**Tufts**Medicine

# **EpicEdge Tips & Tricks**

## Quality Review: Review and Send a Home Health Plan of Care

The home health Plan of Care activity has a new look and new features. This tip sheet walks you through the process of reviewing, updating, and sending out a patient's Plan of Care.

The tip sheet assumes that there's a patient who's had a Start of Care assessment, and that assessment has been synced in the Remote Client.

- 1. From the Workqueues activity, select the Deficiency tab and open the HH POC Review Needed Workqueue.
- 2. Select a patient and then click the **POC** button in the toolbar. The plan opens in the Plan of Care activity.

←→ SnapShot Chart Review Review Flowshe	ets Results Review Allergies History	Problem List Implants Demographics	Letters Identity Manager Plan of Care			- 8
Plan of Care						٢
+ All Plans Home Health Plan of Ca	are 01/31/22				th Date	
Patient Information as of 2/1/2022 (M4004) Name January, Bethany (M40030) Start of Care Date 1/31/2022	(MOMO-MODGO) Address 15 Star Road MADISON, WI 53717 Referral Date —	(M0066) Date of Birth 1/31/1949 Certification Period 1/31/2022 - 3/31/2022	(M0069) Sex Female MRN 895430	(M0065) HI Claim No.	A mean of the second se	es exertification Period (1/31/2022 - 3/31/2022) tchments (0) tticipants Add Ma Add Tim Hollan, MD C & Re Change M018 Provider Reviewer
as of 2/1/2022 (M0010) CMS Certification Number 16-5387	Name WI HOME HEALTH	Address 1979 Milky Way Verona, Wisconsin 535	Telephone Numb Ph: 715-555-555	ber 5		
★ Medications      as of 2/1/2022 Prescriptions and Patient-Reported Prescriptions and Patient-Reported Addinium Bromide 400 MCG/ACT AR0SOL Sig: Inhale 1 pulf into the lungs twice a day. Carbocyteine 750 MG Chew Tab - (N) Sig: Chew 1 tablet by the mouth ain/ for 30 metform in GLUCOPHAGE 300 MG tablet - (     Sig: Take 1 tablet by mouth in the morning 1 Roflumikat 250 MG Charbate Aug.	POWDER. BREATH ACTIVATED - (C) Route: Inhalation Indications: Chronic Ot days. Route: Oral and 1 tablet in the evening. Take with mea tate: Oral Indications: Chronic Obstructive	sstructive Lung Disease Is. Route: Oral Indications: Type 2 Diabet Lung Disease	в			
© Diagnoses as of 2/1/2022 (M1021) Principal Diagnosis	Description	Date	Flag Opport			
(M1023) Other Pertinent Diagnoses	chronic obstructive pullitonary disease	mon (weave) execercleutori 1/31/	Onset		~	
ICD	Description	Date	Flag			
× Delete				<del>0</del> 8	Print	Einalize

3. You review the plan to make sure that the information looks correct. You notice that a medication shouldn't appear on the plan because the patient isn't taking it anymore (1). Click the pencil icon next to the title of the Medications section (2).



4. The Plan of Care Edit activity opens in a window. Uncheck the medication that the patient isn't taking anymore (1). If you need to remove items from the patient's care plan or visit sets, you can expand those sections of the activity to do so (2). Click **Care Plan** to expand that section.

