENT/CAREGIVER WILL VERBALIZE UNDERSTANDING OF SPECIAL PRECAUTIONS TO BE TAKEN FOR ALL HIGH-RISK MEDICATIONS

4. PATIENT/CAREGIVER WILL VERBALIZE UNDERSTANDING OF HOW AND WHEN TO REPORT PROBLEMS THAT MAY OCCUR DUE TO HIGH-RISK MEDICATIONS

5. PATIENT / CAREGIVER VERBALIZES KNOWLEDGE OF PAIN SCORING RELATED TO ACCURATELY DETERMINING THE IMPROVEMENT OR DECLINE OF PAIN MANAGEMENT.

6. PATIENT VERBALIZES ADEQUATE PAIN CONTROL AS A RESULT OF PAIN CONTROL REACHED PRIOR TO REACHING AN UNMANAGEABLE LEVEL.

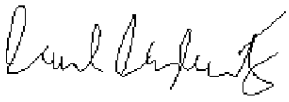
7. INCREASED PAIN OR INEFFECTIVE PAIN CONTROL MEASURES ARE IDENTIFIED AND PROMPTLY REPORTED TO THE PROVIDER.

8. PATIENT / CAREGIVER VERBALIZES UNDERSTANDING OF PHARMACOLOGIC AND NON PHARMACOLOGIC PAIN CONTROL TECHNIQUES

**Goals Not Met**

1. PATIENT TOLERATED CATHETER INSERTION WITH RETURN OF URINE
EXCEPTION CODE: NOT APPLICABLE TO CURRENT VISIT

**Agent Signature:**



RACHEL DAUGHERTY RN 10/19/2025 04:01 PM
(Electronically Signed)

**Client Signature:**

Frankfort Regional Healthcare at Home

10/28/2025 04:20:25 PM
Printed By: CAIN, MARLA

# Visit Note Report

**Client:** NICKENS, KHALILAH B **MR No:** LEX00023560901 **Legacy MR No:**
**Client DOB:** 8/13/1988
**Insured ID:** 8YP2KA9VX18 **Primary Payor:** PALMETTO MEDICARE PDGM

**Visit Date:** 10/09/2025 **Visit Number:** 5 **Visit Type:** SN11 - SN VISIT

**General:** NICKENS, KHALILAH B. LEX00023560901

| Visit Date: | Visit Number: | Visit Type: | Branch Code: | Billable: |
|---|---|---|---|---|
| 10/09/2025 | 5 | SN11 - SN VISIT | LEX | X |

| Agent ID: | Agent Name: | Mileage Payment Method: | Trip Fees: | Mileage Start: | Mileage End: | Mileage: |
|---|---|---|---|---|---|---|
| 377755 | KIMBERLY WAINSCOTT LPN | AM | 0.00 | 0 | 0 | 0 |

**Time:**

| | | | | |
|---|---|---|---|---|
| TRAVEL TIME | DRIVE START TIME | 10/09/2025 02:08 PM | DRIVE END TIME | 10/09/2025 02:19 PM |
| IN-HOME TIME | BEGAN | 10/09/2025 02:19 PM | COMPLETED | 10/09/2025 02:56 PM |

| | | |
|---|---|---|
| Total In-Home Time: | 0.61 | Hours |
| Total Drive Time: | 0.19 | Hours |
| Total Time: | 0.61 | Hours |

**Vital Signs**

| Vital Signs | Reading | Time Recorded | Details | Instrument Problems |
|---|---|---|---|---|
| Temperature | 98.4 | 10/09/2025 02:27 PM | FOREHEAD | N |
| Pulse | 80 | 10/09/2025 02:27 PM | RADIAL | N |
| Pulse Characteristics: | | | *WNL | |
| Respirations | 16 | 10/09/2025 02:27 PM | | N |
| Respiration Characteristics: | | | WNL | |
| Blood Pressure | 122 / 70 | 10/09/2025 02:27 PM | SITTING ARM - LT | N |
| Pain | 0 | 10/09/2025 02:27 PM | | N |

**Assessment**

PATIENT IDENTIFIERS

INDICATE TWO PATIENT IDENTIFERS USED FOR THIS VISIT:

**PATIENT NAME**
**DATE OF BIRTH**

HEAD/NECK

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

**NO PROBLEMS IDENTIFIED**

EYES/EARS/NOSE/THROAT

INDICATE EYES/EARS/NOSE/THROAT FINDINGS:

**PERRL**

PAIN

DOES THE PATIENT REPORT OR EXHIBIT PAIN?

