

Visit Note Report

MR No:	Legacy MR No:	
Primary Payor: WELLCARE HEALTH PLAN PDGM Secondary Payor: SELF PAY		
Visit Date: 10/16/2023	Visit Number: 1	Visit Type: PT00 - PT OASIS ADMISSION
Emergency Preparedness		
Evacuation Location		Acuity Status 2 - SAME DAY
Contact Info		
Contact Type: EMERGENCY Alternate Ph: EVENINGS AND WEEKENDS		Relationship: SISTER Email:
Contact Type: EMERGENCY Alternate Ph: EVENINGS AND WEEKENDS		Relationship: DAUGHTER Email:
Assessment		
<u>INFECTION PREVENTION</u> CONTACT CLINICAL MANAGER FOR FURTHER GUIDANCE IF PATIENT OR MEMBERS OF HOUSEHOLD ARE EXPERIENCING SYMPTOMS OF RESPIRATORY INFECTION SUCH AS FEVER, COUGH, SORE THROAT, SHORTNESS OF BREATH, DIFFICULTY BREATHING, NOT OTHERWISE EXPLAINED.		
<u>PATIENT IDENTIFIER</u> INDICATE TWO PATIENT IDENTIFIERS USED TO IDENTIFY THE PATIENT: PATIENT NAME DATE OF BIRTH FAMILY/CAREGIVER VERIFIED IDENTITY		
<u>CLIENT DEMOGRAPHICS</u> (OBQI)(M0100) THIS ASSESSMENT IS CURRENTLY BEING COMPLETED FOR THE FOLLOWING REASON: 1 - START OF CARE - FURTHER VISITS PLANNED <u>SELECT THE CLIENT'S MARITAL STATUS:</u> NOT MARRIED (A1005) ARE YOU OF HISPANIC, LATINO/A, OR SPANISH ORIGIN? CHECK ALL THAT APPLY. A. NO, NOT OF HISPANIC, LATINO/A, OR SPANISH ORIGIN <u>(A1010) WHAT IS YOUR RACE? CHECK ALL THAT APPLY.</u> A. WHITE <u>(A1110A) WHAT IS YOUR PREFERRED LANGUAGE?</u> ENGLISH <u>(A1110B) DO YOU NEED OR WANT AN INTERPRETER TO COMMUNICATE WITH A DOCTOR OR HEALTH CARE STAFF?</u> 0. NO <u>INDICATE THE CLIENT'S RELIGION:</u> PENTECOSTAL <u>(E)(M0102) IS THE DATE OF PHYSICIAN-ORDERED START OF CARE / RESUMPTION OF CARE KNOWN?</u> NA - NO SPECIFIC SOC/ROC DATE ORDERED BY PHYSICIAN <u>(M0104) DATE OF REFERRAL: INDICATE THE DATE THAT THE WRITTEN OR VERBAL REFERRAL FOR INITIATION OR RESUMPTION OF CARE WAS RECEIVED BY THE HHA.</u> 10/14/2023		

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Assessment

FINANCIAL

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

1 - MEDICARE (TRADITIONAL FEE-FOR-SERVICE)

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?

YES

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

10/14/2023

INDICATE SIGNIFICANT PAST HISTORY: (MARK ALL THAT APPLY)

OTHER (SPECIFY)

INDICATE OTHER SIGNIFICANT HEALTH HISTORY:

A-FIB, ANXIETY, BIPOLAR DISORDER, GERD, HYPOTHYROIDISM, INSOMNIA, IBS, COPD, BREAST CANCER (L), CKD, POOR HEARING, PERSONAL HX OF COLON CANCER, PACEMAKER (10/12).

INDICATE UP TO DATE IMMUNIZATIONS:

FLU

PNEUMONIA

COVID

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

3 - NONE OF THE ABOVE

PSYCHOSOCIAL ISSUES WHICH COULD POTENTIALLY IMPACT PLAN OF CARE: (MARK ALL THAT APPLY)

NONE AT THIS TIME

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

1 - HISTORY OF FALLS (2 OR MORE FALLS - OR ANY FALL WITH AN INJURY - IN THE PAST 12 MONTHS)

3 - MULTIPLE HOSPITALIZATIONS (2 OR MORE) IN THE PAST 6 MONTHS

4 - MULTIPLE EMERGENCY DEPARTMENT VISITS (2 OR MORE) IN THE PAST 6 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

9 - OTHER RISK(S) NOT LISTED IN 1 - 8

WAS HEIGHT ASSESSED?

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

62

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

152

INDICATE CLIENT KNOWLEDGE DEFICITS: (MARK ALL THAT APPLY)

PATHOPHYSIOLOGY OF DISEASE

SPECIAL DIET/FLUID RESTRICTIONS OR REQUIREMENTS

PROPER EQUIPMENT USE

HOME SAFETY/EMERGENCY PROCEDURES

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REGULATORY INFORMATION (PATIENT RIGHTS, ADVANCE DIRECTIVES, ETC.)

MEDICATIONS

INDICATE CAREGIVER KNOWLEDGE DEFICITS: (MARK ALL THAT APPLY)

SIGNS AND SYMPTOMS TO REPORT

WHO AND WHEN TO CALL FOR HELP

SPECIAL DIET/FLUID RESTRICTIONS OR REQUIREMENTS

BASIC PRINCIPALS OF CARE

PROPER EQUIPMENT USE

HOME SAFETY/EMERGENCY PROCEDURES

REGULATORY INFORMATION (PATIENT RIGHTS, ADVANCE DIRECTIVES, ETC.)