→ SnapShot Chart Review Review Flowsheet		~
lan of Cons	Plan of Care Edit	~
All Plans Home Health Plan of Car	Medications Prescriptions and Patient-Reported	*
Patient Information as of 2/1/2022 (M0040) Name January, Bethany (M0030) Start of Care Date 1/31/2022  Agency Information as of 2/1/2022 (M0010) CMS Certification Number 16-5387	<ul> <li>✓ Aclidinium Bromide 400 MCG/ACT AEROSOL POWDER, BREATH ACTIVATED - (C)         Dates: 1/31/2022 to 1/31/2023         Sig: Inhale 1 puff into the lungs twice a day.         Authorizing Provider: Hollan, Tim, MD         Carbocysteine 750 MG Chew Tab - (N)         Dates: 1/31/2022 to 3/2/2022         Sig: Chew 1 tablet by the mouth daily for 30 days.         Authorizing Provider: Hollan, Tim, MD         ✓ metformin (GLUCOPHAGE) 500 MG tablet - (C)         Dates: 1/31/2022 to -         Sig: Take 1 tablet by mouth in the morning and 1 tablet in the evening. Take with meals.         Authorizing Provider: Hollan, Tim, MD         ✓ Roflumilast 250 MCG Tablet - (C)         Dates: 1/31/2022 to 1/31/2023         Sig: Take 1 tablet by mouth twice a day.         Authorizing Provider: Hollan, Tim, MD     </li> </ul>	De
> Medications &	Care Plan	×
as of 2/1/2022	Visit Sets	*
Prescriptions and Patient-Reported Name - (N)ew/(C)hanged Aclidinium Bromide 400 MCG/ACT AEROSOL PC Sig: inhale 1 puff into the lungs twice a day. R Carbocysteine 750 MG Chew Tab - (N) Sig: Chew 1 tablet by the mouth daily for 30 d metformin (GLUCOPHAEG) 500 MG tablet - (C) Sig: Take 1 tablet by mouth in the morning an Roflumilast 250 MCG Tablet - (C) Sig: Take 1 tablet by mouth twice a day. Route		
Diagnoses     as of 2/1/2022		
(M1021) Principal Diagnosis ICD J44.1	✓ Review and Accept	<u>C</u> ancel

5. You review the Care Plan section and decide not to make any changes. Click **Review and Accept** to confirm the change you made to the medication list. This locks the sections, meaning that changes Remote Client users make to medications, the care plan, and visit sets won't be reflected in the plan after that point.



6. Notice that the medication you unchecked is no longer listed in the plan.



 Scroll down through the rest of the plan. If there were an issue that needed fixing such as, for example, an incorrect medication dose, you'd need to send a case communication message to the clinician, who would then make the change in the Remote Client. 8. If you need to make an adjustment to the certification period dates associated with the plan, click the **Certification Period** link in the Dates section on the right.

All Plans Home Health Plan of Care 01/31/22					0
- Interdisciplinary involvement with focused therapy to evaluate	ate balance, gait, transfers, and assistive devices.			1	i Dates
Se Problem: Pain/Comfort Deficit			~	^	rea Certification Period (1/31/2022 - 3/31/2022)
Skilled Clinicians					L,
Pain/comfort deficit related to chest (site) and COPD (cause).					Attachments (0)
O Goal: Patient reports that pain has been reduced or contro	lled through verbal or nonverbal means and that	t measures to promote comfort are effective	~		
Skilled Clinicians					Reparticipants + Add Me + Add
Patient will report that pain has been reduced or controlled thro	ough verbal or nonverbal means and that measure	is to promote comfort are effective before discharge.			
Intervention: Pain Management			~		Tim Hollan, MD 🛃 🔒 Change
Skilled Clinicians	Starting: 1/31/2022	Frequency: Each Visit			M0018 Provider
Instruct in pharmacologic and nonpharmacologic pain mana	gement techniques.				Reviewer
Intervention: Skilled Assessment Pain			*		
Skilled Clinicians	Starting: 1/31/2022	Frequency: PRN			
Assess pain (with standardized pain assessment tool).					
Readmission Risks/Rehab Potential/Discharge Pla     as of 2/1/2022	ans			1	
(MIQ22) ED (Henrike) Desidentiation Bisto					
Skilled Nursing (1/31/2022) 1 - History of falls (2 or more falls - or any fall with an injury - in the J 2 - Unithertional weight loss of a total of 10 pounds or more in the 3 - Multiple hospitalizations (2 or more) in the past 6 months 5 - Decline in mental - emotional or behavioral status in the past 3 m	past 12 months) past 12 months onths				
Rehabilitation Potential					
Skilled Nursing (1/31/2022)					
Fair.					
Discharge Plans					
Skilled Nursing (1/31/2022) The patient will work to be able to complete ADLs without the need f	or supplemental oxygen or shortness of breath.				
H Face to Face Details					
${\bf A}$ Face to Face order needs to be signed for the physician's name, si	gnature date, and attestation to be included in the	e home health Plan of Care. This section will not be included in the finalized plan.			
8 Physician or Allowed Practitioner Certification					
I certify this patient is confined to his/her home and needs intermittee have authorized the services on this plan of care, and will periodically	nt skilled nursing care, physical therapy and/or spe review the plan.	eech therapy, or continues to need occupational therapy. This patient is under my care, ar	nd I	~	

