NON-SKILLED ASSESSMENT

Patient Name:	MICKEY MOUSE	**PAN#:** 1	**Admit Date:** 09/22/2024
Completed on:	04/19/2025	**DOB:** 10/15/1975	**Discharge Date:**
Reason:	1. Start of care - further visits planned	**Nurse:** VANDERHEIDE, HEIDI L	

PATIENT TRACKING SHEET

Office(agency) related information

C M S Certification Number: NA

Branch ID number: N

Branch State: CO

National Provider ID (NPI) for attending physician who has signed the plan of care: 1538962600

Patient demographics related information

Patient Name: MICKEY MOUSE

Patient State of Residence: CO

Patient Zip Code: 81001

Birth Date: 10/15/1975

Gender: ☑ Male ☐ Female

Clinical Record Items

(M0090) Date Assessment Completed: 04/19/2025

Admission Related Information

Patient ID number: 1

Start of Care Date: 09/22/2024

Resumption Care Date:

☐ NA - Not Applicable

Medicare Number:

☑ NA - No Medicare

Social Security Number: 1

☐ UK - Unknown or Not Available

Medicaid Number: J1054785

☐ NA - No Medicaid

Advanced Directives

Does the Patient have a Living will	☐ Yes	☑ No	Was a copy requested	☐ Yes	☑ No	Was a copy provided	☐ Yes	☑ No
Does the patient have a DPOA	☐ Yes	☑ No	Education Material Provided	☐ Yes	☑ No	to the agency		

Medical History

Does patient/Family understand present diagnoses ☑ Yes ☐ No

Significant Past Medical History

Homebound Status

☑ Requires assistance for most to all ADL	☐ Unsafe to leave home unassisted	☐ SOB on exertion	☐ Residual weakness
☐ Medical restrictions	☐ Taxing effort to leave home	☐ Patient is Bedridden	
☐ Dependent upon supportive device(s)	☐ Other:		

Allergies

Drug Allergies ☐ NKDA

Food Allergies

No Known Drug Allergy

Recent Hospitalization

Recent Hospitalization stays or Emergency Room visits

none

What occurs that makes you want to or need to go to the hospital?

none

Prognosis ☐ Poor ☐ Guarded ☐ Fair ☐ Good ☐ Excellent

Immunizations

Tetanus	☐ Yes	☑ No	Date :	Hepatitis	☐ Yes	☑ No	Date :	H1N1 ☐ Yes ☑ No
Pneumonia	☐ Yes	☑ No	Date :	Influenza	☐ Yes	☑ No	Date :	Date :

Needs:

Comments:

Patient Name:	MICKEY MOUSE	**PAN#:**	1	**Admit Date:**	09/22/2024
Completed on:	04/19/2025	**DOB:**	10/15/1975	**Discharge Date:**	
Reason:	1. Start of care - further visits planned	**Nurse:**	VANDERHEIDE, HEIDI L		

Diagnoses (ICD10)

Type	Code-Description	Date	Onset Or Ex
(M1021) Primary	Diabetes due to undrl cond w diabetic chronic kidney disease	9/23/2024	Exacerbation
(M1023) Other Diag 1	Mild intellectual disabilities	3/11/2025	Exacerbation
(M1023) Other Diag 2	Anxiety disorder, unspecified	3/11/2025	Exacerbation
(M1023) Other Diag 3	Spondylosis w/o myelopathy or radiculopathy, lumbar region	3/11/2025	Exacerbation
(M1023) Other Diag 4	Bipolar disord, crnt episode mixed, severe, w psych features	3/11/2025	Onset
(M1023) Other Diag 5	Essential (primary) hypertension	3/11/2025	Exacerbation
(M1023) Other Diag 6	Type 2 diabetes mellitus without complications	3/11/2025	Exacerbation

Procedures (ICD10)

Familly Supportive

Family supportive ☐ Yes ☑ No Care givers name Relationship

Caregiver able/willing to provide care ☐ Yes ☑ No

Caregiver able to receive/follow instructions ☐ Yes ☑ No

Caregiver able/willing to assist with ADL's and needed care ☐ Yes ☑ No

Patient lives in ☐ Apartment ☐ In Assisted Living ☑ House ☐ Other

Patient Lives ☑ Alone ☐ With Family ☐ Other

Caregiver able to Safely Care for Patient ☐ Yes ☑ No

Phone number if different

Comments

Safety Hazards /Sanitation Hazards Identified in the Home

☐ Cluttered, unclean home environment
☐ No telephone available in the home
☐ Insects/Rodents present in the home
☐ Inadequate lighting or heating or cooling system
☐ No running water/Inadequate Plumbing
☐ No Fire Safety in place (fire extinguisher, smoke detectors, plan for evacuation)
☐ Unsafe electrical/gas system
☐ Stairs in the home patient unable to avoid
☐ Inadequate food storage (no refrigeration)
☐ Medications stored unsafely
☐ Other

