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THE STATE OF SOUTH CAROLINA
In the Court of Appeals

APPEAL FROM
South Carolina Workers' Compensation Commission
Appellate Panel

Appellate Case No. 2024-000294

Hector Lopez-Vasquez, …….. Claimant/Appellant,

v.

Ox Paper Tube & Core Carolina LLC, Employer, and Berkshire Hathaway Homestate Insurance, Carrier …… Respondents.

RECORD ON APPEAL (VOL. 1)

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State of South Carolina
Workers' Compensation Commission

DECISION AND ORDER

THE HONORABLE T. SCOTT BECK

SCWCC File No.: 2202001

Hector Lopez Vasquez

Claimant,

v.

Ox Paper Tube & Core Carolina, LLC

Employer,

and

Berkshire Hathaway Homestate Companies,

Carrier,

Defendants.

District 7

Hearing held in Richland County, South Carolina,
on October 19, 2022

Per notice timely and properly served upon all Parties of Interest.

Appearances:	Andrew W. Creech, of Elrod-Pope Law Firm, appeared on behalf of Claimant.
	Amity S. Edmonds, of Gallivan White Boyd PA, appeared on behalf of Defendants.
Purpose of Hearing:	To determine issues on Form 50 and Form 51
Court Reporter:	Megan R. Brown, ABC Reporting Service, 247 Summerland Avenue, Batesburg, South Carolina 29006, 803-532-5255
Filed:	May 23, 2023

I. APA SUBMISSIONS

Claimant's APA Submissions

APA No. 1. Reports from Atrium Health – Carolinas Medical Center, dated February 21, 2022, through March 2, 2022, consisting of pages 4 to 38;

APA No. 2. Reports from Kindred at Home, dated March 4, 2022, through May 2, 2022, consisting of pages 39 to 94;

APA No. 3. Reports from Charlotte Eye, Ear, Nose & Throat, dated March 8, 2022, through May 26, 2022, consisting of pages 95 to 132;

APA No. 4. Reports from Carolina Neurosurgery & Spine Associates, dated March 16, 2022, consisting of pages 133 to 144;

APA No. 5. Reports from Affinity Health Center, dated March 18, 2022, through May 5, 2022, consisting of pages 145 to 152;

APA No. 6. Reports from Atrium Health – Plastic & Reconstructive – CLT, dated March 23, 2022, consisting of pages 153 to 154;

APA No. 7. Reports from Sima A. Desai, MD, Carolina Rehabilitation- Charlotte, dated March 17, 2022, through July 20, 2022, consisting of pages 155 to 175;

APA No. 8 Reports from Celena Earl, MRC, CRC, with The Shae Group, LLC, dated April 28, 2022, consisting of pages 176 to 178;

APA No. 9. Reports from Atrium Health – MSK Institute Fort Mill, dated May 12, 2022, consisting of pages 179 to 185;

APA No. 10. Reports from Charlotte Surgery Center, dated May 20, 2022, consisting of pages 186 to 189;

APA No. 11. Reports from Novant Health Imaging Center, dated May 31, 2022, consisting of pages 190 to 193;

APA No. 12. Reports from Metrolina Diagnostic Center, dated June 22, 2022, consisting of pages 194 to 195;

APA No. 13. Reports from Sima Desai, MD- Carolinas Rehabilitations- Charlotte, dated July 20, 2022, consisting of pages 199 to 201;

APA No. 14. Reports from Charlotte Eye, Ear, Nose & Throat, dated July 22, 2022, consisting of pages 202 to 206;

APA. No. 15. Reports from AH Musculoskeletal Ins. – Rock Hill, dated June 29, 2022, consisting of pages 210-219;

APA No. 16. Reports from Charlotte Eye, Ear, Nose, & Throat, dated August 23, 2022, consisting of pages 220 to 226.

Defendants' APA Submissions

APA No. 17. Reports from Affinity Health Center dated December 3, 2019, through August 12, 2021, consisting of pages 227 to 252;

APA No. 18. Reports from Carolina Medical Center dated February 28, 2022, through March 2, 2022, consisting of pages 253 to 288;

APA No. 19. Reports from Kindred at Home dated March 4, 2022, through June 1, 2022, consisting of pages 289 to 422;

APA No. 20. Reports from Family Dental dated April 29, 2022, consisting of page 423

APA No. 21 . Report from Atrium Health Musculoskeletal Institute dated July 29, 2022, consisting of pages 424 to 425;

APA No. 20. Report Dr. Maria F. Lopes- Virella, MD, Ph.D., consisting of pages 426 to 430.

Defendants' Exhibits

Exhibit A. Transcript of Ms. Roldan-Dimas's June 9, 2022 Deposition

Exhibit B. Curriculum Vitae of Dr. Maria Lopes- Virella

Exhibit C. July 13, 2022 Subpoena to Claimant's Attorney

Exhibit D. July 25, 2022 E-mail Correspondence with Claimant's Attorney

Exhibit E. Salary and Wage Information for Home Health Care Aide

II. STIPULATIONS

Counsel for the claimant and counsel for the Defendants stipulated at the hearing to the following issues:

1. The purpose of the hearing was to determine issues set forth on the Forms 50 and 51.

2. Specifically, the purpose of the hearing was to determine whether Claimant was entitled to 24-hour attendant care services under the § 42-15-60(A) of the South Carolina Workers' Compensation Act for his various injuries sustained on February 18, 2022, while employed by the Defendant, Ox Paper Tube & Core Carolina, LLC. Therefore, the South Carolina Workers' Compensation Commission has jurisdiction over this case.

3. The parties agreed the claimant was entitled to attendant care; however, the parties disagreed as to the daily duration of attendant care and the required qualifications of an attendant care provider.

4. All parties received timely and proper notice of the scheduled hearing.

5. Venue for the hearing was properly set in York County.

6. The Commission file is made part of the record with the exception of self-serving declarations and unstipulated medical records.

7. The claimant's average weekly wage and corresponding compensation rate are held in abeyance at this time.

8. The APA submissions of both parties are admitted without objection.

9. Defendants and Claimant submitted Legal Memorandums in support of their positions, which were admitted as part of the Commission's record.

III. STATEMENT OF THE CASE

This case was heard by the undersigned Commissioner on October 19, 2022, at which time the parties and their representatives appeared and evidence was received. Claimant sought benefits under the South Carolina Workers' Compensation Act for a compensable injury by accident he sustained on February 18, 2022. Specifically, Claimant initially filed pleadings seeking an award of 24-hour attendant care services; however, during the pre-hearing conference, Claimant amended their position and was seeking an award of 15-hour attendant care services daily for his various injuries, which he requested the Commission order to be provided by his fiancée, Juliana Roldan Dimas. Additionally, although Claimant initially asserted a claim for aggravation of pre-existing diabetes, at the hearing Claimant confirmed he was no longer seeking a finding of compensability for his pre-existing diabetic condition. Claimant argued attendant care benefits should be provided by his fiancé pursuant to S.C. Code Ann. § 42-15-60(A), on the basis that Claimant's authorized treating physician, Dr. Sima Desai, recommended Claimant receive attendant care and opined Claimant's fiancé was the most appropriate caregiver according to an April 6, 2022 medical questionnaire. Claimant contended that even though Claimant's fiancé was not a licensed or trained healthcare provider, since the attendant care was ordered by the authorized treating physician, it qualified as a form of medical care that has been considered necessary by the attending physician, as contemplated by Section 42-15-60(A).

While Claimant admits Defendants offered attendant care with a professional and licensed health care provider, which Claimant declined, Claimant contends Defendants should be ordered to compensate Ms. Roldan-Dimas for providing attendant care services because she is better suited to care for Claimant and preferred to a third-party provider by Claimant. Claimant relies on testimony from Dr. Desai that Claimant is familiar and comfortable with Ms. Roldan-Dimas and in her experience, brain injury patients recover better when are cared for by loved ones. Moreover, Ms.

Roldan-Dimas is Spanish-speaking and able to communicate with Claimant. Additionally, Claimant resides in a home owned by Ms. Roldan-Dimas' daughter, Andrea Angeles-Roldan, and her husband, who disapprove of a third-party in their home. Lastly, Claimant cites various cases supporting their position that the Commission is endowed with legislative authority to allow and award a reimbursement of attendant care performed by a loved one.

Defendants admit Claimant sustained a compensable injury by accident on February 18, 2022, and further acknowledge Claimant is entitled to attendant care. However, Defendants contend they retain the right to control medical care and any such attendant care should be provided by a licensed, skilled, and trained medical professional of their choosing pursuant S.C. Code Ann. § 42-15-60(A). Specifically, Defendants argue that since Claimant has not yet been deemed to have sustained permanent and total disability, the Commission must award medical treatment pursuant to S.C. Code Ann. § 42-15-60(A), which limits the treatment available to "medical, surgical, hospital, and other treatment, including medical and surgical supplies as reasonably may be necessary." It was Defendants position that because Claimant's fiancé, Ms. Roldan-Dimas, is not qualified to provide medical services or treatment pursuant to section 42-15-60(A), the Commission was without authority to Order Defendants to compensate Ms. Roldan-Dimas for providing non-professional attendant care. Ms. Roldan-Dimas is only 9th grade educated, admits she only understands a little English, is not capable of reading English, and has no medical or first aid training. Accordingly, Defendants contend she is not qualified to provide "medical, surgical, hospital, and other treatment," under the Act.

Moreover, Defendants' argued that Dr. Desai's opinions on whether Ms. Roldan-Dimas was qualified to provide attendant care for Claimant, on which Claimant so heavily relies, failed to meet the expert standards as required under *Young v. Tide Craft, Inc.*, 270 S.C. 453, 242 S.E.2d 671 (1978). Defendants contend Dr. Desai failed to take into consideration the material facts of the case. Specifically, Dr. Desai confirmed in her September 12, 2022 deposition she had no direct knowledge

of Ms. Roldan-Dimas' education, training or experience relating to providing attendant care, her ability to assist with ambulation or transfers, Claimant's diabetic condition, or Ms. Roldan-Dimas' ability to manage Claimant's diabetic condition. Likewise, Dr. Desai further acknowledged she had no knowledge of the specific care being provided to Claimant and was not aware Claimant had previously declined professional attendant care services offered by Defendants.

Lastly, Defendants rely on the expert report of Dr. Maria Lopes-Virella, M.D., Ph.D., who, after reviewing Claimant's medical records and the deposition testimony of Ms. Roldan-Dimas, opined Ms. Roldan-Dimas is not a licensed health care provider and is not qualified to provide attendant care to Claimant. That said, Dr. Lopes-Virella opined Claimant requires attendant care a licensed, skilled, and trained medical professional for activities of daily living, medication administration, and glucose monitoring for at maximum 1.5-hours a day.

Accordingly, Defendants sought an Order from the Commission finding (1) they retained the right to direct any and all medical care required for Claimant pursuant to 42-15-60(A); (2) that any necessary attendant care services required by Claimant must be provided by a licensed, skilled, medical professional; and, (3) that Claimant is limited to no more than 15 hours per day of attendant care.

IV. EVIDENCE OF THE CASE

Medical Evidence

On February 18, 2022, Claimant suffered a compensable injury by accident when a 500-lb roll of paper fell on Claimant resulting in multiple intercranial hemorrhages, facial fractures, and a traumatic brain injury. (Claimant's APA 1, p. 5; Defendants' APA 18, p. 283). Claimant received immediate emergency medical attention at Carolinas Medical Center where he received treatment for extensive skull, nasal, and facial fractures, as well as right lower extremity and ankle pain. Following a lengthy hospital stay, Claimant was discharged on March 2, 2022, with various injuries to include:

subdural hemorrhage, subarachnoid hemorrhage, Lefort II fracture, altered mental status, pre-existing diabetes, acute pain due to traumatic brain injury, dysphagia, crush injury, multiple facial fractures, and a temporal bone fracture. (Claimant's APA 1, p. 35). Upon discharge, he was recommended for home health skilled nursing, as well as home health occupational, speech, and physical therapy.

Accordingly, Defendants provided for a Registered Nurse Evaluation with Kindred Home Health on March 4, 2022, to assess Claimant's skilled nursing needs. Following a detailed evaluation, it was determined Claimant required skilled nursing three times per week due to complexities of medication and disease management. Defendants provided the recommended home health aid through Kindred Home Health who assisted Claimant from March 4, 2022 to March 29, 2022, and monitored Claimant's vital signs, assessed pain complaints, administered insulin and other medications, assisted in diabetic management, and instructed caregivers on ways to reduce fall risk. These visits lasted between approximately one hour to nearly an hour and half on average. (*See* Claimant's APA 2, Defendants' APA 19).

The claimant continued to receive treatment with various medical providers, including neurosurgeon Dr. William Stetler, Jr., and physical medicine and rehabilitation specialist, Dr. Sima Desai. Dr. Stetler evaluated the claimant on March 16, 2022, at which time he diagnosed Claimant was resolved traumatic subarachnoid and subdural hemorrhage, and cribiform plate fracture without evidence a CSF leak. With respect to his traumatic brain injury, Dr. Stetler opined he required no further surgical intervention and had thankfully made a good recovery. Accordingly, Dr. Stetler opined he required no restrictions from his perspective, although he was not able to return to work from all of his other injuries. (Claimant's APA, pp. 139-144).

Claimant presented for his first post-operative evaluation with Dr. Desai on March 17, 2022. Dr. Desai evaluated his various injuries and recommended multiple referrals to other specialists to treat and evaluate his injuries. Specifically, she recommended a plastic surgery evaluation for his

facial fractures, orthopaedic evaluation for his right later proximal tibial cortical defect, neuro-ophthalmological referral, vision therapy, and therapies consisting of occupational therapy, physical therapy, speech therapy, and audiology. Dr. Desai did not, however, make any recommendation for home health attendant care. (Claimant's APA, pp. 156-160).

Prior to evaluating Claimant again and despite making no recommendation for home health attendant care when she saw Claimant on March 16, 2022, subsequently, on April 6, 2022, Dr. Desai completed a medical questionnaire at the request of Claimant. Specifically, Dr. Desai checked "yes" to questions asking whether Claimant required 24-hour attendant care, 7 days per week, and whether Claimant's "significant other, Ms. Julianna Roldan-Dimas, is capable of providing the required 24-hour attendant care" to Claimant. (Claimant's APA, pp. 161-162). Subsequently, on May 12, 2022, Dr. Desai completed a letter at the request of Ms. Roldan-Dimas, who was seeking an extension of her FMLA from work, indicating Claimant's "wife will be required to care for him at home as his caregiver 24 hours a day/7 days per week."

Given Dr. Desai's multiple referrals, Defendants provided Claimant with various specialists' evaluations, including plastic surgery, ENT, and physiatry. (Claimant's APA, pp. 112-113, 153-175). Defendants also provided Claimant with dental care at Family Dental of Rock Hill for injuries to his teeth, as well as evaluation with an oral and maxillofacial surgeon for fact pain. (Claimant's APA, pp. 203-206; Defendants' APA, p. 423).

Defendants also provided treatment for claimant's right knee injury with Dr. James Rentz at Atrium Health Musculoskeletal Institute in Rock Hill. The claimant underwent a right knee MRI on June 22, 2022, which revealed a subacute fracture of the posterior lateral tibial plateau, as well as degenerative free edge tear of the poster horn and body of the medial meniscus. (Claimant's APA, p. 195). On June 29, 2022, Claimant presented to Dr. Rentz complaining of right knee pain, as well as feeling as if his knee will give out particularly if he twists or turns with weightbearing. While he

reported physical therapy had helped to some extent, he continued to experience pain. Dr. Rentz diagnosed him with a medial meniscus tear of the right knee and recommended arthroscopic surgery consisting of partial medial meniscectomy. He placed the claimant on work restrictions consisting of sit-down work only until after surgery, at which point his restrictions would be reassessed. (Claimant's APA, pp. 211-215).

At the time of the hearing, Claimant was continuing to treat with various specialists at Charlotte Ear Note & Throat Associates for right coroneal ulceration, facial paralysis, dysphagia, nasal valve collapse, and closed fracture of the nasal bone, and none of the treating physicians have opined he has reached maximum medical improvement. (Claimant's APA, pp. 95-132, 202-206, 220-226). The most recent medical report submitted into evidence was from Claimant's evaluation by Dr. Cuite with Charlotte ENT Associates, on August 23, 2022, who continued to recommend further treatment and care for facial and right eye trauma. (Claimant's APA, pp. 220-226).

Defendants' obtained medical questionnaire and records review from Dr. Maria Lopez-Virella, a Board Certified Physical in Pathology and Lipidology, as well as a Professor at the Medical University of South Carolina. Dr. Lopez-Virella reviewed Claimant's pre-accident and post-accident medical records, as well as the questionnaires completed by Dr. Desia and the June 9, 2022 deposition testimony of Julianna Roldan-Dimas. Ultimately, Dr. Lopez-Virella opined Claimant did not require 24/7 attendant care, although she believed he needed limited attendant care to assist with activities of daily living and taking medications. She felt he required attendant care three (3) times daily for approximately 30 minutes each visit until he was able to perform those tasks on his own, and specifically opined such attendant care should be provided by a "licenses and trained skilled home health care aide or nurse to ensure the best possible recovery from Claimant's February 18, 2022 work accident." Moreover, Dr. Lopez-Virella opined that based upon her review of Ms. Roldan-Dimas' deposition testimony pertaining to her education and qualifications that she was not qualified

to provide medical, surgical, hospital, and/or other treatment that may be necessary as a result of Claimant's work accident. (Defendants' APA, pp. 426-430).

Testimony of Julianna Roldan-Dimas

Ms. Julianna Roldan-Dimas was deposed prior to the hearing on June 9, 2022, and also testified at the hearing concerning Claimant's condition and her qualifications to provide the necessary attendant care. Claimant and Ms. Roldan-Dimas live together at Ms. Roldan-Dimas' daughter's residence. (Roldan-Dimas Depo. p. 7:18-8:9). Ms. Roldan-Dimas testified her daughter and her husband own the home, and she and Claimant, along with her son, and two young granddaughters ages five and eight all live at the residence together. Ms. Roldan-Dimas testified it's a 4 bedroom house and that 7 people live there total. (Hr. Tr. 17) She and Claimant have been together for 12-13 years; however, she confirmed they are not legally married. (Roldan-Dimas Depo. p. 13:17-21).

Ms. Roldan-Dimas is originally from Mexico and can only speak or understand "very little" English. (Roldan-Dimas Depo. p. 9:7-9,12:13-19; Hearing Tr. 28:9-18). She also confirmed in her deposition hat she completed the 9th grade in Mexico but is unable to read any English. (Roldan-Dimas Depo. p. 13:5-16). Additionally, at the hearing, she confirmed that if she were needed to complete daily logs in English of the claimant's daily progress and details of the attendant care she was providing, she would be unable to do so. (Hearing Tr. 28:9-18).

At the time of Claimant's accident, Ms. Roldan-Dimas was working for Black and Decker, where she had worked for approximately 8 years. (Roldan-Dimas Depo. p. 16:10; Hearing Tr. 18:2-4). She worked on an assembly line making drills, working Monday through Friday from 7:00 AM until 3:30 PM. (Roldan-Dimas Depo. p. 17:1-18; Hearing Tr. 28:19-24). She earned $16.00 per hour, for a total of approximately $640.00 per week, or $33,000.00 annually. (Hearing Tr. 29:4-10). After the accident, Ms. Roldan-Dimas went out on FMLA to care for Claimant. Once her FMLA expired,

she was forced to resign. Prior to working at Black and Decker, she worked at a different factory, American Eagle, in York, South Carolina, cleaning car rims. (Roldan-Dimas Depo. p. 18:2-18). She confirmed at the hearing that she has no other job or work experience, she has never worked in a medical or rehabilitation setting, and she has no certifications or on-the-job training. (Hearing Tr. 29:15-25). Ms. Roldan-Dimas has never been trained in first aid, fall management, or handling wound care. (Roldan-Dimas Depo. p. 19:12-21:1). At the hospital, the nurse instructed her on how to administer Claimant's daily insulin and check his insulin three times per day. (Roldan-Dimas Depo. p. 20:4-24). Initially, she logged the claimant's daily sugar readings in writing until they obtained a blood sugar monitoring machine. (Roldan-Dimas Depo. p. 22:23-23:10). Additionally, Ms. Roldan-Dimas testified that initially upon discharge from the hospital home health workers would come to the house for 45 minutes to 1 hour a day twice a week. She testified none of these workers spoke Spanish and that she had to make sure her daughter was present so she could serve as a translator. (Hr. Tr. 19: 15-24)

At the time of her June 9, 2022 deposition, Claimant was unable to take a bath, he continued to experience dizziness, he had to walk slowly, and he became fatigued easily. (Roldan-Dimas Depo. p. 27:4-14). As of her deposition, Ms. Roldan-Dimas assisted Claimant with bathing, she also cooked for him, pureed his foods, transports him to medical appointments, and would constantly check on him when he was using the restroom (albeit alone) to make sure he was doing alright. (Roldan-Dimas Depo. p. 29:8-17, 30:1-32:3). However, as of the time of the hearing, Ms. Roldan-Dimas confirmed the claimant was now able to change his own clothes, bathe himself, and dress himself, although she still had to "supervise" him in case he were to get dizzy. (Hearing Tr. 22:10-18).