9. Adjust the **Cert Start** date to be one day later (1). Note that the Cert End date adjusts automatically. Click Accept (2).

uuto		
with focused	therapy to evaluate balance, gait, transfers, and assistive devices.	

with focused therapy to evaluate balance, gait, tran	nsters, and assistive device	5.	* ^	Dates     Certification Period (1/31/2022 - 3/31/2022)
with focused therapy to evaluate balance, gait, tran	Isters, and assistive devic Cert Perio Cert End 03/31/2022	s. ad Management #1 (1/31/2022 - 3/31/2022)  Delete Cert Period Cert Stat 2012/022 Co Cert End 2012/022 Co Cert End Cert		
Pr Pr o o )) he		Linked Plans Home Health Plan of Care 01/31/22 (Selected)		

10. Notice that the certification period shows the change you made (1). Click Finalize (2) to finalize the plan and send it to the participant or participants listed as required signers in the Participants section (3), typically the M0018 provider, for signature. Required signers have the pen-and-squiggle icon next to their names.

Attachments (0)		
<b>器Participants</b>	🕂 Add Me	+ Add
Tim Hollan, M0018 Prov Reviewer	MD 🚾 (3) 🕅	Change

11. A window prompts you to review the date and time of the Plan of Care order. Click **Finalize** to send the plan for signing.

1979 Milky	Way	Ph: 715-555-5555		
Finalize Plan of Care		×		
Order Date 2/1/2022  Order Comments C C meals. Route: Oral Indications: Typ tive Lung Disease	Order Time 12:36 PM ①	<u>Einalize</u>		
ase with (acute) exacerbation	Date 1/31/2022 Date 1/31/2022	Flag Onset Flag Onset	v	
			Print	Einalize

12. The finalized form of the plan appears. This is how it looks to other users when they open the plan, including the provider.



# Edit Providers and Signers on the Plan of Care

### Change the M0018 Provider

If you need to change the OASIS M0018 provider on the Plan of Care, click the **Change** link. Making that change creates an addendum to the Plan of Care.



## Change the Required Signer

The pen-and-squiggle icon indicates which participant is the required signer (1). If your organization allows you to change the M0018 provider on a Plan of Care, you can do that by checking or unchecking the **Must Sign** box (2) for participants. You can add participants using the **Add** button (3). Note that, to finalize the plan, you need at least one required signer.

Rearticipants + Add + Add
DENLINGER, BOSS & Change M0018 Provider Reviewer
Carla Cohen, MD 20 × Provider Reviewer
608-453-1212
Contributor Reviewer Owner
✓ Must Sign 2
Comment
<u>A</u> ccept <u>C</u> ancel
Betty Gregson Skilled Nursing Contributor

#### Where to Find Fields in the New Plan of Care

The following shows you where specific fields appeared in the old Plan of Care based on the CMS-485 form and where they appear in the new Plan of Care.

- A. The patient's HI claim number, start of care date, certification period, medical record number, name and address, date of birth, and sex appear in the Patient Information section.
- B. The provider number and the provider's name, address, and telephone number appear in the Agency Information section.

Department of Health and Human Services Centers for Medicare & Medicaid Services							Form Approved OMB No. 0938-0357
	HOME F	<b>IEALTH CE</b>	RTIFICA	TION AND I	PLAN OF C	ARE	
1. Patient's HI Claim No. 2.	Start of Care Date	3. Certification P	eriod	1.1		4. Medical Record No.	5. Provider No.
4A44A44AA44 3/	7/2022	From:	3/7/2022	To:	5/5/2022	116064	12-3456
6. Patient's Name and Address			- 1	7. Provider's Na	me, Address and	Telephone Number	
January, Bethany			- 1	WI HOME HEAL	н		(B)
42 Grace Lane				Verena W/LE25	22		
608-432-4545				Ph: 608-271-90	00		
8. Date of Birth 03/07/1947				10. Medications	Dose/Frequency	//Route (N)ew (C)hanged	
	9. Sex	M	V F	furosemide (1 AS	IV) 20 MG tablet	Take 20 ma by mouth in th	e morning Oral (NI)
Plan of Care							
All Plans Home Health	Plan of Care	02/28/22					
The function of the function o	i lan or oard	02120122					
Patient Information							
an af 2/0/2022				(	A		
as of 3/8/2022							
(M0040) Name	(M0040-M0060	Address	(M006	6) Date of Birth		(M0069) Sex	(M0065) HI Claim No.
January Rethany	42 Grace Lane	/ Address	2/22/1	047		Fomalo	(110000) 11 Claim 110.
January, bethany	42 Grace Lane		2/22/1	947		remale	-
	MADISON, WIS	53/1/					
	608-432-4545						
(M0030) Start of Care Date	Referral Date		Certific	ation Period		MRN	
2/22/2022	_		2/28/2	022 - 4/28/202	2	113611	
			-//-				
Agency Information							
				(	B		
as of 3/8/2022							
(M0010) CMS Certification Num	nber Name			Address		Telephone N	umber
27-0011	WI HH FAST	r		555 Lincoln St		Ph: 608-271-	9000
2/ 0011	WITHIN LAST			Vorona Wisso	ncin 52502	FII. 000 271	5000
				verona, wisco	112111 222232		

