Compassionate Home Health services, Inc
35 S Johnson Ave
3B
Pontiac , MI , 48341
Phone: (248) 681-1211
Fax: (248) 681-2832

OASIS-E1
Start of Care

Banks, Cleatus **DOB:** 05/25/1966 **MRN:** BANKS08222025

VISIT INFORMATION

Visit Start Time:	8:00 AM	**Travel Start Time:**	**Surcharge:**	**Visit Date:**	9/4/2025
Visit End Time:	9:00 AM	**Travel End Time:**	**Associated Mileage:**		

DEMOGRAPHICS

Patient Information

(M0040) First Name:	Cleatus	**(M0040) Middle Initial:**		**(M0040) Last Name:**	Banks
(M0040) Suffix:		**(M0066) Birth Date:**	05/25/1966	**(M0069) Gender:**	Male
Marital Status:		**Preferred Phone:**	3132579917	**Alternate Phone:**	
Address Line 1:	19326 COOLEY ST	**Address Line 2:**		**City:**	DETROIT
(M0050) State:	MICHIGAN	**(M0060) Patient ZIP Code:**	482191894	**(M0020) ID Number:**	BANKS08222025
(M0064) Social Security Number:	371767358	☑ N/A - No Medicare Number		☑ N/A - No Medicaid Number	
(M0030) Start of Care Date:	09/04/2025	**Certification Period:**	09/04/2025 - 11/02/2025	**(M0010) CMS Certification Number:**	239199
(M0018) National Provider Identifier (NPI):	1225016256	**Physician Name:**	Jaleel, Quadir	**Agency Branch:**	Compassionate Home Health services, Inc

(A1005) Ethnicity: Are you of Hispanic, Latino/a, or Spanish Origin? (Check all that apply.)

- ☑ A - No, not of Hispanic, Latino/a, or Spanish origin
- ☐ B - Yes, Mexican, Mexican American, Chicano/a
- ☐ C - Yes, Puerto Rican
- ☐ D - Yes, Cuban
- ☐ E - Yes, another Hispanic, Latino, or Spanish origin
- ☐ X - Patient unable to respond
- ☐ Y - Patient declines to respond

(A1010) Race: What is your race? (Check all that apply.)

- ☐ A - White
- ☑ B - Black or African-American
- ☐ C - American Indian or Alaska Native
- ☐ D - Asian Indian
- ☐ E - Chinese
- ☐ F - Filipino
- ☐ G - Japanese
- ☐ H - Korean
- ☐ I - Vietnamese
- ☐ J - Other Asian
- ☐ K - Native Hawaiian
- ☐ L - Guamanian or Chamorro
- ☐ M - Samoan
- ☐ N - Other Pacific Islander
- ☐ X - Patient unable to respond
- ☐ Y - Patient declines to respond
- ☐ Z - None of the above

(M0150) Current Payment Source

- ☐ 0 - None; no charge for current services
- ☐ 1 - Medicare (traditional fee-for-service)
- ☑ 2 - Medicare (HMO/managed care/Advantage plan)
- ☐ 3 - Medicaid (traditional fee-for-service)
- ☐ 4 - Medicaid (HMO/Managed Care)
- ☐ 5 - Workers' Compensation
- ☐ 6 - Title programs (for example Title III, V, or XX)
- ☐ 7 - Other government (for example TriCare, VA)
- ☐ 8 - Private insurance
- ☐ 9 - Private HMO/managed care
- ☐ 10 - Self-pay
- ☐ UK - Unknown
- ☐ 11 - Other (Specify):

(A1110A) What is your preferred language? English

(A1110B) Do you need or want an interpreter to communicate with a doctor or health care staff?

- ☑ No
- ☐ Yes
- ☐ Unable to Determine

Clinical Records

(M0080) Discipline of Person Completing Assessment

- ☑ 1 - RN
- ☐ 2 - PT
- ☐ 3 - SLP/ST
- ☐ 4 - OT

(M0090) Date Assessment Completed: 09/04/2025

(M0100) This Assessment Is Currently Being Completed for the Following Reason:

- ☑ 01 - Start of care - further visits planned
- ☐ 03 - Resumption of care (after inpatient stay)
- ☐ 04 - Recertification (follow-up) reassessment
- ☐ 05 - Other follow-up
- ☐ 06 - Transferred to an inpatient facility (patient not discharged from agency)
- ☐ 07 - Transferred to an inpatient facility (patient discharged from agency)
- ☐ 08 - Death at home
- ☐ 09 - Discharge from agency

(M0102) Date of Physician-Ordered Start of Care (Resumption of Care):

- ☑ N/A - No specific SOC/ROC date ordered by physician

(M0104) Date of Referral: 08/22/2025

Signature: Electronically Signed by: Tiffany Petty RN | Date: 09/04/2025

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OASIS-E1
Start of Care

Banks, Cleatus **DOB:** 05/25/1966 **MRN:** BANKS08222025

Episode Timing
- ☑ 1 - Early
- ☐ 2 - Later
- ☐ UK - Unknown
- ☐ N/A Not Applicable: No Medicare case-mix group to be defined by this assessment.

PATIENT HISTORY & DIAGNOSES

Vital Signs

Temperature:	98.2 °F	**Route:**	Temporal	**O2 Saturation:**	98 %	**Method:**	On Room Air
Pulse Rate:	94	**Location:**	Apical Sitting	**BP Sitting Left:**	140/72 mmHg	**Respirations:**	18 /min
Height:	65 inches	**Weight:**	188 lbs	**BMI Calculated:**	31		

Plan of Care: Vital Sign Parameters

Pulse Rate (bpm) greater than (>)	**Pulse Rate (bpm) or less than (<)**	**Temperature (°F) greater than (>)**	**Temperature (°F) or less than (<)**	**Respirations (/min) greater than (>)**
Respirations (/min) or less than (<)	**O2 Saturation (%) less than (<)**	**Pain Level (/10) greater than (>)**	**Systolic Blood Pressure (mmHg) greater than (>)**	**Systolic Blood Pressure (mmHg) or less than (<)**
Diastolic Blood Pressure (mmHg) greater than (>)	**Diastolic Blood Pressure (mmHg) or less than (<)**	**Blood Sugar, Fasting (mg/dL) greater than (>)**	**Blood Sugar, Fasting (mg/dL) or less than (<)**	**Blood Sugar, Random (mg/dL) greater than (>)**
Blood Sugar, Random (mg/dL) or less than (<)				

Inpatient Discharges (in the Past 14 Days)

(M1000) From which of the following Inpatient Facilities was the patient discharged within the past 14 days? (Check all that apply.)
- ☐ 1 - Long-term nursing facility (NF)
- ☐ 2 - Skilled nursing facility (SNF/TCU)
- ☑ 3 - Short-stay acute hospital (IPPS)
- ☐ 4 - Long-term care hospital (LTCH)
- ☐ 5 - Inpatient rehabilitation hospital or unit (IRF)
- ☐ 6 - Psychiatric hospital or unit
- ☐ 7 - Other:
- ☐ N/A - Patient was not discharged from an inpatient facility