However, Ms. Roldan-Dimas confirmed at the hearing she has not been trained in the duties of a home health care aid, she has no training in medical billing, she has no professional liability insurance, she has not been trained in fall prevention, she has no training in handling patients with

vestibular deficits, and she has no first aid training. (Hearing Tr. 31:3-32:5). Additionally, she confirmed that Defendants' have provided Claimant with a nurse case manager who speaks Spanish and coordinates all of Claimant's medical appointments. (Hearing Tr. 31:13-7). Ms. Roldan-Dimas confirmed she and Claimant had been offered 24/7 attendant care by Defendants upon his discharge from the hospital, but they declined to accept the treatment because Claimant was more comfortable "if I could be with him." (Hearing Tr. 30:8-11). Ms. Roldan-Dimas also testified that she discussed the offer of attendant care by a third-party provider with her daughter who owns the home, and that her daughter was not comfortable with that and would not allow it. (Hearing Tr. 25). Ms. Roldan-Dimas again emphasized that none of the prior home health workers spoke Spanish. (Hearing Tr. 26: 10-15)

Likewise, she testified at the hearing that they would not accept transportation to/from Claimant's medical appointments provided by Defendants because she would rather do it herself. (Hearing Tr. 32:6-12). Ms. Roldan-Dimas testified she wanted the Commission to order Defendants to pay her approximately $1,500.00 per week, which equates to more than $78,000.00 per year, for providing care to Claimant, which is more than double what she earned prior to Claimant's accident while working for Black & Decker. (Hearing Tr. 37:4-16). Ultimately, Ms. Roldan-Dimas confirmed that despite Defendants' offering to provide professional in-home attendant care, consistent with recommendations of the authorized treating physician, she and Claimant declined to accept such treatment because they preferred she quit her job and stay home with him. (Hearing Tr. 37:17-38:19).

Testimony of Andrea Angeles-Roldan

Ms. Andrea Angeles-Roldan is 25 years old and is married to Juan Gonzalezs. (Hearing Tr. 42: 1-4). Mr. Gonzales works at CK construction and Andrea works part-time as a waitress at Charanda's Mexican Restaurant. (Hearing Tr. 42: 7-14). Andrea used to work full-time in the afternoons, and her mother would watch her children, but since the accident she has gone part-time

so she can watch her children while her mother takes care of Hector. (Hearing Tr. 42: 15-25). Andrea has two children ages eight and five that live with her and her husband. Additionally, Andrea's mother, brother, and Hector whom she considers her father also live in the home. The home is owned by Andrea and her husband Juan. (Hearing Tr. 43).

Andrea testified that her mother, Julianna, takes care of Hector every day but that they all chipped in when needed. After the accident Hector became quite depressed, especially when her young daughters were scared of him because of his deformities, but she believes having the family around him a lot has helped him improve. (Hearing Tr. 44 and 45).

Andrea testified that her mother talked to her about having a health aide come and stay at their home and help take care of Hector 24/7, but Andrea and her husband did not want a stranger in their home 24 hours a day, 7 days a week. Andrea further testified that she had been sexually abused as a child and is very protective over her daughters. Andrea does not like them being around people she does not know. (Hearing Tr: 45: 4-19). Andrea also testified her husband did not want a stranger staying in their home at all times.

Andrea testified that having someone in their home all the time would have completely changed the atmosphere and dynamic of their home. Andrea testified even when the home health nurses would initially come over for 45 minutes to 1 hour a couple times a week, it was enough to disrupt their normal family atmosphere. (Hearing Tr. 46:10-25; 47: 1-9).

On cross-examination Andrea testified that her kids are in school from 7:00 a.m. to 2:15 p.m. and that she watches them once they get out because her mother is focused on caring for Hector. (Hearing Tr. 47: 16-25; 48: 1-21)

Testimony of Dr. Sima Desai

On September 12, 2022, Defendants' deposed Dr. Sima Desai. Dr. Desai confirmed in her deposition that prior to being deposed, she discussed her testimony and the conclusions as to what

her testimony would be with Claimant's attorney, stating, "We concluded that his wife is able to provide the 24/7 supervision that he currently needs, and that I think she is the most appropriate caregiver for him given that she does provide all his current activities of daily living . . . as well, as providing him with mobility help." (Desai Depo. p. 12:20-13:3). When she initially saw Claimant for the first time on March 17, 2022, she did not address any recommendations for 24/7 attendant care. (Desai Depo. p. 19:21-20:9). Despite this, she acknowledged she completed the April 6, 2022 medical questionnaire at the request of Claimant's attorney, wherein she opined Ms. Roldan-Dimas was appropriate to provide 24/7 attendant care that she believe Claimant needed. She went on to testify she typically recommends brain injury patients have someone at home with them 24/7 anytime they have a head injury. (Desai Depo. p. 23:8-22). She did not initially make a referral for attendant care because it was her understanding Ms. Roldan-Dimas was providing care. (Desai Depo. p. 32:3-8).

Dr. Desai testified she believed Claimant and Ms. Roldan-Dimas to be married. (Desai Depo. p. 26:2-5). When asked about her knowledge of Ms. Roldan-Dimas's training, experience, and education for purposes of providing Claimant with necessary attendant care, she confirmed she had not had any specific discussions with Ms. Roldan-Dimas regarding this; rather, she based her assessment that Ms. Roldan-Dimas was appropriate to provide attendant care on her experience seeing Ms. Roldan-Dimas at medical appointments and watching her engage with Claimant. (Desai Depo. p. 26:6-22). To her knowledge, none of the home PT, home OT, or home speech professionals brought any concerns to Dr. Desai regarding Ms. Roldan-Dimas' level of care being provided to Claimant. (Desai Depo. p. 27:19-28:4). Dr. Desai confirmed she was not aware Defendants had offered Claimant a professional home health aide to provide the recommended attendant care, which Claimant had declined to accept. (Desai Depo. p. 32:24-33:3)

With regard to the extent of attendant care required by Claimant, Dr. Desai agreed that during period of time when Claimant sleeps, which is typically between 9:00 PM and 7:00 AM, he does not require attendant care. (Desai Depo. p. 37:4-38:1). She also agreed Ms. Roldan Dimas was not providing supervision to Claimant while she was sleeping, typically during the same hours as Claimant. (Desai Depo. p. 38:2-5). Likewise, she testified that no one individual was capable of providing 24/7 supervision as they "have to shower, they have to sleep…" (Desai Depo. p. 39:17-22). Ultimately, Dr. Desai opined that as of the time of her deposition, Claimant required attendant care during his waking hours, from 6:00 AM to 9:00 PM. (Desai Depo. p. 39:23-40:6; 55:12-19).

Dr. Desai testified that she feels "in brain injury patients, we find that loved ones do provide great care, because they're connected through a bond with their significant other, and I think that's a big thing that drives brain injury patients and their care for a loved ones [sic] is that comfortability with someone they know is able to provide the competent care he needs [sic] And so I think at this point, Juliana is competent to continue to provide that care that he needs." (Desai Depo. p. 39:7-16).

Dr. Desai confirmed that as of the time of her deposition, Claimant mainly required attendant care to ensure he does not fall, testifying that he remained a high fall risk and anytime someone remains a fall risk, it is ideal to have someone at home with them until the fall risk declines. (Desai Depo. p. 54:18-55:4). However, she also confirmed he continues to make gains and at that point, he was only requiring supervision with activities of daily living. (Desai Depo. p. 33:16-34:2). Dr. Desai opined, "He is improving. He continues to make gains in physical therapy, occupational therapy, and speech therapy, which is very encouraging. Given the severity of his injury, he continues to make gains. So that's very promising and encouraging for me." (Desai Depo. p. 43:24-44:7). She could not, however, opine as to when he would reach maximum medical improvement. (Desai Depo. p. 44:18-45:17).

V. FINDINGS OF FACT

IT IS FOUND AS A FACT:

1. On February 18, 2022, a 500 pound roll of paper fell on Claimant resulting in multiple intercranial hemorrhages, multiple facial fractures, and traumatic brain injury. (Claimant's APA 1, p. 5; Defendants' APA 18, p. 283).

2. Claimant filed a Form 50 Hearing Request on April 26, 2022, seeking an award of 24-hour attendant care services for his various injuries. (Commission File). The parties agreed during the Hearing that Claimant was entitled to attendant care; however, they disagreed as to the amount and the provider's qualifications. (Hr. Tr. p. 13:4-13).

3. Claimant received immediate emergency care at Carolinas Medical Center and was admitted to the hospital until March 2, 2022. He received surgical treatment in the form of a closed nasal reduction and placement of doyle splints while hospitalized. (Claimant's APA 1, p. 16, 22-25, 32-34).

4. Upon discharge from the hospital, Claimant was diagnosed with serious injuries, including, subdural hemorrhage, subarachnoid hemorrhage, Lefort II fracture, altered mental status, pre-existing diabetes, acute pain due to trauma traumatic brain injury, dysphagia, crush injury, multiple facial fractures, and temporal bone fracture, (Claimant's APA 1, p. 35).

5. To monitor his progress after discharge, Defendants provided a professional, licensed home health aide to assist Claimant from approximately March 4, 2022 to March 29, 2022. The aide visited a few times per week and monitored Claimant's vital signs, assessed pain complaints, and instructed his caregivers on methods to reduce fall risks and methods to administer insulin and other medications. These visits lasted between one hour to nearly an hour and a half on average. *See generally* (Claimant's APA 2).

6. Claimant also underwent a neurosurgical evaluation by Dr. Stetler with Carolina Neurosurgery and Spine Associates on March 16, 2022. Dr. Stetler evaluated Claimant and determined that he was not a neurosurgical candidate. *See generally* (Claimant's APA 4).

7. Defendants provided multiple evaluations with physicians in various specialties including plastic surgery, oral maxillofacial, ENT, and physiatry. *See generally* (Claimant's APA 5-6). The medical records also reference referrals for dental care. *See generally* (Defendants' APA 20, p. 423).

8. As of the time of the hearing, Claimant continued to receives treatment with various specialists at Charlotte Eye Ear Nose & Throat Associates. The last treatment note submitted into evidence, dated August 23, 2022, indicates that he has not been released at maximum medical improvement by any of the physicians at that practice. *See generally* (Claimant's APA 3, 16, p. 221-226).

9. On April 6, 2022, Claimant's authorized treating physician with Carolina Rehabilitation, Dr. Desai, completed a physician questionnaire at the request of Claimant's Attorney, in which she opined to a reasonable degree of medical certainty, that Claimant required 24-hour attendant care 7 days per week and that his significant other, Ms. Roldan-Dimas "is capable of providing the required 24-hour attendant care." On May 4, 2022, Dr. Desai also completed a letter wherein she indicated Claimant continued to require 24/7 attendant care that was being provided by his "wife." (Claimant's APA 7, p. 161; *See also* Claimant's APA 7, p. 171).

10. Dr. Desai's statements in her questionnaire were consistent with her September, 12, 2022 deposition testimony. Specifically, she testified: "…his wife is able to provide the 24/7 supervision that he currently needs, and that I think she is the most appropriate caregiver for him given that she does provide all his current activities of daily living. . .as well as providing him with mobility help." (Desai Depo. p. 12:22-25,13:1-3).

11. Dr. Desai based her assessment on her experience seeing Ms. Roldan-Dimas at medical appointments and watching her engage with Claimant. (Desai Depo. p. 26:12-22). Claimant's providers for home PT, home OT, and home speech did not communicate any concerns to Dr. Deasi regarding Ms. Roldan-Dimas' level of care. (Desai. Depo. p. 27:19-28:1-3).

12. Dr. Desai testified: "I feel in brain injury patients, we find that loved ones do provide great care, because they're connected through a bond with their significant other, and I think that's a big thing that drives brain injury patients and their care for a loved ones [sic] is that comfortability with someone they know is able to provide the competent care he needs [sic] And so I think at this point, Juliana is competent to continue to provide that care that he needs. (Desai Depo. p. 39:7-16, 41:1-4).

13. Dr. Desai typically recommends that someone stay home 24/7 with a patient who has sustained a brain injury. (Desai Depo. p. 23:12-22). However, she agreed that Ms. Roldan-Dimas was not providing supervision to Claimant while she was sleeping each night. (Desai Depo. p. 38, ln. 2-5).

14. Defendants also obtained a questionnaire from Dr. Maria Lopez-Virella, a board-certified physician in pathology and lipidology and a Professor at the Medical University of South Carolina. After a review of Ms. Roldan-Dimas' testimony and the pre-accident and post-accident medical records, she also opined that Claimant required attendant care to assist with activities of daily living and medication management. However, according to Dr. Lopez-Virella, Claimant only required approximately 90 minutes, or 30-minute sessions three times per day. (Defendants' APA, pp. 426-430).

15. In Dr. Lopez-Virella's opinion, any necessary attendant care should be provided by a licensed and trained skilled home health care aide or nurse to ensure Claimant's best possible recovery. She also opined, based on her experience and review of the medical evidence and Ms. Roldan-

Dimas' deposition testimony, Ms. Roldan-Dimas was not qualified to provide medical, surgical, hospital, and/or other treatment required by Claimant. (Defendants' APA 22, p. 429).

16. According to Dr. Desai's testimony, she initially did not make an attendant care referral because it was her understanding Ms. Roldan-Dimas was providing Claiamnt's care. (Desai Depo. p. 19:21-20:3, 32:3-8). Dr. Desai indicates in letters dated May 12, 2022 and July 20, 2022 that Claimant's severe injuries required Ms. Roldan-Dimas to care for him at home 24 hours per day 7 days per week. (Claimant's APA 7, p. 171; Claimant's APA 13, p. 200).

17. At the time of her deposition, Dr. Desai opined that Claimant required attendant care during waking hours, from 6:00 AM to 9:00 PM. (Desai Depo. p. 39:23-40:6; 55:12-19).

18. In addition to Claimant's facial injuries, he also injured his right knee in the accident. MRI results indicated that Claimant sustained a fracture of the posterior lateral tibial plateau. (Claimant's APA 12, p. 195). On June 29, 2022, Claimant presented to Dr. James Rentz with AH Musculoskeletal Institute in Rock Hill complaining of "pain in the knee and also episodes of the knee wanting to give out especially if he twists or turns with weightbearing." (Claimant's APA 15, p. 211).

19. According to Dr. James Rentz's treatment note, dated June 29, 2022, Claimant sustained a medial meniscus tear of the right knee. Dr. Rentz recommended a right knee arthroscopy with partial medical meniscectomy. (Claimant's APA 15, p. 214).

21. Ms. Roldan-Dimas, Claimant's significant other, testified during her deposition that both she and Claimant reside at her daughter's residence. (Roldan-Dimas Depo. p. 7:18-8:9).

22. Ms. Roldan-Dimas and Claimant have been together for 13 years, but they are not married. (Roldan-Dimas Depo. p. 13:17-21).

23. Ms. Roldan-Dimas testified during her deposition that she completed the ninth grade in Mexico but is unable to read English. (Roldan-Dimas Depo. p. 9:7-9,12:13-19; Hearing Tr.

28:9-18). Additionally, at the hearing, she confirmed that if she were needed to complete daily logs in English of the claimant's daily progress and details of the attendant care she was providing, she would be unable to do so. (Hearing Tr. 28:9-18).

24. At the time of Claimant's accident, Ms. Roldan-Dimas worked full-time for Black and Decker on the assembly line from 7:00 AM to 3:30 PM, Monday through Friday. She was paid $16.00/hour. (Roldan-Dimas Depo. p. 16:10, 17:1-18; Hearing Tr. 18:2-4, 28:19-24).

25. Prior to her employment at Black and Decker, Ms. Roldan-Dimas cleaned car rims for American Eagle in York, South Carolina. (Roldan-Dimas Depo. p. 18:2-18).

26. Ms. Roldan-Dimas has not received any on-the-job trainings or certifications and is not trained in first aid. However, the nurse at the hospital trained her on administering Claimant's insulin shots. She kept a written record of his blood glucose readings until Claimant was given a patch and a machine that records them digitally. (Hearing Tr. 29:15-25; Roldan-Dimas Depo. p. 19:12-21:1, 22:23-23:10).

27. At the time of her June 9, 2022 deposition, Ms. Roldan-Dimas testified Claimant was unable to bathe himself, feels dizzy when standing up, is only able to walk at a slow pace, and becomes fatigued easily. (Roldan-Dimas Depo. p. 27:4-14).

28. At the time of her deposition, she cooks, cleans, administers Claimant's medicines, purees his food, assists him with dressing himself, transports him to his medical appointments, and and would constantly check on him when he was using the restroom (albeit alone) to make sure he was doing alright. (Roldan-Dimas Depo. p. 29:8-17, 30:1-32:3).

29. Though Ms. Roldan-Dimas has assisted Claimant with ADLs, Dr. Desai testified that Claimant's condition was improving. "Given the severity of his injury, he continues to make gains." (Desai Depo. p. 44:3-7). She was unable to opine as to when he would reach maximum medical improvement for his brain injury. (Desai Depo. p. 44:18-45:17).

30. Dr. Desai testified that despite his gains in recovery, Claimant remains a high fall risk. It would be ideal to have someone with him at home until his fall risk drops. Accordingly, Dr. Desai recommended at-home attendant care to make sure that he does not fall at home. (Desai Depo. p. 54:18-25).

31. At the time of the Hearing, Ms. Roldan-Dimas testified that Claimant could change his clothes and bathe on his own, but he still required "supervision" in case he suffers from a vertigo episode. (Hearing Tr. p. 22:10-18).

32. According to Ms. Roldan-Dimas, Claimant was offered home health services by Defendants upon his release from the hospital, but those services were declined by her and Claimant. Claimant told her that he felt more comfortable having her assist him at home. (Hearing Tr. 30:8-11).

33. Prior to the hearing date, the parties entered into a Consent Order whereby Defendants agreed on a doubtful and disputed basis to pay Claimant $46,000.00 for attendant care benefits from March 3, 2022 through October 19, 2022. (Commission File).

VI. CONCLUSIONS OF LAW

Accordingly, as provided under the South Carolina Code of Laws, § 42-17-40, and § 1-23-320, it is the determination of this Commissioner that:

1. Under S.C. Code § 42-3-180, this Commissioner has jurisdiction over the parties to hear the issues in dispute.

2. Under S.C. Code § 42-1-130, the claimant is a covered employee.

3. Under S.C. Code § 42-1-140, the employer was a covered employer.

4. Under S.C. Code § 42-1-150, there was an employee/employer relationship between the parties.

5. Under S.C. Code § 42-17-20, venue in York, South Carolina is proper and agreed to by the parties.

6. Under S.C. Code § 1-23-320(b), and Reg. 67-607, notice of the hearing was timely and properly served upon all parties of interest.

7. Under S.C. Code § 42-1-160, the claimant sustained a compensable injury by accident on February 18, 2022, when a 500-lb roll of paper fell on Claimant resulting in multiple intercranial hemorrhages, facial fractures, and traumatic brain injury.

8. Claimant is entitled to an award of attendant care, pursuant to S.C. Code Ann. § 42-15-60(A)(2007, as amended). However, such care must be provided by a licensed professional. This conclusion is consistent with the plain language of S.C. Code Ann. 42-15-60(A).

9. Pursuant to section 42-15-60(A), "The employer shall provide medical, surgical, hospital, and other treatment, including medical and surgical supplies as reasonably may be required…for an additional time as in the judgment of the commission will tend to lessen the period of disability as evidenced by expert medical evidence stated to a reasonable degree of medical certainty." S.C. Code Ann. § 42-15-60(A)(2007, as amended).

10. Unlike the medical treatment statutes in some other states, South Carolina limits the treatment available to a Claimant prior to a finding of permanent and total disability to "medical, surgical, hospital, and other treatment," which is governed by S.C. Code Ann. § 42-15-60(A)(2007, as amended). After a finding of permanent and total disability, "reasonable and necessary nursing services, medicines, prosthetic devices, sick travel, medical, hospital, and other treatment or care shall be paid during the life of the injured employee." S.C. Code Ann. 42-15-60(C)(2007, as amended). This provision was added by legislative amendment in 1980.

11. In 2007, the Legislature again amended S.C. Code Ann. 42-15-60. However, that amendment added the requirement to subsection (A) that the medical treatment tend to lessen the

period of disability as shown by expert medical evidence stated to a reasonable degree of medical certainty. Though the Legislature twice had the opportunity, once in 1980 and once in 2007, to add "reasonable and necessary nursing services" or "other treatment or care" to subsection (A), it declined.

12. "What a legislature says in the text of a statute is considered the best evidence of the legislative intent or will. Therefore, courts are bound to give effect to the expressed intent of the legislature." Hodges v. Rainey, 341 S.C. 79, 85 (2000) (internal citations omitted).

13. The undersigned appreciates the difficulty and hardship that Claimant and his family have experienced because of this accident. As reflected in the medical records, Claimant sustained near catastrophic injuries that have resulted in multiple surgeries and many months of continuing rehabilitation. According to Dr. Desai, Ms. Roldan-Dimas is qualified and in the best position to care for her partner. However, the commission is constrained to award benefits as permitted by statute. If the legislature intended for unskilled nursing services to be awarded prior to a finding of permanent and total disability, it would have expressly included such a benefit in the enumerated list under subsection (A) either in 1980 when it added subsection (C) or in 2007 when it amended subsection (A). *See* Hodges, 341 S.C. at 85 ("'[E]xpressio unius est exclusio alterius' or 'inclusio unius est exclusio alteris' holds that 'to express or include one thing implies the exclusion of another, or of the alternative.'"). There is no dispute that Claimant has not yet reached maximum medical improvement. Therefore, a finding of permanent and total disability and an award of benefits pursuant to S.C. Code Ann. § 42-15-60(C) is premature.

14. That Dr. Desai, Claimant's authorized treating physician, has recommended unskilled attendant care does not disturb this conclusion. The Commission may only award benefits pursuant to its statutory authority regardless of whether the care or modalities are recommended by a physician.

15. Claimant cites various cases as support for the position that the Commission is endowed with the legislative authority to award such a benefit. However, those cases are distinguishable from the facts of this claim. In Harrison v. S.C. Wind & Hail, the Court of Appeals, in an unpublished decision, held that modifications to Claimant's second home were "reasonable and necessary medical costs" under S.C. Code Ann. 42-15-60(A) and reached a similar result in Thompson v. S.C. Steel Erectors. Harrison v. S.C. Wind & Hail, Op. No. 2021-UP-117; Thompson v. S.C. Steel Erectors, 396 S.C. 606 (1997). The dispute in this claim involves an award of unskilled attendant care. There is no dispute that attendant care provided by a licensed professional may be awarded under subsection (A). The dispute involves the attendant's qualifications and the propriety of allowing such care prior to maximum medical improvement and a finding of permanent and total disability. These two decisions are inapposite.