**NO - PATIENT IS A 0 ON A 0-10 PAIN SCALE AND/OR EXHIBITS A 0 ON STANDARDIZED PAIN SCALES**

INTEGUMENTARY - ICC

INDICATE INTEGUMENTARY (HEAD TO TOE ASSESSMENT) FINDINGS INCLUDING OBSERVING FOR NEW PRESSURE ULCERS AND CHECKING BETWEEN THE TOES:

**WOUND(S)**

# Visit Note Report

**Client:** NICKENS, KHALILAH B **MR No:** LEX00023560901 **Legacy MR No:**
**Client DOB:** 8/13/1988
**Insured ID:** 8YP2KA9VX18 **Primary Payor:** PALMETTO MEDICARE PDGM

**Visit Date:** 10/09/2025 **Visit Number:** 5 **Visit Type:** SN11 - SN VISIT

**Assessment**

DOES THE PATIENT HAVE IV ACCESS?
**NO**

CARDIOVASCULAR

INDICATE CARDIOVASCULAR FINDINGS:
**EDEMA**

INDICATE LOCATION OF EDEMA:
**LOWER RIGHT**
**LOWER LEFT**

INDICATE CHARACTERISTICS OF EDEMA (LOWER RIGHT):
**TRACE**

INDICATE CHARACTERISTICS OF EDEMA (LOWER LEFT):
**TRACE**

RESPIRATORY

INDICATE RESPIRATORY ASSESSMENT FINDINGS: (MARK ALL THAT APPLY)
**WNL**

DOES THE PATIENT UTILIZE SUPPLEMENTAL OXYGEN – EITHER CONTINUOUSLY, INTERMITTENTLY OR PRN?
**NO**

GENITOURINARY

INDICATE GENITOURINARY FINDING(S):
**INDWELLING/SUPRAPUBIC CATHETER**

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

INDICATE SIZE AND TYPE OF CATHETER
**20FR/ 30ML**

INDICATE INSERTION / LAST CHANGED DATE:
**9/25/2025**

GASTROINTESTINAL

INDICATE GASTROINTESTINAL ASSESSMENT FINDING(S): (MARK ALL THAT APPLY)
**WNL**

NUTRITIONAL

INDICATE NUTRITIONAL STATUS SINCE LAST VISIT:
**NO CHANGE**

COGNITIVE/BEHAVIORAL

WAS BEHAVIORAL STATUS ASSESSED?
**YES**

INDICATE BEHAVIORAL ASSESSMENT FINDINGS:
**NONE OF THE ABOVE BEHAVIORS DEMONSTRATED**

NEUROLOGIC

INDICATE CLIENT'S MENTAL STATUS: (MARK ALL THAT APPLY)
**ALERT**
**ORIENTED TO PERSON**
**ORIENTED TO PLACE**
**ABLE TO FOLLOW MULTI-STEP COMMANDS**

INDICATE ABNORMAL NEUROLOGIC FINDINGS:
**NO CHANGE-PATIENT AT BASELINE**

ENDOCRINE/HEMATOPOIETIC

# Visit Note Report

**Client:** NICKENS, KHALILAH B **MR No:** LEX00023560901 **Legacy MR No:**
**Client DOB:** 8/13/1988
**Insured ID:** 8YP2KA9VX18 **Primary Payor:** PALMETTO MEDICARE PDGM

**Visit Date:** 10/09/2025 **Visit Number:** 5 **Visit Type:** SN11 - SN VISIT

**Assessment**

INDICATE ENDOCRINE/HEMATOPOIETIC ASSESSMENT FINDINGS:
**NO ENDOCRINE/HEMATOPOIETIC FINDINGS**

IS THE CLIENT TAKING AN ANTICOAGULANT?
**NO**

FUNCTIONAL

INDICATE MUSCULOSKELETAL STATUS:
**DECREASED STRENGTH**

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

SUPERVISORY FUNCTIONS

WERE SUPERVISORY FUNCTIONS PERFORMED THIS VISIT?
**NO**

INDICATE REASON SUPERVISORY FUNCTIONS NOT PERFORMED:
**NOT APPLICABLE**

CARE COORDINATION

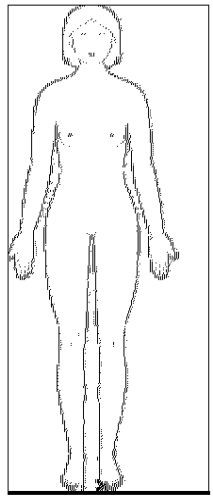
INDICATE IF YOU COMMUNICATED WITH OTHER DISCIPLINES INVOLVED IN THIS CASE:
**NO**

ANY CHANGES TO THE PLAN OF CARE OR TREATMENT WERE COMMUNICATED TO THE PATIENT AND/OR PATIENT REPRESENTATIVE AND/OR CAREGIVER?
**N/A**