(M1005) Inpatient Discharge Date (most recent):
- ☑ UK - Unknown

Diagnoses Symptom Control

(M1021) Primary Diagnosis Code: J96.01 **Severity:** 03	**(M1021) Primary Diagnosis** Acute respiratory failure with hypoxia	**(M1023) Other Diagnosis Code:** T40.2X1D **Severity:** 03	**(M1023) Other Diagnosis** Poisoning by oth opioids, accidental (unintentional), subs
(M1023) Other Diagnosis Code: F33.1 **Severity:** 03	**(M1023) Other Diagnosis** Major depressive disorder, recurrent, moderate	**(M1023) Other Diagnosis Code:** I25.10 **Severity:** 03	**(M1023) Other Diagnosis** Athscl heart disease of native coronary artery w/o ang pctrs
(M1023) Other Diagnosis Code: M62.81 **Severity:** 03	**(M1023) Other Diagnosis** Muscle weakness (generalized)		

Comorbidities and Co-existing Conditions

(M1028) Active Diagnoses - Comorbidities and Co-existing Conditions - Check all that apply
- ☐ 1 - Peripheral Vascular Disease (PVD) or Peripheral Arterial Disease (PAD)
- ☐ 2 - Diabetes Mellitus (DM)
- ☑ 3 - None of the above
- ☐ (-) No information available

Special Treatments, Procedures, and Programs

Cancer Treatments
Respiratory Therapies
Other
None of the Above
- ☑ Z1. None of the Above

Comments

RISK ASSESSMENT

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Shingles Vaccination

At start of care, does patient report EVER receiving the shingles vaccine?

- ☐ Yes (Log immunization.)
- ☑ No

Did you offer to administer the vaccine to the patient?

- ☐ Yes
- ☑ No
- ☐ Patient declined

Potential Risk for Infection Assessment

Assess for predictors:

- ☐ Diarrhea
- ☐ Immunocompromised
- ☐ Indwelling catheter
- ☐ IV/venous access device
- ☐ Post-op abdominal surgery
- ☐ Post-op thoracic surgery
- ☐ Post-op other surgery
- ☐ Respiratory (recent pneumonia, bronchitis)
- ☐ Wounds
- ☐ Instrumentation (nebulizer, ventilator, trach etc.)
- ☐ Other:

Assess for confounding factors:

- ☐ Absence of capable caregiver
- ☐ Decreased alertness
- ☐ Decreased cognition
- ☐ Inadequate environmental cleaning
- ☑ Poor hand hygiene
- ☑ Poor hydration
- ☑ Medications (steroids, antibiotics, chemo)
- ☑ Poor mobility
- ☑ Poor nutrition
- ☑ Underlying disease process (COPD, Diabetes, etc.)
- ☐ Other:

Identify the patient's risk level for infection based upon agency policies and procedures:

- ☐ High risk for infection identified
- ☐ No risk for infection identified

Hospitalization Risk Assessment Tools and Emergency Preparedness

Choose a risk assessment tool based on agency preference.

- ☐ SMH Project BOOST-Hospitalization Readmission Risk Assessment Post-Acute Care
- ☐ HHQI- Acute Care Hospitalization Risk Assessment for Patients Without Hospitalization, 30 Days Post-Acute Care or Recent Discharge

Emergency Preparedness

- ☑ Emergency Preparedness Performed

Risk for Hospitalization

(M1033) 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)
- ☐ 2 - Unintentional weight loss of a total of 10 pounds or more 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
- ☑ 5 - Decline in mental, emotional, or behavioral status in the past 3 months
- ☑ 6 - Reported or observed history of difficulty complying with any medical instructions (for example, medications, diet, exercise) in the past 3 months
- ☑ 7 - Currently taking 5 or more medications
- ☑ 8 - Currently reports exhaustion
- ☐ 9 - Other risk(s) not listed in 1 - 8
- ☐ 10 - None of the above

Height/Weight

(M1060) Height (in inches): 65
(M1060) Weight (in pounds): 188

Comments

PROGNOSIS

Advance Care Plan

Advance Care Plan

- ☑ Advance Care Plan Performed

Plan of Care: Prognosis

Select a response.

- ☐ Guarded
- ☐ Poor
- ☑ Fair
- ☐ Good
- ☐ Excellent

Comments

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SUPPORTIVE ASSISTANCE

Cultural Preferences

Respond to each option below.

☐ Spiritual or cultural practice that impacts healthcare:

Patient Living Situation

(M1100) Which of the following best describes the patient's residential circumstance and availability of assistance? (Check one box only.)

Living Arrangement: Patient lives with other person(s) in the home Around the Clock

Transportation

(A1250) Transportation (NACHC ©)

☑ A. Yes, it has kept me from medical appointments or from getting my medications
☑ B. Yes, it has kept me from non-medical meetings, appointments, work or from getting things that I need
☐ C. No
☐ X. Patient unable to respond
☐ Y. Patient declines to respond

Health Literacy

(B1300) Health Literacy (from Creative Commons ©)

☐ 0. Never
☐ 1. Rarely
☑ 2. Sometimes
☐ 3. Often
☐ 4. Always
☐ 7. Patient declines to respond
☐ 8. Patient unable to respond

Plan of Care: Psychosocial Assessment

Select all that apply. Selections will populate in the Plan of Care.

☐ No problems identified
☐ Home environment, altered:
☐ Suspected abuse/neglect:
☐ Barriers to health status:
☑ Community resources needed:
- ☐ Meals on Wheels
- ☐ Support groups
- ☐ Medication assistance programs
- ☐ Center for independent living
- ☐ Protection and advocacy agency
- ☐ Aging and disability resource center
- ☑ MSW referral needed for access to community resources
- ☐ Other:

☐ Community resources providing assistance:

Comments:

Plan of Care: Caregiver Status

Caregiver Availability/Type of Assistance 24/7

Plan of Care: Safety Measures

Select all that apply. Selections will populate in the Plan of Care.

☑ 24-hour supervision
☑ Aspiration precautions
☐ Bleeding precautions
☐ Diabetic: Do not cut nails.
☑ DME and electrical safety
☐ Elevate head of bed
☑ Emergency/disaster plan development
☑ Fall precautions
☑ Keep pathways clear
☐ Neutropenic precautions
☐ O2 precautions
☐ Presence of animals:
☐ Prone to skin breakdown precaution
☐ Prone to fractures precaution
☐ Proper positioning during meals
☐ Proper handling of biohazard waste
☑ Safety in ADLs
☐ Seizure precautions
☐ Sharps safety
☐ Side rails up
☑ Slow position changes
☐ Infection control:
☑ Support during transfer and ambulation
☑ Use of assistive devices
☐ Other:

SENSORY STATUS

Sensory Assessment

Select all that apply.