16. Likewise, Pressley v. REA Construction Co. is of little support. In that Case, the Court of Appeals awarded unskilled attendant care pursuant to S.C. Code Ann. § 42-15-60(C), an award entirely appropriate under the circumstances pursuant to the terms of that specific subsection which permits an award of "reasonable and necessary nursing services" or "other treatment or care" where claimants have been found to be permanently and totally disabled.

17. The North Carolina decisions Claimant cites are also of little assistance. One decision awards reimbursement for unskilled attendant care as "reasonable and necessary nursing services. . . or other treatment or care" for a claimant who is permanently and totally disabled. *See* Goodwin v. Swift & Co., 270 N.C. 690 (1967). The other decision awards attendant care prior to a finding that a claimant is permanently and totally disabled consistent with the subsequent 2011 amendments to North Carolina's Workers' Compensation Act. Those amendments included "attendant care services prescribed by a health care provider" in the definition of "medical compensation." N.C.G.S.A. § 97-2 (2011, as amended); N.G.S.A. § 97-25(a) (2017, as amended); *See also* London v. Snack Time

Catering, 136 N.C. App. 473 (2000). The language of South Carolina's medical treatment statute is notably dissimilar.

18. Claimant cites a prior Appellate Panel Decision, McDaniel v. Hans Lenger, LLC, 2011 WL 590089 (January 25, 2011). In this case, the Appellate Panel awarded back-due benefits for attendant care beginning on the date of the filing of the Form 50 (September 24, 2009), without a specific finding that Claimant was permanently and totally disabled. The Circuit Court reversed and awarded back due benefits for attendant care pursuant to § 42-15-60(C)beginning on the date of the injury because the statute awards the benefit "for the life of the injured employee." The benefits were awarded pursuant to subsection (C), not (A). Moreover, even if that decision was not based on subsection (C) which contains entirely different language than subsection (A) which is at issue in this case, prior Appellate Panel decisions are not binding authority.

19. Arguably, the phrase "or other treatment" is not defined. However, finding that a claimant's unlicensed or non-professional spouse, or significant other, can render "treatment" creates a liability conundrum.

20. Awarding unskilled attendant care pursuant to S.C. Code Ann. 42-15-60(A) complicates liability for subsequent injury if Claimant is hurt while receiving the unskilled care, could create an employee/employer relationship between Ms. Roldan-Dimas and Defendant-employer where none is intended, and creates an accountability gap in the monitoring of Claimant's progress. Importantly, in this instance, Claimant and Ms. Roldan-Dimas are not married and she is unable to speak or read any English, thereby further complicating any ability for her to provide proper documentation or monitoring of Claimant's medical care.

21. Pursuant to S.C. Code Ann. § 42-15-60(A), Claimant is entitled to up to 15 hours daily of licensed, professional in-home attendant care with a skilled home health care aide or nurse of Defendants' choosing, and Defendants are required to pay for and provide the same as of the

effective date of this Order. Defendants are not responsible to reimburse Ms. Roldan-Dimas for the costs of any attendant care provided from October 19, 2022, through the effective date of this Order, or continuing.

22. Dr. Desai opined that Claimant's condition is improving but he requires attendant care from 6:00am to 9:00pm (15 hours) daily. Conversely, Dr. Lopez- Virella opined that Claimant needed approximately an hour and half of supervision daily. In the months following the accident, Claimant required more intensive personal care and assistance with ADLs. However, at the time of the Hearing, Ms. Roldan-Dimas testified that Claimant could change his clothes and bathe on his own, but he still requires "supervision" in case he suffers from a vertigo episode. She has forgone gainful full-time employment at the rate of $16.00 per hour for 8 hours per day to care for Claimant at her own choosing, considering there is no dispute Defendants have consistently offered, yet Claimant has declined to accept, professional attendant care services since Claimant was discharged from the hospital. Dr. Desai agreed that Ms. Roldan-Dimas is not providing care during the hours that she is asleep. It is unreasonable to find that Ms. Roldan-Dimas could work the equivalent of a double shift 7 days per week for the foreseeable future.

23. The undersigned gives less weight to Dr. Lopez-Virella's medical opinion as to the duration of required attendant care, as she was not Claimant's authorized treating physician, has not physically evaluated claimant, and would be less familiar with his condition. However, the undersigned agrees with Dr. Lopez-Virella's opinion that any ordered attendant care services must be provided by a licensed and trained skilled home health care aide or nurse to ensure Claimant's best possible recovery.

ORDER

NOW, THEREFORE, IT IS ORDERED, ADJUDGED AND DECREED that Claimant has met the legal requisite burden of proof establishing a compensable injury by accident on February

18, 2022 and has established he is entitled to attendant care provided by a licensed and skilled professional with a provider of Defendants' choosing, pursuant to S.C. Code Ann. § 42-15-60(A).

THEREFORE, IT IS ORDERED that Claimant is entitled to 15 hours daily of licensed, professional in-home attendant care per day and Defendants are required to pay for and provide the same as of the effective date of this Order, provided such treatment is accepted by Claimant.

AND SO IT IS ORDERED.

May 23, 2023
Columbia, SC



T. Scott Beck, Commissioner

CERTIFICATE OF SERVICE

This is to certify that the undersigned has on this date served a copy of this order in the above entitled action upon all parties to this case by sending an electronic copy hereof by electronic mail addressed to the attorneys for said parties; or if there is an unrepresented party(ies), by depositing a copy hereof, postage paid in the United States mail, first class, addressed to the unrepresented party(ies) and to the attorney(s) for the represented party(ies).

May 23, 2023

By: Shawnee DeBruhl, Administrative Assistant to Commissioner Beck

State of South Carolina
Workers' Compensation Commission

APPELLATE PANEL DECISION AND ORDER

COMMISSION PANEL: Commissioner Aisha Taylor, Chair; Commissioner R. Michael Campbell II; and Commissioner Cynthia C. Dooley.

SCWCC File No.: 2202001

Hector Lopez-Vasquez,

Claimant,

v.

Ox Paper Tube & Core Carolina, LLC,

Employer,

and

Berkshire Hathaway Homestate Insurance Company,

Carrier,

Defendants.

AFFIRMED

Hearing held via Zoom
on August 28, 2023

Per notice timely and properly served upon all Parties of Interest.

Appearances:	Andrew W. Creech, of Elrod-Pope Law Firm, appeared on behalf of Claimant/Appellant.
	Amity S. Edmonds, of Gallivan White Boyd, P.A., appeared on behalf of Defendants/Respondents.
Court Reporter:	Amber Scarborough, Creel Court Reporting, Inc., 1230 Richland Street, Columbia, SC, 29201, (803) 252-3443, contact@creelreporting.com
Filed:	February 5, 2024

I. STATEMENT OF THE CASE

This case was heard by the Commissioner T. Scott Beck on October 19, 2022, in Columbia, South Carolina. This is an appeal from the Single Commissioner's May 23, 2023 Order, which denied the claimant's request for Defendants to be ordered to compensate his fiancé for providing non-professional attendant care under S.C. Code Ann. § 42-15-60. Specifically, the Single Commissioner found that while the claimant was entitled to an award of attendant care pursuant to S.C. Code Ann. § 42-15-60(A)(2007, as amended), such care must be provided by a licensed medical professional of Defendants' choosing based upon the plain language of the statute.

Claimant sought benefits under the South Carolina Workers' Compensation Act for a compensable injury by accident he sustained on February 18, 2022. Specifically, Claimant initially filed pleadings seeking an award of 24-hour attendant care services; however, during the pre-hearing conference, Claimant amended their position and was seeking an award of 15-hour attendant care services daily for his various injuries, which he requested the Commission order to be provided by his fiancée, Juliana Roldan Dimas. Claimant argued attendant care benefits should be provided by his fiancé pursuant to S.C. Code Ann. § 42-15-60(A), on the basis that Claimant's authorized treating physician, Dr. Sima Desai, recommended Claimant receive attendant care and opined Claimant's fiancé was the most appropriate caregiver according to an April 6, 2022 medical questionnaire. Claimant contended that even though Claimant's fiancé was not a licensed or trained healthcare provider, since attendant care was ordered by the authorized treating physician, it qualified as a form of medical care that had been considered necessary by the attending physician, as contemplated by Section 42-15-60(A).

There was no disputing Defendants consistently offered, and the claimant consistently declined, professional home health care as recommended by Dr. Desai. On April 26, 2022, the claimant filed a Form 50, Request for Hearing, wherein they checked box 7(b) indicating they were seeking "additional medical examination and treatment," consisting of 24-hour attendant care for the claimant. They also confirmed in the Form 50 that, "Claimant declined outside 3rd party care [offered by Defendants]" as he and Ms. Roldan-Dimas "agreed it would be best for [Ms. Roldan-Dimas] to care for [Claimant's] needs." As such, they alleged "Ms. Roldan-Dimas is entitled to payment for the care she is providing."

Defendants subsequently timely filed a Form 51, denying the claimant was entitled to any additional medical treatment as Defendants had authorized all causally related medical treatment

to which he was entitled. Prior to the hearing, the claimant and Defendants resolved the claimant's entitlement to attendant care through the hearing date pursuant to a Consent Order.

While Claimant admitted Defendants offered attendant care with a professional and licensed health care provider, which Claimant declined, Claimant contended Defendants should be ordered to compensate Ms. Roldan-Dimas for providing attendant care services because she is better suited to care for Claimant and was preferred to a third-party provider by Claimant. Claimant relied on testimony from Dr. Desai that Claimant was familiar and comfortable with Ms. Roldan-Dimas and in her experience, brain injury patients recover better when are cared for by loved ones. Moreover, Ms. Roldan-Dimas is Spanish-speaking and able to communicate with Claimant. Additionally, Claimant resides in a home owned by Ms. Roldan-Dimas' daughter, Andrea Angeles-Roldan, and her husband, who disapprove of a third-party in their home. Lastly, Claimant cites various cases supporting their position that the Commission is endowed with legislative authority to allow and award a reimbursement of attendant care performed by a loved one.

Defendants admitted Claimant sustained a compensable injury by accident on February 18, 2022, and further acknowledged Claimant was entitled to attendant care. However, Defendants contended they retained the right to control medical care and any such attendant care should be provided by a licensed, skilled, and trained medical professional of their choosing pursuant S.C. Code Ann. § 42-15-60(A). Specifically, Defendants argued that since Claimant had not yet been deemed to have sustained permanent and total disability, the Commission must award medical treatment pursuant to S.C. Code Ann. § 42-15-60(A), which limits the treatment available to "medical, surgical, hospital, and other treatment, including medical and surgical supplies as reasonably may be necessary." It was Defendants position that because Claimant's fiancé, Ms. Roldan-Dimas, was not qualified to provide medical services or treatment pursuant to section 42-15-60(A), the Commission was without authority to Order Defendants to compensate Ms. Roldan-Dimas for providing non-professional attendant care. Ms. Roldan-Dimas is only 9th grade educated, admitted she only understands a little English, is not capable of reading English, and has no medical or first aid training. Accordingly, Defendants contended she was not qualified to provide "medical, surgical, hospital, and other treatment," under the Act.

Moreover, Defendants' argued that Dr. Desai's opinions on whether Ms. Roldan-Dimas was qualified to provide attendant care for Claimant, on which Claimant so heavily relied, failed to meet the expert standards as required under *Young v. Tide Craft, Inc.*, 270 S.C. 453, 242 S.E.2d

671 (1978). Defendants contend Dr. Desai failed to take into consideration the material facts of the case. Specifically, Dr. Desai confirmed in her September 12, 2022 deposition she had no direct knowledge of Ms. Roldan-Dimas' education, training or experience relating to providing attendant care, her ability to assist with ambulation or transfers, Claimant's diabetic condition, or Ms. Roldan-Dimas' ability to manage Claimant's diabetic condition. Likewise, Dr. Desai further acknowledged she had no knowledge of the specific care being provided to Claimant and was not aware Claimant had previously declined professional attendant care services offered by Defendants.

Lastly, Defendants relied on the expert report of Dr. Maria Lopes-Virella, M.D., Ph.D., who, after reviewing Claimant's medical records and the deposition testimony of Ms. Roldan-Dimas, opined Ms. Roldan-Dimas is not a licensed health care provider and is not qualified to provide attendant care to Claimant. That said, Dr. Lopes-Virella opined Claimant requires attendant care a licensed, skilled, and trained medical professional for activities of daily living, medication administration, and glucose monitoring for at maximum 1.5-hours a day.

Accordingly, Defendants sought an Order from the Commission finding (1) they retained the right to direct any and all medical care required for Claimant pursuant to 42-15-60(A); (2) that any necessary attendant care services required by Claimant must be provided by a licensed, skilled, medical professional; and, (3) that Claimant is limited to no more than 15 hours per day of attendant care.

A hearing was held on October 19, 2022, with the only issue being whether the single Commission would allow Defendants to retain their statutory right to direct medical care pursuant to S.C. Code Ann. § 42-15-60(A) for any attendant care needs to which the claimant was entitled, or whether the Commission would order Defendants to compensate the claimant's fiancé, Ms. Roldan-Dimas, for providing attendant care as requested by the claimant. The parties agreed the claimant was not at maximum medical improvement and, therefore § 42-15-60(C) was not applicable. Accordingly, any award of medical benefits was governed by subsection (A).

On May 23, 2023, the Single Commissioner issued a Decision and Order finding the claimant was entitled to an award of attendant care pursuant to S.C. Code Ann. § 42-15-60(A)(2007, as amended), but that such care must be provided by a licensed medical professional of Defendants' choosing based upon the plain language of the statute. The Single Commissioner held that since the claimant had not reached MMI, an award of medical benefits must be pursuant

to subsection (A), which did not contemplate non-professional unskilled services. Accordingly, the Commission was without authority to order Defendants to pay Ms. Roldan-Dimas for providing medical services. The Single Commissioner found that while subsection (C) includes more expansive language with regard to medical benefits which can be awarded after a finding of permanent and total disability, if the legislature intended for unskilled attendant care or unskilled nursing services to be awarded prior to a finding of permanent and total disability, it would have expressly included such a benefit in the enumerated list under subsection (A) either in 1980 when it added subsection (C), or in 2007 when it amended subsection (A). Likewise, the Single Commissioner held that finding a claimant's unlicensed significant other can render "treatment" pursuant to subsection (A), prior to a finding of permanent and total disability, creates a liability conundrum for Defendants should the claimant suffer a subsequent injury due to the fault of the unskilled attendant care, as Defendants would have no legal remedy or subrogation rights. Accordingly, the Single Commissioner held the claimant was entitled to 15 hours daily of licensed, professional in-home attendant care per day with a medical provider of Defendants' choosing, pursuant to S.C. Code Ann. § 42-15-60(A)(2007, as amended).

Thereafter, the claimant filed a Form 30, alleging the Hearing Commissioner erred in finding the Commission was without authority to order Defendants to provide unskilled attendant care pursuant to S.C. Code Ann. § 42-15-60(A), and in failing to order Defendants to compensate Ms. Roldan-Dimas for caring for the claimant. The parties presented for oral argument before the Appellate Panel on August 28, 2023.

II. SINGLE COMMISSIONER FINDINGS OF FACT AND CONCLUSIONS OF LAW

FINDINGS OF FACT

IT IS FOUND AS A FACT:

1. On February 18, 2022, a 500 pound roll of paper fell on Claimant resulting in multiple intercranial hemorrhages, multiple facial fractures, and traumatic brain injury. (Claimant's APA 1, p. 5; Defendants' APA 18, p. 283).

2. Claimant filed a Form 50 Hearing Request on April 26, 2022, seeking an award of 24-hour attendant care services for his various injuries. (Commission File). The parties agreed during the Hearing that Claimant was entitled to attendant care; however, they disagreed as to the amount and the provider's qualifications. (Hr. Tr. p. 13:4-13).

3. Claimant received immediate emergency care at Carolinas Medical Center and was admitted to the hospital until March 2, 2022. He received surgical treatment in the form of a closed nasal reduction and placement of doyle splints while hospitalized. (Claimant's APA 1, p. 16, 22-25, 32-34).

4. Upon discharge from the hospital, Claimant was diagnosed with serious injuries, including, subdural hemorrhage, subarachnoid hemorrhage, Lefort II fracture, altered mental status, pre- existing diabetes, acute pain due to trauma traumatic brain injury, dysphagia, crush injury, multiple facial fractures, and temporal bone fracture, (Claimant's APA 1, p. 35).

5. To monitor his progress after discharge, Defendants provided a professional, licensed home health aide to assist Claimant from approximately March 4, 2022 to March 29, 2022. The aide visited a few times per week and monitored Claimant's vital signs, assessed pain complaints, and instructed his caregivers on methods to reduce fall risks and methods to administer insulin and other medications. These visits lasted between one hour to nearly an hour and a half on average. See generally (Claimant's APA 2).

6. Claimant also underwent a neurosurgical evaluation by Dr. Stetler with Carolina Neurosurgery and Spine Associates on March 16, 2022. Dr. Stetler evaluated Claimant and determined that he was not a neurosurgical candidate. See generally (Claimant's APA 4).

7. Defendants provided multiple evaluations with physicians in various specialties including plastic surgery, oral maxillofacial, ENT, and physiatry. See generally (Claimant's APA 5-6). The medical records also reference referrals for dental care. See generally (Defendants' APA 20, p. 423).

8. As of the time of the hearing, Claimant continued to receives treatment with vanous specialists at Charlotte Eye Ear Nose & Throat Associates. The last treatment note submitted into evidence, dated August 23, 2022, indicates that he has not been released at maximum medical improvement by any of the physicians at that practice. See generally (Claimant's APA 3, 16, p. 221-226).

9. On April 6, 2022, Claimant's authorized treating physician with Carolina Rehabilitation, Dr. Desai, completed a physician questionnaire at the request of Claimant's Attorney, in which she opined to a reasonable degree of medical certainty, that Claimant required 24-hour attendant care 7 days per week and that his significant other, Ms. Roldan-Dimas "is capable of providing the required 24-hour attendant care." On May 4, 2022, Dr. Desai also completed a letter wherein

she indicated Claimant continued to require 24/7 attendant care that was being provided by his "wife." (Claimant's APA 7, p. 161; See also Claimant's APA 7, p. 171).

10. Dr. Desai's statements in her questionnaire were consistent with her September, 12, 2022 deposition testimony. Specifically, she testified: "... his wife is able to provide the 24/7 supervision that he currently needs, and that I think she is the most appropriate caregiver for him given that she does provide all his current activities of daily living... as well as providing him with mobility help." (Desai Depo. p. 12:22-25,13:1-3).

11. Dr. Desai based her assessment on her experience seeing Ms. Roldan-Dimas at medical appointments and watching her engage with Claimant. (Desai Depo. p. 26:12-22). Claimant's providers for home PT, home OT, and home speech did not communicate any concerns to Dr. Deasi regarding Ms. Roldan-Dimas' level of care. (Desai. Depo. p. 27:19-28:1-3).

12. Dr. Desai testified: "I feel in brain injury patients, we find that loved ones do provide great care, because they're connected through a bond with their significant other, and I think that's a big thing that drives brain injury patients and their care for a loved ones [sic] is that comfortability with someone they know is able to provide the competent care he needs [sic] And so I think at this point, Juliana is competent to continue to provide that care that he needs. (Desai Depo. p. 39:7-16, 41:1-4).

13. Dr. Desai typically recommends that someone stay home 24/7 with a patient who has sustained a brain injury. (Desai Depo. p. 23:12-22). However, she agreed that Ms. Roldan-Dimas was not providing supervision to Claimant while she was sleeping each night. (Desai Depo. p. 38, In. 2-5).

14. Defendants also obtained a questionnaire from Dr. Maria Lopez-Virella, a board-certified physician in pathology and lipidology and a Professor at the Medical University of South Carolina. After a review of Ms. Roldan-Dimas' testimony and the pre-accident and post- accident medical records, she also opined that Claimant required attendant care to assist with activities of daily living and medication management. However, according to Dr. Lopez- Virella, Claimant only required approximately 90 minutes, or 30-minute sessions three times per day. (Defendants' APA, pp. 426-430).

15. In Dr. Lopez-Virella's opinion, any necessary attendant care should be provided by a licensed and trained skilled home health care aide or nurse to ensure Claimant's best possible recovery. She also opined, based on her experience and review of the medical evidence and Ms.

Roldan-Dimas' deposition testimony, Ms. Roldan-Dimas was not qualified to provide medical, surgical, hospital, and/or other treatment required by Claimant. (Defendants' APA 22, p. 429).

16. According to Dr. Desai's testimony, she initially did not make an attendant care referral because it was her understanding Ms. Roldan-Dimas was providing Claiamnt's care. (Desai Depo. p. 19:21-20:3, 32:3-8). Dr. Desai indicates in letters dated May 12, 2022 and July 20, 2022 that Claimant's severe injuries required Ms. Roldan-Dimas to care for him at home 24 hours per day 7 days per week. (Claimant's APA 7, p. 171; Claimant's APA 13, p. 200).

17. At the time of her deposition, Dr. Desai opined that Claimant required attendant care during waking hours, from 6:00 AM to 9:00 PM. (Desai Depo. p. 39:23-40:6; 55:12-19).

18. In addition to Claimant's facial injuries, he also injured his right knee in the accident. MRI results indicated that Claimant sustained a fracture of the posterior lateral tibial plateau. (Claimant's APA 12, p. 195). On June 29, 2022, Claimant presented to Dr. James Rentz with AH Musculoskeletal Institute in Rock Hill complaining of"pain in the knee and also episodes of the knee wanting to give out especially if he twists or turns with weightbearing." (Claimant's APA 15, p. 211).