**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**

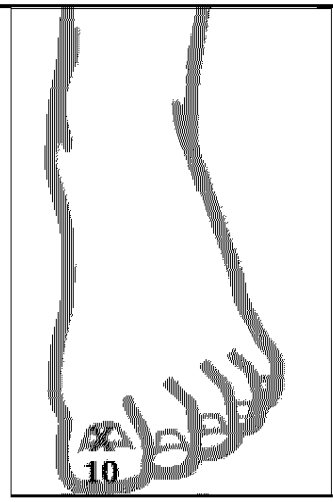
| Question | Answer |
|---|---|
| **FEMALE ANTERIOR** | |
| #10 - GREAT TOE, LT, UNSPECIFIED [INACTIVATED 10/16/2025] - HCHB | |
| Onset Date: 09/28/2023 | |
| CHANGE IN STATUS | NONE |
| WOUND ASSESSED | YES |
| TOTAL WAT SCORE | N/A |
| MEASUREMENTS TAKEN | NO |
| REASON MEASUREMENTS NOT TAKEN | UNABLE |
| DEPTH DESCRIPTION | NON-BLAN |
| IS THIS A CLOSED SURGICAL WOUND OR SUSPECTED DEEP TISSUE INJURY? | NO |
| GRANULATION TISSUE | INTACT |
| EDGES | INDIST |
| SHAPE | ROUND |
| EXUDATE TYPE | NONE |
| EXUDATE AMOUNT | NONE |
| ODOR | NONE |
| EPITHELIALIZATION | 100% |
| NECROTIC TISSUE TYPE | NONE |
| NECROTIC TISSUE AMOUNT | NONE |
| TOTAL NECROTIC TISSUE SLOUGH | 0-25% |
| TOTAL NECROTIC TISSUE ESCHAR | 0-25% |
| EDGE / SURROUNDING TISSUE - MACERATION | ABSENT |
| UNDERMINING | NONE |

# Visit Note Report

**Client:** NICKENS, KHALILAH B **MR No:** LEX00023560901 **Legacy MR No:**
**Client DOB:** 8/13/1988
**Insured ID:** 8YP2KA9VX18 **Primary Payor:** PALMETTO MEDICARE PDGM

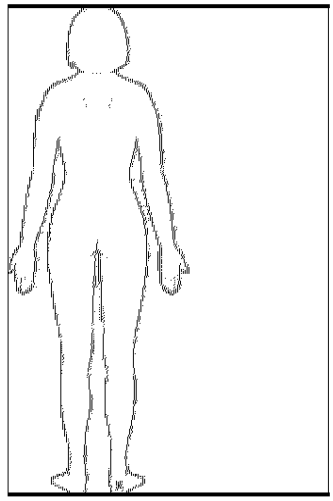
**Visit Date:** 10/09/2025 **Visit Number:** 5 **Visit Type:** SN11 - SN VISIT

| | |
|---|---|
| TUNNELING | NO |
| SKIN COLOR SURROUNDING WOUND | NORM |
| PERIPHERAL TISSUE EDEMA | NONE |
| PERIPHERAL TISSUE INDURATION | NONE |
| DOES PATIENT HAVE PAIN ASSOCIATED WITH THIS WOUND? | NO |
| STATE | CHRONIC |
| SIGNS AND SYMPTOMS OF INFECTION | NO |
| DEBRIDEMENT THIS VISIT | NO |
| DRAIN PRESENT | NO |
| WOUND CARE PROVIDED | WOUND CARE TO LEFT GREAT TOE AND RIGHT HEEL AS FOLLOWS: CLEANSED WITH VASHE, APPLIED HYDROFERA BLUE READY, COVERED WITH DRY GAUZE, SECURED WITH TAPE USING CLEAN TECHNIQUE. CHANGE DRESSING EVERY OTHER DAY AND PRN FOR SOILING/DISLODGEMENT. SKIN INTACT TO LEFT GREAT TOE |



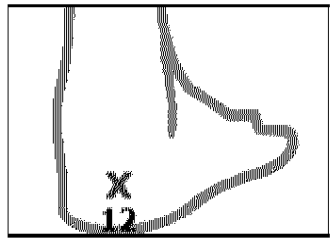

**Wound Images**
**N/A**

**FEMALE POSTERIOR**



#12 - HEEL, RT, UNSPECIFIED - HCHB
Onset Date: 03/20/2025

| | |
|---|---|
| CHANGE IN STATUS | NONE |
| WOUND ASSESSED | YES |
| TOTAL WAT SCORE | 27 |
| MEASUREMENTS TAKEN | YES |
| LENGTHxWIDTHxDEPTH(CM) | 1.5 X 2.1 X 0.2 |
| SURFACE AREA (SQ CM) | 3.15 |
| DEPTH DESCRIPTION | FULL THICK |
| IS THIS A CLOSED SURGICAL WOUND OR SUSPECTED DEEP TISSUE INJURY? | NO |
| GRANULATION TISSUE | 75-100% |
| EDGES | DISTINCT |
| SHAPE | ROUND |
| EXUDATE TYPE | SEROUS |
| EXUDATE AMOUNT | MOD |
| 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 | ABSENT |
| UNDERMINING | NONE |
| TUNNELING | NO |
| SKIN COLOR SURROUNDING WOUND | NORM |
| PERIPHERAL TISSUE EDEMA | NONE |
| PERIPHERAL TISSUE INDURATION | NONE |
| DOES PATIENT HAVE PAIN ASSOCIATED WITH THIS WOUND? | NO |
| STATE | CHRONIC |
| SIGNS AND SYMPTOMS OF INFECTION | NO |
| DEBRIDEMENT THIS VISIT | NO |