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- [x] No problems identified
- [ ] Ear drainage
- [ ] Pain in ear(s)
- [ ] Ringing in ear(s)
- [ ] Slurred speech
- [ ] Abnormal pupils/vision:
- [ ] Hearing-impaired:
- [ ] Aphasia:

Comments:

Sensory Status

(B0200) Ability to hear (with hearing aid or hearing appliances if normally used)

- [x] 0. Adequate - no difficulty in normal conversation, social interaction, listening to TV
- [ ] 1. Minimal difficulty - difficulty in some environments (e.g., when person speaks softly, or setting is noisy)
- [ ] 2. Moderate difficulty - speaker has to increase volume and speak distinctly
- [ ] 3. Highly impaired - absence of useful hearing
- [ ] (-) No information available

(B1000) Ability to see in adequate light (with glasses or other visual appliances)

- [x] 0. Adequate - sees fine detail, such as regular print in newspapers/books
- [ ] 1. Impaired - sees large print, but not regular print in newspapers/books
- [ ] 2. Moderately impaired - limited vision; not able to see newspaper headlines but can identify objects
- [ ] 3. Highly impaired - object identification in question, but eyes appear to follow objects
- [ ] 4. Severely impaired - no vision or sees only light, colors or shapes; eyes do not appear to follow objects
- [ ] (-) No information available

PAIN STATUS

Pain Assessment

Has the patient had any pain? No

Comments:

Pain Status

(J0510) Pain Effect on Sleep

Ask patient: "Over the past 5 days, how much of the time has pain made it hard for you to sleep at night"

- [ ] 0. Does not apply - I have not had any pain or hurting in the past 5 days
- [ ] 1. Rarely or not at all
- [x] 2. Occasionally
- [ ] 3. Frequently
- [ ] 4. Almost constantly
- [ ] 8. Unable to answer

(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?"

- [ ] 0. Does not apply - I have not received rehabilitation therapy in the past 5 days
- [x] 1. Rarely or not at all
- [ ] 2. Occasionally
- [ ] 3. Frequently
- [ ] 4. Almost constantly
- [ ] 8. Unable to answer

(J0530) Pain Interference with Day-to-Day Activities

Ask patient: "Over the past 5 days, how often you have limited your day-to-day activities (excluding rehabilitation therapy sessions) because of pain?"

- [x] 1. Rarely or not at all
- [ ] 2. Occasionally
- [ ] 3. Frequently
- [ ] 4. Almost constantly
- [ ] 8. Unable to answer

INTEGUMENTARY STATUS

Integumentary Assessment

Select all that apply.

- [ ] No problems identified
- [ ] Bruising
- [ ] Cool
- [ ] Cyanotic
- [x] Dry
- [ ] Clammy
- [ ] Diaphoretic
- [ ] Flushed
- [ ] Incision
- [ ] Jaundice
- [ ] Pallor
- [x] Poor turgor
- [ ] Pruritus
- [ ] Rash
- [ ] Skin lesion requiring intervention
- [ ] Wound(s):

Comments:

Norton Pressure Sore Risk-Assessment

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Physical Condition
- ☐ Good (4)
- ☑ Fair (3)
- ☐ Poor (2)
- ☐ Very Bad (1)

Mental Condition
- ☑ Alert (4)
- ☐ Apathetic (3)
- ☐ Confused (2)
- ☐ Stuporous (1)

Activity
- ☐ Ambulant (4)
- ☑ Walks with help (3)
- ☐ Chairbound (2)
- ☐ Bedfast (1)

Mobility
- ☐ Full (4)
- ☐ Slightly Impaired (3)
- ☑ Very Limited (2)
- ☐ Immobile (1)

Incontinence
- ☑ None (4)
- ☐ Occasional (3)
- ☐ Usually Urinary (2)
- ☐ Urinary and Fecal (1)

TOTAL SCORE: 16
Between 18 and 14: Medium Risk

Pressure Ulcer

(M1306) Does this 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
- ☐ 1 - Yes

(M1322) Current Number of Stage 1 Pressure Injuries
- ☑ 0 - Zero
- ☐ 1 - One
- ☐ 2 - Two
- ☐ 3 - Three
- ☐ 4 - Four or more

(M1324) Stage of Most Problematic Unhealed Pressure Ulcer/Injury that is Stageable
- ☐ 1 - Stage 1
- ☐ 2 - Stage 2
- ☐ 3 - Stage 3
- ☐ 4 - Stage 4
- ☑ N/A - Patient has no pressure ulcers/injuries or no stageable pressure ulcers/injuries

Stasis Ulcer

(M1330) Does this patient have a Stasis Ulcer?
- ☑ 0 - No
- ☐ 1 - Yes, patient has BOTH observable and unobservable stasis ulcers
- ☐ 2 - Yes, patient has observable stasis ulcers ONLY
- ☐ 3 - Yes, patient has unobservable stasis ulcers ONLY (known but not observable due to non-removable dressing/device)

Other Wounds

(M1340) Does this patient have a Surgical Wound?
- ☑ 0 - No
- ☐ 1 - Yes, patient has at least one observable surgical wound
- ☐ 2 - Surgical wound known but not observable due to non-removable dressing/device

RESPIRATORY STATUS

Respiratory Assessment

Select all that apply.

- ☐ No problems identified
- ☐ Accessory muscles used
- ☐ CPAP/BIPAP
- ☐ Orthopnea
- ☐ Abnormal breath sounds:
- ☑ Dyspnea
- ☑ Cough, nonproductive
- ☐ Cough, productive:
- ☐ Nebulizer
- ☐ Oxygen use, intermittent:
- ☐ Paroxysmal nocturnal dyspnea (PND)
- ☐ Tachypnea
- ☐ Tracheostomy
- ☐ Oxygen use, continuous:

Comments:

Respiratory Status

(M1400) When is the patient dyspneic or noticeably Short of Breath?

- ☐ 0 - Patient is not short of breath
- ☐ 1 - When walking more than 20 feet, climbing stairs
- ☑ 2 - With moderate exertion (for example, while dressing, using commode or bedpan, walking distances less than 20 feet)
- ☐ 3 - With minimal exertion (for example, while eating, talking, or performing other ADLs) or with agitation
- ☐ 4 - At rest (during day or night)

CARDIAC STATUS

Cardiac Assessment

Select all that apply.

- ☐ No problems identified
- ☐ Activity intolerance
- ☐ Abnormal pulses:
- ☐ AICD:
- ☐ Distended neck veins:
- ☐ Abnormal heart rhythm:
- ☐ Abnormal lower extremity sensation:
- ☐ Capillary refill > 3 sec
- ☑ Dizziness/Lightheadedness
- ☐ Paroxysmal nocturnal dyspnea (PND)
- ☐ Pacemaker:
- ☐ Edema, non-pitting:
- ☐ Abnormal heart sounds:
- ☐ Abnormal lower extremity appearance:
- ☑ Fatigue/Weakness
- ☐ Orthopnea
- ☐ Orthostatic hypotension
- ☐ Palpitations:
- ☐ Edema, pitting:
- ☐ Chest pain:
- ☐ Exhibiting S/S of heart failure:

Comments:

ELIMINATION STATUS

Genitourinary Assessment

Select all that apply.