(VBP01) DID THE PATIENT REPORT EVER RECEIVING THE HERPES ZOSTER (SHINGLES) VACCINE?

NO

(VBP08) DOES THE PATIENT HAVE AN ADVANCE CARE PLAN DOCUMENTED IN THE HOME HEALTH MEDICAL RECORD?

NO

(VBP09) INDICATE DISCUSSIONS REGARDING ADVANCE CARE PLAN

THE PATIENT HAD A DISCUSSION WITH HOME HEALTH AGENCY STAFF BUT DID NOT WISH TO PROVIDE AN ADVANCE CARE PLAN

(VBP11) DOES THE PATIENT HAVE A SURROGATE DECISION MAKER DOCUMENTED IN THE HOME HEALTH MEDICAL RECORD?

NO

(VBP12) INDICATE DISCUSSIONS REGARDING NAME OF SURROGATE DECISION MAKER

THE PATIENT HAD A DISCUSSION WITH HOME HEALTH AGENCY STAFF BUT DID NOT WISH TO PROVIDE NAME OF SURROGATE DECISION MAKER

(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

PATIENT'S CAREGIVER ABILITY AND WILLINGNESS TO PROVIDE CARE FOR THE PATIENT'S NEEDS:

CAREGIVER WILLING AND ABLE TO TAKE CARE OF CLIENT

INDICATE CAREGIVER'S WILLINGNESS TO PROVIDE THE FOLLOWING:

ADLS

MEDICATION MANAGEMENT

(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 HOME ENVIRONMENT ASSESSMENT:

INADEQUATE LIGHTING

NARROW DOORWAYS / OR ACCESS POINTS

LACK OF RAMPS

STAIRS INSIDE HOME WHICH MUST BE USED BY PATIENT (E.G TO GET TO TOILETING, SLEEPING, EATING AREA)

EMERGENCY PREPAREDNESS PLAN WAS CREATED FOR PATIENT AND PLACED IN THE HOME.

YES

EQUIPMENT/SUPPLIES

DURABLE MEDICAL EQUIPMENT AVAILABLE: (MARK ALL THAT APPLY)

STANDARD WALKER

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BED SIDE COMMODE

TUB CHAIR

OXYGEN

IS OXYGEN SAFELY STORED?

YES

DURABLE MEDICAL EQUIPMENT RECOMMENDED: (MARK ALL THAT APPLY)

NONE

MEDICATIONS

INDICATE SIGNIFICANT MEDICATION ISSUES IDENTIFIED (MARK ALL THAT APPLY):

DRUG INTERACTIONS

WAS PHYSICIAN NOTIFIED REGARDING DRUG INTERACTIONS?

YES

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

1 - YES - ISSUES FOUND DURING REVIEW

(QM) (M2003) MEDICATION FOLLOW-UP: DID THE AGENCY CONTACT A PHYSICIAN (OR PHYSICIAN-DESIGNEE) BY MIDNIGHT OF THE NEXT CALENDAR DAY AND COMPLETE PRESCRIBED/RECOMMENDED ACTIONS IN RESPONSE TO THE IDENTIFIED POTENTIAL CLINICALLY SIGNIFICANT MEDICATION ISSUES?

NOT ASSESSED/NO INFORMATION

(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.)

3 - UNABLE TO TAKE MEDICATION UNLESS ADMINISTERED BY ANOTHER PERSON.

(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.

3 - UNABLE TO TAKE INJECTABLE MEDICATION UNLESS ADMINISTERED BY ANOTHER PERSON.

(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:

A1. ANTIPSYCHOTIC

E1. ANTICOAGULANT

F1. ANTIBIOTIC

(N0415A2) CHECK IF THERE IS AN INDICATION NOTED FOR ALL MEDICATIONS IN THE ANTIPSYCHOTIC CLASS

1. YES

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

1. YES

(N0415F2) CHECK IF THERE IS AN INDICATION NOTED FOR ALL MEDICATIONS IN THE ANTIBIOTIC CLASS

1. YES

MEDICATION COMPLIANCE REVIEWED:

PATIENT/CAREGIVER COMPLIANT WITH ALL MEDICATION ADMINISTRATION

HEAD/NECK

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

HEADACHES

EYES/EARS/NOSE/THROAT

INDICATE EYES ASSESSMENT: (MARK ALL THAT APPLY)

VISUAL DISTURBANCES REQUIRING GLASSES OR CONTACTS

(B1000) ABILITY TO SEE IN ADEQUATE LIGHT (WITH GLASSES OR OTHER VISUAL APPLIANCES)

1. IMPAIRED - SEES LARGE PRINT, BUT NOT REGULAR PRINT IN NEWSPAPERS/BOOKS

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INDICATE EARS ASSESSMENT: (MARK ALL THAT APPLY)

HEARING DIFFICULTY

INDICATE LOCATION OF HEARING DIFFICULTY:

BILATERAL

(B0200) ABILITY TO HEAR (WITH HEARING AID OR HEARING APPLIANCES IF NORMALLY USED)

2. MODERATE DIFFICULTY - SPEAKER HAS TO INCREASE VOLUME AND SPEAK DISTINCTLY

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

DENTURES/PARTIALS [REMOVABLE]

INDICATE WHICH DENTURES ARE WORN:

UPPER DENTURES/PARTIALS

DO DENTURES/PARTIALS FIT PROPERLY?