# Visit Note Report

**Client:** NICKENS, KHALILAH B **MR No:** LEX00023560901 **Legacy MR No:**
**Client DOB:** 8/13/1988
**Insured ID:** 8YP2KA9VX18 **Primary Payor:** PALMETTO MEDICARE PDGM

**Visit Date:** 10/09/2025 **Visit Number:** 5 **Visit Type:** SN11 - SN VISIT

| | | | |
|---|---|---|---|
| DRAIN PRESENT | NO | | |
| WOUND CARE PROVIDED | SKILLED NURSE TO PERFORM / INSTRUCT WOUND CARE TO LEFT GREAT TOE AND RIGHT HEEL AS FOLLOWS: CLEANSED WITH VASHE, APPLIED HYDROFERA BLUE READY, COVERED WITH DRY GAUZE, SECURED WITH TAPE USING CLEAN TECHNIQUE. CHANGE DRESSING EVERY OTHER DAY AND PRN FOR SOILING/DISLODGEMENT.<br>*<br>RIGHT HEEL WOUND WITH FULLY GRANULATED WOUND BED, EDGES INTACT AND WELL DEFINED. MODERATE AMOUNT SEROUS EXUDATE NOTED. PATIENT TOLERATED WOUND CARE WITHOUT COMPLAINTS OF PAIN. NO SIGNS OF INFECTION. | | |

**Wound Images**
N/A

**Narrative**

PLEASE DOCUMENT SPECIFIC SKILL PROVIDED, PATIENTS RESPONSE TO TREATMENT AND SUMMARY OF PATIENTS PROGRESS TOWARD GOALS:

PATIENT SITTING UP IN BED WATCHING AMERICAN IDELL ON HER TABLET ON SN ARRIVAL. PATIENT IS ALERT AND ORIENTED X2. VITAL SIGNS STABLE, AFEBRILE. NO RESPIRATORY SYMPTOMS NOTED, LUNGS CLEAR. ABDOMEN SOFT NONDISTENDED NONTENDER WITH BOWEL SOUNDS PRESENT X4 QUADS. DENIES NAUSEA VOMITING DIARRHEA. SUPRAPUBIC CATHETER PATENT WITH CLEAR YELLOW URINE DRAINING TO BEDSIDE DRAINAGE. PATIENT DENIES ABDOMINAL PAIN. WOUND CARE COMPLETED TO RIGHT HEEL AS ORDERED. WOUND BED FULLY GRANULATED, EDGES WELL DEFINED AND INTACT, MODERATE SEROUS EXUDATE NOTED. OLD DRESSING REMOVED WOUND CLEANSED WITH NORMAL SALINE, PATTED DRY, HYDROFERA BLUE APPLIED COVERED WITH GAUZE AND WRAPPED WITH KERLIX. PATIENT TOLERATED WOUND CARE WELL WITHOUT COMPLAINTS OF PAIN. HEEL LIFT BOOT IN PLACE FOR OFFLOADING AND PRESSURE RELIEF.

INSTRUCTED ON SIGNS / SYMPTOMS OF INFECTION TO WOUND INCLUDING INCREASED DRAINAGE, REDNESS, INCREASED PAIN, ODOR, FEVER, INCREASED EDEMA

INSTRUCTED HOW TO UTILIZE THE ZONE TOOL TO RECOGNIZE SPECIFIC SIGNS, SYMPTOMS THAT NECESSITATE CALLING A NURSE, PROVIDER OR 911.

**Patient Goals**

**Patient Goal**

TO GET STRONGER, FEEL BETTER, WOUND TO HEAL

**Interventions Provided**

1. PROVIDE/INSTRUCT PATIENT/CAREGIVER ON WOUND CARE

DETAILS/COMMENTS: INSTRUCTED ON WOUND CARE OF RIGHT HEEL

INSTRUCTED ON SIGNS / SYMPTOMS OF INFECTION TO WOUND INCLUDING INCREASED DRAINAGE, REDNESS, INCREASED PAIN, ODOR, FEVER, INCREASED EDEMA

INSTRUCTED HOW TO UTILIZE THE ZONE TOOL TO RECOGNIZE SPECIFIC SIGNS, SYMPTOMS THAT NECESSITATE CALLING A NURSE, PROVIDER OR 911.