- ☑ No problems identified
- ☐ Bladder distention
- ☐ Abnormal control:
- ☐ Abnormal volume:
- ☐ Discharge
- ☐ Nocturia
- ☐ Abnormal urine appearance:
- ☐ Dialysis:
- ☐ Suprapubic catheter:
- ☐ Urostomy
- ☐ Indwelling/foley catheter:
- ☐ Intermittent catheterization:
- ☐ UTI signs/symptoms:

Comments:

Gastrointestinal Assessment

Last BM 09/04/2025

Select all that apply.

- ☑ No problems identified
- ☐ Ascites
- ☐ Hemorrhoids
- ☐ Nausea
- ☐ Tenderness
- ☐ Abnormal bowel sounds:
- ☐ Bowel incontinence
- ☐ Hard
- ☐ Laxative/Enema use
- ☐ Pain
- ☐ Vomiting
- ☐ Abnormal stool:
- ☐ Distended
- ☐ Heartburn/Reflux
- ☐ Laxative/Enema abuse
- ☐ Rectal bleeding
- ☐ Ostomy:

Comments:

Elimination Status

(M1600) Has this patient been treated for a Urinary Tract Infection in the past 14 days?

- ☑ 0 - No
- ☐ 1 - Yes
- ☐ N/A - Patient on prophylactic treatment
- ☐ UK - Unknown

(M1610) Urinary Incontinence or Urinary Catheter Presence:

- ☑ 0 - No incontinence or catheter (includes anuria or ostomy for urinary drainage)
- ☐ 1 - Patient is incontinent
- ☐ 2 - Patient requires a urinary catheter (specifically: external, indwelling, intermittent, or suprapubic)

(M1620) Bowel Incontinence Frequency:

- ☑ 0 - Very rarely or never has bowel incontinence

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☐ 1 - Less than once weekly
☐ 2 - One to three times weekly
☐ 3 - Four to six times weekly
☐ 4 - On a daily basis
☐ 5 - More often than once daily
☐ N/A - Patient has ostomy for bowel elimination
☐ UK - Unknown

(M1630) Ostomy for Bowel Elimination:
☑ 0 - Patient does not have an ostomy for bowel elimination.
☐ 1 - Patient's ostomy was not related to an inpatient stay and did not necessitate change in medical or treatment regimen.
☐ 2 - The ostomy was related to an inpatient stay or did necessitate change in medical or treatment regimen.

NEURO/EMOTIONAL/BEHAVIORAL STATUS

Neurological Assessment

Oriented To
☑ Person
☑ Place
☑ Time

Select all that apply.

☑ No problems identified	☐ Forgetful	☐ Loss of sensation
☐ Dizziness	☐ Headache	☐ Lethargic
☐ Spasticity:	☐ Rigidity	☐ Seizure precautions
☐ Tremors:	☐ Abnormal behavior:	☐ Neuromuscular weakness/loss:

Comments:

Neurological Status

(C0100) Should Brief Interview for Mental Status (C0200-C0500) Be Conducted? Attempt to conduct interview with all patients.
☐ 0. No (patient is rarely/never understood)
☑ 1. Yes
☐ (-) No information available

(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." Number of words repeated after first attempt
☐ 0. None
☐ 1. One
☐ 2. Two
☑ 3. Three
☐ (-) No information available

(C0300) Temporal Orientation. Ask patient: 'Please tell me what year it is right now.' A. Able to report correct year
☐ 0. Missed by > 5 years or no answer
☐ 1. Missed by 2-5 years
☐ 2. Missed by 1 year
☑ 3. Correct
☐ (-) No information available

Ask patient: 'What month are we in right now?' B. Able to report correct month.
☐ 0. Missed by > 1 month or no answer
☐ 1. Missed by 6 days to 1 month
☑ 2. Accurate within 5 days
☐ (-) No information available

Ask patient: 'What day of the week is today?' C. Able to report correct day of the week
☐ 0. Incorrect or no answer
☑ 1. Correct
☐ (-) No information available

(C0400) Recall. A. Able to recall "sock"
☐ 0. No – could not recall
☑ 1. Yes, after cueing ("something to wear")
☐ 2. Yes, no cue required
☐ (-) No information available

B. Able to recall "blue"
☐ 0. No – could not recall

☑ 1. Yes, after cueing ("a color")
☐ 2. Yes, no cue required
☐ (-) No information available

C. Able to recall "bed"
☐ 0. No – could not recall
☑ 1. Yes, after cueing ("a piece of furniture")
☐ 2. Yes, no cue required
☐ (-) No information available

(C0500) BIMS Summary Score: 12

(C1310) Signs and Symptoms of Delirium (CAM©) A. Acute Onset of Mental Status Change. Is there evidence of an acute change in mental status from the patient's baseline?
☑ 0. No
☐ 1. Yes
☐ (-) No information available

B. 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
☐ 1. Behavior continuously present, does not fluctuate
☐ 2. Behavior present, fluctuates (comes and goes, changes in severity)
☐ (-) No information available

C. Disorganized thinking – Was the patient's thinking disorganized or incoherent (rambling or irrelevant conversation, unclear or illogical flow of ideas, or unpredictable switching from subject to subject)?
☑ 0. Behavior not present
☐ 1. Behavior continuously present, does not fluctuate
☐ 2. Behavior present, fluctuates (comes and goes, changes in severity)
☐ (-) No information available

D. 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
☐ 1. Behavior continuously present, does not fluctuate
☐ 2. Behavior present, fluctuates (comes and goes, changes in severity)
☐ (-) No information available

(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.
☐ 1 - Requires prompting (cuing, repetition, reminders) only under stressful or unfamiliar conditions.
☐ 2 - Requires assistance and some direction in specific situations (for example, on all tasks involving shifting of attention) or consistently requires low stimulus environment due to distractibility.
☐ 3 - Requires considerable assistance in routine situations. Is not alert and oriented or is unable to shift attention and recall directions more than half the time.
☐ 4 - Totally dependent due to disturbances such as constant disorientation, coma, persistent vegetative state, or delirium.

(M1710) When Confused (Reported or Observed Within the Last 14 Days):
☑ 0 - Never
☐ 1 - In new or complex situations only
☐ 2 - On awakening or at night only
☐ 3 - During the day and evening, but not constantly
☐ 4 - Constantly
☐ N/A - Patient nonresponsive

(M1720) When Anxious (Reported or Observed Within the Last 14 Days):
☐ 0 - None of the time
☐ 1 - Less often than daily
☑ 2 - Daily, but not constantly
☐ 3 - All of the time
☐ N/A - Patient nonresponsive

Emotional Status

(D0150) Patient Mood Interview (PHQ 2-9)
Say to patient: "Over the last 2 weeks, have you been bothered by any of the following problems?"
If symptom is present, enter yes in column 1, Symptom Presence.
If yes in column 1, then ask the patient: "about how often have you been bothered by this?"