YES

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

NO PROBLEMS IDENTIFIED

RESPIRATORY

INDICATE RESPIRATORY ASSESSMENT FINDINGS: (MARK ALL THAT APPLY)

O2 USE

SHORTNESS OF BREATH

INDICATE MODE OF ADMINISTRATION:

NASAL CANNULA

TYPE OF OXYGEN:

CONCENTRATOR

INDICATE RATE OF O2 IN LPM:

2 LPM

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

3 - WITH MINIMAL EXERTION (FOR EXAMPLE, WHILE EATING, TALKING, OR PERFORMING OTHER ADLS) OR WITH AGITATION

CARDIOVASCULAR

INDICATE CARDIOVASCULAR ASSESSMENT: (MARK ALL THAT APPLY)

DYSPNEA ON EXERTION

Fainting / Dizziness

PACEMAKER

CONSIDER ADDING THERAPY EVAL FOR ENERGY CONSERVATION DUE TO DYSPNEA ON EXERTION

ONSET DATE OF PACEMAKER:

THURSDAY, 10/12/23

GASTROINTESTINAL

INDICATE GASTROINTESTINAL ASSESSMENT: (MARK ALL THAT APPLY)

CONSTIPATION

INDICATE DATE OF LAST BOWEL MOVEMENT:

10/14/2023

(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 REGIMENT?

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

NUTRITIONAL

INDICATE NUTRITIONAL ASSESSMENT FINDINGS: (MARK ALL THAT APPLY)

PATIENT EATS FEW FRUITS AND VEGETABLES, OR MILK PRODUCTS

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

TOTAL NUTRITION ASSESSMENT SCORE:

5

BASED ON THE SCORE, THE NUTRITIONAL RISK LEVEL IS:

PATIENT IS AT A MODERATE NUTRITIONAL RISK, PROVIDE EDUCATION AS INDICATED, REFER TO PROVIDER AS NEEDED FOR DIETARY CONSULT, CONTINUE TO MONITOR

NUTRITIONAL STATUS:

FAIR APPETITE

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

D. THERAPEUTIC DIET (E.G., LOW SALT, DIABETIC, LOW CHOLESTEROL)

ENDOCRINE/HEMATOPOIETIC

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

INCREASED THIRST

GENITOURINARY

INDICATE GENITOURINARY ASSESSMENT: (MARK ALL THAT APPLY)

INCONTINENCE

URGENCY/FREQUENCY

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

0 - NO

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

1 - PATIENT IS INCONTINENT

INTEGUMENTARY

INDICATE INTEGUMENTARY ASSESSMENT FINDINGS: (MARK ALL THAT APPLY)

OTHER (SPECIFY)

INDICATE OTHER INTEGUMENTARY ISSUE:

L CHEST DUE TO SURGICALLY PLACED PACEMAKER

NORTON RISK ASSESSMENT PERFORMED:

YES

PHYSICAL CONDITION:

FAIR

MENTAL CONDITION:

ALERT

ACTIVITY:

WALKS WITH HELP

MOBILITY:

SLIGHTLY IMPAIRED

INCONTINENCE:

OCCASIONAL

ACCORDING TO THE NORTON RISK ASSESSMENT, THIS PATIENT'S SCORE IS:

16

BASED ON THE SCORE, THE PATIENT IS:

MEDIUM RISK

BASED ON NORTON RISK ASSESSMENT RISK LEVEL, IF THE SCORE IS BETWEEN 1-14 CONSIDER ADDING PROBLEM STATEMENT FOR NEED FOR OBSERVATION/ASSESSMENT AND SKILLED TEACHING AND TRAINING RELATED TO PRESERVATION OF SKIN INTEGRITY

(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

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(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?

0 - NO

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

2 - SURGICAL WOUND KNOWN BUT NOT OBSERVABLE DUE TO NON-REMOVABLE DRESSING/DEVICE

FALLS

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

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

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

YES

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.

YES

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:

9

BASED ON THE SCORE, THE PATIENT IS:

AT RISK FOR FALLING, CONSIDER FALL RISK PROBLEM STATEMENT

FUNCTIONAL

INDICATE MUSCULOSKELETAL ASSESSMENT: (MARK ALL THAT APPLY)

DECREASED STRENGTH

LIMITED RANGE OF MOTION

LOCATION AND DESCRIPTION OF DECREASED STRENGTH:

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BLE

LOCATION AND DESCRIPTION OF LIMITED RANGE OF MOTION:

L SHOULDER

(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

(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:

3 - PATIENT DEPENDS ENTIRELY UPON ANOTHER PERSON TO DRESS UPPER BODY

(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

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

6 - UNABLE TO PARTICIPATE EFFECTIVELY IN BATHING AND IS BATHED TOTALLY BY ANOTHER PERSON.

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

2 - UNABLE TO GET TO AND FROM THE TOILET BUT IS ABLE TO USE A BEDSIDE COMMODE (WITH OR WITHOUT ASSISTANCE).

(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.

(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.