**Goals Met**

1. PATIENT VERBALIZES TOLERANCE TO WOUND CARE. PATIENT / CAREGIVER VERBALIZES / RETURNS DEMONSTRATION OF WOUND CARE

# Visit Note Report

**Client:** NICKENS, KHALILAH B **MR No:** LEX00023560901 **Legacy MR No:**
**Client DOB:** 8/13/1988
**Insured ID:** 8YP2KA9VX18 **Primary Payor:** PALMETTO MEDICARE PDGM

**Visit Date:** 10/09/2025 **Visit Number:** 5 **Visit Type:** SN11 - SN VISIT

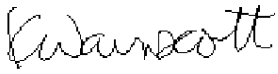
**Goals Not Met**

1. PATIENT TOLERATED CATHETER INSERTION WITH RETURN OF URINE
EXCEPTION CODE: NOT APPLICABLE TO CURRENT VISIT

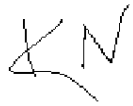
**Supplies Delivered**

2 - MEDIPORE RETENTION TAPE, 3 INCH X 10 YARD - 1 ROLL (3M) - ROLL
30 - GAUZE 4X4 12 PLY STERILE - 1 PACK OF 2 (MCKESSON) - PACK
14 - CONFORMING STRETCH GAUZE STERILE, 3IN X 4.1 YDS - 1 ROLL (MCKESSON) - ROLL

**Agent Signature:**



**Client Signature:**



KIMBERLY WAINSCOTT LPN 10/09/2025 02:56 PM
(Electronically Signed)

**Last Modification Date:** 10/9/2025 4:46 PM **Last Modified By:** SQL-SVC-JAMS-PRD-RWX

**LATE ENTRY**

SUPPLIES DELIVERED/USED EDITED BY SQL-SVC-JAMS-PRD-RWX ON Oct 9 2025 4:46PM

Frankfort Regional Healthcare at Home

10/28/2025 04:19:11 PM
Printed By: CAIN, MARLA

# Visit Note Report

**Client:** NICKENS, KHALILAH B **MR No:** LEX00023560901 **Legacy MR No:**
**Client DOB:** 8/13/1988
**Insured ID:** 8YP2KA9VX18 **Primary Payor:** PALMETTO MEDICARE PDGM

**Visit Date:** 10/02/2025 **Visit Number:** 4 **Visit Type:** SN11 - SN VISIT

**General:** NICKENS, KHALILAH B. LEX00023560901

| Visit Date: | Visit Number: | Visit Type: | Branch Code: | Billable: |
|---|---|---|---|---|
| 10/02/2025 | 4 | SN11 - SN VISIT | LEX | X |

| Agent ID: | Agent Name: | Mileage Payment Method: | Trip Fees: | Mileage Start: | Mileage End: | Mileage: |
|---|---|---|---|---|---|---|
| 377765 | KASEY ATHA LPN | AM | 0.00 | 45768 | 45814 | 46 |

**Time:**

| | | | | |
|---|---|---|---|---|
| TRAVEL TIME | DRIVE START TIME | 10/02/2025 09:04 AM | DRIVE END TIME | 10/02/2025 10:04 AM |
| IN-HOME TIME | BEGAN | 10/02/2025 10:04 AM | COMPLETED | 10/02/2025 10:43 AM |

| | | |
|---|---|---|
| Total In-Home Time: | 0.66 | Hours |
| Total Drive Time: | 1.00 | Hours |
| Total Time: | 0.66 | Hours |

**Vital Signs**

| Vital Signs | Reading | Time Recorded | Details | Instrument Problems |
|---|---|---|---|---|
| Temperature | 97.6 | 10/02/2025 10:35 AM | TEMPORAL | N |
| Pulse | 93 | 10/02/2025 10:35 AM | APICAL | N |
| Pulse Characteristics: | | | *WNL | |
| Respirations | 18 | 10/02/2025 10:35 AM | | N |
| Respiration Characteristics: | | | WNL | |
| Blood Pressure | 120 / 83 | 10/02/2025 10:35 AM | LYING ARM - LT | N |

**Assessment**

PATIENT IDENTIFIERS

INDICATE TWO PATIENT IDENTIFERS USED FOR THIS VISIT:

**PATIENT NAME**
**DATE OF BIRTH**

HEAD/NECK

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

**NO PROBLEMS IDENTIFIED**

EYES/EARS/NOSE/THROAT

INDICATE EYES/EARS/NOSE/THROAT FINDINGS:

**PERRL**

PAIN

DOES THE PATIENT REPORT OR EXHIBIT PAIN?

**NO - PATIENT IS A 0 ON A 0-10 PAIN SCALE AND/OR EXHIBITS A 0 ON STANDARDIZED PAIN SCALES**

INTEGUMENTARY - ICC

INDICATE INTEGUMENTARY (HEAD TO TOE ASSESSMENT) FINDINGS INCLUDING OBSERVING FOR NEW PRESSURE ULCERS AND CHECKING BETWEEN THE TOES:

**WOUND(S)**

DOES THE PATIENT HAVE IV ACCESS?