19. According to Dr. James Rentz's treatment note, dated June 29, 2022, Claimant sustained a medial meniscus tear of the right knee. Dr. Rentz recommended a right knee arthroscopy with partial medical meniscectomy. (Claimant's APA 15, p. 214).

21. Ms. Roldan-Dimas, Claimant's significant other, testified during her deposition that both she and Claimant reside at her daughter's residence. (Roldan-Dimas Depo. p. 7:18-8:9).

22. Ms. Roldan-Dimas and Claimant have been together for 13 years, but they are not married. (Roldan-Dimas Depo. p. 13:17-21).

23. Ms. Roldan-Dimas testified during her deposition that she completed the ninth grade in Mexico but is unable to read English. (Roldan-Dimas Depo. p. 9:7-9,12:13-19; Hearing Tr. 28:9-18). Additionally, at the hearing, she confirmed that if she were needed to complete daily logs in English of the claimant's daily progress and details of the attendant care she was providing, she would be unable to do so. (Hearing Tr. 28:9-18).

24. At the time of Claimant's accident, Ms. Roldan-Dimas worked full-time for Black and Decker on the assembly line from 7:00 AM to 3:30 PM, Monday through Friday. She was paid $16.00/hour. (Roldan-DimasDepo. p. 16:10, 17:1-18;HearingTr. 18:2-4, 28:19-24).

25. Prior to her employment at Black and Decker, Ms. Roldan-Dimas cleaned car rims for American Eagle in York, South Carolina. (Roldan-Dimas Depo. p. 18:2-18).

26. Ms. Roldan-Dimas has not received any on-the-job trainings or certifications and is not trained in first aid. However, the nurse at the hospital trained her on administering Claimant's insulin shots. She kept a written record of his blood glucose readings until Claimant was given a patch and a machine that records them digitally. (Hearing Tr. 29:15-25; Roldan-Dimas Depo. p. 19:12-21:1, 22:23-23:10).

27. At the time of her June 9, 2022 deposition, Ms. Roldan-Dimas testified Claimant was unable to bathe himself, feels dizzy when standing up, is only able to walk at a slow pace, and becomes fatigued easily. (Roldan-Dimas Depo. p. 27:4-14).

28. At the time of her deposition, she cooks, cleans, administers Claimant's medicines, purees his food, assists him with dressing himself, transports him to his medical appointments, and and would constantly check on him when he was using the restroom (albeit alone) to make sure he was doing alright. (Roldan-Dimas Depo. p. 29:8-17, 30:1-32:3).

29. Though Ms. Roldan-Dimas has assisted Claimant with ADLs, Dr. Desai testified that Claimant's condition was improving. "Given the severity of his injury, he continues to make gains." (Desai Depo. p. 44:3-7). She was unable to opine as to when he would reach maximum medical improvement for his brain injury. (Desai Depo. p. 44:18-45:17).

30. Dr. Desai testified that despite his gains in recovery, Claimant remains a high fall risk. It would be ideal to have someone with him at home until his fall risk drops. Accordingly, Dr. Desai recommended at-home attendant care to make sure that he does not fall at home. (Desai Depo. p. 54:18-25).

31. At the time of the Hearing, Ms. Roldan-Dimas testified that Claimant could change his clothes and bathe on his own, but he still required "supervision" in case he suffers from a vertigo episode. (Hearing Tr. p. 22:10-18).

32. According to Ms. Roldan-Dimas, Claimant was offered home health services by Defendants upon his release from the hospital, but those services were declined by her and Claimant. Claimant told her that he felt more comfortable having her assist him at home. (Hearing Tr. 30:8-11).

33. Prior to the hearing date, the parties entered into a Consent Order whereby Defendants agreed on a doubtful and disputed basis to pay Claimant $46,000.00 for attendant care benefits from March 3, 2022 through October 19, 2022. (Commission File).

CONCLUSIONS OF LAW

Accordingly, as provided under the South Carolina Code of Laws, § 42-17-40, and § l-23-320, it is the determination of this Commissioner that:

1. Under S.C. Code§ 42-3-180, this Commissioner has jurisdiction over the parties to hear the issues in dispute.

2. Under S.C. Code§ 42-1-130, the claimant is a covered employee.

3. Under S.C. Code§ 42-1-140, the employer was a covered employer.

4. Under S.C. Code§ 42-1-150, there was an employee/employer relationship between the parties.

5. Under S.C. Code§ 42-17-20, venue in York, South Carolina is proper and agreed to by the parties.

6. Under S.C. Code § l-23-320(b), and Reg. 67-607, notice of the hearing was timely and properly served upon all parties of interest.

7. Under S.C. Code§ 42-1-160, the claimant sustained a compensable injury by accident on February 18, 2022, when a 500-lb roll of paper fell on Claimant resulting in multiple intercranial hemorrhages, facial fractures, and traumatic brain injury.

8. Claimant is entitled to an award of attendant care, pursuant to S.C. Code Ann. § 42- 15-60(A)(2007, as amended). However, such care must be provided by a licensed professional. This conclusion is consistent with the plain language of S.C. Code Ann. 42-15-60(A).

9. Pursuant to section 42-l 5-60(A), "The employer shall provide medical, surgical, hospital, and other treatment, including medical and surgical supplies as reasonably may be required... for an additional time as in the judgment of the commission will tend to lessen the period of disability as evidenced by expert medical evidence stated to a reasonable degree of medical certainty." S.C. Code Ann.§ 42-15-60(A)(2007, as amended).

10. Unlike the medical treatment statutes in some other states, South Carolina limits the treatment available to a Claimant prior to a finding of permanent and total disability to "medical, surgical, hospital, and other treatment," which is governed by S.C. Code Ann. § 42-15-60(A)(2007, as amended). After a finding of permanent and total disability, "reasonable and necessary nursing

services, medicines, prosthetic devices, sick travel, medical, hospital, and other treatment or care shall be paid during the life of the injured employee." S.C. Code Ann. 42-15-60(C)(2007, as amended). This provision was added by legislative amendment in 1980.

11. In 2007, the Legislature again amended S.C. Code Ann. 42-15-60. However, that amendment added the requirement to subsection (A) that the medical treatment tend to lessen the period of disability as shown by expert medical evidence stated to a reasonable degree of medical certainty. Though the Legislature twice had the opportunity, once in 1980 and once in 2007, to add "reasonable and necessary nursing services" or "other treatment or care" to subsection (A), it declined.

12. "What a legislature says in the text of a statute is considered the best evidence of the legislative intent or will. Therefore, courts are bound to give effect to the expressed intent of the legislature." Hodges v. Rainey. 341 S.C. 79, 85 (2000) (internal citations omitted).

13. The undersigned appreciates the difficulty and hardship that Claimant and his family have experienced because of this accident. As reflected in the medical records, Claimant sustained near catastrophic injuries that have resulted in multiple surgeries and many months of continuing rehabilitation. According to Dr. Desai, Ms. Roldan-Dimas is qualified and in the best position to care for her partner. However, the commission is constrained to award benefits as permitted by statute. If the legislature intended for unskilled nursing services to be awarded prior to a finding of permanent and total disability, it would have expressly included such a benefit in the enumerated list under subsection (A) either in 1980 when it added subsection (C) or in 2007 when it amended subsection (A). See Hodges, 341 S.C. at 85 ("'[E]xpressio unius est exclusio alterius' or 'inclusio unius est exclusio alteris' holds that 'to express or include one thing implies the exclusion of another, or of the alternative.'"). There is no dispute that Claimant has not yet reached maximum medical improvement. Therefore, a finding of permanent and total disability and an award of benefits pursuant to S.C. Code Ann. § 42-l 5-60(C) is premature.

14. That Dr. Desai, Claimant's authorized treating physician, has recommended unskilled attendant care does not disturb this conclusion. The Commission may only award benefits pursuant to its statutory authority regardless of whether the care or modalities are recommended by a physician.

15. Claimant cites various cases as support for the position that the Commission is endowed with the legislative authority to award such a benefit. However, those cases are distinguishable

from the facts of this claim. In Harrison v. S.C. Wind & Hail, the Court of Appeals, in an unpublished decision, held that modifications to Claimant's second home were "reasonable and necessary medical costs" under S.C. Code Ann. 42-15-60(A) and reached a similar result in Thompson v. S.C. Steel Erectors. Harrison v. S.C. Wind & Hail, Op. No. 2021-UP-117; Thompson v. S.C. Steel Erectors, 396 S.C. 606 (1997). The dispute in this claim involves an award of unskilled attendant care. There is no dispute that attendant care provided by a licensed professional may be awarded under subsection (A). The dispute involves the attendant's qualifications and the propriety of allowing such care prior to maximum medical improvement and a finding of permanent and total disability. These two decisions are inapposite.

16. Likewise, Pressley v. REA Construction Co. is of little support. In that Case, the Court of Appeals awarded unskilled attendant care pursuant to S.C. Code Ann. § 42-15-60(C), an award entirely appropriate under the circumstances pursuant to the terms of that specific subsection which permits an award of "reasonable and necessary nursing services" or "other treatment or care" where claimants have been found to be permanently and totally disabled.

17. The North Carolina decisions Claimant cites are also of little assistance. One decision awards reimbursement for unskilled attendant care as "reasonable and necessary nursing services...or other treatment or care" for a claimant who is permanently and totally disabled. See Goodwin v. Swift & Co., 270 N.C. 690 (1967). The other decision awards attendant care prior to a finding that a claimant is permanently and totally disabled consistent with the subsequent 2011 amendments to North Carolina's Workers' Compensation Act. Those amendments included "attendant care services prescribed by a health care provider" in the definition of "medical compensation." N.C.G.S.A. § 97-2 (2011, as amended); N.G.S.A. § 97-25(a) (2017, as amended); See also London v. Snack Time Catering, 136 N.C. App. 473 (2000). The language of South Carolina's medical treatment statute is notably dissimilar.

18. Claimant cites a prior Appellate Panel Decision, McDaniel v. Hans Lenger, LLC, 2011 WL 590089 (January 25, 2011). In this case, the Appellate Panel awarded back-due benefits for attendant care beginning on the date of the filing of the Form 50 (September 24, 2009), without a specific finding that Claimant was permanently and totally disabled. The Circuit Court reversed and awarded back due benefits for attendant care pursuant to § 42-15-60(C)beginning on the date of the injury because the statute awards the benefit "for the life of the injured employee." The benefits were awarded pursuant to subsection (C), not (A). Moreover, even if that decision was

not based on subsection (C) which contains entirely different language than subsection (A) which is at issue in this case, prior Appellate Panel decisions are not binding authority.

19. Arguably, the phrase "or other treatment" is not defined. However, finding that a claimant's unlicensed or non-professional spouse, or significant other, can render "treatment" creates a liability conundrum.

20. Awarding unskilled attendant care pursuant to S.C. Code Ann. 42-15-60(A) complicates liability for subsequent injury if Claimant is hurt while receiving the unskilled care, could create an employee/employer relationship between Ms. Roldan-Dimas and Defendant- employer where none is intended, and creates an accountability gap in the monitoring of Claimant's progress. Importantly, in this instance, Claimant and Ms. Roldan-Dimas are not married and she is unable to speak or read any English, thereby further complicating any ability for her to provide proper documentation or monitoring of Claimant's medical care.

21. Pursuant to S.C. Code Ann.§ 42-15-60(A), Claimant is entitled to up to 15 hours daily of licensed, professional in-home attendant care with a skilled home health care aide or nurse of Defendants' choosing, and Defendants are required to pay for and provide the same as of the effective date of this Order. Defendants are not responsible to reimburse Ms. Roldan-Dimas for the costs of any attendant care provided from October 19, 2022, through the effective date of this Order, or continuing.

22. Dr. Desai opined that Claimant's condition is improving but he requires attendant care from 6:00am to 9:00pm (15 hours) daily. Conversely, Dr. Lopez- Virella opined that Claimant needed approximately an hour and half of supervision daily. In the months following the accident, Claimant required more intensive personal care and assistance with ADLs. However, at the time of the Hearing, Ms. Roldan-Dimas testified that Claimant could change his clothes and bathe on his own, but he still requires "supervision" in case he suffers from a vertigo episode. She has forgone gainful full-time employment at the rate of $16.00 per hour for 8 hours per day to care for Claimant at her own choosing, considering there is no dispute Defendants have consistently offered, yet Claimant has declined to accept, professional attendant care services since Claimant was discharged from the hospital. Dr. Desai agreed that Ms. Roldan-Dimas is not providing care during the hours that she is asleep. It is unreasonable to find that Ms. Roldan-Dimas could work the equivalent of a double shift 7 days per week for the foreseeable future.

23. The undersigned gives less weight to Dr. Lopez-Virella's medical opinion as to the duration of required attendant care, as she was not Claimant's authorized treating physician, has not physically evaluated claimant, and would be less familiar with his condition. However, the undersigned agrees with Dr. Lopez-Virella's opinion that any ordered attendant care services must be provided by a licensed and trained skilled home health care aide or nurse to ensure Claimant's best possible recovery.

ORDER

NOW, THEREFORE, IT IS ORDERED, ADJUDGED AND DECREED that Claimant has met the legal requisite burden of proof establishing a compensable injury by accident on February 18, 2022 and has established he is entitled to attendant care provided by a licensed and skilled professional with a provider of Defendants' choosing, pursuant to S.C. Code Ann. § 42-15-60(A).

THEREFORE, IT IS ORDERED that Claimant is entitled to 15 hours daily of licensed, professional in-home attendant care per day and Defendants are required to pay for and provide the same as of the effective date of this Order, provided such treatment is accepted by Claimant.

AND SO IT IS ORDERED.

III. ISSUES ON APPEAL

Did the Single Commissioner err in making Finding of Fact #23 as it is completely irrelevant that Ms. Roldan-Dimas does not speak English and could not fill out logs in English?

Did the Single Commissioner err in finding that Ms. Roldan-Dimas refused Defendants offer of a third-party home health service provider only because the Claimant preferred her to provide the at-home care, when the record actually shows the offer was also declined because Ms. Roldan-Dimas and her husband live in Ms. Roldan-Dimas' daughter's home who would not allow a stranger in their home 24 hours a day, 7 days a week?

Did the Single Commissioner err in Conclusion of Law #8 by interpreting 42-15-60(A) to only allow attendant care service by a licensed professional?

Did the Single Commissioner err in Conclusion of Law #10 by interpreting the differences and limitations of treatment between 42-15-60(A) and 42-15-60(C)?

Did the Single Commissioner err in Conclusion of Law #11 in the interpretation of 42-15-60(A) and its limitation on the Commission's ability to order nursing services and other reasonable treatment or care prior to MMI?

Did the Single Commissioner err in Conclusion of Law #13 by finding the Commission is constrained in its authority to order unskilled nursing services pursuant to 42-15-60(A)?

Did the Single Commissioner err in Conclusion of Law #14 that despite the authorized treating doctor ordering unskilled attendant care,42-15-60(a) prohibits the Commissions ability to do so prior to MMI?

Did the Single Commissioner err in Conclusion of Law #15 that the cited cases were instructive on the broad authority granted in 42-15-60(A)?

Did the Single Hearing Commissioner Err in Conclusion of Law #18 by declining to consider the Circuit Courts order on this issue instructive, and incorrectly interpreting that benefits were only issued per 42-15-60(c) when the Court in fact ordered back payment of attendant care beginning from the first day Claimant got out of the hospital which was clearly before he was at MMI?

Did the Hearing Commissioner err in Conclusion of Law #19 determining that unlicensed or non-professional care creates a liability conundrum?

Did the Hearing Commissioner err in Conclusion of Law #20 by concluding that by Ms. Roldan-Dimas being paid for the care she is providing to her husband that she could somehow be an employee of the Defendant, or that by her not speaking English that somehow limits her ability to properly monitor Claimant?

Did the Hearing Commissioner err in Conclusion of Law #21 in failing to order payment or reimburse Ms. Roldan-Dimas for her care services, and instead only concluding that Defendants must provide care services with a licensed professional skilled home health aide and/or nurse?

IV. DECISION OF THE APPELLATE PANEL

Based upon the applicable review and actions of the Single Commissioner in deciding based on the evidence of record, we concur with the Single Commissioner in this action affirming in full his decision on the following findings of fact:

FINDINGS OF FACT

1. On February 18, 2022, a 500 pound roll of paper fell on Claimant resulting in multiple intercranial hemorrhages, multiple facial fractures, and traumatic brain injury. (Claimant's APA 1, p. 5; Defendants' APA 18, p. 283).

2. Claimant filed a Form 50 Hearing Request on April 26, 2022, seeking an award of 24-hour attendant care services for his various injuries. (Commission File). The parties agreed during the Hearing that Claimant was entitled to attendant care; however, they disagreed as to the amount and the provider's qualifications. (Hr. Tr. p. 13:4-13).

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4. Upon discharge from the hospital, Claimant was diagnosed with serious injuries, including, subdural hemorrhage, subarachnoid hemorrhage, Lefort II fracture, altered mental status, pre-existing diabetes, acute pain due to trauma traumatic brain injury, dysphagia, crush injury, multiple facial fractures, and temporal bone fracture, (Claimant's APA 1, p. 35).

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8. As of the time of the hearing, Claimant continued to receives treatment with vanous specialists at Charlotte Eye Ear Nose & Throat Associates. The last treatment note submitted into evidence, dated August 23, 2022, indicates that he has not been released at maximum medical improvement by any of the physicians at that practice. See generally (Claimant's APA 3, 16, p. 221-226).

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10. Dr. Desai's statements in her questionnaire were consistent with her September, 12, 2022 deposition testimony. Specifically, she testified: " ... his wife is able to provide the 24/7 supervision that he currently needs, and that I think she is the most appropriate caregiver for him given that she does provide all his current activities of daily living... as well as providing him with mobility help." (Desai Depo. p. 12:22-25,13:1-3).

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13. Dr. Desai typically recommends that someone stay home 24/7 with a patient who has sustained a brain injury. (Desai Depo. p. 23:12-22). However, she agreed that Ms. Roldan-Dimas was not providing supervision to Claimant while she was sleeping each night. (Desai Depo. p. 38, In. 2-5).

14. Defendants also obtained a questionnaire from Dr. Maria Lopez-Virella, a board-certified physician in pathology and lipidology and a Professor at the Medical University of South Carolina. After a review of Ms. Roldan-Dimas' testimony and the pre-accident and post- accident medical records, she also opined that Claimant required attendant care to assist with activities of daily living and medication management. However, according to Dr. Lopez- Virella, Claimant only required approximately 90 minutes, or 30-minute sessions three times per day. (Defendants' APA, pp. 426-430).

15. In Dr. Lopez-Virella's opinion, any necessary attendant care should be provided by a licensed and trained skilled home health care aide or nurse to ensure Claimant's best possible recovery. She also opined, based on her experience and review of the medical evidence and Ms. Roldan-Dimas' deposition testimony, Ms. Roldan-Dimas was not qualified to provide medical, surgical, hospital, and/or other treatment required by Claimant. (Defendants' APA 22, p. 429).

16. According to Dr. Desai's testimony, she initially did not make an attendant care referral because it was her understanding Ms. Roldan-Dimas was providing Claimant's care. (Desai Depo. p. 19:21-20:3, 32:3-8). Dr. Desai indicates in letters dated May 12, 2022 and July 20, 2022 that Claimant's severe injuries required Ms. Roldan-Dimas to care for him at home 24 hours per day 7 days per week. (Claimant's APA 7, p. 171; Claimant's APA 13, p. 200).

17. At the time of her deposition, Dr. Desai opined that Claimant required attendant care during waking hours, from 6:00 AM to 9:00 PM. (Desai Depo. p. 39:23-40:6; 55:12-19).

18. In addition to Claimant's facial injuries, he also injured his right knee in the accident. MRI results indicated that Claimant sustained a fracture of the posterior lateral tibial plateau. (Claimant's APA 12, p. 195). On June 29, 2022, Claimant presented to Dr. James Rentz with AH Musculoskeletal Institute in Rock Hill complaining of"pain in the knee and also episodes of the knee wanting to give out especially if he twists or turns with weightbearing." (Claimant's APA 15, p. 211).

19. According to Dr. James Rentz's treatment note, dated June 29, 2022, Claimant sustained a medial meniscus tear of the right knee. Dr. Rentz recommended a right knee arthroscopy with partial medical meniscectomy. (Claimant's APA 15, p. 214).

21. Ms. Roldan-Dimas, Claimant's significant other, testified during her deposition that both she and Claimant reside at her daughter's residence. (Roldan-Dimas Depo. p. 7:18-8:9).

22. Ms. Roldan-Dimas and Claimant have been together for 13 years, but they are not married. (Roldan-Dimas Depo. p. 13:17-21).

23. Ms. Roldan-Dimas testified during her deposition that she completed the ninth grade in Mexico but is unable to read English. (Roldan-Dimas Depo. p. 9:7-9,12:13-19; Hearing Tr. 28:9-18). Additionally, at the hearing, she confirmed that if she were needed to complete daily logs in English of the claimant's daily progress and details of the attendant care she was providing, she would be unable to do so. (Hearing Tr. 28:9-18).

24. At the time of Claimant's accident, Ms. Roldan-Dimas worked full-time for Black and Decker on the assembly line from 7:00 AM to 3:30 PM, Monday through Friday. She was paid $16.00/hour. (Roldan-Dimas Depo. p. 16:10, 17:1-18;HearingTr. 18:2-4, 28:19-24).

25. Prior to her employment at Black and Decker, Ms. Roldan-Dimas cleaned car rims for American Eagle in York, South Carolina. (Roldan-Dimas Depo. p. 18:2-18).

26. Ms. Roldan-Dimas has not received any on-the-job trainings or certifications and is not trained in first aid. However, the nurse at the hospital trained her on administering Claimant's insulin shots. She kept a written record of his blood glucose readings until Claimant was given a patch and a machine that records them digitally. (Hearing Tr. 29:15-25; Roldan-Dimas Depo. p. 19:12-21:1, 22:23-23:10).