3 - UNABLE TO TRANSFER SELF AND IS UNABLE TO BEAR WEIGHT OR PIVOT WHEN TRANSFERRED BY ANOTHER PERSON

(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.

5 - CHAIRFAST, UNABLE TO AMBULATE AND IS UNABLE TO WHEEL SELF.

(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

(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.

D - WALKER

(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.

3. INDEPENDENT - PATIENT COMPLETED ALL THE ACTIVITIES BY THEMSELF, WITH OR WITHOUT AN ASSISTIVE DEVICE, WITH NO ASSISTANCE FROM A HELPER

(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.

3. INDEPENDENT - PATIENT COMPLETED ALL THE ACTIVITIES BY THEMSELF, WITH OR WITHOUT AN ASSISTIVE DEVICE, WITH NO ASSISTANCE FROM A HELPER

(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)(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.

3. INDEPENDENT - PATIENT COMPLETED ALL THE ACTIVITIES BY THEMSELF, WITH OR WITHOUT AN ASSISTIVE DEVICE, WITH NO ASSISTANCE FROM A HELPER

Visit Note Report

MR No:	Legacy MR No:
Primary Payor:	WELLCARE HEALTH PLAN PDGM
Secondary Payor:	SELF PAY

Visit Date: 10/16/2023 Visit Number: 1 Visit Type: PT00 - PT OASIS ADMISSION

Assessment

(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

(E)(GG0130A2) SELF-CARE EATING DISCHARGE GOAL: 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 DISCHARGE GOAL(S) USING THE 6-POINT SCALE. 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.

06. INDEPENDENT - PATIENT COMPLETES THE ACTIVITY BY THEMSELF WITH NO ASSISTANCE FROM A HELPER

(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.

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

(E)(GG0130B2) SELF-CARE ORAL HYGIENE DISCHARGE GOAL: 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 DISCHARGE GOAL(S) USING THE 6-POINT SCALE. 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.

06. INDEPENDENT - PATIENT COMPLETES THE ACTIVITY BY THEMSELF WITH NO ASSISTANCE FROM A HELPER

(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.

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

(E)(GG0130C2) SELF-CARE TOILETING HYGIENE DISCHARGE GOAL: 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 DISCHARGE GOAL(S) USING THE 6-POINT SCALE. 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.

06. INDEPENDENT - PATIENT COMPLETES THE ACTIVITY BY THEMSELF WITH NO ASSISTANCE FROM A HELPER

(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.

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)(GG0130E2) SELF-CARE SHOWER/BATHE SELF DISCHARGE GOAL: 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 DISCHARGE GOAL(S) USING THE 6-POINT SCALE. 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.

06. INDEPENDENT - PATIENT COMPLETES THE ACTIVITY BY THEMSELF WITH NO ASSISTANCE FROM A HELPER

(E)(GG0130F1) SELF-CARE UPPER BODY DRESSING SOC/ROC PERFORMANCE: THE ABILITY TO DRESS AND UNDRESS 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.

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

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	Primary Payor:	WELLCARE HEALTH PLAN PDGM
	Secondary Payor:	SELF PAY

Visit Date:	10/16/2023	Visit Number:	1	Visit Type:	PT00 - PT OASIS ADMISSION
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Assessment

(E)(GG0130F2) SELF-CARE UPPER BODY DRESSING DISCHARGE GOAL: THE ABILITY TO DRESS AND UNDRESS ABOVE THE WAIST; INCLUDING FASTENERS, IF APPLICABLE. CODE THE PATIENT'S DISCHARGE GOAL(S) USING THE 6-POINT SCALE. 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.

06. INDEPENDENT - PATIENT COMPLETES THE ACTIVITY BY THEMSELF WITH NO ASSISTANCE FROM A HELPER

(E)(GG0130G1) SELF-CARE LOWER BODY DRESSING SOC/ROC PERFORMANCE: THE ABILITY TO DRESS AND UNDRESS 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.

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)(GG0130G2) SELF-CARE LOWER BODY DRESSING DISCHARGE GOAL: THE ABILITY TO DRESS AND UNDRESS BELOW THE WAIST, INCLUDING FASTENERS; DOES NOT INCLUDE FOOTWEAR. CODE THE PATIENT'S DISCHARGE GOAL(S) USING THE 6-POINT SCALE. 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.

06. INDEPENDENT - PATIENT COMPLETES THE ACTIVITY BY THEMSELF WITH NO ASSISTANCE FROM A HELPER

(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

(E)(GG0130H2) SELF-CARE PUTTING ON/TAKING OFF FOOTWEAR DISCHARGE GOAL: 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 DISCHARGE GOAL(S) USING THE 6-POINT SCALE. 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.

06. INDEPENDENT - PATIENT COMPLETES THE ACTIVITY BY THEMSELF WITH NO ASSISTANCE FROM A HELPER

(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.

04. SUPERVISION OR TOUCHING ASSISTANCE - HELPER PROVIDES VERBAL CUES AND/OR TOUCHING/STEADYING AND/OR CONTACT GUARD ASSISTANCE AS PATIENT COMPLETES ACTIVITY. ASSISTANCE MAY BE PROVIDED THROUGHOUT THE ACTIVITY OR INTERMITTENTLY

(E)(GG0170A2) MOBILITY ROLL LEFT AND RIGHT DISCHARGE GOAL: 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 DISCHARGE GOAL(S) USING THE 6-POINT SCALE. 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.