Read and show the patient a card with the symptom frequency choices. Indicate the response in column 2, symptom frequency.

1. Symptom Presence
- **0. No (enter 0 in column 2)**
- **1. Yes (enter 0-3 in column 2)**
- **9. No response (leave column 2 blank)**
- **(-) No information available**

2. Symptom Frequency
- **0. Never or 1 day**
- **1. 2-6 days (several days)**
- **2. 7-11 days (half or more of the days)**
- **3. 12-14 days (nearly every day)**

A. Little interest or pleasure in doing things
A1. Symptom Presence
0. No
A2. Symptom Frequency
0. Never or 1 day
B. Feeling down, depressed or hopeless
B1. Symptom Presence
0. No
B2. Symptom Frequency
0. Never or 1 day
C. Trouble falling or staying asleep, or sleeping too much
C1. Symptom Presence
C2. Symptom Frequency
D. Feeling tired or having too little energy
D1. Symptom Presence
D2. Symptom Frequency
E. Poor appetite or overeating
E1. Symptom Presence
E2. Symptom Frequency
F. Feeling bad about yourself - or that you are a failure or that have let yourself or your family down
F1. Symptom Presence
F2. Symptom Frequency
G. Trouble concentrating on things, such as reading the newspaper or watching television
G1. Symptom Presence
G2. Symptom Frequency
H. Moving or speaking so slowly that other people could have noticed. Or the opposite - being so fidgety or restless that you have been moving around
H1. Symptom Presence
H2. Symptom Frequency
I. Thoughts that you would be better off dead or of hurting yourself in some way
I1. Symptom Presence
I2. Symptom Frequency
(D0160) Total Severity Score: 00
(D0700) How often do you feel lonely or isolated from those around you?
☐ 0. Never
☐ 1. Rarely
☑ 2. Sometimes
☐ 3. Often
☐ 4. Always
☐ 7. Patient declines to respond
☐ 8. Patient unable to respond

Behavioral Status

(M1740) Cognitive, behavioral, and psychiatric symptoms that are demonstrated at least once a week (Reported or Observed): (Mark all that apply.)
☐ 1 - Memory deficit: failure to recognize familiar persons/places, inability to recall events of past 24 hours, significant memory loss so that supervision is required
☐ 2 - Impaired decision-making: failure to perform usual ADLs or IADLs, inability to appropriately stop activities, jeopardizes safety through actions
☐ 3 - Verbal disruption: yelling, threatening, excessive profanity, sexual references, etc.
☐ 4 - Physical aggression: aggressive or combative to self and others (for example, hits self, throws objects, punches, dangerous maneuvers with wheelchair or other objects)
☐ 5 - Disruptive, infantile, or socially inappropriate behavior (excludes verbal actions)
☐ 6 - Delusional, hallucinatory, or paranoid behavior
☑ 7 - None of the above behaviors demonstrated

(M1745) Frequency of Disruptive Behavior Symptoms (Reported or Observed): Any physical, verbal, or other disruptive/dangerous symptoms that are injurious to self or others or jeopardize personal safety.
☑ 0 - Never

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☐ 1 - Less than once a month
☐ 2 - Once a month
☐ 3 - Several times each month
☐ 4 - Several times a week
☐ 5 - At least daily

Plan of Care: Mental/Cognitive Status

Select all that apply. Selections will populate in the plan of care.

☑ Oriented X3
☐ Oriented to self only
☐ Oriented to self and place
☐ Agitated
☐ Comatose
☐ Forgetful
☑ Depressed
☐ Disoriented
☐ Lethargic
☐ Other:

FUNCTIONAL STATUS

Musculoskeletal Assessment

Select all that apply.

☐ No problems identified
☐ Joint pain
☑ Poor balance
☐ Weight-bearing restriction (full)
☐ Weak hand grip strength:
☐ Amputation:
☐ Aftercare, hip replacement:
☐ Atrophy
☐ Joint stiffness
☐ Shuffling gait
☐ Weight bearing restriction (partial)
☐ Limited ROM:
☐ Contracture:
☐ Aftercare, knee replacement:
☑ High risk for falls
☑ Muscle weakness
☑ Unsteady gait
☐ Fracture
☐ Autoimmune diseases affecting function:

Comments:

MAHC 10 - Fall Risk Assessment Tool

☑ Diagnosis (3 or more co-existing)
☑ Prior history of falls within 3 months
☑ Impaired functional mobility
☑ Environmental hazards
☑ Poly Pharmacy (4 or more prescriptions - any type)

Fall Assessment Total: 5 (A score of 4 or more is considered at risk for falling)

Grooming

(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).

☐ 0 - Able to groom self unaided, with or without the use of assistive devices or adapted methods.
☐ 1 - Grooming utensils must be placed within reach before able to complete grooming activities.
☑ 2 - Someone must assist the patient to groom self.
☐ 3 - Patient depends entirely upon someone else for grooming needs.

Dressing Ability

(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:

☐ 0 - Able to get clothes out of closets and drawers, put them on and remove them from the upper body without assistance.
☐ 1 - Able to dress upper body without assistance if clothing is laid out or handed to the patient.
☑ 2 - Someone must help the patient put on upper body clothing.
☐ 3 - Patient depends entirely upon another person to dress the upper body.

(M1820) Current Ability to Dress Lower Body safely (with or without dressing aids) including undergarments, slacks, socks or nylons, shoes:

☐ 0 - Able to obtain, put on, and remove clothing and shoes without assistance.
☐ 1 - Able to dress lower body without assistance if clothing and shoes are laid out or handed to the patient.
☑ 2 - Someone must help the patient put on undergarments, slacks, socks or nylons, and shoes.
☐ 3 - Patient depends entirely upon another person to dress lower body.

Bathing/Toileting

(M1830) Bathing: Current ability to wash entire body safely. Excludes grooming (washing face, washing hands, and shampooing hair).

☐ 0 - Able to bathe self in shower or tub independently, including getting in and out of tub/shower.
☐ 1 - With the use of devices, is able to bathe self in shower or tub independently, including getting in and out of the tub/shower.
☐ 2 - Able to bathe in shower or tub with the intermittent assistance of another person:(a)for intermittent supervision or encouragement or reminders OR (b)to get in and out of the shower or tub OR (c)for washing difficult to reach areas.
☑ 3 - Able to participate in bathing self in shower or tub, but requires presence of another person throughout the bath for assistance or supervision.
☐ 4 - Unable to use the shower or tub, but able to bathe self independently with or without the use of devices at the sink, in chair, or on commode.
☐ 5 - Unable to use the shower or tub, but able to participate in bathing self in bed, at the sink, in bedside chair, or on commode, with the assistance or supervision of

another person.
☐ 6 - Unable to participate effectively in bathing and is bathed totally by another person.