C. Medications appear in the Medications section.

D.	Diagnoses and	surgical	procedures	appear in	the Diagnoses	and Procedures sections.
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	03/07/1947	9. Sex	_ м 🗹 ғ	10. Medications: Dose/Fred	uency/Route (N)ew (C)hang	in the morning Oral (N)
1. Code Princip	al Diagnosis		Date	metformin (GLUCOPHAGE)	500 MG tablet Take 500 mg	by mouth in the morning and 500
11.59 Type 2	diabetes mellitus with other	r circulatory	03/07/2022	in the evening. Take with m	eals Oral (N)	by moduli in the morning and 500
complie	cations			pioglitazone (ACTOS) 15 M	G tablet Take 15 mg by mout	th nightly Oral (N)
2. Code Surgica	al Procedure		Date	rosuvastatin (CRESTOR) 10	MG tablet Take 10 mg by mc	outh in the morning Oral (N)
. Code Other F	Pertinent Diagnoses		Date	1		C
5.10 Atheros	sclerotic heart disease of na	tive coronary artery	03/07/2022			
I without	t angina pectoris					
* Medication	S 💣					
as of 3/8/2022						
Prescriptions an	d Patient-Reported	I				
Name - (N)ew/(C)h	anged		Dispense	Refills	Start Date	End Date
furosemide (LASIX	) 20 MG tablet - (N)		_	_	_	_
Sig: Take 20 mg	by mouth daily. Rout	e: Oral Indicatio	ns: High Blood P	ressure Disorder Authori	zing Provider: Martinez,	, Rick, MD
metformin (GLUC	OPHAGE) 500 MG tabl	et - (C) (Remove	ed: —	_	_	_
2/25/2022)		(-, (				
Sig: Take 500 m	a by mouth in the mor	ming and 500 m	a in the evening.	Route: Oral Indications:	Type 2 Diabetes Autho	orizing Provider: Martinez
Rick, MD	g b) mouth in the mor	ing the sec in	g in the creating.		i)per blabetes Math	ing fromach martinez,
pioglitazone (ACT	OS) 15 MG tablet - (C)		_	_		_
Sig: Take 15 mg	by mouth in the morn	ing, Route: Ora	Indications: Typ	e 2 Diabetes Authorizing	Provider: Martinez Ric	k MD
rosuvastatin (CRES	TOR) 10 MG tablet - (	0	_		_	
rosurustatin (entes	i only to this tublet (					_
Sig: Take 10 mg	by mouth in the morn	ing Route Ora	Indications: Dis	ease involving Linid Den	sits in the Arteries Dise	ease of the Heart and Blood
Sig: Take 10 mg	by mouth in the morn	ing. Route: Ora	I Indications: Dis	ease involving Lipid Depo	osits in the Arteries, Dise	ease of the Heart and Blood
Sig: Take 10 mg Vessels Authori	by mouth in the morn zing Provider: Martine	ning. Route: Ora z, Rick, MD	I Indications: Dis	ease involving Lipid Depo	osits in the Arteries, Dise	ease of the Heart and Blood
Sig: Take 10 mg Vessels Authori	by mouth in the morn zing Provider: Martine	ing. Route: Ora z, Rick, MD	I Indications: Dis	ease involving Lipid Depo	osits in the Arteries, Dise	ease of the Heart and Blood
Sig: Take 10 mg Vessels Authori	by mouth in the morn zing Provider: Martine	z, Rick, MD	I Indications: Dis	ease involving Lipid Depo	osits in the Arteries, Dise	ease of the Heart and Blood
Sig: Take 10 mg Vessels Authori Diagnoses as of 3/8/2022	by mouth in the morn zing Provider: Martine	z, Rick, MD	I Indications: Dis	ease involving Lipid Depo	osits in the Arteries, Dise	ease of the Heart and Blood
Sig: Take 10 mg Vessels Author Diagnoses as of 3/8/2022	by mouth in the morn zing Provider: Martine	ing. Route: Ora z, Rick, MD	I Indications: Dis	ease involving Lipid Depo	osits in the Arteries, Dise	ease of the Heart and Blood
Sig: Take 10 mg Vessels Authori Diagnoses as of 3/8/2022 (M1021) Principa	by mouth in the morn zing Provider: Martine	ring. Route: Ora z, Rick, MD	I Indications: Dis	ease involving Lipid Depo	Desits in the Arteries, Dise	ease of the Heart and Blood
Sig: Take 10 mg Vessels Authori Diagnoses as of 3/8/2022 (M1021) Principa ICD	by mouth in the morn zing Provider: Martine	z, Rick, MD	I Indications: Dis	ease involving Lipid Depo	Date	ease of the Heart and Blood
Sig: Take 10 mg Vessels Authori Diagnoses as of 3/8/2022 (M1021) Principa ICD E11.59	by mouth in the morn zing Provider: Martine	Descrip Type 2	I Indications: Dis	ease involving Lipid Depo	Date 2/22/2022	ease of the Heart and Blood