**NO**

# Visit Note Report

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**Visit Date:** 10/02/2025 **Visit Number:** 4 **Visit Type:** SN11 - SN VISIT

Assessment

CARDIOVASCULAR

INDICATE CARDIOVASCULAR FINDINGS:
**STABLE WITH CURRENT MEDICATION REGIMEN/INTERVENTIONS**

RESPIRATORY

INDICATE RESPIRATORY ASSESSMENT FINDINGS: (MARK ALL THAT APPLY)
**WNL**

DOES THE PATIENT UTILIZE SUPPLEMENTAL OXYGEN – EITHER CONTINUOUSLY, INTERMITTENTLY OR PRN?
**NO**

GENITOURINARY

INDICATE GENITOURINARY FINDING(S):
**INDWELLING/SUPRAPUBIC CATHETER**

INDICATE INDWELLING/SUPRAPUBIC CATHETER FINDINGS (MARK ALL THAT APPLY):
**SEDIMENT IN URINE**

INDICATE SIZE AND TYPE OF CATHETER
**UNKNOWN**

INDICATE INSERTION / LAST CHANGED DATE:
**9/25/2025**

GASTROINTESTINAL

INDICATE GASTROINTESTINAL ASSESSMENT FINDING(S): (MARK ALL THAT APPLY)
**WNL**

NUTRITIONAL

INDICATE NUTRITIONAL STATUS SINCE LAST VISIT:
**NO CHANGE**

COGNITIVE/BEHAVIORAL

WAS BEHAVIORAL STATUS ASSESSED?
**NO**

INDICATE REASON BEHAVIORAL STATUS NOT ASSESSED:
**NOT APPLICABLE**

NEUROLOGIC

INDICATE CLIENT'S MENTAL STATUS: (MARK ALL THAT APPLY)
**ALERT**
**ORIENTED TO PERSON**
**ABLE TO FOLLOW SIMPLE COMMANDS**
**FORGETFUL**

INDICATE ABNORMAL NEUROLOGIC FINDINGS:
**PARALYSIS**

INDICATE THE TYPE OF PARALYSIS
**PARAPLEGIA**

ENDOCRINE/HEMATOPOIETIC

INDICATE ENDOCRINE/HEMATOPOIETIC ASSESSMENT FINDINGS:
**NO ENDOCRINE/HEMATOPOIETIC FINDINGS**

IS THE CLIENT TAKING AN ANTICOAGULANT?
**NO**

FUNCTIONAL

INDICATE MUSCULOSKELETAL STATUS:
**OTHER - SPECIFY**

# Visit Note Report

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**Assessment**

INDICATE OTHER MUSCULOSKELETAL FINDINGS (PLEASE INDICATE TYPE, ANATOMICAL LOCATION, AND DESCRIPTION):
**SPINA BIFIDA**

SUPERVISORY FUNCTIONS

WERE SUPERVISORY FUNCTIONS PERFORMED THIS VISIT?
**NO**

INDICATE REASON SUPERVISORY FUNCTIONS NOT PERFORMED:
**NOT APPLICABLE**

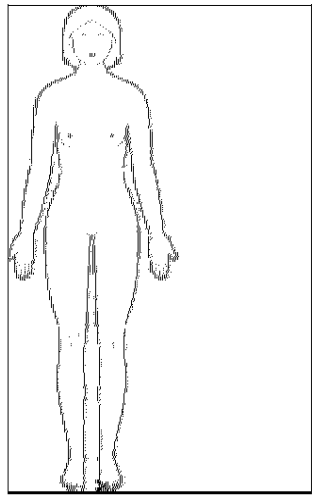
CARE COORDINATION

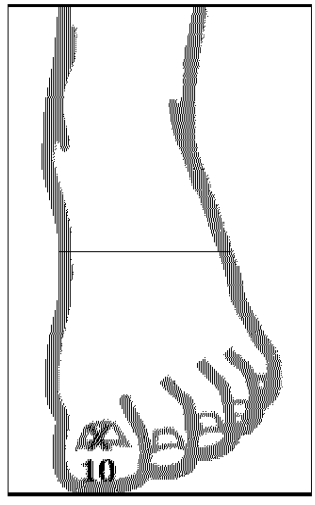
INDICATE IF YOU COMMUNICATED WITH OTHER DISCIPLINES INVOLVED IN THIS CASE:
**NOT APPLICABLE**

ANY CHANGES TO THE PLAN OF CARE OR TREATMENT WERE COMMUNICATED TO THE PATIENT AND/OR PATIENT REPRESENTATIVE AND/OR CAREGIVER?
**N/A**