27. At the time of her June 9, 2022 deposition, Ms. Roldan-Dimas testified Claimant was unable to bathe himself, feels dizzy when standing up, is only able to walk at a slow pace, and becomes fatigued easily. (Roldan-Dimas Depo. p. 27:4-14).

28. At the time of her deposition, she cooks, cleans, administers Claimant's medicines, purees his food, assists him with dressing himself, transports him to his medical appointments, and and would constantly check on him when he was using the restroom (albeit alone) to make sure he was doing alright. (Roldan-Dimas Depo. p. 29:8-17, 30:1-32:3).

29. Though Ms. Roldan-Dimas has assisted Claimant with ADLs, Dr. Desai testified that Claimant's condition was improving. "Given the severity of his injury, he continues to make gains." (Desai Depo. p. 44:3-7). She was unable to opine as to when he would reach maximum medical improvement for his brain injury. (Desai Depo. p. 44:18-45:17).

30. Dr. Desai testified that despite his gains in recovery, Claimant remains a high fall risk. It would be ideal to have someone with him at home until his fall risk drops. Accordingly, Dr. Desai recommended at-home attendant care to make sure that he does not fall at home. (Desai Depo. p. 54:18-25).

31. At the time of the Hearing, Ms. Roldan-Dimas testified that Claimant could change his clothes and bathe on his own, but he still required "supervision" in case he suffers from a vertigo episode. (Hearing Tr. p. 22:10-18).

32. According to Ms. Roldan-Dimas, Claimant was offered home health services by Defendants upon his release from the hospital, but those services were declined by her and Claimant. Claimant told her that he felt more comfortable having her assist him at home. (Hearing Tr. 30:8-11).

33. Prior to the hearing date, the parties entered into a Consent Order whereby Defendants agreed on a doubtful and disputed basis to pay Claimant $46,000.00 for attendant care benefits from March 3, 2022 through October 19, 2022. (Commission File).

CONCLUSIONS OF LAW

Accordingly, as provided under the South Carolina Code of Laws, § 42-17-40, and § 1-23-320, it is the determination of this Commissioner that:

1. Under S.C. Code§ 42-3-180, this Commissioner has jurisdiction over the parties to hear the issues in dispute.

2. Under S.C. Code§ 42-1-130, the claimant is a covered employee.

3. Under S.C. Code§ 42-1-140, the employer was a covered employer.

4. Under S.C. Code§ 42-1-150, there was an employee/employer relationship between the parties.

5. Under S.C. Code§ 42-17-20, venue in York, South Carolina is proper and agreed to by the parties.

6. Under S.C. Code § 1-23-320(b), and Reg. 67-607, notice of the hearing was timely and properly served upon all parties of interest.

7. Under S.C. Code§ 42-1-160, the claimant sustained a compensable injury by accident on February 18, 2022, when a 500-lb roll of paper fell on Claimant resulting in multiple intercranial hemorrhages, facial fractures, and traumatic brain injury.

8. Claimant is entitled to an award of attendant care, pursuant to S.C. Code Ann. § 42- 15-60(A)(2007, as amended). However, such care must be provided by a licensed professional. This conclusion is consistent with the plain language of S.C. Code Ann. 42-15-60(A).

9. Pursuant to section 42-1 5-60(A), "The employer shall provide medical, surgical, hospital, and other treatment, including medical and surgical supplies as reasonably may be required... for an additional time as in the judgment of the commission will tend to lessen the period of disability as evidenced by expert medical evidence stated to a reasonable degree of medical certainty." S.C. Code Ann.§ 42-15-60(A)(2007, as amended).

10. Unlike the medical treatment statutes in some other states, South Carolina limits the treatment available to a Claimant prior to a finding of permanent and total disability to "medical, surgical, hospital, and other treatment," which is governed by S.C. Code Ann. § 42-15-60(A)(2007, as amended). After a finding of permanent and total disability, "reasonable and necessary nursing services, medicines, prosthetic devices, sick travel, medical, hospital, and other treatment or care shall be paid during the life of the injured employee." S.C. Code Ann. 42-15-60(C)(2007, as amended). This provision was added by legislative amendment in 1980.

11. In 2007, the Legislature again amended S.C. Code Ann. 42-15-60. However, that amendment added the requirement to subsection (A) that the medical treatment tend to lessen the period of disability as shown by expert medical evidence stated to a reasonable degree of medical certainty. Though the Legislature twice had the opportunity, once in 1980 and once in 2007, to add "reasonable and necessary nursing services" or "other treatment or care" to subsection (A), it declined.

12. "What a legislature says in the text of a statute is considered the best evidence of the legislative intent or will. Therefore, courts are bound to give effect to the expressed intent of the legislature." Hodges v. Rainey. 341 S.C. 79, 85 (2000) (internal citations omitted).

13. The undersigned appreciates the difficulty and hardship that Claimant and his family have experienced because of this accident. As reflected in the medical records, Claimant sustained near catastrophic injuries that have resulted in multiple surgeries and many months of continuing rehabilitation. According to Dr. Desai, Ms. Roldan-Dimas is qualified and in the best position to care for her partner. However, the commission is constrained to award benefits as permitted by statute. If the legislature intended for unskilled nursing services to be awarded prior to a finding of permanent and total disability, it would have expressly included such a benefit in the enumerated list under subsection (A) either in 1980 when it added subsection (C) or in 2007 when it amended subsection (A). See Hodges, 341 S.C. at 85 ("'[E]xpressio unius est exclusio alterius' or 'inclusio unius est exclusio alteris' holds that 'to express or include one thing implies the exclusion of another, or of the alternative.'"). There is no dispute that Claimant has not yet reached maximum medical improvement. Therefore, a finding of permanent and total disability and an award of benefits pursuant to S.C. Code Ann. § 42-l 5-60(C) is premature.

14. That Dr. Desai, Claimant's authorized treating physician, has recommended unskilled attendant care does not disturb this conclusion. The Commission may only award benefits pursuant to its statutory authority regardless of whether the care or modalities are recommended by a physician.

15. Claimant cites various cases as support for the position that the Commission is endowed with the legislative authority to award such a benefit. However, those cases are distinguishable from the facts of this claim. In Harrison v. S.C. Wind & Hail, the Court of Appeals, in an unpublished decision, held that modifications to Claimant's second home were "reasonable and necessary medical costs" under S.C. Code Ann. 42-15-60(A) and reached a similar result in

Thompson v. S.C. Steel Erectors. Harrison v. S.C. Wind & Hail, Op. No. 2021-UP-117; Thompson v. S.C. Steel Erectors, 396 S.C. 606 (1997). The dispute in this claim involves an award of unskilled attendant care. There is no dispute that attendant care provided by a licensed professional may be awarded under subsection (A). The dispute involves the attendant's qualifications and the propriety of allowing such care prior to maximum medical improvement and a finding of permanent and total disability. These two decisions are inapposite.

16. Likewise, Pressley v. REA Construction Co. is of little support. In that Case, the Court of Appeals awarded unskilled attendant care pursuant to S.C. Code Ann. § 42-15-60(C), an award entirely appropriate under the circumstances pursuant to the terms of that specific subsection which permits an award of "reasonable and necessary nursing services" or "other treatment or care" where claimants have been found to be permanently and totally disabled.

17. The North Carolina decisions Claimant cites are also of little assistance. One decision awards reimbursement for unskilled attendant care as "reasonable and necessary nursing services...or other treatment or care" for a claimant who is permanently and totally disabled. See Goodwin v. Swift & Co., 270 N.C. 690 (1967). The other decision awards attendant care prior to a finding that a claimant is permanently and totally disabled consistent with the subsequent 2011 amendments to North Carolina's Workers' Compensation Act. Those amendments included "attendant care services prescribed by a health care provider" in the definition of "medical compensation." N.C.G.S.A. § 97-2 (2011, as amended); N.G.S.A. § 97-25(a) (2017, as amended); See also London v. Snack Time Catering, 136 N.C. App. 473 (2000). The language of South Carolina's medical treatment statute is notably dissimilar.

18. Claimant cites a prior Appellate Panel Decision, McDaniel v. Hans Lenger, LLC, 2011 WL 590089 (January 25, 2011). In this case, the Appellate Panel awarded back-due benefits for attendant care beginning on the date of the filing of the Form 50 (September 24, 2009), without a specific finding that Claimant was permanently and totally disabled. The Circuit Court reversed and awarded back due benefits for attendant care pursuant to § 42-15-60(C)beginning on the date of the injury because the statute awards the benefit "for the life of the injured employee." The benefits were awarded pursuant to subsection (C), not (A). Moreover, even if that decision was not based on subsection (C) which contains entirely different language than subsection (A) which is at issue in this case, prior Appellate Panel decisions are not binding authority.

19. Arguably, the phrase "or other treatment" is not defined. However, finding that a claimant's unlicensed or non-professional spouse, or significant other, can render "treatment" creates a liability conundrum.

20. Awarding unskilled attendant care pursuant to S.C. Code Ann. 42-15-60(A) complicates liability for subsequent injury if Claimant is hurt while receiving the unskilled care, could create an employee/employer relationship between Ms. Roldan-Dimas and Defendant- employer where none is intended, and creates an accountability gap in the monitoring of Claimant's progress. Importantly, in this instance, Claimant and Ms. Roldan-Dimas are not married and she is unable to speak or read any English, thereby further complicating any ability for her to provide proper documentation or monitoring of Claimant's medical care.

21. Pursuant to S.C. Code Ann.§ 42-15-60(A), Claimant is entitled to up to 15 hours daily of licensed, professional in-home attendant care with a skilled home health care aide or nurse of Defendants' choosing, and Defendants are required to pay for and provide the same as of the effective date of this Order. Defendants are not responsible to reimburse Ms. Roldan-Dimas for the costs of any attendant care provided from October 19, 2022, through the effective date of this Order, or continuing.

22. Dr. Desai opined that Claimant's condition is improving but he requires attendant care from 6:00am to 9:00pm (15 hours) daily. Conversely, Dr. Lopez- Virella opined that Claimant needed approximately an hour and half of supervision daily. In the months following the accident, Claimant required more intensive personal care and assistance with ADLs. However, at the time of the Hearing, Ms. Roldan-Dimas testified that Claimant could change his clothes and bathe on his own, but he still requires "supervision" in case he suffers from a vertigo episode. She has forgone gainful full-time employment at the rate of $16.00 per hour for 8 hours per day to care for Claimant at her own choosing, considering there is no dispute Defendants have consistently offered, yet Claimant has declined to accept, professional attendant care services since Claimant was discharged from the hospital. Dr. Desai agreed that Ms. Roldan-Dimas is not providing care during the hours that she is asleep. It is unreasonable to find that Ms. Roldan-Dimas could work the equivalent of a double shift 7 days per week for the foreseeable future.

23. The undersigned gives less weight to Dr. Lopez-Virella's medical opinion as to the duration of required attendant care, as she was not Claimant's authorized treating physician, has not physically evaluated claimant, and would be less familiar with his condition. However, the

undersigned agrees with Dr. Lopez-Virella's opinion that any ordered attendant care services must be provided by a licensed and trained skilled home health care aide or nurse to ensure Claimant's best possible recovery.

ORDER

THEREFORE, based on the Single Commissioner's findings and considerations pursuant to a preponderance of the evidence and sworn testimony that the Single Commissioner entertained in this matter, we, the South Carolina Workers' Compensation Full Commission Appellate Panel, hereby find and accept the Single Commissioner's Order as the following:

NOW, THEREFORE, IT IS ORDERED, ADJUDGED AND DECREED that Claimant has met the legal requisite burden of proof establishing a compensable injury by accident on February 18, 2022, and has established he is entitled to attendant care provided by a licensed and skilled professional with a provider of Defendants' choosing, pursuant to S.C. Code Ann. § 42-15-60(A).

THEREFORE, IT IS ORDERED that Claimant is entitled to 15 hours daily of licensed, professional in-home attendant care per day and Defendants are required to pay for and provide the same as of the effective date of this Order, provided such treatment is accepted by Claimant.

AND SO IT IS ORDERED.

_____**(date)**
Columbia, SC

Commissioner R. Michael Campbell II

Commissioner Aisha Taylor, Chair

Commissioner Cynthia C. Dooley

Order Served via email:

Amity S. Edmonds Gallivan White & Boyd, PA aedmonds@gwblawfirm.com	Andrew W. Creech Elrod Pope Law Firm Acreech@elrodpope.com

CERTIFICATE OF SERVICE

This is to certify that the undersigned has on this date served a copy of this order in the above entitled action upon all parties to this case by sending an electronic copy hereof by electronic mail addressed to the attorneys for said parties; or if there is an unrepresented party(ies), by depositing a copy hereof, postage paid in the United States mail, first class, addressed to the unrepresented party(ies) and to the attorney(s) for the represented party(ies).

By Eugenia Hollmon on February 5, 2024

South Carolina Workers' Compensation Commission
1333 Main Street, Suite 500 • Post Office Box 1715
Columbia, South Carolina 29202-1715
(803) 737-5723 www.wcc.sc.gov

WCC File #: _____
Carrier File #: _____
Carrier Code #: _____
Employer FEIN #: _____

Claimant's Name: Hector Lopez Vasquez SSN: _____ Employer's Name: OX Paper Tube DBA Core Carolina, LLC

Address: 302 Charlotte Street Address: 1315 Hunter Street

City: York State: SC Zip: 29745 City: York State: SC Zip: 29745

Home Phone: _____ Work Phone: _____ Insurance Carrier: Berkshire Hathaway Homestate Insurance Co.

Preparer's Name: Andrew W. Creech, Esquire Law Firm: Elrod Pope Preparer's Phone #: (803) 324-7574

A claim for workers' compensation benefits is made based on the following grounds:

☒Injury ☐ Illness ☐ Repetitive Trauma ☐Occupational Disease ☒Physical Brain Injury ☐Concurrent Jurisdiction

1. The claimant sustained an injury to **2-18-2022** (Part(s) of Body Injured) on **2-18-2022** (Month/Day/Year) in York county, state of SC.
2. Body part(s) affected are: **face/head, brain, jaw; eyes; hearing; nose; sinus; ear; bilateral knees, left ankle, back and depression**
   Briefly describe how the accident occurred. **A 200-300 lb. paper tube fell on the claimant.**
3. Both the claimant and the employer were subject to the South Carolina Workers' Compensation Act at the time of injury.
4. The relationship of employer and employee existed at the time of injury.
5. At the time of the injury the claimant was performing services arising out of and in the course of employment.
6. Notice of the accidental injury was given to the Employer on **2-18-2022** (Month/Day/Year) in the following manner:

☒7. Due to injury, the claimant is in need of (check one):

☐(a) medical examination and treatment for: _____

☒(b) additional medical examination and treatment for: **Claimant sustained catastrophic injuries. Currently requires 24 hour attendant care and continues to treatment for all his various injuries.**

☒8. Due to injury, the claimant requests temporary total disability benefits because of lost compensable time from work and wages for the period of:
Claimant is on running award.

☐9. Due to the injury, the Claimant has permanent disability of the following nature and extent (check one):

☐(1) General Disability: ☐Total ☐ Partial ☐(2) Specific Disability: ☐Total ☐ Partial ☐ (3) Wage Loss

9a. Claimant at MMI: ☐ Yes ☒ No

☒10. Due to the injury, the Claimant has a serious bodily disfigurement consisting of:

10a. At the time of the injury, the Claimant was paid weekly wages of $**Form 20** and demands accounting of days worked and wages earned as provided by law.

10b. Give names and addresses of all employers for whom the Claimant has worked since the date of the accident: None.

11. Further grounds or unusual aspects of claim:
Claimant has sustained catastrophic injuries. He currently requires assistance for all activities of daily living - - which is being provided by his wife/significant other, Ms. Juliana Roldan-Dimas. Claimant declined outside 3rd party care in part due to the fact that at least 7 members of their family are living at their residence, which includes several small children. Both Claimant and his wife/Fiancee agreed it would be best for her to care for his needs. As such, Ms. Roldan-Dimas is entittld to payment for the care she is providing.

11a. List names and addresses of all physicians or other medical specialists who have seen or treated the Claimant as a result of the accident:
Atrium Health – Carolinas Medical Center, 1000 Blythe Blvd., Charlotte, NC 28203; Kindred at Home, 229 S. Herlong Avenue, Rock Hill, SC 29732 Center, ; Affinity Health Center, 455 Lakeshore Pkwy., Rock Hill, SC 29730; Nicholas Calvin, MD, Atrium Health Plastic & Reconstructive Charlotte, 1025 Morehead Dr., Suite 200, Charlotte, NC 28204; William R. Stetler, Jr., MD, Carolina Neurosurgery & Spine Associates, 225 Baldwin Avenue, Charlotte, NC 28204; Atrium Health – Carolinas Rehabilitation – Charlotte, 1100 Blythe Blvd., Charlotte, NC 2823; Brendan O'Connell, MD, Charlotte Eye, Ear, Nose & Throat, PA, 6035 Fairview Road, Charlotte, NC 28210

11b. To the best of your knowledge, did you have any prior permanent disability? _____
If yes, describe:

12. Appropriate benefits as provided in the Act for the above grounds and other relief as the Workers' Compensation Commission may direct as just and proper.

☒13. **I am filing a claim. I am not requesting a hearing at this time.** Estimated time needed for hearing: 1hr

☐14. **I am requesting a hearing. A $50 fee is required.**

☐ **Mediation**

- ☐a. Mediation is requested to be ordered pursuant to Reg. 67-1801 B.
- ☐b. Mediation is required pursuant to Reg. 67-1802.
- ☐c. Mediation is requested by consent of the Parties pursuant to Reg. 67-1803.
- ☐d. Mediation has been conducted by a duly qualified mediator and resulted in an impasse.

Questions regarding mediation may be submitted to **mediation@wcc.sc.gov.**

I certify I have served this document pursuant to Reg. 67-211 by delivering a copy to Berkshire Hathaway Homestate Insurance Co., PO Box 881716, San Francisco, CA 94188 **on** 4/5/2022 **,by ☐ first class postage ☐certified mail ☐personal service ☒electronic service I verify the contents of this form are accurate and true to the best of my knowledge.**

_____ **Attorney for Claimant** acreech@elrodpope.com 4/5/2022

Andrew W. Creech, Esquire | Title | Email | Date

Questions about the use of this form should be directed to the Claims Department at 803.737.5723. Refer to Regulations 67-204 through 67-211 and Regulations 67-601 through 67-615 as well as Reg. 67-1801.

WCC Form # 50
Revised 1/19

50

Employee's Notice of Claim and/or Request for Hearing

South Carolina Workers' Compensation Commission
1333 Main Street, Suite 500 • Post Office Box 1715
Columbia, South Carolina 29202-1715
(803) 737-5723 www.wcc.sc.gov

WCC File #: _____
Carrier File #: _____
Carrier Code #: _____
Employer FEIN #: _____

Claimant's Name: Hector Lopez Vasquez SSN: _____
Address: 302 Charlotte Street
City: York State: SC Zip: 29745
Home Phone: _____ Work Phone: _____

Employer's Name: OX Paper Tube DBA Core Carolina, LLC
Address: 1315 Hunter Street
City: York State: SC Zip: 29745
Insurance Carrier: Berkshire Hathaway Homestate Insurance Co.

Preparer's Name: Andrew W. Creech, Esquire Law Firm: Elrod Pope Preparer's Phone #: (803) 324-7574

A claim for workers' compensation benefits is made based on the following grounds:
☒Injury ☐ Illness ☐ Repetitive Trauma ☐Occupational Disease ☒Physical Brain Injury ☐Concurrent Jurisdiction

1. The claimant sustained an injury to **2-18-2022** (Part(s) of Body Injured) on **2-18-2022** (Month/Day/Year) in York county, state of SC.
2. Body part(s) affected are: **face/head, brain, jaw; eyes; hearing; nose; sinus; ear; bilateral knees, left ankle, back and depression**
   Briefly describe how the accident occurred. **A 200-300 lb. paper tube fell on the claimant.**
3. Both the claimant and the employer were subject to the South Carolina Workers' Compensation Act at the time of injury.
4. The relationship of employer and employee existed at the time of injury.
5. At the time of the injury the claimant was performing services arising out of and in the course of employment.
6. Notice of the accidental injury was given to the Employer on **2-18-2022** (Month/Day/Year) in the following manner:

☒7. Due to injury, the claimant is in need of (check one):

☐(a) medical examination and treatment for: _____

☒(b) additional medical examination and treatment for: **Claimant sustained catastrophic injuries. Currently requires 24 hour attendant care and continues to treatment for all his various injuries.**

☒8. Due to injury, the claimant requests temporary total disability benefits because of lost compensable time from work and wages for the period of:
Claimant is on running award.

☐9. Due to the injury, the Claimant has permanent disability of the following nature and extent (check one):

☐(1) General Disability: ☐Total ☐ Partial ☐(2) Specific Disability: ☐Total ☐ Partial ☐ (3) Wage Loss

9a. Claimant at MMI: ☐ Yes ☒ No

☒10. Due to the injury, the Claimant has a serious bodily disfigurement consisting of:

10a. At the time of the injury, the Claimant was paid weekly wages of $**Form 20** and demands accounting of days worked and wages earned as provided by law.

10b. Give names and addresses of all employers for whom the Claimant has worked since the date of the accident: None.

11. Further grounds or unusual aspects of claim:
Claimant has sustained catastrophic injuries. He currently requires assistance for all activities of daily living - - which is being provided by his wife/significant other, Ms. Juliana Roldan-Dimas. Claimant declined outside 3rd party care in part due to the fact that at least 7 members of their family are living at their residence, which includes several small children. Both Claimant and his wife/Fiancee agreed it would be best for her to care for his needs. As such, Ms. Roldan-Dimas is entittld to payment for the care she is providing. Claimant's treating brain rehabilitation doctor agrees it is appropriate for Claimant's partner to provide his attendant care.