Sig: Take 10 mg Vessels Authorn <b>O Diagnoses</b> as of 3/8/2022 (M1021) Principal ICD E11.59	by mouth in the morn zing Provider: Martine	Descrip Type 2 compli	I Indications: Dis	ease involving Lipid Depo	Date 2/22/2022	ease of the Heart and Blood
Sig: Take 10 mg Vessels Authori Diagnoses as of 3/8/2022 (M1021) Principa ICD E11.59 (M1023) Other P	by mouth in the morn zing Provider: Martine Il Diagnosis	Descrip Type 2 compli	I Indications: Dis	ease involving Lipid Depo	Date 2/22/2022	ease of the Heart and Blood
Sig: Take 10 mg Vessels Authori Diagnoses as of 3/8/2022 (M1021) Principa ICD E11.59 (M1023) Other P	by mouth in the morn zing Provider: Martine	Descrip Descrip	I Indications: Dis otion diabetes mellitus cations	ease involving Lipid Depo	Date	ease of the Heart and Blood
Sig: Take 10 mg Vessels Author <b>O Diagnoses</b> as of 3/8/2022 (M1021) Principa ICD E11.59 (M1023) Other P ICD ICD ICD ICD ICD	by mouth in the morn zing Provider: Martine Il Diagnosis Pertinent Diagnoses	Descrip Descrip Type 2 compli	I Indications: Dis otion diabetes mellitus cations	ease involving Lipid Depo	Date 2/22/2022	ease of the Heart and Blood
Sig: Take 10 mg Vessels Authori Diagnoses as of 3/8/2022 (M1021) Principa ICD E11.59 (M1023) Other P ICD I25.10	by mouth in the morn zing Provider: Martine Il Diagnosis Pertinent Diagnoses	Descrip Descrip Type 2 compli Descrip Athero	I Indications: Dis otion diabetes mellitus cations otion sclerotic heart dis	ease involving Lipid Depo	Date 2/22/2022	ease of the Heart and Blood
Sig: Take 10 mg Vessels Author <b>O Diagnoses</b> as of 3/8/2022 (M1021) Principal ICD E11.59 (M1023) Other P ICD I25.10	by mouth in the morn zing Provider: Martine Il Diagnosis Pertinent Diagnoses	Descrip Type 2 compli Descrip Type 2 compli Descrip Athero artery v	I Indications: Dis ption diabetes mellitus cations ption sclerotic heart dis without angina pe	with other circulatory ease of native coronary ectoris	Date 2/22/2022	ease of the Heart and Blood
Sig: Take 10 mg Vessels Authori Diagnoses as of 3/8/2022 (M1021) Principa ICD E11.59 (M1023) Other P ICD I25.10	by mouth in the morn zing Provider: Martine Il Diagnosis Pertinent Diagnoses	Descrip Type 2 compli Descrip Athero artery v	I Indications: Dis otion diabetes mellitus cations otion sclerotic heart dis without angina pe	with other circulatory ease of native coronary ectoris	Date 2/22/2022 Date 2/22/2022	ease of the Heart and Blood
Sig: Take 10 mg Vessels Authori Diagnoses as of 3/8/2022 (M1021) Principa ICD E11.59 (M1023) Other P ICD I25.10	by mouth in the morn zing Provider: Martine Il Diagnosis Pertinent Diagnoses	Descrip Type 2 compli Descrip Athero artery v	I Indications: Dis Dion diabetes mellitus cations Dion sclerotic heart dis without angina pe	with other circulatory ease of native coronary ectoris	Date 2/22/2022 Date 2/22/2022	ease of the Heart and Blood
Sig: Take 10 mg Vessels Authori Diagnoses as of 3/8/2022 (M1021) Principa ICD E11.59 (M1023) Other P ICD I25.10	by mouth in the morn zing Provider: Martine Il Diagnosis Pertinent Diagnoses	Descrip Type 2 compli Descrip Type 2 compli Descrip Athero artery v	I Indications: Dis otion diabetes mellitus cations otion sclerotic heart dis without angina pe	ease involving Lipid Depo with other circulatory ease of native coronary ectoris	Date 2/22/2022 Date 2/22/2022	ease of the Heart and Blood
Sig: Take 10 mg Vessels Authori Diagnoses as of 3/8/2022 (M1021) Principa ICD E11.59 (M1023) Other P ICD I25.10 Procedures as of 3/8/2022	by mouth in the morn zing Provider: Martine	Descrip Type 2 compli Descrip Athero artery v	I Indications: Dis otion diabetes mellitus cations otion sclerotic heart dis without angina pe	ease involving Lipid Depo with other circulatory ease of native coronary	Date 2/22/2022 Date 2/22/2022	ease of the Heart and Blood