(M1840) Toilet Transferring: Current ability to get to and from the toilet or bedside commode safely and transfer on and off toilet/commode.
☐ 0 - Able to get to and from the toilet and transfer independently with or without a device.
☑ 1 - When reminded, assisted, or supervised by another person, able to get to and from the toilet and transfer.
☐ 2 - Unable to get to and from the toilet but is able to use a bedside commode (with or without assistance).
☐ 3 - Unable to get to and from the toilet or bedside commode but is able to use a bedpan/urinal independently.
☐ 4 - Is totally dependent in toileting.

(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, includes cleaning area around stoma, but not managing equipment.
☐ 0 - Able to manage toileting hygiene and clothing management without assistance.
☐ 1 - Able to manage toileting hygiene and clothing management without assistance if supplies/implements are laid out for the patient.
☑ 2 - Someone must help the patient to maintain toileting hygiene and/or adjust clothing.
☐ 3 - Patient depends entirely upon another person to maintain toileting hygiene.

Transferring

(M1850) Transferring: Current ability to move safely from bed to chair, or ability to turn and position self in bed if patient is bedfast.
☐ 0 - Able to independently transfer.
☐ 1 - Able to transfer with minimal human assistance or with use of an assistive device.
☐ 2 - Able to bear weight and pivot during the transfer process but unable to transfer self.
☑ 3 - Unable to transfer self and is unable to bear weight or pivot when transferred by another person.
☐ 4 - Bedfast, unable to transfer but is able to turn and position self in bed.
☐ 5 - Bedfast, unable to transfer and is unable to turn and position self.

Ambulation/Locomotion

(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.
☐ 0 - Able to independently walk on even and uneven surfaces and negotiate stairs with or without railings (specifically: needs no human assistance or assistive device).
☐ 1 - With the use of a one-handed device (for example, cane, single crutch, hemi-walker), able to independently walk on even and uneven surfaces and negotiate stairs with or without railings.
☐ 2 - Requires use of a two-handed device (for example, walker or crutches) to walk alone on a level surface and/or requires human supervision or assistance to negotiate stairs or steps or uneven surfaces.
☑ 3 - Able to walk only with the supervision or assistance of another person at all times.
☐ 4 - Chairfast, unable to ambulate but is able to wheel self independently.
☐ 5 - Chairfast, unable to ambulate and is unable to wheel self.
☐ 6 - Bedfast, unable to ambulate or be up in a chair.

Feeding/Eating

(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.
☐ 0 - Able to independently feed self.
☑ 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.
☐ 2 - Unable to feed self and must be assisted or supervised throughout the meal/snack.
☐ 3 - Able to take in nutrients orally and receives supplemental nutrients through a nasogastric tube or gastrostomy.
☐ 4 - Unable to take in nutrients orally and is fed nutrients through a nasogastric tube or gastrostomy.
☐ 5 - Unable to take in nutrients orally or by tube feeding.

Plan of Care: Functional Limitations

Select all that apply. Selections will populate in the Plan of Care.

☑ Ambulation	☐ Dyspnea at rest	☐ Vision deficit
☐ Amputation	☐ Dyspnea with minimal exertion	☐ Legally blind
☐ Bowel incontinence	☑ Dyspnea with moderate exertion	☐ Paralysis
☐ Bladder incontinence	☑ Endurance	☐ Speech/Communication deficit
☐ Contracture	☐ Hearing deficit	☐ Other:

Plan of Care: Activities Permitted/Restricted

Select all that apply. Selections will populate in the Plan of Care.

☐ No restrictions	☐ Transfer bed-chair	☑ Cane
☐ Bed bound (unable to sit in a chair)	☑ Exercise prescribed	☐ Wheelchair
☐ Complete bed rest	☐ Partial weight bearing:	☑ Walker
☐ Bed rest with BRP	☑ Human assistance required	☐ Other:

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☑ Up as tolerated ☐ Crutches

FUNCTIONAL ABILITIES & GOALS

Section GG: Prior Functioning: Everyday Activities

(GG0100) Prior Functioning: Everyday Activities: Indicate the patient's usual ability with everyday activities prior to the current illness, exacerbation, or injury.

A. Self-Care: Code the patient's need for assistance with bathing, dressing, using the toilet, and eating prior to the current illness, exacerbation, or injury.

2. Needed Some Help

B. Indoor Mobility (Ambulation): Code the patient's need for assistance with walking from room to room (with or without a device such as cane, crutch or walker) prior to the current illness, exacerbation, or injury.

2. Needed Some Help

C. Stairs: 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

D. Functional Cognition: 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.

2. Needed Some Help

Section GG: Prior Device Use

(GG0110) Prior Device Use. Indicate devices and aids used by the patient prior to the current illness, exacerbation, or injury.

☐ A. Manual wheelchair
☐ B. Motorized wheelchair and/or scooter
☐ C. Mechanical lift
☑ D. Walker
☐ E. Orthotics/Prosthetics
☐ Z. None of the above
☐ (-) No information available

Section GG: Self-Care

(GG0130) Self-Care

A. Eating: 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.

A1. SOC/ROC Performance

04. Supervision or touching assistance

B. Oral Hygiene: 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.

B1. SOC/ROC Performance

04. Supervision or touching assistance

C. Toileting Hygiene: 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.

C1. SOC/ROC Performance

04. Supervision or touching assistance

E. Shower/bathe self: 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.

E1. SOC/ROC Performance

04. Supervision or touching assistance

F. Upper body dressing: The ability to dress and undress above the waist; including fasteners, if applicable.

F1. SOC/ROC Performance

04. Supervision or touching assistance

G. Lower body dressing: The ability to dress and undress below the waist, including fasteners; does not include footwear.

G1. SOC/ROC Performance

04. Supervision or touching assistance

H. Putting on/taking off footwear: The ability to put on and take off socks and shoes or other footwear that is appropriate for safe mobility; including fasteners, if applicable.

H1. SOC/ROC Performance

04. Supervision or touching assistance

Section GG: Mobility

(GG0170) Mobility

A. Roll left and right: The ability to roll from lying on back to left and right side, and return to lying on back on the bed.