11a. List names and addresses of all physicians or other medical specialists who have seen or treated the Claimant as a result of the accident:
Atrium Health – Carolinas Medical Center, 1000 Blythe Blvd., Charlotte, NC 28203; Kindred at Home, 229 S. Herlong Avenue, Rock Hill, SC 29732 Center, ; Affinity Health Center, 455 Lakeshore Pkwy., Rock Hill, SC 29730; Nicholas Calvin, MD, Atrium Health Plastic & Reconstructive Charlotte, 1025 Morehead Dr., Suite 200, Charlotte, NC 28204; William R. Stetler, Jr., MD, Carolina Neurosurgery & Spine Associates, 225 Baldwin Avenue, Charlotte, NC 28204; Atrium Health – Carolinas Rehabilitation – Charlotte, 1100 Blythe Blvd., Charlotte, NC 2823; Brendan O'Connell, MD, Charlotte Eye, Ear, Nose & Throat, PA, 6035 Fairview Road, Charlotte, NC 28210

11b. To the best of your knowledge, did you have any prior permanent disability? _____
If yes, describe:

12. Appropriate benefits as provided in the Act for the above grounds and other relief as the Workers' Compensation Commission may direct as just and proper.

☐13. **I am filing a claim. I am not requesting a hearing at this time.** Estimated time needed for hearing: 1hr

☒14. **I am requesting a hearing. A $50 fee is required.**

☐ **Mediation**
- ☐a. Mediation is requested to be ordered pursuant to Reg. 67-1801 B.
- ☐b. Mediation is required pursuant to Reg. 67-1802.
- ☐c. Mediation is requested by consent of the Parties pursuant to Reg. 67-1803.
- ☐d. Mediation has been conducted by a duly qualified mediator and resulted in an impasse.

Questions regarding mediation may be submitted to **mediation@wcc.sc.gov.**

I certify I have served this document pursuant to Reg. 67-211 by delivering a copy to Berkshire Hathaway Homestate Insurance Co., PO Box 881716, San Francisco, CA 94188 **on** 4/26/2022 **,by ☐ first class postage ☐certified mail ☐personal service ☒electronic service I verify the contents of this form are accurate and true to the best of my knowledge.**

Andrew W. Creech, Esquire	Attorney for Claimant	acreech@elrodpope.com	4/26/22
	Title	Email	Date

Questions about the use of this form should be directed to the Claims Department at 803.737.5723. Refer to Regulations 67-204 through 67-211 and Regulations 67-601 through 67-615 as well as Reg. 67-1801.

WCC Form # 50
Revised 1/19

50

Employee's Notice of Claim and/or Request for Hearing

South Carolina Workers' Compensation Commission
1333 Main Street, Suite 500
Post Office Box 1715
Columbia, South Carolina 29202-1715
(803) 737-5739

WCC File #: 2202001
Carrier File #: 55138263
Carrier Code #:
Employer FEIN #:

Claimant's Name: Hector Lopez- Vasquez SSN: 513-97-6842
Address: 302 Charlotte St.
City: York State: SC Zip: 29745
Home Phone: (803) 818-8656 Work Phone:
Date of Injury: 2/18/2022

Employer's Name: Ox Paper Tube & Core Carolina, LLC
Address: PO Box 219
City: Halltown State: WV Zip: 25423
Insurance Carrier: Berkshire Hathaway Homestate Insurance Company

Preparer's Name: Amity S. Edmonds Law Firm: Gallivan, White, & Boyd, P.A. Preparer's Phone #: (864) 271-5383

Date of Injury or Illness: 2/18/2022 **Estimated time for hearing: 2 hours**

Complete each information blank. Clearly specify when contentions are admitted in part and denied in part. The Employer/Carrier in answer to the claim, respectfully shows:

1. It is ☒ **Admitted in part/ Denied in part** the employee sustained an injury or illness on or about the date set forth in the Form 50. The reasons for denial are:
Defendants admit the Claimant sustained multiple compensable injuries as a result of a work accident on February 18, 2022, for which is receiving treatment with various specialists. The nature and extent of his causally related injuries remains under investigation but Defendants dispute the claimant suffered a permanent and severe brain injury based upon the current evidence. Pending ongoing investigation and discovery.
2. It is ☒ **Admitted** ☐ **Denied** both the employer and employee were subject to the Workers' Compensation Act at the time in question. The reasons for denial are:
But see Nos. 1 hereinabove. Pending ongoing investigation and discovery.
3. It is ☒ **Admitted** ☐ **Denied** the relationship of employer and employee existed at the time in question. The reasons for denial are:
But see Nos. 1-2 hereinabove. Pending ongoing investigation and discovery.
4. It is ☒ **Admitted** ☐ **Denied** at the time in question the employee was performing services arising out of and in the course of employment. The reasons for denial are:
But see Nos. 1-3 hereinabove. Pending ongoing investigation and discovery.
5. It is ☒ **Admitted** ☐ **Denied** notice of injury was given the employer. The reasons for denial are:
But see Nos. 1-4 hereinabove. Pending ongoing investigation and discovery.
6. It is ☐ **Admitted** ☒ **Denied** the employee ☐ **Needs** ☐ **Is Entitled to Additional** medical care as a result of injury or illness. The reasons for denial are:
Upon information and belief, the claimant is receiving all causally related medical treatment to which he is entitled. At this time, Defendants are not aware of any causally related medical treatment which remains outstanding or is not authorized. Pending ongoing investigation and discovery. See also Nos. 1-5 hereinabove.
7. It is ☒ **Admitted** ☐ **Denied** the employee is entitled to temporary total disability for the period(s) of:
Upon information and belief, the claimant is on a running award of TTD benefits. See also Nos. 1-6 hereinabove. Pending ongoing investigation and discovery.
8. It is ☐ **Admitted** ☐ **Denied** the employee is permanently disabled. The reasons for denial are:
See Nos. 1-7 hereinabove. Pending ongoing investigation and discovery
9. It is ☐ **Admitted** ☒ **Denied** the employee has serious disfigurement.
10. It is contended that an average weekly wage of **$1,101.67** applies, according to attached Form 20 as provided by law. ****SEE ATTACHED.**
11. Further contentions, grounds of defense, or unusual aspects are:
Defendants reserve the right to assert any additional defense merited by additional discovery. Defendants specifically reserve the right to amend this Form 51 and allege any and all defenses as if pled herein, including any and all affirmative and specific defenses available under the Act and/or the workers' compensation laws of South Carolina.

☐ **Mediation**

- ☐ a. Mediation is requested to be ordered pursuant to Reg. 67-1801 B.
- ☐ b. Mediation is required pursuant to Reg. 67-1802.
- ☐ c. Mediation is requested by consent of the Parties pursuant to Reg. 67-1803.
- ☐ d. Mediation has been conducted by a duly qualified mediator and resulted in an impasse.

Questions regarding mediation may be submitted to **mediation@wcc.sc.gov**.

I certify I have served this document pursuant to Reg. 67-211 by delivering a copy to *Amy A. Bracy, Judicial Director, SCWCC, P.O. Box 1715, Columbia, SC 29201-1715 (judicialanalysts@wcc.sc.gov)* **and** Andrew W. Creech, Elrod-Pope Law Firm, PO Box 11091, Rock Hill, SC, 29731-1091 (acreech@elrodpope.com) **on the 26th day of May, 2022 by ☐ first class postage ☐ certified mail ☐ personal service ☒ electronic service.**

I verify the contents of this form are accurate and true to the best of my knowledge.

Preparer's Signature Amity S. Edmonds	Attorney for the Defendants	aedmonds@gwblawfirm.com	May 26, 2022
	Title	Email	Date

Refer to R.67-204 through R.67-210 and R.67-601 through R.67-615. Refer to R.67-1801 for mediation. Questions about the use of this form may be directed to the Commission's Judicial Department at 803-737-5675 or **jud@wcc.sc.gov** or **mediation@wcc.sc.gov**. Pursuant to R.67-606, a Form 20 must be filed with the Claims Department at least 30 days from the date of filing this form.

South Carolina Workers' Compensation Commission
1333 Main Street, Suite 500
P.O. BOX 1715
Columbia, SC 29202-1715
(803) 737-5723

WCC File #: 2202001
Carrier File #: 55138263
Carrier Code #: 01034
Employer FEIN #: 47-2630250

Claimant's Name: Hector Lopez-Vasquez
Address: 302 Charlotte Street
City: York State: SC Zip: 29745
Home Phone: (803) 818 8656 Work Phone:
Preparer's Name: Hannah Morine

Employer's Name: Ox Paper Tube & Core Carolina LLC
Address: PO Box 219
City: Halltown State: WV Zip: 25423
Insurance Carrier: Berkshire Hathaway Homestate Insurance Company
Preparer's Phone #: (800) 661 6029

Date of Injury: 02/18/2022 (month day year)

A. Total Wages Paid

1. Check Applicable Method:
   - ☐ Report of earnings of injured employee based on four completed quarters.
   - ■ Report of earnings of injured employee who did not complete four quarters based on actual time worked.
   - ☐ Report of earnings of similar employee. Injured employee did not work sufficient time before alleged injury. Hire date: _____
   - ☐ Report of earnings of injured employee based on alternative method because Form 20 results in a compensation rate that is not fair and just (attach documentation to show how average weekly wage and compensation rate were calculated).

2. List total wages paid as reported to the Employment Security Commission on the Employer Quarterly Contribution and Age Reports during the four quarters immediately preceding the quarter in which the injury occurred. Do not include the quarter during which the injury occurred.

Quarter	Ending Date	Total Wages Paid
1st	03/27/2021	$ 5,623.07
2nd	06/26/2021	$ 13,782.00
3rd	09/25/2021	$ 11,820.00
4th	12/25/2021	$ 17,248.29

Total Paid 2. $ 48,473.36

3. List total value of other allowances of any character made in lieu of wages during four quarters above. 3. $ 0.00
4. Add lines 2 and 3. **TOTAL WAGES PAID:** 4. $ 48,473.36
5. List total number of weeks paid to employee during the four quarters immediately preceding the quarter in which the injury occurred. 5. 44

B. Average Weekly Wage

6. To calculate average weekly wage, divide total wages (line 4) by total weeks paid (line 5).
AVERAGE WEEKLY WAGE: 6. $ 1,101.67

C. Compensation Rate

7. The general rule for calculating the compensation rate is to multiply average weekly wage (line 6) by .6667. Estimate compensation rate by multiplying average weekly wage (line 6) by .6667. See part 8 below to determine the actual compensation rate. 7. $ 734.48
8. The compensation rate is as follows (choose one):
   - ☐ When average weekly wage (line 6) is less than $75.00, the compensation rate is the average weekly wage. Enter average weekly wage on line 8.
   - ☐ When the estimated compensation rate (line 7) is less than $75.00 and average weekly wage (line 6) is more than $75.00, the compensation rate is $75.00. Enter $75.00 on line 8.
   - ☐ When the estimated compensation rate (line 7) is more than the maximum compensation rate for the year in which the injury occurred, enter the maximum compensation rate for the year in which the injury occurred on line 8.
   - ☐ Employee is within the exceptions listed in S.C. Code Ann. Section 42-7-65. List applicable exception here and enter appropriate compensation rate on line 8. _____
   - ■ The calculated compensation rate (line 7) applies. Enter amount from line 7 on line 8.

WEEKLY COMPENSATION RATE: 8. $ 734.48

Employer's representative shall prepare a Form 20 and serve per R.67-211 a copy on the claimant within thirty days of beginning temporary compensation. See R.67-1603 when no temporary compensation is paid. NOTE: Average weekly wage represents average gross pay before taxes and other deductions. WHEN THE CLAIMANT DOES NOT AGREE WITH THE COMPENSATION RATE ON LINE 8, HE OR SHE SHOULD CONTACT THE EMPLOYER'S REPRESENTATIVE TO TRY TO REACH AN AGREEMENT AS TO THE COMPENSATION RATE. IF NO AGREEMENT CAN BE REACHED, THE CLAIMANT SHOULD CONTACT THE CLAIMS DEPARTMENT AT (803)737-5723.

South Carolina Workers' Compensation Commission
1333 Main Street, Suite 500
Post Office Box 1715
Columbia, South Carolina 29202-1715
(803) 737-5700

WCC File #: 2202001
Carrier File #: 55138263
Carrier Code #:
Employer FEIN #:

Claimant's Name: Hector Lopez- Vasquez SSN: 513-97-6842
Address: 302 Charlotte St.
City: York State: SC Zip: 29745
Home Phone: (803) 818-8656 Work Phone:
Date of Injury: 2/18/2022

Employer's Name: Ox Paper Tube & Core Carolina, LLC
Address: PO Box 219
City: Halltown State: WV Zip: 25423
Insurance Carrier: Berkshire Hathaway Homestate Insurance Company

Preparer's Name: Amity S. Edmonds Law Firm: Gallivan, White, & Boyd, P.A. Preparer's Phone #: (864) 271-5383

Date of Injury or Illness: 2/18/2022 **Estimated time for hearing: 1.5 hours**

Complete each information blank. Clearly specify when contentions are admitted in part and denied in part. The Employer/Carrier in answer to the claim, respectfully shows:

1. It is ☒ **Admitted in part/ Denied in part** the employee sustained an injury or illness on or about the date set forth in the Form 50. The reasons for denial are:
   Defendants admit the Claimant sustained multiple compensable injuries as a result of a work accident on February 18, 2022, for which is receiving treatment with various specialists. The nature and extent of his causally related injuries remains under investigation, but Defendants dispute the claimant suffered a permanent and severe brain injury based upon the current evidence. Pending ongoing investigation and discovery.
2. It is ☒ **Admitted** ☐ **Denied** both the employer and employee were subject to the Workers' Compensation Act at the time in question. The reasons for denial are:
   But see Nos. 1 hereinabove. Pending ongoing investigation and discovery.
3. It is ☒ **Admitted** ☐ **Denied** the relationship of employer and employee existed at the time in question. The reasons for denial are:
   But see Nos. 1 hereinabove. Pending ongoing investigation and discovery.
4. It is ☒ **Admitted** ☐ **Denied** at the time in question the employee was performing services arising out of and in the course of employment. The reasons for denial are:
   But see Nos. 1 hereinabove. Pending ongoing investigation and discovery.
5. It is ☒ **Admitted** ☐ **Denied** notice of injury was given the employer. The reasons for denial are:
   But see Nos. 1 hereinabove. Pending ongoing investigation and discovery.
6. It is ☐ **Admitted** ☒ **Denied** the employee ☐ **Needs** ☐ **Is Entitled to Additional** medical care as a result of injury or illness. The reasons for denial are:
   Upon information and belief, Defendants have authorized all causally related medical treatment to which the claimant is entitled. As it relates to the claimant's request for bite correction surgery, Defendants have requested necessary documentation from Dr. Dawson, which has not yet been provided. Upon receipt of the same, the carrier will be in a position to analyze the authorization request. Otherwise, Defendants are not aware of any causally related medical treatment which remains outstanding or is not authorized. Pending ongoing investigation and discovery. See also Nos. 1-5 hereinabove.
7. It is ☒ **Admitted** ☐ **Denied** the employee is entitled to temporary total disability for the period(s) of:
   Upon information and belief, the claimant is on a running award of TTD benefits. See also Nos. 1-6 hereinabove. Pending ongoing investigation and discovery.
8. It is ☐ **Admitted** ☒ **Denied** the employee is permanently disabled. The reasons for denial are:
   See Nos. 1-7 hereinabove. Pending ongoing investigation and discovery
9. It is ☐ **Admitted** ☒ **Denied** the employee has serious disfigurement.
10. It is contended that an average weekly wage of **$1,101.67** applies, according to attached Form 20 as provided by law. ****SEE ATTACHED.**
11. Further contentions, grounds of defense, or unusual aspects are:

    Defendants reserve the right to assert any additional defenses merited by additional discovery, pending ongoing investigation and discovery. Defendants specifically reserve the right to amend this Form 51 and allege any and all defenses as if pled herein, including any and all affirmative and specific defenses available under the Act and/or workers' compensation law of South Carolina.

☐ **Mediation**

- ☐ a. Mediation is requested to be ordered pursuant to Reg. 67-1801 B.
- ☐ b. Mediation is required pursuant to Reg. 67-1802.
- ☐ c. Mediation is requested by consent of the Parties pursuant to Reg. 67-1803.
- ☐ d. Mediation has been conducted by a duly qualified mediator and resulted in an impasse.

Questions regarding mediation may be submitted to **mediation@wcc.sc.gov**.

I certify I have served this document pursuant to Reg. 67-211. See attached certificate of service.
I verify the contents of this form are accurate and true to the best of my knowledge.

Preparer's Signature	**Esquire**	**aedmonds@gwblawfirm.com**	**August 16, 2024**
	Title	Email	Date

Refer to R.67-204 through R.67-210 and R.67-601 through R.67-615. Refer to R. 67-1801 for mediation. Questions about the use of this form may be directed to the Commission's Judicial Department at 803-737-5675 or **judicial@wcc.sc.gov** or **mediation@wcc.sc.gov**. Pursuant to R.67-606, a Form 20 must be filed with the Claims Department at least 30 days from the date of filing this form.

WCC Form # 51
Revised 09/23

51

Employer's Answer to Request for Hearing

South Carolina Workers' Compensation Commission
1333 Main Street, Suite 500
P.O. BOX 1715
Columbia, SC 29202-1715
803-737-5675 www.wcc.sc.gov

WCC File #: 2202001
Carrier File #: 55138263
Carrier Code #:
Employer FEIN #:

Claimant's Name: Hector Lopez Vasquez SSN: - -
Address: 302 Charlotte Street
City: York State: SC Zip: 29745
Home Phone: ( ) - Work Phone: ( ) -

Employer's Name: Ox Paper Tube DBA Core Carolina, LLC
Address: 1315 Hunter Street
City: York State: SC Zip: 29745
Insurance Carrier: Berkshire Hathaway Homestate Insurance Company

Preparer's Name: Andrew W. Creech, Esquire Law Firm: Elrod Pope Law Firm Preparer's Phone #: (803) 324 - 7574

REQUEST FOR COMMISSION REVIEW

Request for Commission Review by X Claimant ☐ Employer (check one) Date of Injury or Illness: 02/18/2022

The undersigned makes application for review of the findings of the Commissioner in the above-captioned case. The request for review is based on the following grounds: (State the grounds of your appeal in the form of questions presented. Each question presented must contain a concise statement of one proposition of law or fact. Refer to evidence by title and exhibit number. Use additional pages if necessary).

Did the Single Commissioner err in making Finding of Fact #23 as it is completely irrelevant that Ms. Roldan-Dimas does not speak English and could not fill out logs in English?

Did the Single Commissioner err in finding that Ms. Roldan-Dimas refused Defendants offer of a third-party home health service provider only because the Claimant preferred her to provide the at-home care, when the record actually shows the offer was also declined because Ms. Roldan-Dimas and her husband live in Ms. Roldan-Dimas' daughter's home who would not allow a stranger in their home 24 hours a day, 7 days a week?

Did the Single Commissioner err in Conclusion of Law #8 by interpreting 42-15-60(A) to only allow attendant care service by a licensed professional?

Did the Single Commissioner err in Conclusion of Law #10 by interpreting the differences and limitations of treatment between 42-15-60(A) and 42-15-60(c)?

Did the Single Commissioner err in Conclusion of Law #11 in the interpretation of 42-15-60(A) and its limitation on the Commissions ability to order nursing services and other reasonable treatment or care prior to MMI?

Did the Single Commissioner err in Conclusion of Law #13 by finding the Commission is constrained in its authority to order unskilled nursing services pursuant to 42-15-60(A)?

Did the Single Commissioner err in Conclusion of Law #14 that despite the authorized treating doctor ordering unskilled attendant care,42-15-60(a) prohibits the Commissions ability to do so prior to MMI?

Did the Single Commissioner err in Conclusion of Law #15 that the cited cases were instructive on the broad authority granted in 42-15-60(A)?

Did the Single Hearing Commissioner Err in Conclusion of Law #18 by declining to consider the Circuit Courts order on this issue instructive, and incorrectly interpreting that benefits were only issued per 42-15-60(c) when the Court in fact ordered

Questions about the use of this form should be directed to the Judicial Department at 803.737.5675 or appeals@wcc.sc.gov.

If the claimant appeals and is not represented by counsel, the Judicial Department will properly serve this form pursuant to Reg. 67-607 C. Pursuant to Reg. 67-205 and Reg. 701, the appeal must be postmarked no later than 14 days from the date of service of the Decision and Order of the Hearing Commissioner along with the filing fee. Attach a Form 32, if you are unable to pay the filing fee. Refer to Reg. 67-211 and Reg. 67-701 through 711.

back payment of attendant care beginning from the first day Claimant got out of the hospital which was clearly before he was at MMI?

Did the Hearing Commissioner err in Conclusion of Law #19 determining that unlicensed or non-professional care creates a liability conundrum?

Did the Hearing Commissioner err in Conclusion of Law #20 by concluding that by Ms. Roldan-Dimas being paid for the care she is providing to her husband that she could somehow be an employee of the Defendant, or that by her not speaking English that somehow limits her ability to properly monitor Claimant?

Did the Hearing Commissioner err in Conclusion of Law #21 in failing to order payment or reimburse Ms. Roldan-Dimas for her care services, and instead only concluding that Defendants must provide care services with a licensed professional skilled home health aide and/or nurse?

(Check one) Oral argument X is ☐ is not requested. Appellant's request for oral argument is waived if not indicated on this form.

I certify I have served this document pursuant to Reg. 67-211 by delivering a copy to Amity S. Edmonds, Esquire, **Gallivan, White & Boyd, PA**, PO Box 10589, Greenville, SC 29603 and the South Carolina Workers Compensation Commission, PO Box 1715, Columbia, SC 29202 on May 30, 2023 **by ☒first class postage ☐certified mail ☐ personal service ☐ electronic service**

Andrew W. Creech, Esquire	Attorney for Claimant and Ms. Roldan-Dimas	Acreech@elrodpope.com	May 30, 2023
	Title	Email	Date

Check this box if you are not represented by an attorney ☐

BEFORE THE SOUTH CAROLINA

WORKERS' COMPENSATION COMMISSION

HECTOR LOPEZ-VASQUEZ, Plaintiff, vs. OX PAPER TUBE CORE CAROLINA, LLC, Employer, and BERKSHIRE HATHAWAY HOMESTATE INSURANCE COMPANY, Carrier, Defendants.	)	CASE NO.: 2202001

H E A R I N G

DATE: Wednesday, October 19, 2022

TIME: 2:59 p.m.