- E. DME and supplies appear in the Durable Medical Equipment section.
- F. Safety measures and nutritional requirements appear in the Safety & Nutrition section.
- G. Allergies appear in the Allergies section.

H. Functional limitations and activities permitted appear in the Functional Assessment section.

14. DME and Supplies       E         Front wheeled walker       E         16. Nutritional Reg.       Diabetic diet         18.A. Functional Limitations       1         1       Amputation       5         2       Bowel Bladder (incontinence)       6       E         3       Contracture       7       A         4       Hearing       8       Sp	ratysis 9 Legally Blind ndurance A Dyspnea with M moutation B Other (Specify) seech	nimal Exertion	Safety Measures: fequate emergency plan, Sm requate emergency plan, Sm recations, Co one acress Proper medicat Allergies: So Suifa / Bedrest BarP Up As Tolerated Transfer Sed Chair Exercises Presorbed	Noke detectors, Ambulate only wi rrect use of support devices, Nee on use. Ramos/hand railinos Antibiotics 6 Partial Weight Bearing 7 independent at Home 8 Crutches 9 Cane	th assistance, Bathtub safety die precautions, No stairs, A Wheekchair B Waiker C No Restrictions D Other (Specify)
Durable Medical Equipm as of 3/9/2022     Name Front wheeled walker	ent Start Date —	End Date	Comments —	Ē	
Safety & Nutrition     as of 2/22/2022 OASIS assessment     Safety Measures     Adequate emergency plan, Smoke d     assistance, Bathtub safety bars, Blees     support devices, Needle precautions     medication use, Ramps/hand railing	letectors, Ambulate only ding precautions, Correct s, No stairs, Phone access s	Nu with Dia use of , Proper	tritional Requirements betic diet	¢	
Allergies as of 3/9/2022 Allergen Reactions Sulfa Antibiotics Rash	Seve Med	rity Type ium Allergy	Noted 2/22/2022	Comments	
* Functional Assessment as of 2/22/2022 OASIS assessment Functional Limitations Endurance, Ambulation		Activities Perm Up as Tolerate	itted d, Transfer Bed/Chair,	<b>Exercises</b> Prescribed	Prognosis Guarded ⑦