If Patient using Oxygen in the Home

☐ No safety sign posted ☐ Oxygen kept less than 8 feet from open flames (gas stove, fireplace) ☑ No backup tank available

Safety Measures

☑ Fall precautions/Transfer Safety
☐ Keep pathways clear
☑ Universal/Infection Precautions
☐ Keep side rails up
☐ Anticoagulation precautions
☐ Proper use of assistive devices
☑ Oxygen usage Precautions
☐ Aspiration Precautions
☐ Seizure precautions
☐ Supervision for Hours
☐ Other

Comments

Financial

Ability of Patient to handle personal

☐ Independent ☐ Needs Assistance ☐ Totally Dependant

☑ Medical expenses not covered by insurance/Medicare

☐ Inadequate to buy necessities(food, meds, supplies, etc).

☐ Inapropriate use of limited income(alcohol, illegal drugs, etc.)

Comments

Community Agency Referral/Psychosocial Assessment:

Community resource info Needed to manage care
☐ Yes ☑ No

Altered affect(depression, grief)
☐ Yes ☑ No

Suicide ideation
☐ Yes ☐ No

Suspected Physical Abuse
☐ Yes ☑ No

Suspected Financial Abuse
☐ Yes ☑ No

Suspected Neglect
☐ Yes ☑ No

Left Unnatended if needs constant supervision
☐ Yes ☑ No

Inadequate method to cook or shop for groceries
☐ Yes ☑ No

Insect/Rodent Present
☐ Yes ☑ No

MSW referral made
☐ Yes ☑ No

Comments

Vision

☐ Normal

☑ Blurred vision ☐ Contacts ☐ Left ☐ Right ☐ Both ☐ Glasses ☐ For Reading/TV ☐ For All The Time

☐ Prosthesis ☐ Left ☐ Right ☐ Both ☐ Glaucoma ☐ Infection

☐ Blind ☐ Legally Blind ☐ Left ☐ Right ☐ Both

☐ Cataracts: Surgery date: Site:

Comments:

Ear/Nose/Throat/Mouth

Ear Condition

☐ Normal

Hearing Loss ☐ Left ☐ Right

Aide Used ☐ Left ☐ Right

Ear Pain ☐ Left ☐ Right

Other

Nasal Condition

☐ Normal

☐ Congestion / Sinus Problem

☐ Loss of smell

Other

Pharyngeal Condition

☐ Normal

☐ Hoarseness

☐ Sore Throat

Other

Mouth Condition

☐ Normal

☐ Abnormal oral mucos appeareance

☐ Gum Problem

☐ Denture

☐ Upper

☐ Lower

☐ Partial

Other

Substance Abuse

Patient Has:

☐ Fall precautions/Transfer Safety ☐ Universal/Infection Precautions ☐ Anticoagulation precautions ☐ Oxygen usage Precautions

Client Smokes: ☐ Yes ☐ No

Degree of Problem: ☐ No Problem ☐ Slight Problem ☐ Major Problem

Client Consumes Alcohol: ☐ Yes ☐ No

Degree of Problem: ☐ No Problem ☐ Slight Problem ☐ Major Problem

Cognitive, behavioral and psychiatric symptoms that are demonstrated at least once a week

☐ 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

Elimination

Bladder Control

☐ Is Continent ☐ Needs Routine Toileting Reminder ☐ Is Incontinent Once Daily
☐ Is Incontinent More Than Once Daily ☐ Wears Biefs

Bowel Control

☐ Is Continent ☐ Needs Routine Toileting Reminder ☐ Is Incontinent Once Daily
☐ Is Incontinent More Than Once Daily ☐ Wears Biefs

Toileting

☐ Need Raised Toilet Seat ☐ Need Assistance with Buttons/Zippers
☐ Other:

Comments:

Meals / Nutrition

Client Needs Assistance With:

☑ Cooking ☑ Meal Preparation ☐ Feeding ☑ Shopping ☐ Cutting Up Food ☐ Pureeing Food
☐ Other:

Client Appetite Is: ☐ Poor ☑ Fair ☐ Good

Client Mealtimes: Breakfast: Lunch: Dinner: Snacks:

Favorite Foods:

Food Allergies

Current Diet:

☑ Diabetic ☐ Low Fat ☐ Low Salt ☐ High Fiber ☐ Vegetarian ☐ Regular ☐ Uses Supplements

Supplements:

Comments:

Transportation

☐ Client Drives ☐ Client Needs Caregiver To Drive ☐ Client's Car ☐ Caregiver's Car
☐ Transportation Is Needed To ☐ Dr's Appointments ☐ Errands

Client Means of Transportation:

☐ Uses Private Vehicle ☐ Uses Public Transportation ☐ Independent ☐ Must Be Driven

☐ Must Be Accompanied ☐ Physically/Mentally Unable To Travel ☐ Requires Transportation By Ambulance

Client Shopping Capability:

☐ Able to Shop For All Their Needs ☐ Able To Shop For Small Items/Quantity ☐ Able To Shop With Assistance
☐ Physically/Mentally Unable To Shop ☐ No Opportunity To Shop ☐ Chooses Not To Shop

Transportation/Shopping Comments

Housekeeping

Client is:

☐ Able To Complete Housekeeping Needs Independently ☐ Needs Assist With Heavy Housekeeping Items
☐ Able To Handle Light Tasks Only ☐ Needs Regular Help And/Or Supervision
☐ Unable To Handle Housekeeping Tasks ☐ Able But Chooses Not Do housekeeping Tasks

Client Is Needing Assistance With The Following:

☑ Change Bed/Bath Linens ☑ Clean Bathroom ☑ Clean Kitchen ☐ Dust ☑ Feed/Care Animals
☐ Laundry ☐ Make Bed ☐ Sweep ☐ Take out trash ☐ Water Plants
☐ Vacuum ☐ Other

Activities At Home

Routine Activity Away From Home

Favorite Restaurant / Shops

Family

Friends

Neighbors

Activities Permitted

☐ 1 - Complete Bedrest ☐ 5 - Exercises prescribed ☐ 9 - Cane ☐ D - Other
☐ 2 - Bedrest BRP ☐ 6 - Partial Weight Bearing ☐ A - Wheelchair
☐ 3 - Up as tolerated ☐ 7 - Independent at Home ☐ B - Walker
☐ 4 - Transfer Bed/Chair ☐ 8 - Crutches ☐ C - No restrictions

Instructions and Materials provided for Patient and Family

☐ Rights and responsibilities for the patient ☐ Agency phone number, address, after hours access
☐ State hotline telephone number/address ☐ Information on when to contact nurse or MD
☐ Advance Directives Information ☐ Standard precautions, Hand washing, infection precautions
☐ Do not resuscitate (DNR) information ☐ Home safety information
☐ HIPAA Notice of Privacy Practices ☐ Proper disposal of sharps
☐ OASIS Privacy Notice ☐ Medication Safety/Proper disposal
☐ Emergency Preparedness Planning Information
☐ Other

Patient Name:	MICKEY MOUSE	**PAN#:**	1	**Admit Date:**	09/22/2024
Completed on:	04/19/2025	**DOB:**	10/15/1975	**Discharge Date:**	
Reason:	1. Start of care - further visits planned	**Nurse:**	VANDERHEIDE, HEIDI L		

Care Plan

Non-skilled services being requested for the client

- [x] Personal Care Attendant (PCA)
- [ ] Home Health Aide
- [ ] Housekeeping
- [ ] Companion

Frequency and Duration

Services to be provided

- [ ] Ambulation
- [ ] Bath/shower
- [ ] Car Transporation
- [ ] Bed Bound client care
- [x] Fall Risk
- [ ] Feed
- [ ] Transfers
- [ ] Colostomy assist
- [ ] Companionship
- [ ] Cooking/Meal Preparation
- [ ] Gait
- [ ] Incontinence management
- [x] Light Housekeeping
- [ ] Other (unlimited text box string)
- [ ] Dementia Risk
- [x] Doctor Appointments/Errands/Shopping
- [ ] Dress/Groom
- [ ] Medication reminders
- [ ] Monitoring re: wandering
- [ ] Other Out of Home Activities

DME/Supplies

- [x] No Supplies/Equipment

MAHC 10 - Fall Risk Assessment Tool

Assess one point for each core element checked.

Information may be gathered from medical record, assessment and if applicable, the patient/caregiver. Beyond protocols listed below, scoring should be based on your clinical judgment.