**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** | |
| #10 - GREAT TOE, LT, UNSPECIFIED [INACTIVATED 10/16/2025] - HCHB | |
| Onset Date: 09/28/2023 | |
| CHANGE IN STATUS | NONE |
| WOUND ASSESSED | YES |
| TOTAL WAT SCORE | N/A |
| MEASUREMENTS TAKEN | NO |
| REASON MEASUREMENTS NOT TAKEN | UNABLE |
| DEPTH DESCRIPTION | NON-BLAN |
| IS THIS A CLOSED SURGICAL WOUND OR SUSPECTED DEEP TISSUE INJURY? | NO |
| GRANULATION TISSUE | INTACT |
| EDGES | INDIST |
| SHAPE | ROUND |
| EXUDATE TYPE | NONE |
| EXUDATE AMOUNT | NONE |
| ODOR | NONE |
| EPITHELIALIZATION | 100% |
| NECROTIC TISSUE TYPE | NONE |
| NECROTIC TISSUE AMOUNT | NONE |
| TOTAL NECROTIC TISSUE SLOUGH | 0-25% |
| TOTAL NECROTIC TISSUE ESCHAR | 0-25% |
| EDGE / SURROUNDING TISSUE - MACERATION | ABSENT |
| UNDERMINING | NONE |
| TUNNELING | NO |
| SKIN COLOR SURROUNDING WOUND | NORM |
| PERIPHERAL TISSUE EDEMA | NONE |
| PERIPHERAL TISSUE INDURATION | NONE |
| DOES PATIENT HAVE PAIN ASSOCIATED WITH THIS WOUND? | NO |
| STATE | CHRONIC |
| SIGNS AND SYMPTOMS OF INFECTION | NO |
| DEBRIDEMENT THIS VISIT | NO |

# Visit Note Report

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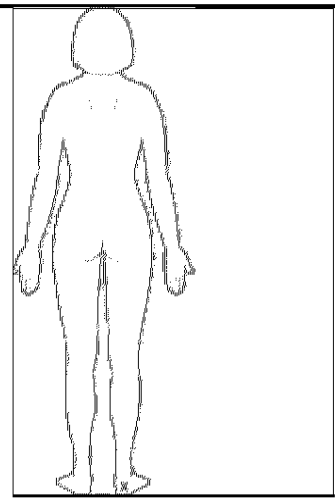
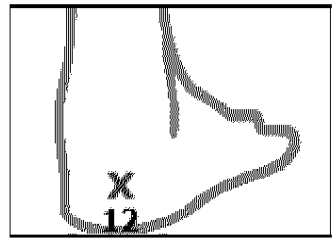
**Insured ID:** 8YP2KA9VX18 **Primary Payor:** PALMETTO MEDICARE PDGM

**Visit Date:** 10/02/2025 **Visit Number:** 4 **Visit Type:** SN11 - SN VISIT

| | |
|---|---|
| DRAIN PRESENT | NO |
| WOUND CARE PROVIDED | WOUND CARE TO LEFT GREAT TOE AND RIGHT HEEL AS FOLLOWS: CLEANSED WITH VASHE, APPLIED HYDROFERA BLUE READY, COVERED WITH DRY GAUZE, SECURED WITH TAPE USING CLEAN TECHNIQUE. CHANGE DRESSING EVERY OTHER DAY AND PRN FOR SOILING/DISLODGEMENT. HEALED |

**Wound Images**
**N/A**






**FEMALE POSTERIOR**

#12 - HEEL, RT, UNSPECIFIED - HCHB
Onset Date: 03/20/2025

| | |
|---|---|
| CHANGE IN STATUS | NONE |
| WOUND ASSESSED | YES |
| TOTAL WAT SCORE | 27 |
| MEASUREMENTS TAKEN | YES |
| LENGTHxWIDTHxDEPTH(CM) | 0.5 X 0.7 X 0.2 |
| SURFACE AREA (SQ CM) | 0.35 |
| DEPTH DESCRIPTION | FULL THICK |
| IS THIS A CLOSED SURGICAL WOUND OR SUSPECTED DEEP TISSUE INJURY? | NO |
| GRANULATION TISSUE | <75 & > 25% |
| EDGES | NOT ATTACH |
| SHAPE | ROUND |
| EXUDATE TYPE | SEROSANG |
| EXUDATE AMOUNT | SMALL |
| ODOR | NONE |
| EPITHELIALIZATION | 50-<75% |
| NECROTIC TISSUE TYPE | WHITE |
| NECROTIC TISSUE AMOUNT | <25% |
| TOTAL NECROTIC TISSUE SLOUGH | 0-25% |
| TOTAL NECROTIC TISSUE ESCHAR | 0-25% |
| EDGE / SURROUNDING TISSUE - MACERATION | ABSENT |
| UNDERMINING | NONE |
| TUNNELING | NO |
| SKIN COLOR SURROUNDING WOUND | NORM |
| PERIPHERAL TISSUE EDEMA | NONE |
| PERIPHERAL TISSUE INDURATION | NONE |
| DOES PATIENT HAVE PAIN ASSOCIATED WITH THIS WOUND? | NO |
| STATE | CHRONIC |
| SIGNS AND SYMPTOMS OF INFECTION | NO |
| DEBRIDEMENT THIS VISIT | NO |
| DRAIN PRESENT | NO |

# Visit Note Report

**Client:** NICKENS, KHALILAH B **MR No:** LEX00023560901 **Legacy MR No:**
**Client DOB:** 8/13/1988
**Insured ID:** 8YP2KA9VX18 **Primary Payor:** PALMETTO MEDICARE PDGM