A1. SOC/ROC Performance

04. Supervision or touching assistance

B. Sit to lying: The ability to move from sitting on side of bed to lying flat on the bed.

B1. SOC/ROC Performance

04. Supervision or touching assistance

C. Lying to sitting on side of bed: The ability to move from lying on the back to sitting on the side of the bed with no back support.
C1. SOC/ROC Performance
04. Supervision or touching assistance
D. Sit to stand: The ability to come to a standing position from sitting in a chair, wheelchair, or on the side of the bed.
D1. SOC/ROC Performance
04. Supervision or touching assistance
E. Chair/bed-to-chair transfer: The ability to transfer to and from a bed to a chair (or wheelchair).
E1. SOC/ROC Performance
04. Supervision or touching assistance
F. Toilet transfer: The ability to get on and off a toilet or commode.
F1. SOC/ROC Performance
04. Supervision or touching assistance
G. Car transfer: 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.
G1. SOC/ROC Performance
04. Supervision or touching assistance
I. Walk 10 feet: Once standing, the ability to walk at least 10 feet in a room, corridor, or similar space.
I1. SOC/ROC Performance
04. Supervision or touching assistance
J. Walk 50 feet with two turn: Once standing, the ability to walk 50 feet and make two turns.
J1. SOC/ROC Performance
04. Supervision or touching assistance
K. Walk 150 feet: Once standing, the ability to walk at least 150 feet in a corridor or similar space.
K1. SOC/ROC Performance
04. Supervision or touching assistance
L. Walk 10 feet on uneven surfaces: The ability to walk 10 feet on uneven or sloping surfaces (indoor or outdoor), such as turf or gravel.
L1. SOC/ROC Performance
04. Supervision or touching assistance
M. 1 step (curb): The ability to go up and down a curb or up and down one step.
M1. SOC/ROC Performance
04. Supervision or touching assistance
N. 4 steps: The ability to go up and down four steps with or without a rail.
N1. SOC/ROC Performance
04. Supervision or touching assistance
O. 12 steps: The ability to go up and down 12 steps with or without a rail.
O1. SOC/ROC Performance
04. Supervision or touching assistance
P. Picking up object: The ability to bend/stoop from a standing position to pick up a small object, such as a spoon, from the floor.
P1. SOC/ROC Performance
04. Supervision or touching assistance
Q. Does patient use wheelchair and/or scooter?
☑ 0. No
☐ 1. Yes
☐ (-) No information available

Comments

ENDOCRINE

Endocrine/Hematological Assessment

Select all that apply.

☑ No problems identified	☐ Cancer:	☐ Hyperthyroidism
☐ Anemia:	☐ Hypothyroidism	☐ Diabetes:

Comments

NUTRITION

Nutrition Assessment

Select all that apply.

☐ No problems identified	☐ Anorexic	☐ Sore throat
☐ Difficulty chewing	☑ Fair appetite	☐ TPN or Lipids
☐ Dysphagia	☐ Poor appetite	☐ Weight loss
☐ Ill-fitting dentures	☐ Poor hydration	☐ Weight gain
☐ Tube feeding present:		

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Comments:

Nutritional Health Screen

Select all that apply.

- [x] 10 - Has a tooth/mouth problem that makes it hard to eat
- [x] 5 - Eats few fruits or vegetables, or milk products
- [x] 5 - Eats alone most of the time
- [x] 5 - Takes 3 or more prescribed or OTC medications a day
- [x] 5 - Is not always physically able to cook and/or feed self and has no caregiver to assist

TOTAL: 30

Moderate Nutritional Risk (Score 26 - 55)

Nutritional Approaches

(K0520) Nutritional Approaches

- [ ] A. Parenteral/IV feeding
- [ ] B. Feeding tube(e.g., nasogastric or abdominal (PEG))
- [ ] C. Mechanically altered diet – require change in texture of food or liquids (e.g., pureed food, thickened liquids)
- [x] D. Therapeutic diet (e.g., low salt, diabetic, low cholesterol)
- [ ] Z. None of the above
- [ ] (-) No information available

Plan of Care: Nutritional Requirements

Nutritional Requirements

☐ Regular	☐ No added salt	☐ Enteral nutrition
☐ Mechanical soft	☐ Calorie ADA diet:	☐ TPN
☑ Heart healthy	☐ No concentrated sweets	☐ Supplements:
☐ Low cholesterol	☐ Coumadin diet	☐ Fluid restriction:
☐ Low fat	☐ Renal diet	☐ Other:
☐ Sodium restriction:		

MEDICATIONS

Medication Administration

Admin Time:	**Medication Type:**	**Dose:**
Route:	**Frequency:**	**PRN Reason:**
Location:	**Patient Response**	**Comment**

Medication Status

Medications Status

- [x] Medications reconciled
- [ ] Medication issues identified:
- [ ] Anticoagulant use:
- [ ] Pill box pre-filled
- [ ] Insulin syringes pre-filled
- [ ] Intravenous or infusion therapy:

Medications

(M2001) Drug Regimen Review: Did a complete drug regimen review identify potential clinically significant medication issues?

- [x] 0 - No - No issues found during review
- [ ] 1 - Yes - Issues found during review
- [ ] 9 - N/A - Patient is not taking any medications
- [ ] (-) No information available

(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?

- [ ] 0 - No
- [ ] 1 - Yes
- [x] N/A - Patient not taking any high-risk drugs OR patient/caregiver fully knowledgeable about special precautions associated with all high-risk medication

(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.)

- [ ] 0 - Able to independently take the correct oral medication(s) and proper dosage(s) at the correct times.
- [ ] 1 - Able to take medication(s) at the correct times if:(a) Individual dosages are prepared in advance by another person; OR (b) another person develops a drug diary or chart.
- [x] 2 - Able to take medication(s) at the correct times if given reminders by another person at the appropriate times.
- [ ] 3 - Unable to take medication unless administered by another person.

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☐ N/A - No oral medications prescribed.

(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.

☐ 0 - Able to independently take the correct medications(s) and proper dosage(s) at the correct times.

☐ 1 - Able to take injectable medication(s) at the correct times if:(a) Individual syringes are prepared in advance by another person; OR (b) another person develops a drug diary or chart.

☐ 2 - Able to take medication(s) at the correct times if given reminders by another person based on the frequency of the injection.

☐ 3 - Unable to take injectable medication unless administered by another person.

☑ N/A - No injectable medications prescribed.

(N0415) High Risk Drug Classes: Use and Indication

I. AntiPlatelet

☑ I1. Is Taking

☑ I2. Indication Noted

Comments

CARE MANAGEMENT

Types And Sources Of Assistance

(M2102) Types and Sources of Assistance: Determine the ability and willingness of non-agency caregivers (such as family members, friends, or privately paid caregivers) to provide assistance for the following activities, if assistance is needed. Excludes all care by your agency staff.