I. Mental status appears in the Mental Status section.

#### J. Prognosis appears in the Functional Assessment section.

19. Mental Status	1 Oriented	3 Forgetful	5 Disoriented	7 Agitated	
	2 Comatose	4 Depressed	6 Lethargic	8 Other	
Other mental, psychosocial, and c	cognitive status observation	s			
Patient's current (day of assessment	nt) level of alertness, orient	ation, comprehension, concentra	tion, and immediate memory for s	simple commands: 0 - Alert/oriented, able to	o focus and shift
attention, comprehends and recall	Is task directions independe	ently.			
When Confused (Reported or Obs	erved Within the Last 14 D	ays): 1 - In new or complex situat	ions only		
When Anxious (Reported or Obser	rved Within the Last 14 Day	s): 1 - Less often than daily			
Over the last two weeks, how often	n has the patient been both	nered by any of the following pro	blems:		
Little interest or pleasure in doing	things: Not at all (0 to 1 da	y)Feeling down, depressed, or ho	peless: Not at all (0 to 1 day)Has	the patient been screened for depression, us	ing a standardized,
validated depression screening too	ol?: 1 - Yes, patient was scr	eened using the PHQ-2© scale.			
Cognitive, behavioral, and psychia	tric symptoms that are den	nonstrated at least once a week (I	Reported or Observed):		
1 - Memory deficit: failure to reco	gnize familiar persons/plac	es, inability to recall events of pa	st 24 hours, significant memory lo	iss so that supervision is required	
<ol> <li>Impaired decision-making: failure to perform usual ADLs or IADLs, inability to appropriately stop activities, jeopardizes safety through actions</li> </ol>					
<ol> <li>Verbal disruption: yelling, threatening, excessive profanity, sexual references, etc.</li> </ol>					
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					
20. Prognosis	1 Poor	2 Guarded	3 Fair	4 Good 5	Excellent

★ Functional Assessment		
as of 2/22/2022 OASIS assessment		0
Functional Limitations	Activities Permitted	Prognosis
Endurance, Ambulation	Up as Tolerated, Transfer Bed/Chair, Exercises Prescribed	Guarded ⑦
9 Mental Status as of 4/17/2023 assessment		
Should Brief Interview for Mental Status (C0200-C0500) be Conducted?		
1. Yes		
Repetition of Three Words		
Ask patient: "I am going to say three words for you to remember. Please repeat the v Number of words repeated after first attempt	words after I have said all three. The words are: sock, blue and bed. Now tell me the t	hree words."
3. Three		
Temporal Orientation to Year		
3. Correct		
Temporal Orientation to Month		
2. Accurate within 5 days		
Temporal Orientation to Day		
1. Correct		
Recall "Sock"		
2. Yes, no cue required		
Recall "Blue"		
2. Yes, no cue required		
Recall "Bed"		
2. Yes, no cue required		
BIMS Summary Score		
15 (Cognitively intact)		
A No		
Instruction		
0. Rehavior not present		
Disorganized Thinking		
0. Behavior not present		

- K. Orders for a discipline and treatments that specify visits appear in the Visit Sets section.
- L. Orders for a discipline and treatments that specify a patient's problems and interventions to address those problems appear in the Care Plan section. Goals also appear in the Care Plan section.