06. INDEPENDENT - PATIENT COMPLETES THE ACTIVITY BY THEMSELF WITH NO ASSISTANCE FROM A HELPER

(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.

04. SUPERVISION OR TOUCHING ASSISTANCE - HELPER PROVIDES VERBAL CUES AND/OR TOUCHING/STEADYING AND/OR CONTACT GUARD ASSISTANCE AS PATIENT COMPLETES ACTIVITY. ASSISTANCE MAY BE PROVIDED THROUGHOUT THE ACTIVITY OR INTERMITTENTLY

(E)(GG0170B2) MOBILITY SIT TO LYING DISCHARGE GOAL: THE ABILITY TO MOVE FROM SITTING ON SIDE OF BED TO LYING FLAT ON THE BED. CODE THE PATIENT'S DISCHARGE GOAL(S) USING THE 6-POINT SCALE. 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.

06. INDEPENDENT - PATIENT COMPLETES THE ACTIVITY BY THEMSELF WITH NO ASSISTANCE FROM A HELPER

(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.

04. SUPERVISION OR TOUCHING ASSISTANCE - HELPER PROVIDES VERBAL CUES AND/OR TOUCHING/STEADYING AND/OR CONTACT GUARD ASSISTANCE AS PATIENT COMPLETES ACTIVITY. ASSISTANCE MAY BE PROVIDED THROUGHOUT THE ACTIVITY OR INTERMITTENTLY

Visit Note Report

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Secondary Payor:	SELF PAY

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Assessment

(E)(GG0170C2) MOBILITY LYING TO SITTING ON SIDE OF BED DISCHARGE GOAL: 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 DISCHARGE GOAL(S) USING THE 6-POINT SCALE. 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.

06. INDEPENDENT - PATIENT COMPLETES THE ACTIVITY BY THEMSELF WITH NO ASSISTANCE FROM A HELPER

(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.

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)(GG0170D2) MOBILITY SIT TO STAND DISCHARGE GOAL: 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 DISCHARGE GOAL(S) USING THE 6-POINT SCALE. 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.

06. INDEPENDENT - PATIENT COMPLETES THE ACTIVITY BY THEMSELF WITH NO ASSISTANCE FROM A HELPER

(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.

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)(GG0170E2) MOBILITY CHAIR/BED-TO-CHAIR TRANSFER DISCHARGE GOAL: THE ABILITY TO TRANSFER TO AND FROM A BED TO A CHAIR (OR WHEELCHAIR). CODE THE PATIENT'S DISCHARGE GOAL(S) USING THE 6-POINT SCALE. 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.

06. INDEPENDENT - PATIENT COMPLETES THE ACTIVITY BY THEMSELF WITH NO ASSISTANCE FROM A HELPER

(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.

04. SUPERVISION OR TOUCHING ASSISTANCE - HELPER PROVIDES VERBAL CUES AND/OR TOUCHING/STEADYING AND/OR CONTACT GUARD ASSISTANCE AS PATIENT COMPLETES ACTIVITY. ASSISTANCE MAY BE PROVIDED THROUGHOUT THE ACTIVITY OR INTERMITTENTLY

(E)(GG0170F2) MOBILITY TOILET TRANSFER DISCHARGE GOAL: THE ABILITY TO GET ON AND OFF A TOILET OR COMMODE. CODE THE PATIENT'S DISCHARGE GOAL(S) USING THE 6-POINT SCALE. 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.

06. INDEPENDENT - PATIENT COMPLETES THE ACTIVITY BY THEMSELF WITH NO ASSISTANCE FROM A HELPER

(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.

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(E)(GG0170G2) MOBILITY CAR TRANSFER DISCHARGE GOAL: 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 DISCHARGE GOAL(S) USING THE 6-POINT SCALE. 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.

06. INDEPENDENT - PATIENT COMPLETES THE ACTIVITY BY THEMSELF WITH NO ASSISTANCE FROM A HELPER

(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.