F. Supervision and safety (due to cognitive impairment)

☐ 0 - No assistance needed - patient is independent or does not have needs in this area

☐ 1 - Non-agency caregiver(s) currently provide assistance

☑ 2 - Non-agency caregiver(s) need training/ supportive services to provide assistance

☐ 3 - Non-agency caregiver(s) are not likely to provide assistance OR it is unclear if they will provide assistance

☐ 4 - Assistance needed, but no non-agency caregiver(s) available

Comments

SUPPLY MANAGER/DME

Plan of Care: Durable Medical Equipment

☐ Bedside commode	☐ Hospital bed	☑ Walker
☑ Cane	☐ Nebulizer	☐ Wheelchair
☐ Elevated toilet seat	☐ Oxygen	☐ Other:
☐ Grab Bars	☐ Tub/Shower bench	

Plan of Care: Durable Medical Equipment Provider

Name:
Phone:
DME/Supplies Provided:

Comments

SUMMARY OF CARE

Physician Visit Information

☑ N/A
Last Physician Visit Date
Face-to-Face Information

Labs and Infection Control

Labs Obtained

☑ N/A	☐ Urine specimen obtained:	☐ Comments:
☐ Blood test obtained:	☐ Other:	

Infection Control

☑ Universal precautions observed	☐ Patient demonstrates knowledge deficits regarding infection control:	☐ Nosocomial infection identified on admission (24-48 hours past hospital)
☐ Sharps disposed per biohazard P&P	☐ Infection suspected:	☐ Community-acquired infection identified on admission (At least 72 hours past hospital or no hospitalization)
☐ Soiled waste disposed per biohazard		

Patient Rights

Patient's Area(s) of Interest:

☑ How to take medications	☑ How to manage symptoms	☑ Where to get more information
☑ What to eat	☑ When to seek help	☐ Other:
☑ Activity and exercise	☑ How to stay out of the hospital	

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Compassionate Home Health services, Inc
35 S Johnson Ave
3B
Pontiac , MI , 48341
Phone: (248) 681-1211
Fax: (248) 681-2832

OASIS-E1
Start of Care

Banks, Cleatus **DOB:** 05/25/1966 **MRN:** BANKS08222025

Patient's Personal Healthcare Goal(s):

Care Coordination

- ☐ Coordinated care with:
- ☐ Name/Title:
- ☐ Regarding:

Plan of Care Review

- ☐ Plan of care:
- ☑ Patient response:
  - ☑ Patient willing/able to participate
  - ☐ Patient willing/unable to participate
  - ☐ Patient unwilling to participate
  - ☐ Patient with barriers impeding full participation
  - ☐ Patient agrees with identified goals
  - ☐ Patient disagrees with one or more goal(s) in the Plan
  - ☐ Plan of care is not acceptable to the patient
  - ☐ Patient agrees to the plan of care, as presented
  - ☐ Patient agrees to the plan of care, with Patient-requested revisions
- ☐ Patient-selected/Legal representative response:
- ☐ Patient-selected/Legal representative involvement
- ☐ Patient elected to not include patient-selected representative in care planning process.
- ☐ Patient able to identify people who may be able to assist in reaching goals:
- ☐ Other:

Patient Strengths

☐ N/A	☐ Absence of multiple comorbidities	☐ College graduate
☑ Motivated learner	☐ Enhanced socioeconomic status	☐ Other:
☑ Strong support system	☐ High school graduate	

Visit Interventions

Reviewed and/or instructed on the following Information:

- ☐ N/A
- ☐ Legal:
- ☑ Medication review:
  - ☑ Performed complete medication review and assessed drug interactions
  - ☐ Performed medication reconciliation due to noted discrepancies
  - ☐ Instructed patient/representative on medication administration and ensured patient is safe with medication administration until next visit
  - ☐ Additional Intervention:
- ☑ Disease process:
  - ☑ Instructed patient/representative on signs/symptoms of disease process that necessitate an emergency, and who to call
  - ☐ Established patient care plan and goals with patient/representative involvement and approval
  - ☐ Additional Intervention:
- ☑ Safety:
  - ☑ Instructed on safety measures in the home
  - ☐ Instructed on measures to prevent falls in the home
  - ☐ Instructed patient on infection control in the home
  - ☐ Additional intervention:
- ☐ Disciplines/Scheduling:
- ☐ Physician contact:

Interventions SN TO ASSESS ALL BODY SYSTEMS. V/S PARAMETER TO REPORT TO MD, BP>160/90 OR <90/60, HR >100 OR <60, RESP >24 OR <12, TEMP>100.5 OR <96. SN TO ASSESS CARDIOVASCULAR STATUS FOR HEART SOUNDS, EDEMA, PERIPHERAL CIRCULATION, ANGINA. SN TO ASSESS ALL BODY SYSTEMS. SN TO ASSESS KNOWLEDGE OF MEDICATION REGIMEN AND DEFICITS, TEACH PT/CG BP MEDICATIONS, TO INCLUDE PURPOSE, ACTION S/E AND SAFETY MEASURES. SN TO INSTRUCT ON NEW AND CHANGED MEDICATIONS AND AREAS WHERE KNOWLEDGE DEFICIT NOTED. SN TO TEACH DISEASE PROCESS OF HTN, TO INCLUDE PATHOPHYSIOLOGY, S/SX, TREATMENT AND EXACERBATION. INSTRUCT ON 2GM NA DIET, IMPORTANCE OF KEEPING DAILY BP LOG, AND HEALTHY EATING TIPS (FOOD CHOICES) AND ALL AREAS WHERE KNOWLEDGE DEFICIT NOTED. SN TO INSTRUCT ON NON-PHARMACOLOGICAL MANAGEMENT OF HTN. SN TO ASSESS PAIN LEVEL AND EFFECTIVENESS OF PAIN MEDICATION EVERY VISIT, REPORT PAIN LEVEL >5 TO MD. INSTRUCT ON ENERGY CONSERVATION, INCONTINENT CARE AND HOME SAFETY MEASURES.

Response to Teaching/Procedure Patient verbalized understanding of teaching

Admission Summary/F2F Addendum

Visit Narrative Patient denies any headaches, dizziness or chest pain. Positive bowel sounds. Lungs are CTA. No edema noted. Medications reviewed. Appt with orthopedic dr 9/15/25. Patient has Hx of falls. Patient educated on fall prevention

Plan of Care: Discipline Orders and Treatment

Signature: Electronically Signed by: Tiffany Petty RN | Date: 09/04/2025

- ☐ Skilled nurse evaluation performed; Need for skilled nursing services:
- ☐ Therapy-only case (Chosen only if an order was written for therapy-only services):
- ☐ Management and evaluation of non-skilled plan of care (Physician addendum required):
- ☐ Skilled nurse evaluation performed; no further visits required:
- ☐ Additional physicians on the case:
- ☐ Need for oral explanation of patient rights by 2nd visit:

Plan of Care: Rehabilitation Potential and Discharge Plans

Rehabilitation Potential: Fair potential for treatment plan implementation
Discharge to care of:
Discharge Patient When:

- ☑ Patient demonstrates necessary skills to self-manage disease process:
  Patient demonstrate necessary skills to self-manage disease process including medication management, when to notify physician, s/s necessitating emergent care, nutrition and activity.
- ☐ Caregiver demonstrate necessary skills aid patient in managing disease process:
- ☐ Patient demonstrates return to stable status:
- ☐ Pain level stabilizes and patient demonstrates ability to self-manage pain:
- ☐ Patient is able to perform procedure without prompting:
- ☐ Caregiver is able to perform procedure without prompting:
- ☐ Wounds are healed:
- ☐ Caregiver demonstrates ability to manage wounds:
- ☐ Caregiver identified to instruct and demonstrate:
- ☐ Other:

Frequency and Duration

SN Frequency: 2x3
PT Frequency: Evalandtreat
OT Frequency: Evalandtreat