Required Core Elements	Score
☐ **Age 65+**	1
☐ **Diagnosis (3 or more co-existing):** Includes only documented medical diagnosis	1
☐ **Prior history of falls within 3 months:** An unintential change in position resulting in coming to rest on the ground or at a lower level.	1
☐ **Incontinence:** Inability to make it to the bathroom or commode in a timely manner. Includes frequency, urgency, and/or nocturia.	1
☐ **Visual impairment:** Includes by not limited to: macular degneration, diabetic retinopathies, visual field loss, age related changes,decline in visual activity, accomodation, glare tolerance, depth perception, night vision, and not wearing prescribed glasses or having the correct prescription.	1
☐ **Impaired functional mobility:** May include patients who need help with IADLS or ADLS or have giat or transfer problems, arthritis, pain, fear of falling, foot problems, impaired sensation, impaired coordination or improper use of assistive devices.	1
☐ **Environmental Hazards:** May include by 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.	1
☐ **Poly Pharmacy (4 or more prescriptions - any type):** All PRESCRIPTIONS including prescriptions for OTC meds. Drugs highly associated with fall risk include by not limited to: sedatives, anti-depressants, tranqulizers, narcotics, antihypertensives, cardiac meds, corticosteroids, anti-anxiety drugs, anticholinergic drugs, and hypoglycemic drugs.	1
☐ **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.	1
☐ **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 patient's ability to adhere to the plan of care.	1
A score of four or more is considered at risk for falling. **Total**	**0**

**MAHC-10 assessment reproduced with permission from Missouri Alliance for Home Care*

ADL/IADL

Grooming

- ☐ 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.

Current: Ability to Dress Upper Body safely (with or without dressing aids)

- ☐ 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.

Current Ability to Dress Lower Body safely (with or without dressing aids)

- ☐ 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 under-garments, slacks, socks or nylons, and shoes.
- ☐ 3 - Patient depends entirely upon another person to dress lower body.

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.

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 independently with or without a device.
- ☐ 1 - When reminded, assisted, or supervised by another person, able to get to and from the toilet.
- ☐ 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.

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.

Transfering

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

Current ability to walk safely, once in a standing position, or use a wheelchair, once in a seated position, on a variety of surface.

- ☐ 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 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.

Current Ability to Plan and Prepare Light Meals

(for example, cereal, sandwich) or reheat delivered meals safely:

- ☐ 0 - (a) Able to independently plan and prepare all light meals for self or reheat delivered meals; OR (b) Is physically, cognitively, and mentally able to prepare light meals on a regular basis but has not routinely performed light meal preparation in the past (specifically, prior to this home care admission).
- ☐ 1 - Unable to prepare light meals on a regular basis due to physical, cognitive, or mental limitations
- ☐ 2 - Unable to prepare any light meals or reheat any delivered meals.

Ability to Use Telephone

Current ability to answer the phone safely, including dialing numbers, and effectively using the telephone to communicate.

- ☐ 0 - Able to dial numbers and answer calls appropriately and as desired.
- ☐ 1 - Able to use a specially adapted telephone (for example, large numbers on the dial, teletype phone for the deaf) and call essential numbers.
- ☐ 2 - Able to answer the telephone and carry on a normal conversation but has difficulty with placing calls.
- ☐ 3 - Able to answer the telephone only some of the time or is able to carry on only a limited conversation.
- ☐ 4 - Unable to answer the telephone at all but can listen if assisted with equipment.
- ☐ 5 - Totally unable to use the telephone.
- ☐ NA - Patient does not have a telephone.

Prior Functioning ADL/IADL

Patient's usual ability with everyday activities prior to this current illness, exacerbation, or injury. Check only one box in each row.

Functional Area	Independent	Needed Some Help	Dependent
a. Self-Care (for example, grooming, dressing, and bathing)	☐ 0	☐ 1	☐ 2
b. Ambulation	☐ 0	☐ 1	☐ 2
c. Transfer	☐ 0	☐ 1	☐ 2
d. Household tasks (for example, light meal preparation, laundry, shopping)	☐ 0	☐ 1	☐ 2

Has this patient had a multi-factor Falls Risk Assessment

(such as falls history, use of multiple medications, mental impairment, toileting frequency, general mobility/transfering impairment.)

- ☐ 0 - No multi-factor falls risk assessment conducted.
- ☐ 1 - Yes, and it does not indicate a risk for falls.

☐ 2 - Yes, and it does indicate a risk for falls.

Medications

Medication	Dose	Freq	Route	New/Chg	Comments

Medications Permitted

Regarding Medication Client Is:

☐ Responsible For Self Medication ☐ Requires Reminders ☐ Responsible If Meds Prepared In Pillbox

☐ Physically Or Mentally Unable To Take Medications And/Or Treatments ☐ Resistant To Taking Medicaitons / Treatments

Patient Needs Medication Reminders: ☐ Yes ☐ No **How Many Times Per Day:**

Are Medications Set Up In Pill Boxes: ☐ Yes ☐ No **How Many Weeks Are Prefilled In The Pill Boxes?:**

Who Manages Medications?:

Is There a Medication Schedule Sheet: ☐ Yes ☐ No

General Notes

Patient/Patient Representative Signature _____ Date: _____

MICKEY MOUSE