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

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	Primary Payor: WELLCARE HEALTH PLAN PDGM	Secondary Payor: SELF PAY
Visit Date: 10/16/2023	Visit Number: 1	Visit Type: PT00 - PT OASIS ADMISSION
Assessment <p>(E)(GG0170I2) MOBILITY WALK 10 FEET DISCHARGE GOAL: ONCE STANDING, THE ABILITY TO WALK AT LEAST 10 FEET IN A ROOM, CORRIDOR, OR SIMILAR SPACE. CODE THE PATIENT'S DISCHARGE GOAL(S) USING THE 6-POINT SCALE. 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.</p> <p>06. INDEPENDENT - PATIENT COMPLETES THE ACTIVITY BY THEMSELF WITH NO ASSISTANCE FROM A HELPER</p> <p>(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.</p> <p>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</p> <p>(E)(GG0170J2) MOBILITY WALK 50 FEET WITH TWO TURNS DISCHARGE GOAL: ONCE STANDING, THE ABILITY TO WALK 50 FEET AND MAKE TWO TURNS. CODE THE PATIENT'S DISCHARGE GOAL(S) USING THE 6-POINT SCALE. 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.</p> <p>06. INDEPENDENT - PATIENT COMPLETES THE ACTIVITY BY THEMSELF WITH NO ASSISTANCE FROM A HELPER</p> <p>(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.</p> <p>88. ACTIVITY WAS NOT ATTEMPTED - NOT ATTEMPTED DUE TO MEDICAL CONDITION OR SAFETY CONCERNs</p> <p>(E)(GG0170K2) MOBILITY WALK 150 FEET DISCHARGE GOAL: ONCE STANDING, THE ABILITY TO WALK AT LEAST 150 FEET IN A CORRIDOR OR SIMILAR SPACE. CODE THE PATIENT'S DISCHARGE GOAL(S) USING THE 6-POINT SCALE. 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.</p> <p>06. INDEPENDENT - PATIENT COMPLETES THE ACTIVITY BY THEMSELF WITH NO ASSISTANCE FROM A HELPER</p> <p>(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.</p> <p>88. ACTIVITY WAS NOT ATTEMPTED - NOT ATTEMPTED DUE TO MEDICAL CONDITION OR SAFETY CONCERNs</p> <p>(E)(GG0170L2) MOBILITY WALKING 10 FEET ON UNEVEN SURFACES DISCHARGE GOAL: THE ABILITY TO WALK 10 FEET ON UNEVEN OR SLOPING SURFACES (INDOOR OR OUTDOOR), SUCH AS TURF OR GRAVEL. CODE THE PATIENT'S DISCHARGE GOAL(S) USING THE 6-POINT SCALE. 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.</p> <p>05. SETUP OR CLEAN-UP ASSISTANCE - HELPER SETS UP OR CLEANS UP; PATIENT COMPLETES ACTIVITY. HELPER ASSISTS ONLY PRIOR TO OR FOLLOWING THE ACTIVITY</p> <p>(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.</p> <p>10. NOT ATTEMPTED DUE TO ENVIRONMENTAL LIMITATIONS (E.G., LACK OF EQUIPMENT, WEATHER CONSTRAINTS)</p> <p>(E)(GG0170M2) MOBILITY 1 STEP (CURB) DISCHARGE GOAL: THE ABILITY TO GO UP AND DOWN A CURB OR UP AND DOWN ONE STEP. CODE THE PATIENT'S DISCHARGE GOAL(S) USING THE 6-POINT SCALE. 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.</p> <p>06. INDEPENDENT - PATIENT COMPLETES THE ACTIVITY BY THEMSELF WITH NO ASSISTANCE FROM A HELPER</p> <p>(E)(GG0170N2) MOBILITY 4 STEPS DISCHARGE GOAL: THE ABILITY TO GO UP AND DOWN FOUR STEPS WITH OR WITHOUT A RAIL. CODE THE PATIENT'S DISCHARGE GOAL(S) USING THE 6-POINT SCALE. 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.</p> <p>88. ACTIVITY WAS NOT ATTEMPTED - NOT ATTEMPTED DUE TO MEDICAL CONDITION OR SAFETY CONCERNs</p> <p>(E)(GG0170O2) MOBILITY 12 STEPS DISCHARGE GOAL: THE ABILITY TO GO UP AND DOWN 12 STEPS WITH OR WITHOUT A RAIL. CODE THE PATIENT'S DISCHARGE GOAL(S) USING THE 6-POINT SCALE. 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.</p> <p>09. NOT APPLICABLE - NOT ATTEMPTED AND THE PATIENT DID NOT PERFORM THIS ACTIVITY PRIOR TO THE CURRENT ILLNESS, EXACERBATION OR INJURY</p>		

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Secondary Payor: SELF PAY

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Assessment

(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.

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)(GG0170P2) MOBILITY PICKING UP OBJECT DISCHARGE GOAL: 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 DISCHARGE GOAL(S) USING THE 6-POINT SCALE. 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.

06. INDEPENDENT - PATIENT COMPLETES THE ACTIVITY BY THEMSELF WITH NO ASSISTANCE FROM A HELPER

(GG0170Q1) MOBILITY DOES PATIENT USE WHEELCHAIR/SCOOTER?

0 - NO

FUNCTIONAL TESTS AND MEASURES

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

FIVE TIME SIT TO STAND

FIVE TIME SIT TO STAND: ASK PARTICIPANT TO SIT ON THE CHAIR WITH ARMS FOLDED ACROSS THEIR CHEST. FOR THE TEST, ASK THE PARTICIPANT TO STAND FROM THE CHAIR FIVE TIMES, AS QUICKLY AS POSSIBLE. RECORD THE PARTICIPANT'S TIME AT THE END OF THE TEST (METHOD, MEASUREMENT, AND OUTCOMES CAN BE FOUND IN REFERENCE MATERIAL):

19.45

PAIN

DOES THE PATIENT REPORT OR DEMONSTRATE PAIN/DISCOMFORT IMPAIRING PATIENTS ABILITY TO FUNCTION AND OR BE COMFORTABLE?