LOCATION: SC Workers' Compensation Commission
1333 Main Street, Suite 500
Columbia, South Carolina 29201

BEFORE: Commissioner T. Scott Beck

REPORTED BY: Megan R. Brown
South Carolina Court Reporter

ABC REPORTING SERVICE
257 Summerland Avenue
Batesburg, South Carolina 29006
1-803-532-5255
1-803-730-3015 (cell)

APPEARANCES:

ATTORNEY FOR THE CLAIMANT
HECTOR LOPEZ-VASQUEZ:

ELROD POPE LAW FIRM, PA
BY: ANDREW N. CREECH, ESQUIRE
212 East Black Street
Rock Hill, South Carolina 29730

ATTORNEY FOR THE DEFENDANTS
OX PAPER TUBE CORE CAROLINA, LLC, AND
BERKSHIRE HATHAWAY HOMESTATE INSURANCE
COMPANY:

GALLIVAN WHITE & BOYD, PA
BY: AMITY S. EDMONDS, ESQUIRE
One Liberty Square
55 Beattie Place, Suite 1200
Greenville, South Carolina 29601

ALSO PRESENT:

Sandra Aidar-McDermott, Spanish Interpreter

Juliana Roldan Dimas, Witness

Andrea Angeles-Roldan, Witness

(INDEX AT REAR OF TRANSCRIPT)

(DFT. EXH. 1, Deposition Testimony of Dr. Desai, was premarked for identification.)

THE COURT: All right. Today's date is October, 19, 2022. This is workers' compensation file No. 2202001. Claimant in this matter is Hector Lopez-Vasquez, represented today by Attorney Andrew Creech. The Employer is Ox Paper Tube Core Carolina, LLC. The Carrier is Berkshire Hathaway HomeState Insurance Company, both represented today by Attorney Amity Edmonds.

Date of accident in this matter is February 18, 2022. The average weekly wage and comp rate are being held in abeyance. We are here today on Claimant's Form 50. I've received APAs from both the Claimant and the Defendant in this matter as well as the deposition testimony of Dr. Desai Exhibit marked as Defendants' Exhibit No. 1. Are there any objections to APA, jurisdiction, venue, or any other matter, Mr. Creech?

MR. CREECH: None from the Claimant, your Honor.

THE COURT: Ms. Edmonds?

MS. EDMONDS: None, your Honor.

(DFT. EXH. 1, Deposition Testimony of Dr. Desai, was admitted into evidence.)

THE COURT: All right. Also during the pre-hearing conference, Defendants' submitted a memorandum of law in support of their position. Claimant's counsel has requested an opportunity to respond to that. I am going to grant that request provided it is provided to me no later than close of business on October 28, 2022, close of business being 5:00 p.m.

Further during the pre-hearing conference in this matter, respective positions of both the parties was discussed. From the Claimant's standpoint, Mr. Vasquez is here seeking payment of attendant care to a significant other, that being Juliana Roldan Dimas, commencing on October 19, 2022 and continuing at the rate of 14.41 per hour for 15 hours per day and further asks that all other issues in this matter are held in abeyance. Mr. Creech, anything in addition to that you need to get on the record or any other matter you're here to litigate today, sir?

MR. CREECH: Yes, your Honor. I'd like to put our position in a little bit more detail on the record if that will be all right.

THE COURT: That's fine.

MR. CREECH: With regard to the attendant care that has been ordered by Dr. Desai, who was the

chosen authorized physician by the Defendants, she is Mr. -- Mr. Vasquez' treating brain injury doctor, and we've -- we've submitted the testimony of Dr. Desai who, as you'll see in the transcript on page 12, noted that Ms. Juliana is the most appropriate caregiver to provide this care. She's competent to provide the care. She believes she's more appropriate than others, particularly considering the language barrier and the fact that she speaks Spanish.

Additionally, from a medical standpoint, Dr. Desai testified in general patients do better when being cared for by loved ones that they trust as opposed to some stranger that they do not know. Additionally, many times when you have home health nurses or caregivers from a third-party vendor, those people often are different people every day or different people every week, and for all of those reasons, Dr. Desai, the medical provider in this case, has ordered and opined that -- that Mr. Vasquez needs attendant care and that Ms. Juliana is the most appropriate person to do it.

With regard to any arguments for 42-15-60 and how it's not -- how section A is not applicable for attendant care services, it's Claimant's position that 42-15-60(A) specifically references medical treatment

and that attendant care is a form of medical treatment or -- or form of medical care. This is being ordered by a licensed authorized medical doctor. She's ordered this care and deemed it medically necessary to be provided as a result of his injuries.

The Defendants make an argument that attendant care only applies pursuant to 42-15-60(C) because that paragraph notes it itemizes other types of things that are -- that the Carrier must pay for, and -- and I'd like to make sure the Commission or point the Commission's attention that 42-15-60(C) itemizes necessary nursing services, medicines --

THE COURT: Mr. Creech, wouldn't these be things that are more suitable for your response to the memorandum of law?

MR. CREECH: And I plan to put it in there too, your Honor. I just -- I want the record clear on our position with regard to the law in this matter.

THE COURT: All right. Proceed.

MR. CREECH: Those are all things that I think all parties would agree are -- are routinely provided and paid for regardless of whether or not a claimant is at maximum medical improvement or not, whether -- regardless of whether a claimant has been determined to be permanent and totally disabled or not.

Medicines are authorized every day. Sick travel to and from doctors is, and reimbursement is provided every day regardless of whether they're totally disabled, regardless of whether they're at MMI, and so, you know, I think it would be inconsistent for the Defense to suggest that, you know, if something is not specifically enumerated in subsection C, then they don't have to pay for it pursuant to subsection A.

And, again, it's also interesting to note that Defendants have -- have offered, and their position is that they've offered to provide nursing services to the Claimant, which that's mentioned in subsection C, not subsection A, but the Claimant, you know, doesn't want a stranger in his home for various reasons to include the fact that he's in a -- in a single-member home with seven other family members already living there, and it's not a home that he owns. His daughter or daughter-in-law owns this home, and they don't want a stranger being there the entire day every day seven days a week.

Additionally, the Claimant is non-English speaking. For a small period of time, they did -- the Carrier did provide home health services to the Claimant at his home, and every single provider that they provided, none of them spoke Spanish. They were

all English-speaking, and so then Ms. Juliana or some -- or actually Andrea, her daughter, or her son had to also be there when they were there to be -- serve as an interpreter.

So for all those reasons, your Honor, we feel that there is more than significant reason to justify good cause and allow Ms. Juliana to care for Mr. Hector, and I'd also like the record to reflect that it's been stipulated that -- that Mr. Hector is both happy with the treatment that she's provided and wishes her to continue to provide that treatment.

MS. EDMONDS: I think the stipulation is that that's what he wanted to happen.

MR. CREECH: Huh?

MS. EDMONDS: Just that's what he wanted, that was the stipulation.

MR. CREECH: Correct, that's what he wants.

MS. EDMONDS: That's right.

THE COURT: All right. Thank you, sir. All right.

Regarding the Defendants' position, they are of the opinion that awarding care of this type by non-medical personnel is inconsistent with 42-15-60(A) and further assert that liability, lack of reporting, and lack of training are further grounds to require

professional services. Ms. Edmond, anything in addition from the Defendants?

MS. EDMONDS: Your Honor, as you mentioned, I submitted a memo of law, so I will not belabor those points. I will just point out that additionally the quest for attendant care is based upon a questionnaire completed by Dr. Desai. We have deposed Dr. Desai, but it's our position that her opinion does not meet the expert standards required under Young versus Tide Craft based on her testimony that she had no direct knowledge of Ms. Roldan Dimas' abilities, wasn't even aware of the exact relationship between the Claimant and Ms. Roldan Dimas. She believed that they were married, which they are not. She also indicated that she had no knowledge of her education, training, experience, anything of that nature, which in our opinion is insufficient to meet the standard considering she failed to take into account the material facts that would be necessary to provide that opinion.

Additionally, with regard to the Claimant meeting his burden of proof, in Dr. Desai's deposition on pages -- on page 41, I asked her specifically whether a licensed and trained skilled home health aide would be more qualified to provide attendant care than Juliana, and she says, I can't say that, because I

don't know what care they're providing. I would say they're equal, because loved ones can be taught how to do pretty much everything for their loved one. I think that statement is important not only because she says they're equal, which would not meet the preponderance standard, but also she indicates that she doesn't know what care is being provided.

So again, you know, we -- we would contend that her opinion should not be given any weight but also point out that when she completed that questionnaire at the request of -- of Drew on April 1st, she had only seen the Claimant one time on March -- March 17th, and when she saw him, she did not make any recommendation for attendant care in her actual medical record. So, you know, the -- the recommendation was made essentially at the request of the Claimant's attorney, and we would ask that more weight be given to our expert report which has been submitted indicating that he only requires approximately 3 -- 3 hours a day of attendant care as a result of his accident, but additionally with regard to that questionnaire that was completed on April 1st, she also noted in that questionnaire --

THE COURT: So let me make sure I understand what --

MS. EDMONDS: Sure.

THE COURT: -- you just said to me. Are -- are you of the opinion that he is not entitled to 15 hours but only 3?

MS. EDMONDS: Well, yes, because we believe that Dr. Desai's opinion doesn't take into account material facts that are necessary to provide that expert opinion.

THE COURT: And he's your authorized treating physician?

MS. EDMONDS: She.

THE COURT: She. I'm sorry.

MS. EDMONDS: Yeah. That's okay.

THE COURT: All right. Anything else?

MS. EDMONDS: The other point I was going to make with regard to that questionnaire is the same one where she basically checks yes to him needing 24/7 attendant care. She indicated in that same questionnaire that the Claimant had aggravated his pre-existing diabetic condition. When asked about that --

THE COURT: We're not here on 24/7 now.

MS. EDMONDS: I'm sorry?

THE COURT: We're not here on a 24/7 request. We're --

MS. EDMONDS: Well, that's --

THE COURT: -- here on a 50.

MS. EDMONDS: -- what gave rise to -- that's the only order that's in there. There's no order for 15 hours a day. There's only an order for 24/7.

THE COURT: If I remember from the last time we were together, was it the deposition that he then backed it off to the 15?

MS. EDMONDS: I --

THE COURT: She. I keep saying he.

MS. EDMONDS: That's okay. That's okay. I think you'll have to interpret that. She says that she agrees that no one can provide care while they're sleeping, but when asked by Drew if she thought that he had needed 24/7 care before she said yes, so she really kind of goes back and forth.

THE COURT: Okay.

MS. EDMONDS: But the -- the -- the point that I was trying to make is that when she completes that questionnaire, she also said the Claimant aggravated his pre-existing diabetes, but in her deposition, she acknowledges when she completed that deposition she had absolutely no knowledge of his pre-existing diabetic condition. I mean, I just think that goes to the weight and the credibility of her

opinion, so if she's giving medical opinions without any knowledge, that certainly is problematic from an expert opinion standpoint.

THE COURT: So I want to make sure I clearly understand your position before we start taking testimony. It's -- it's not your opinion that he's, I'm going to use a lot of double negatives here, not entitled to attendant care, it's how much and by whom?

MS. EDMONDS: Correct.

THE COURT: Okay.

MS. EDMONDS: It -- it's not -- we're not disputing that he needs attendant care. The question is yes, by whom, and how much does he require.

THE COURT: All right. Anything else?

MS. EDMONDS: I believe everything else is covered in the legal memorandum outside of the employment issues in the event that you felt that Ms. Roldan Dimas should be deemed appropriate for providing medical treatment under 42-15-60. There's a lot of consideration with regard to who would be her employer, who would be directing her, what liability that poses for my client, so I just wanted to make that known as well.

THE COURT: All right. Thank you both. All right.

MR. CREECH: Your Honor, if I can --

THE COURT: We're not going to sit here and have little arguments all afternoon.

MR. CREECH: All right.

THE COURT: Put it in your brief.

MR. CREECH: All right.

THE COURT: All right. Ms. McDermott, a couple of questions for you, ma'am. Number one, are you a friend, associate, or relative of a party or counsel for a party involved in this proceeding?

MS. AIDAR-MCDERMOTT: No, sir.

THE COURT: Have you served in any investigative capacity for any party involved in this case?

MS. AIDAR-MCDERMOTT: No.

THE COURT: Do you or your spouse or child have any financial interest in the outcome of this case?

MS. AIDAR-MCDERMOTT: No.

THE COURT: Have you been involved in the choice of counsel or law firm in this matter?

MS. AIDAR-MCDERMOTT: No.

THE COURT: Are you an attorney or an employee of an attorney in this case?

MS. AIDAR-MCDERMOTT: No, sir.

THE COURT: Have you previously been retained for private employment by either counsel in the room today?

MS. AIDAR-MCDERMOTT: I was contacted before, but not employment. Just contracted as an interpreter for --

THE COURT: Okay. Any reason why --

MS. AIDAR-MCDERMOTT: -- here.

THE COURT: -- your independence and judgment would be compromised in the course of providing services today?

MS. AIDAR-MCDERMOTT: No, sir.

THE COURT: Ms. Edmonds, do you consent to Ms. McDermott serving as the interpreter?

MS. EDMONDS: Yes, your Honor.

THE COURT: Mr. Creech?

MR. CREECH: Yes, your Honor.

THE COURT: All right.

SANDRA AIDAR-MCDERMOTT, being duly sworn and cautioned translates from Spanish to English and English to Spanish as follows:

THE COURT: And this is Ms. Juliana Roldan Dimas; is that correct?

MS. ROLDAN DIMAS: Yes.

JULIANA ROLDAN DIMAS, being duly sworn and

cautioned to speak the truth, the whole truth and nothing but the truth, testified as follows:

THE COURT: Mr. Creech?

DIRECT EXAMINATION

BY MR. CREECH:

Q. Ms. Juliana, how old are you?

A. I'm 44.

Q. What is your relationship with Mr. Hector Vasquez?

A. He is my husband. He consider me his wife. We are not legally married, but we have been together for 12 years, and we consider each other husband and wife.

Q. Out of the 12 years that you've been together, how long have you lived together?

A. 12 years.

Q. Okay. Do your children consider Mr. Hector their father?

A. Yes, they do consider him their dad, because they have been with him since they were children.

Q. And where do you currently live?

THE INTERPRETER: The Interpreter needs to clarify.

THE WITNESS: 302 Charlotte Street, York, South Carolina 29745.

BY MR. CREECH:

Q. Who owns that house?

A. It -- it's owned by my daughter and her husband.

Q. Do they also live there?

A. Yes.

Q. So you live in their house?

A. Yes.

Q. Who else lives in that house?

A. Myself and my husband, my daughter and her husband and their two daughters, and my young son.

Q. What are your -- how old are your two granddaughters?

A. Five and eight years old.

Q. So seven people live in that house, two of them being minors?

A. Yes.

Q. How many bedrooms is this house?

A. Four.

Q. Prior to Hector's injuries, where were you working?

THE INTERPRETER: The Interpreter needs to clarify.

THE WITNESS: Stanley Black & Decker, Fort Mill, South Carolina.

BY MR. CREECH:

Q. How long had you worked at Black & Decker?

A. It was going to be eight years. Well, eight years.

Q. Are you still working there now?

A. No, not anymore.

Q. Why not?

A. I -- I stopped working since my husband had the accident.

Q. Did you go out on FMLA for a little bit?

THE INTERPRETER: The Interpreter needs to clarify.

THE WITNESS: I was an FML- -- on FMLA for three months until July 31st, and I resigned at that time.

BY MR. CREECH:

Q. Did you resign or were you let go because your FMLA ran out?

A. Yes. My FMLA run out, and they could not give me additional permission, so I had to resign.

Q. Got you. My records indicate that Hector was discharged home from the hospital around March 3rd of 2022. Once he was discharged home, did home health -- did worker's comp provide some home healthcare nurses to come out to the home for a little bit?

A. Yes. One nurse would come twice a week to take his blood pressure approximately for during two or three months. That's all -- all they did, take the blood pressure.

Q. When that nurse would come, would they also provide you training on how to do blood pressure, how to help to bathe him, how to transfer him for getting up, down, out of bed, things like that?

A. She would only tell me about the medication, because I would ask how to administer the medications. She would only do the pressure -- the blood pressure measurement, and all the cares I would provide for him.

Q. Okay. Did they help train you how to do certain things before leaving?

A. At the hospital before he was discharged, the nurse taught me how to administer insulin, how to apply the sensor for sugar, and then that was also before at -- at the home when he was at the home.

Q. When the home healthcare nurses were coming to the home, did any of them speak Spanish?

A. No. They would not speak Spanish. My daughter or my youngest son would translate for me.

Q. Would they also have to translate for Hector?

A. Yes.

Q. When Hector first came home, was he able to

sleep through the night?

A. No, but during the first month, they didn't. I had to get up to -- when he -- he would have to get up to go to the bathroom. Even though they provided equipment for him to go to the bathroom inside his bedroom, I still had to get up, because he would get dizzy and needed help.

Q. Would you have to put eye drops in Hector's eyes so they didn't dry out?

A. Yes, all that. I did the medication, the eye drops, the medications at the right time. I did all that.

Q. All right. Is Hector now able to close his eye since having surgery?

A. Yes, he can do that after surgery.

Q. And has his -- has his dizziness gotten better to an extent?

A. Yes. He doesn't have those spells, dizzy spells often, but he still gets them.

Q. I want to talk a little bit about what you're continuing to do for Hector now. Okay?

A. (Witness nodding head.)

Q. Can Hector drive?

A. No.

Q. Who takes Hector to all his doctors'

appointments?

A. I do.

Q. On a normal week, how many -- how many days out of the week is he seeing doctors or therapy?

A. It -- it varies. It could be two or three days. Sometimes when he has therapy, he has to go four days per week.

Q. Okay. And when you're -- do you have to go to Charlotte for all this?

A. Yes. All his appointments, therapies, doctors are in Charlotte.

Q. So on days when he has medical visits, how many hours out of that day is consumed by driving there, waiting on him, bringing him back?

A. If it's only one appointment per day, it would be one hour driving him, 45 minutes of therapy or -- or the appointment, and then one hour back, so that would be close to three hours, but that's only with just one appointment. If he has two appointments, then more.

Q. Who keeps track of what time and what days Hector -- Hector's appointments are?

A. I do. I keep track.

Q. Could Hector keep that straight on his own?

A. No. Right now I'm teaching him, so he can

start remembering his appointments, but at the moment, I still do that.

Q. Okay. Can Hector eat normal food?

THE INTERPRETER: The Interpreter would like to clarify.

THE WITNESS: Yes. He has to eat all crushed food. I have to put all that in the blender for him to eat because of the -- the wounds in his mouth.

BY MR. CREECH:

Q. Okay. When Hector walks around, do you have to stay close to him?

A. Yes. I still have to supervise him. He can change his clothes or he can bathe, but I have to supervise, because he can get dizzy, and I'm afraid he might fall.

Q. So is Hector now able to dress himself?

A. Yes. Yes. He can do that, but I'm near him in case he needs help.

Q. Okay. Does Hector still forget stuff a lot?

A. A little bit. Not as much, but yes, he does.

Q. Is Hector getting better every day?

A. Yes, he -- he is getting better daily, and it has helped him a lot to be near the family to recover.

Q. Tell me about that. What do you mean it's helped him a lot being around the family recovering?

A. Well, because we're all with him, and -- and the -- the first months, he was depressed. The girls are around with him, and that has helped him a lot to get better.

Q. Has any -- has any medical provider expressed concern regarding the care that you have been providing Hector?

MS. EDMONDS: I'm going to object. Hearsay.

THE COURT: You're headed down that path, Mr. Creech.

MR. CREECH: I'm sorry?

THE COURT: You're headed down that hearsay path.

BY MR. CREECH:

Q. Have you been -- have you been providing care for Hector since he's been home?

A. Yes.

Q. And since that time, he's progressively gotten better?

A. Yes. It has helped him a lot that I'm with him.

Q. Do you want to keep caring for Hector?

A. Yes. Yes, I do, and he also that -- he wants me to take care of him and no one else.

Q. And you all still get along good and have a

good relationship?

A. Yes. We have a good relationship.

Q. Now, at some point did worker's comp offer to provide an outside nurse to come into your home and look after Hector 24 hours a day, 7 days a week?

A. Yes, they did offer, but I spoke to my daughter, because we're living in my daughter's house, and --

MS. EDMONDS: I'm going to --

THE WITNESS: -- and my daughter did not trust anyone else to be there, because she has young girls, and she didn't trust --

MS. EDMONDS: Commissioner, I'm going to --

THE WITNESS: -- strangers.

MS. EDMONDS: -- object to all the hearsay.

THE COURT: I don't -- I don't think that qualifies as hearsay, because it's what she believes the reason was --

MS. EDMONDS: Okay.

THE COURT: -- not what --

MS. EDMONDS: But she testifying to --

THE COURT: She -- she's not --

MS. EDMONDS: -- what was told to her.

THE COURT: Pardon?

MS. EDMONDS: She's testifying to what was

told to her.

THE COURT: Well, how is that any different than a witness being asked what their understanding of what the doctor treatment plan was? I mean, it's not a direct, she told me this. It was just her understanding of why.

MS. EDMONDS: Okay.

THE COURT: So I'm going to allow it.

THE INTERPRETER: The Interpreter was interrupted in the middle of interpretation, so the Interpreter is going to ask the witness to repeat the answer if that's okay.