**Visit Date:** 10/02/2025 **Visit Number:** 4 **Visit Type:** SN11 - SN VISIT

| | | | |
|---|---|---|---|
| WOUND CARE PROVIDED | SKILLED NURSE TO PERFORM / INSTRUCT WOUND CARE TO LEFT GREAT TOE AND RIGHT HEEL AS FOLLOWS: CLEANSED WITH VASHE, APPLIED HYDROFERA BLUE READY, COVERED WITH DRY GAUZE, SECURED WITH TAPE USING CLEAN TECHNIQUE. CHANGE DRESSING EVERY OTHER DAY AND PRN FOR SOILING/DISLODGEMENT.<br>*<br>PERFORMED WOUND TX PER MD ORDER, NO PAIN BY PT, SHE HAS FU WOUND CLINIC IN TWO WEEKS | | |

**Wound Images**
**N/A**

**Narrative**

PLEASE DOCUMENT SPECIFIC SKILL PROVIDED, PATIENTS RESPONSE TO TREATMENT AND SUMMARY OF PATIENTS PROGRESS TOWARD GOALS:

PTS CG CAME FROM WORK TO ASSIST NURSE IN, PT LYING IN BED WITH NO PAIN VERBALIZED. CG CLEANED BM UP FROM PT, CATH DRAINING WITH AMBER COLOR URINE. PHYSICAL ASSESSMENT PERFORMED WITH NO IMMEDIATE FINDINGS OF CONCERN. WOUND TX PERFORMED WITHOUT DIFFICULTY OR PAIN.

NURSE INSTRUCTED ON WOUND CARE OF LEFT GREAT TOE AND RIGHT HEEL SITE/AREA
INSTRUCTED ON SIGNS / SYMPTOMS OF INFECTION TO WOUND INCLUDING COLOR CHANGES, TEMPERATURE, ODOROUS.
INSTRUCTED HOW TO UTILIZE THE ZONE TOOL TO RECOGNIZE SPECIFIC SIGNS, SYMPTOMS THAT NECESSITATE CALLING A NURSE, PROVIDER OR 911.
APPT SCHEDULED FOR OCT 14TH WOUND CARE.

**Patient Goals**

**Patient Goal**

TO GET STRONGER, FEEL BETTER, WOUND TO HEAL

**Interventions Provided**

1. PROVIDE/INSTRUCT PATIENT/CAREGIVER ON WOUND CARE

DETAILS/COMMENTS: INSTRUCTED ON WOUND CARE OF LEFT GREAT TOE SITE/AREA

INSTRUCTED ON SIGNS / SYMPTOMS OF INFECTION TO WOUND INCLUDING COLOR CHANGES, TEMPERATURE, ODOROUS.

INSTRUCTED HOW TO UTILIZE THE ZONE TOOL TO RECOGNIZE SPECIFIC SIGNS, SYMPTOMS THAT NECESSITATE CALLING A NURSE, PROVIDER OR 911.

2. INSTRUCT PATIENT/CAREGIVER ON PATHOPHYSIOLOGY RELATED TO SKIN BREAKDOWN

DETAILS/COMMENTS: INSTRUCTED ON THE SIGNS / SYMPTOMS OF SKIN BREAKDOWN

INSTRUCTED ON IMPORTANCE OF APPROPRIATE MEASURES TO PREVENT SKIN INJURY/BREAKDOWN INCLUDING ROUTINE INSPECTION OF SKIN

INSTRUCTED THAT IF RESTRICTED TO BED TO IMPLEMENT A TURNING SCHEDULE WHICH RESTRICTS TIME IN ONE POSITION FOR 2 HOURS OR LESS

INSTRUCTED TO KEEP SKIN CLEAN AND DRY ESPECIALLY OVER BONY PROMINENCES, TWICE DAILY OR AS INDICATED BY INCONTINENCE OR SWEATING

# Visit Note Report

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**Visit Date:** 10/02/2025 **Visit Number:** 4 **Visit Type:** SN11 - SN VISIT

**Goals Met**

1. PATIENT VERBALIZES TOLERANCE TO WOUND CARE. PATIENT / CAREGIVER VERBALIZES / RETURNS DEMONSTRATION OF WOUND CARE

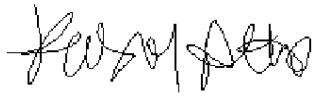
2. PATIENT / CAREGIVER VERBALIZES UNDERSTANDING OF THE PATHOPHYSIOLOGY / UNDERLYING CAUSES OF SKIN BREAKDOWN

**Supplies Delivered**

1 - CATHETER FOLEY STATLOCK / STABILIZATION DEVICE - 1 EACH (MCKESSON) - EACH
1 - CATHETER STATLOCK - 1 EACH (BARD) - EACH

**Agent Signature:**

**Client Signature:**



KASEY ATHA LPN 10/02/2025 10:43 AM
(Electronically Signed)

**Last Modification Date:** 10/2/2025 11:46 AM **Last Modified By:** SQL-SVC-JAMS-PRD-RWX

**LATE ENTRY**

SUPPLIES DELIVERED/USED EDITED BY SQL-SVC-JAMS-PRD-RWX ON Oct 2 2025 11:46AM