YES

CHOOSE PAIN ASSESSMENT TOOL

NUMERICAL PAIN SCALE ASSESSMENT

DESCRIBE LOCATION OF PAIN:

CHRONIC LBP

INDICATE WHEN CLIENT'S REPORTED PAIN OCCURS: (MARK ALL THAT APPLY)

CHRONIC PAIN

INDICATE CLIENT'S CURRENT PAIN SCALE RATING:

3

INDICATE CLIENT'S PAIN SCALE RATING FOR BEST/LEAST INTENSITY OF PAIN:

0

INDICATE CLIENT'S PAIN SCALE RATING FOR WORST/MOST INTENSITY OF PAIN:

8

INDICATE QUALITY OF PAIN: (MARK ALL THAT APPLY)

ACHING

STABBING

CRAMPING

INDICATE WHAT RELIEVES PAIN (MARK ALL THAT APPLY):

MOVEMENT/EXERCISE

INDICATE ANY NON-VERBAL PAIN ACTIVITY

NA

INDICATE SOURCE OF INFORMATION

PATIENT

(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?"

3. FREQUENTLY

(J0520) PAIN INTERFERENCE WITH THERAPY ACTIVITIES: ASK PATIENT: "OVER THE PAST 5 DAYS, HOW OFTEN HAVE YOU LIMITED YOUR PARTICIPATION IN REHABILITATION THERAPY SESSIONS DUE TO PAIN?"

3. FREQUENTLY

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Assessment

(J0530) PAIN INTERFERENCE WITH DAY-TO-DAY ACTIVITIES: ASK PATIENT: "OVER THE PAST 5 DAYS, HOW OFTEN HAVE YOU LIMITED YOUR DAY-TO-DAY ACTIVITIES (EXCLUDING REHABILITATION THERAPY SESSIONS) BECAUSE OF PAIN?"

3. FREQUENTLY

COGNITIVE/BEHAVIORAL

(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.

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

1 - IN NEW OR COMPLEX SITUATIONS ONLY

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

2 - DAILY, BUT NOT CONSTANTLY

(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

1 - LESS THAN ONCE A MONTH

(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

IS PATIENT COGNITIVELY ABLE AND WILLING TO RESPOND TO THE QUESTIONS IN THE PHQ 2 DEPRESSION SCREENING TOOL? IF NO, THE CORNELL DEPRESSION SCREENING TOOL WILL BE USED.

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Assessment

YES

(D0150) PATIENT MOOD INTERVIEW (PHQ-2 TO 9) PFIZER (C): SAY TO THE PATIENT "OVER THE LAST 2 WEEKS, HAVE YOU BEEN BOthered BY ANY OF THE FOLLOWING PROBLEMS?" READ AND SHOW THE PATIENT A CARD WITH THE SYMPTOM FREQUENCY CHOICES.

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

0. NO

(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 ILLLOGICAL 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?

2. SOMETIMES

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

ALERT

ORIENTED TO PERSON

ORIENTED TO PLACE

ORIENTED TO TIME

ABLE TO FOLLOW SIMPLE COMMANDS

INDICATE BEHAVIORAL ASSESSMENT FINDINGS: (MARK ALL THAT APPLY):

NO PROBLEMS IDENTIFIED

INDICATE ABNORMAL NEUROLOGICAL FINDINGS:

HEADACHE

GAIT DEVIATION

DOES THE CLIENT DEMONSTRATE GAIT DEVIATIONS?

YES

INDICATE GAIT DEVIATIONS (DOCUMENT ADDITIONAL GAIT ASSESSMENT IN THERAPY GOALS/STATUS SECTION).

SHORT STEP LENGTH LEFT

SHORT STEP LENGTH RIGHT

POOR/INCONSISTENT FOOT CLEARANCE

HEAD DOWN POSTURE

PROVIDER

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

YES

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Assessment

(M220) 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.)

12

THERAPY ASSESSMENT/PLAN

ARE THERE FURTHER VISITS PLANNED AFTER THE EVALUATION TODAY?

YES

BASED ON ASSESSMENT PRIORITIZE THE PROBLEMS IDENTIFIED*

PATIENT DEMONSTRATES DIMINISHED AROM OF L SHOULDER, DIMINISHED TRUNK AND GROSS LE STRENGTH, POOR BALANCE AND ACTIVITY TOLERANCE AFFECTING SAFE AMBULATION, TRANSFERS, AND OVERALL MOBILITY.