M. Advance care plan information appears in the Advance Care Planning section.

SNE 27/2022 to 4/2/2022 1 to 4 visits every week for 4 weeks.         PINTOD to 47/2022 1 to 4 visits every week for 4 weeks.         PINTOD to 47/2022 1 to 4 visits every week for 4 weeks.         PINTOD to 47/2022 1 to 4 visits every week for 4 weeks.         PINTOD to 47/2022 1 to 4 visits every week for 4 weeks.         PINTOD to 47/2022 1 to 4 visits every week for 4 weeks.         PINTOD to 47/2022 1 to 4/2/2022 1 for 4 winds a state give - Asses appropriate use of assists every every involvement with focused therapy to evaluate baance, gat, transfers, an assiste every event for 51 m Formation of the formation state give - Asses appropriate use of assists every event infection Instruct in home safety and fail prevention strategies - Monitor state gives - Monitor state gives - Monitor State Gives - To FORM PINTOD State - Asses appropriate use of assists every event infection - Instruct in home safety and fail prevention strategies - Monitor State Gives - Monitor State Gives - Monitor State Gives - Monitor State Gives - Monitor State - Monitor - Monitor State - Monitor - Moni	21. Orders for Discipline and Treatments (Specify Amount/Frequency/Duration)
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4 - Multiple emergency department visits (2 or more) in the past 6 months REHABILITATION POTENTIAL Skilled Nursing (3/7/2022) Fair. DISCHARGE PLANS ***	3 - Multiple hospitalizations (2 or more) in the past 6 months
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as of 3/9/2022			Expand All Collapse All
Skilled Nursing			*
Visits			*
Visits		Dates	
4 visits every week for 4 weeks		2/22/2022 to	3/19/2022
Zere Plan 🖉			Expand All Collapse All
as of 3/9/2022			
Licensed Practical Nurse			*
✤ Problem: History of Falls/Fall R	isk		8
Starting: 2/22/2022			
- Recent falls without injury related	to difficulty walking.		
- Lacks safety awareness.			
Goal: Patient reduces fall inj	ury risk and frequency		~ ~
- Patient/Caregiver will impleme	nt strategies to reduce fall risk within t	he home.	
- Decrease fall frequency and re-	duction in injury risk.		
Intervention: Falls/Fall Risk			8
Starting: 2/22/2022	Frequency: PRN		
- Perform home safety assess	ment and give recommendations.		
<ul> <li>Instruct in home safety and</li> <li>Monitor adherence to and n</li> </ul>	fall prevention strategies.	e	
- Assess appropriate use of as	sistive devices.	2,	
- Interdisciplinary involvemen	t with focused therapy to evaluate ball	ance, gait, transfers, and assistive devices.	
≫ Problem: Pain/Comfort Deficit			8
Starting: 2/22/2022		$\sim$	$\sim \sim \sim \sim$
Advance Care Planning			
as of 3/9/2022			
Code Status	Code Status Comments	Capacity to Make Own Care	
Full Code	Full Code. Please complete progress	Decisions	
	note to document conversation with	Full capacity	
	patient as appropriate.		

N. Readmission risks, rehabilitation potential, and discharge plans appear in the Readmission Risks/Rehab Potential/Discharge Plans section.

22. Goals/Rehabilitation Potential/Discharge Plans
GOALS
SN, PT, OT, LPN: History of Falls/Fall Risk Patient reduces fall injury risk and frequency [SN, PT, OT, LPN] [- Patient/Caregiver will implement strategies to reduce fall risk within the home Decrease fall frequency and reduction in injur risk.]
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skilled Nursing (3/7/2022)
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Fair. DISCHARGE PLANS *: Readmission Risks/Rehab Potential/Discharge Plans as of 3/9/2022 (M1033) ED/Hospital Readmission Risks Skilled Nursing (2/22/2022) 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 7 - Currently taking 5 or more medications Rehabilitation Potential Skilled Nursing (2/22/2022)
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Fair. DISCHARGE PLANS
Fair. DISCHARGE PLANS

- O. The date the HHA received the signed POT does not appear.
- P. The physician's name and contact number appear on the plan after you finalize it. The physician's address does not, nor does the statement in field 26.

23. Nurse's Signature and Date of Verbal S Electronically signed by Tim Home Health N 24. Physician's Name and Address Tim Holian, MD 30 Northwards Road MADISON Wisconsin 53719 Phone: 608,555,4121	OC Where Applicable	26. I certify/recertify that the a the/this FTF encounter, has a therapy and/or speech or occ as outlined in their initial plan another physician who will pe	25. Date HHA Receive ibove stated patient is homeboneed/continued need for inter upational therapy services in the of care. These services will co riodically review and update the	d Signed POT pund and that upon completion of mittent skilled nursing, physical heir home for their current diagnosis heir home for their current diagnosis nonitored to be monitored by myself or te plan of care as required.
Patient Information     as of 3/8/2022				
(M0040) Name January, Bethany	(M0040-M0060) Address 42 Grace Lane MADISON, WI 53717 608-432-4545	(M0066) Date of Birth 2/22/1947	(M0069) Sex Female	(M0065) HI Claim No. —
(M0030) Start of Care Date 2/22/2022	Referral Date —	Certification Period 2/28/2022 - 4/28/2022	MRN 113611	
Participants as of 3/8/20	22		_	
Name Carla Cohen, MD	Type M0018 Provider	Comments	Contact 608-453	Info -1212
Betty Gregson	Skilled Nursing			
Patient Information as	of 3/8/2022			
(M0040) Name	(M0040-M0060) Address	(M0066) Date of Birth	(M0069) Sex	(M0065) HI Claim

Q. The attending physician's signature and date signed appear on plan after you've finalized it and they've signed it. The statement in field 28 does not.