INTERPRET THE SIGNIFICANCE OF THE RESULTS FROM OBJECTIVE TESTING*

SEE BELOW

INDICATE WHAT TYPE OF THERAPY YOU ARE PROVIDING

RESTORATIVE

JUSTIFY WHY THERAPY IS NECESSARY AND WHY ADDRESSING THESE PROBLEMS ARE IMPORTANT SPECIFIC TO THIS PATIENT *

MS. IS AN 85 Y.O FEMALE REFERRED TO HOME HEALTH SERVICES FROM SRHH AFTER ACUTE HOSPITALIZATION DUE TO A-FIB AND PLACEMENT OF PACEMAKER ON 10/12/23. PATIENT WAS HOSPITALIZED FROM 10/6/23-10/14/23. PATIENT HAS PAST MEDICAL HISTORY THAT INCLUDES, BUT IS NOT LIMITED TOO: A-FIB, ANXIETY, BIPOLAR DISORDER, GERD, HYPOTHYROIDISM, INSOMNIA, IBS, COPD, BREAST CANCER (L), CKD, POOR HEARING, PERSONAL HX OF COLON CANCER, PACEMAKER (10/12). PATIENT REPORTS PRIOR TO HOSPITALIZATION SHE WAS MI WITHIN THE HOME WITH USE OF FRONT WHEEL WALKER. PATIENTS MEDICATIONS WERE RECONCILLED AND MEDICATION INTERACTIONS WERE FOUND AND PCP CONTACTED. PATIENT IS HOMEBOUND DUE TO: REQUIRING ANOTHER PERSON TO LEAVE THE HOME, USE OF WALKER FOR AMBULATION. BASED ON PT EVALUATION TODAY, PATIENT DEMONSTRATES GROSS TRUNK AND LE STRENGTH DEFICITS, FALL RISK SECONDARY TO INABILITY TO USE WALKER DUE TO L UE BEING IN SLING, AND POOR ACTIVITY TOLERANCE. PATIENT PERFORMED 5X SIT->STAND OF 19.45 SECONDS (NORMATIVE <15 SECONDS) DEMONSTRATING DIMINISHED STRENGTH. PATIENT GROSSLY WAS 4/5 MUSCLE STRENGTH OF LE AS WELL. PATIENT IS A FALL RISK DUE TO INABILITY TO USE AD (WALKER) AT THIS TIME DUE TO INABILITY TO USE LUE AS IT IS IN SLING, NARROW SPACE AND CLUTTER WITHIN THE HOME, AND GENERALIZED WEAKNESS. PATIENT IS A GOOD CANDIDATE AT THIS TIME FOR SKILLED HHPT AND HHOT TO ADDRESS DEFICITS. PATIENT INSTRUCTED IN CALL US FIRST POLICY AND ABSENT HHA AT THIS TIME. PROPOSED FREQUENCY OF 2WK2, 1WK7 AT THIS TIME AND PATIENT IN AGREEMENT WITH POC.

INDICATE THERAPY PLAN, INCLUDING THE MAIN FOCUS FOR NEXT VISIT'S TREATMENT:

DEVELOP HEP; TRANSFER TRAINING

HOMEBOUND STATUS

DOES THE PATIENT NEED TO BE ASSESSED FOR THE CURRENT HOMEBOUND REQUIREMENTS?

YES

IN CONSIDERATION TO ILLNESS OR INJURY, THE PATIENT IS CONSIDERED HOMEBOUND/CONFINED TO HOME DUE TO: (MARK ALL THAT APPLY)

PATIENT NEEDS AID OF SUPPORTIVE DEVICES - WALKER

ASSISTANCE OF ANOTHER PERSON IN ORDER TO LEAVE PLACE OF RESIDENCE

REASONS PATIENT IS HOMEBOUND AND LEAVING HOME REQUIRES SIGNIFICANT AND TAXING EFFORT:

SHORTNESS OF BREATH POOR OXYGENATION WITH EXERTION

DIFFICULTY TRANSFERRING

AMBULATION DIFFICULTIES - POOR BALANCE

PATIENT REPORTS EXHAUSTION/FATIGUES AFTER BEING AWAY FROM HOME

SPECIFY ADDITIONAL FINDINGS (LIST REASONS TO WHAT IS CAUSING TAXING EFFORT):

STRENGTH, CARDIOVASCULAR HEALTH

STRUCTURAL IMPAIRMENT: SIGNIFICANT DEVIATION(S) OR LOSS IN BODY STRUCTURE (ANATOMICAL PARTS OF THE BODY SUCH AS AN ORGAN, LIMB, OR OTHER COMPONENTS)

STRUCTURES OF THE CARDIOVASCULAR SYSTEM

MUSCULOSKELETAL SYSTEM

FUNCTIONAL IMPAIRMENT: SIGNIFICANT DEVIATION(S) OF LOSS IN PHYSIOLOGICAL FUNCTION OF BODY SYSTEMS (INCLUDING PSYCHOLOGICAL)

FUNCTIONS OF THE CARDIOVASCULAR SYSTEM

NEUROMUSCULOSKELETAL AND MOVEMENT RELATED FUNCTIONS

ACTIVITY LIMITATIONS AND PARTICIPATION RESTRICTIONS:

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Assessment**COMMUNICATION**
MOBILITY
SELF-CARE
DOMESTIC LIFE**CARE COORDINATION**INDICATE IF YOU COMMUNICATED WITH OTHER DISCIPLINES INVOLVED IN THIS CASE:

YES

INDICATE DISCIPLINES COMMUNICATED WITH:**MANAGER**
PT/PTA
OT/COTAWAS A CARE COORDINATION NOTE COMPLETED INDICATING COMMUNICATION OF DISCIPLINES REGARDING PATIENT'S POC?

YES

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**(O0110A) SPECIAL TREATMENTS, PROCEDURES, AND PROGRAMS: CHECK ALL OF THE FOLLOWING TREATMENTS, PROCEDURES, AND PROGRAMS THAT APPLY ON ADMISSION.

Z1. NONE OF THE ABOVE

WHAT ARE THE PATIENT CARE PREFERENCES?**LITERAL**
VISUALWHAT ARE THE PATIENT STRENGTHS?**MOTIVATED LEARNER****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 - BREAST UP OUTER QUAD, LT, SURGICAL INC - HCHB

Onset Date: 10/12/2023

CHANGE IN STATUS

NONE

WOUND ASSESSED

NO, COVERED BY NON-REMovable
DRESSING OR DEVICE

TOTAL WAT SCORE

N/A

WOUND CARE PROVIDED

WOUND CARE NOT PROVIDED:
COVERED BY NON-REMovable
DRESSING OR DEVICE**Wound Images**
N/A