THE COURT: Yes.

THE WITNESS: Yes. I spoke to my daughter, and my daughter said she will not trust other people that were not part of the family in the house, and we're living in her house, and Hector said he would also feel more comfortable with me taking care of him.

BY MR. CREECH:

Q. So Hector didn't want them there, and your daughter who owns the house also didn't want them there?

A. No. She has had a serious trauma when she was young, and that's one of the reasons why she didn't want it, and we didn't want it either.

Q. Okay.

THE COURT: Let me get back to your original question to make sure I understood it. You -- your question was, Did they at some point offer 24/7 attendant care?

MR. CREECH: Correct.

THE COURT: Okay. All right. You can proceed, Mr. Creech.

BY MR. CREECH:

Q. And, again, does Hector speak English?

A. No.

Q. And had any of the other home health aides that worker's comp sent over previously, did any of them speak Spanish?

A. No, no one. Everyone spoke English.

MR. CREECH: That's all the questions I have, your Honor.

THE COURT: Ms. Edmonds?

MS. EDMONDS: Thank you.

Can you see me okay if I sit here?

THE INTERPRETER: Yes, I can see you.

CROSS-EXAMINATION

BY MS. EDMONDS:

Q. All right. We met previously at your deposition. I appreciate you being here today.

A. That's fine.

Q. Earlier you testified that you and Hector have been together for 12 years, but you were actually just divorced in 2016 from your prior husband, isn't that correct?

A. Yes.

Q. Okay. And the -- your son and your daughter that live with you, they're both adults, correct?

THE INTERPRETER: The Interpreter requests repetition. The Interpreter --

BY MS. EDMONDS:

Q. Oh, your son and your daughter that live with you, they're both adults, correct?

THE INTERPRETER: I'm sorry.

MS. EDMONDS: Her son and her daughter that live with her are both adults, isn't that correct?

THE INTERPRETER: Okay.

THE WITNESS: Yes.

BY MS. EDMONDS:

Q. Okay. No -- no one that is blood relation to Hector lives with you all; is that correct?

A. No.

Q. Okay. And prior to Hector's accident, did you cook meals for your family?

A. No. We would help each other with my

daughter, because she worked, so did I.

Q. Okay. And you attended school in Mexico only until the 9th grade, isn't that correct?

A. Yes.

Q. Okay. And you didn't pursue any additional schooling or education after the 9th grade; is that correct?

A. No, I didn't.

Q. Okay. And you don't speak English, correct?

A. No.

Q. And you cannot read or write in English, correct?

A. I cannot read or write in English.

Q. Okay. So if you were required to prepare daily logs of the care that you're providing to Hector in English, you would not be able do that, isn't that correct?

A. I wouldn't be able to do it in English.

Q. Okay. And earlier you were discussing your prior work at Stanley Black & Decker, and you worked before this accident Monday through Friday 7:00 a.m. to 3:00 p.m., isn't that right?

A. Yes. That was until January, because before it was Monday through Thursday 12 hours.

Q. Okay. And you would be home during the

afternoons and evenings and on the weekends when you weren't working, is that right?

A. Yes.

Q. Okay. And you made, I think you said, $16 an hour working 40 hours a week, so about $640 per -- per week, is that right? Okay.

So about --

A. Yes.

Q. -- $33,000 per year, is that correct?

A. Yes.

Q. Okay. Have you had -- I'm sorry. Let me back up. Before working at Stanley Black & Decker, you worked at American Eagle Factory, is that right?

A. Yes.

Q. Okay. And I believe you testified in your deposition you didn't have any other job experience or work experience other than that, isn't that correct?

A. No.

Q. Okay. You don't have any specialized certifications or licenses or anything of that nature, is that right?

A. No.

Q. Okay. Have you ever worked in a medical or rehabilitation setting?

A. No.

Q. All right. Earlier you were asked about whether or not the insurance company provided you with -- or offered you all a home health aide that -- and you -- you confirmed that they did, but didn't they also offer you a home health aide that spoke Spanish?

A. The nurse in charge speaks Spanish, but the one that will come to the house does not speak Spanish.

Q. Okay. But you all declined that -- that home health aide that they offered, the 24/7 help, right?

A. Yes, because my husband said he was more comfortable if I could be with him.

Q. Okay. And what are the duties of -- of a home health attendant?

MR. CREECH: I'm going to object about what the duties of a home health attendant does. She can talk about what care she provides or what she does for Mr. Hector, you know, but...

MS. EDMONDS: They're asking us to provide her in lieu of a professional home health aide, so I'm asking her what are those duties to see if she's qualified for the position she's asking us to pay her for.

THE COURT: I'm going to allow it.

THE WITNESS: I didn't understand well. Can you explain that to me?

BY MS. EDMONDS:

Q. My question was, do you know what the duties of a home health attendant are?

A. Okay. As I said before, I have never been trained, and I only know what the nurses taught me, but I -- I also know that I'm doing a good job. I'm caring for him well, and I have done it right up to now.

Q. Okay. Do you have any training on medical billing?

A. No.

Q. Are you familiar with the HCFA 1500 Form?

A. No.

Q. Do you have homeowners' insurance or any professional liability insurance?

MR. CREECH: I'm going to object to "homeowners' insurance." It's not her house.

THE COURT: Sustained.

BY MS. EDMONDS:

Q. Do you have any professional liability insurance?

A. No.

Q. Do you have any training in fall prevention?

A. No, I don't, but I've been -- I've been taking care of him, and I think I've done a good job up until now.

Q. Do you have any experience in handling patients with vestibular deficits?

A. No.

Q. Do you have any first aid training?

A. No.

Q. Okay. If offered transportation to get Hector to and from his medical appointments, would you agree to that?

A. No. No, because they take a long time. There's -- there was always a delay. He gets very tired of being in the car for a long time, so I would rather do that myself.

Q. And as far as coordinating Hector's appointments, you have a nurse case manager, Stasia, who speaks Spanish and -- and coordinates those appointments for -- for Hector, isn't that correct?

A. Yes.

Q. And in your deposition I asked you if -- if -- some questions about Hector's diabetic condition, and with regard to your understanding of how to know whether or not he's in a diabetic emergency, you don't have any knowledge about that, do you?

A. No.

Q. Okay. And according to Dr. Desai's last evaluation record that we have, which is from July 20th

of 2020, she indicated that Hector was improving with his activities of daily living, and at that point you were just supervising him, isn't that right?

A. Yes. She said so, and the doctor who operated on his eye said that he improved a lot with the care that I provided for him. He still hasn't --

MS. EDMONDS: I'm going to object --

THE WITNESS: -- had -- had the --

MS. EDMONDS: -- to answers --

THE WITNESS: -- face surgery --

MS. EDMONDS: -- about what doctors said.

THE WITNESS: -- or the nose surgery --

THE COURT: You asked the question.

MS. EDMONDS: About -- not what doctors said. I didn't ask her that question.

THE COURT: Mr. Creech?

MR. CREECH: I don't even know the question that she asked. I didn't hear it.

What did you ask?

MS. EDMONDS: I asked her if according to Dr. Desai's -- if she agreed with Dr. Desai's July 20, 2022 evaluation that indicated at that point Hector was improving with his activities of daily living, and she was just providing supervision.

MR. CREECH: She's responding and answering

your question if that's what you --

MS. EDMONDS: About a different --

MR. CREECH: -- asked her.

MS. EDMONDS: -- doctor.

MR. CREECH: You just don't like the answer that she's giving.

MS. EDMONDS: She's answering about a totally different doctor, Dr. Cuite.

THE COURT: Is she -- is she responding to a different doctor other than Dr. Desai?

THE WITNESS: Dr. Desai said that he is recovering because of my care, and the other doctor also said that he --

THE COURT: The other doctor is --

THE WITNESS: -- is recovering --

THE COURT: -- hearsay.

MS. EDMONDS: That's right.

THE WITNESS: -- because of my care.

MS. EDMONDS: Thank you.

BY MS. EDMONDS:

Q. Juliana, you're here today asking the Commission to -- to pay you $14.41 per hour for 15 hours per day, 7 days per week to provide care for Hector, isn't that correct?

A. Yes.

Q. Okay. And that care includes things like cooking meals, doing laundry, cleaning the house, some of the same things you were doing before his accident, isn't that correct?

A. Yes.

Q. Okay. And you're asking the Commissioner to order my client to pay you a little over $78,000 per year to provide this -- this care?

MR. CREECH: Your Honor, I'm going to object to a lot of questioning, because she's -- it's -- she's acting like this is -- care is not needed when the reality of it is they agreed that the care is needed. They've offered to provide it with a --

THE COURT: No. The question --

MR. CREECH: -- professional nurse.

THE COURT: The question she asked is is she asking to be paid the equivalent of $78,000 a year, and she can ask that question.

MR. CREECH: Okay.

THE INTERPRETER: Okay. Would the -- would the -- would -- the Interpreter request a repetition. Would you?

MS. EDMONDS: Sure.

BY MS. EDMONDS:

Q. And today you are asking the Commissioner to

order my client to pay you over $78,000 per year to provide care to Hector?

A. For as long as the doctor says that he needs care. I don't know if it's going to be a year or if I'm not understanding the question correctly.

Q. Okay. Would you agree that if you provide this care for a full year, you will make double what you made at Stanley Black & Decker?

A. I don't understand. Can you repeat the question, please?

Q. At Stanley Black & Decker you made about $33,000 per year, correct?

MR. CREECH: Your Honor, I'm going to object. She made $33,000 a year working four days a week, 40 hours a week.

THE COURT: Five days a week.

MR. CREECH: I'm sorry?

THE COURT: Eight hours a day.

MR. CREECH: I'm sorry?

THE COURT: Five days a week, eight hours a day. 40 hours a week.

MR. CREECH: Well, she worked 12-hour shifts four days a week.

THE COURT: She did. She was working five days when she left.

So you may ask the question.

MS. EDMONDS: Sure.

BY MS. EDMONDS:

Q. At Stanley Black & Decker, you were making approximately $33,000 per year, correct?

A. Yes.

Q. Okay. It was about $640 per week, correct?

A. Yes.

Q. Okay. And now you're asking the Commissioner to pay you a little over $1,500 per week, which is more than double what you were making at Stanley Black & Decker, isn't that right?

A. I didn't expect this accident of my husband, and I have to care for him. It has been a total change for me and for us, for the family, and I think I'm asking for what is fair.

Q. Okay. But you made the choice to not go back to work because my client offered to provide professional care, isn't that right?

A. I did not decide. Both of us decided. It's my husband, and I have to be with him. I don't know if I was clear enough. I think we are a family. We have to be with him.

Q. Okay. But it is an option for you to accept the care that my client is willing to provide with a

professional, is it not?

MR. CREECH: I'm going to object, your Honor. She's already testified it wasn't an option because her daughter didn't want them in there, and her daughter owns the home.

THE COURT: I don't think that was the intent of the question. The intent of the question was there is another option she's choosing not to accept I believe is the point that Ms. Edmonds is trying to get to.

MS. EDMONDS: Correct.

THE WITNESS: Yes, but my husband wanted me to be with him, and I think I've taken care of him well. It wasn't an option. My husband wanted me to be with him, and I don't know how you're going to, you know, think of this, but this has been a very heavy burden on us. The accident wasn't expected. We were both working very hard, both of us, and we were not expecting this.

MS. EDMONDS: Well, and -- and I certainly appreciate that, and I wish that this wasn't something that you all were dealing with, and I don't have any further questions for you.

THE COURT: Mr. Creech, do you have any follow-up? Anything else?

REDIRECT EXAMINATION

BY MR. CREECH:

Q. Have you been trained on how to monitor Hector's glucose levels and his -- his diabetic levels?

A. Only what the nurse taught me, and she taught me how to change the sensor. I check his insulin, his sugar level, three times a day, and if necessary, I will administer insulin to him or if it's not necessary, I won't, and I think I've done it well.

Q. Did the nurses also teach you how to do gait transfer -- transfers from sitting to standing, bed transfers, and how to monitor his gait while he's walking?

MS. EDMONDS: I'm going to object. That's -- he's already asked that initially on direct.

THE COURT: I'm going to allow it.

Go ahead.

THE INTERPRETER: Would the Interpreter request an explanation so the Interpreter can explain what a gait transfer is?

MR. CREECH: Well, like a transfer from sitting to standing or --

THE INTERPRETER: Oh, thank you.

MR. CREECH: -- getting out of bed.

THE INTERPRETER: Thank you.

THE WITNESS: No. They didn't teach me, but I'm always around him making sure that he is doing well.

BY MR. CREECH:

Q. Do you have any idea what's contained in a job description for a home health or personal care aide?

A. No. I could guess, but I don't.

Q. Okay. So you're not aware that a home health or personal care aide doesn't require any level of education?

MS. EDMONDS: I'm going to object.

THE COURT: Sustained. Sustained.

MR. CREECH: Okay. Your Honor, I just -- within based on her line of questioning, I would point the Court's attention to the job description of the home health and personal care aide, which I believe was submitted as an exhibit by the Defendants, which outlines that there is --

THE COURT: You weren't asking a question. You were testifying, Mr. Creech.

MR. CREECH: Okay. I'm just asking to direct the Court's attention on that.

Amity, was that job description submitted into evidence --

MS. EDMONDS: Yes, it was.

MR. CREECH: -- as part of your exhibits?

MS. EDMONDS: Uh-huh.

MR. CREECH: Okay. Thank you.

That's all the questions I have.

THE COURT: Ms. Edmonds, anything further?

MS. EDMONDS: Nothing.

THE COURT: All right. You may step down, and thank you very much. We're taking about a 5-minute recess.

(A short break transpired.)

ANDREA ANGELES-ROLDAN, being duly sworn and cautioned to speak the truth, the whole truth and nothing but the truth, testified as follows:

THE COURT: Please state your name for the record.

THE WITNESS: Andrea Angeles-Roldan.

THE COURT: All right. Mr. Creech?

MR. CREECH: Thank you, your Honor.

DIRECT EXAMINATION

BY MR. CREECH:

Q. Andrea, how old are you?

A. I'm 25.

Q. I'm sorry?

A. 25.

Q. And are you married?
A. Yes.
Q. Who are you married to?
A. Juan Gonzales.
Q. And does Juan work?
A. Yes.
Q. Where does he work?
A. With CK Construction.
Q. And do you work?
A. Yes.
Q. Where do you work?
A. I work at Charanda's, part-time job.
THE COURT: Where at, ma'am?
THE WITNESS: Charanda's Mexican restaurant.
BY MR. CREECH:
Q. And do you have a typical work schedule or does it just depend?
A. Well, I used to work a full schedule, but now with the accident, we have to change, you know, my -- my days that I work and everything.
Q. And why is that?
A. Because I used to work in the afternoons, but now with everything going on, I'm not able to do that, because mom is taking care of dad, and I switched to the mornings so while my kids are in school, I'm able

to work, and then in the afternoons, I'm at home with them.

Q. And how many kids do you have?

A. Two.

Q. And how old are they?

A. Eight and five.

Q. Okay. Are they boys or girls?

A. Two girls.

Q. Okay. And what time do they get out of school?

A. 2:15.

Q. Okay. Is that for both of them?

A. Yes.

Q. Okay. Who else lives in your house?

A. Mom, dad, me and my husband, my two girls, and my younger brother.

Q. Okay. And who owns this home?

A. Me and my husband.

Q. Okay. And you -- I heard you -- you consider Hector your father?

A. Yes. We all do.

Q. Okay. I mean, is he -- is he your biological father?

A. No.

Q. Okay. Who -- who takes care of Hector every

day?

A. Mom.

Q. She's been doing that since he's been home?

A. Yes. Since the hospital, and since he's been out.

Q. Does she do a good job taking care of him?

A. Yes.

Q. Does the whole family chip in sometimes?

A. Yes. We just -- sometimes when we are all at home, we -- well, my two brothers, they don't -- older brothers, they don't live with us, but since the accident, we try to spend more time as a family to be with him, because at the beginning he was getting depressed with everything going on, and it changed everything between -- to everyone, even to my two little girls. And he was getting depressed because they were scared of him when he got home, the way he looked, and he didn't like that, because they used to run to him, because that's grandpa, you know, and which I -- we try to make him laugh. We try to spend more time as a family with both of them, because mom, it was hard on mom too.

Q. Okay. And have you seen Hector improve since then?

A. Yes.

Q. Has it been good for him to be around your family?

A. Yes.

Q. Now, there's been some testimony that at some point worker's comp offered to have a nurse or an aide of some sort come into you all's home and look after Hector 24 hours a day, 7 days a week. Is it your understanding that an offer was made?

A. Yes. Mom did mention it. She talked to me, but like I said, it was -- it's also my husband's home too, and we have two younger daughters, so me personally, it's hard for me to have a stranger or someone coming into my house, because I was sexually abused by my real dad, so I don't let -- especially my girls, I don't let no stranger, no one that I trust near them.

Q. So you had opposition to allowing someone come into your home --

A. Yes.

Q. -- for that amount of time? What about your husband?

MS. EDMONDS: I'm going to object to her testimony about her husband. That's hearsay.

THE COURT: Which question?

MR. CREECH: Did her husband express

opposition to allowing someone coming in their home.

THE COURT: I'm going to allow it.

THE WITNESS: Yes, because like I said, we -- it's his house too, and we did talk to mom, and we didn't feel comfortable with someone new coming into our house being near our two daughters. And he knows that I don't let my kids be around strangers because of what happened to me.

BY MR. CREECH:

Q. If someone was in your house the entire day or, I mean, at one point 24 hours a day, 7 days a week, what type of effect would that have on your -- on your family relationships and just the general atmosphere in your home?

A. It would have changed completely, because even when the nurses were coming in, it was, you know, uncomfortable being in our house too. Even my kids, you know, they were like, Who is that? Why are they here? Do you know them?

And, you know, usually I stuck around, you know, to see what were they doing or, you know, not getting my kids involved with the nurses and everything to let them do their job too. So it would have been difficult if there was someone there 24/7 with my kids there, because they won't -- they wouldn't feel

comfortable either.

Q. And the nurses you were referring to, are those the -- you know, the home health nurses that came in the very beginning that were there twice a week for 45 minutes at a time?

A. Yes.

Q. Okay. And even that little bit of a time was enough to disrupt kind of the normal family atmosphere?

A. Yes.

MR. CREECH: Your Honor, that's all the questions I have.

THE COURT: All right. Ms. Edmonds?

MS. EDMONDS: I just have a couple questions.

CROSS-EXAMINATION

BY MS. EDMONDS:

Q. Did you say both of your children are in school?

A. Yes.

Q. What are their school days? What hours are they in school?

A. They go Monday through Friday from 7:00 to 2:15.

Q. Okay. How do they get to school and from school?

A. I take them and I pick them up.

Q. Okay. And when they're not in school, do they stay at home with your mom?

A. They're at home with me.

Q. Okay. So you're always there when your kids are there?

A. Yes.

Q. All right.

A. Because I changed my -- my schedule when the accident happened.

Q. All right. Do you all ever have any visitors to your home?

A. Usually, rarely we'll have visitors home, but it's people -- if they -- like I said, my brothers will come and just another couple that they come to the house, but it's like rarely that they come.

Q. Does your mom ever care for your children when you're not there?

A. She used to before the accident, but not no more.

Q. She doesn't?

A. Huh-un.

MS. EDMONDS: Okay. That's all the questions I have for you.

THE COURT: Anything further, Mr. Creech?

MR. CREECH: No, your Honor.

THE COURT: Any more witnesses on behalf of the Claimant?

MR. CREECH: That's it, your Honor.

THE COURT: Any witnesses on behalf of the Defendants?

MS. EDMONDS: No, your Honor.

THE COURT: All right. That will conclude this proceeding.

(WHEREUPON, the taking of this sworn hearing was concluded at approximately 4:22 p.m.)

CERTIFICATE OF REPORTER

I, Megan R. Brown, Court Reporter and Notary Public in and for the State of South of South Carolina, do hereby certify that I reported the hearing on the 19th day of October, 2022; and that the foregoing 49 pages constitute a true and correct transcription of the said hearing.

I further certify that I am neither attorney nor counsel for, nor related to or employed by, any of the parties connected with this action, nor am I financially interested in said cause.

I further certify that the original of said transcript shall be hereafter sealed and delivered to Commissioner T. Scott Beck, 1333 Main Street, Columbia, South Carolina.

In witness whereof I set my hand and seal this 13th day of December, 2022.

Megan R. Brown, Court Reporter,
Notary Public
State of South Carolina at Large
My Commission expires:
10/18/2028

Transcript of the Testimony of
Lopez-Vasquez v Paper Tube Core

Date: August 28, 2024



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STATE OF SOUTH CAROLINA
BEFORE THE
SOUTH CAROLINA WORKERS' COMPENSATION COMMISSION
WCC No. 2202001

Hector Lopez-Vasquez,
Employee,
v.
Ox Paper Tube Core Carolina,
Employer,
and
Berkshire Hathaway Homestate Ins.,
Carrier/Defendants.

FULL COMMISSION HEARING

****

Monday, August 28, 2023
3:25 p.m. - 3:51 p.m.

The Full Commission Hearing was heard before Commissioners Aisha Taylor, Cynthia Dooley and R. Michael Campbell, at the Workers' Compensation Commission, 1333 Main Street, Suite 500, Columbia, South Carolina, on the 28th day of August, 2023, before Amber Scarborough, Court Reporter and Notary Public in and for the State of South Carolina.

APPEARANCES

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EXHIBITS

(There were no exhibits marked during this hearing.)

STIPULATIONS

It is stipulated and agreed that this hearing is being taken pursuant to the Administrative Procedures Act and the South Carolina Rules of Civil Procedure.

CALL TO ORDER:

COURT REPORTER: Today is August 28th, 2023. This is South Carolina Workers' Compensation Case Number 2202001. This is the case of Hector Lopez-Vasquez versus Paper Tube Core Carolina and Berkshaw -- Berkshire Hathaway Homestate Insurance. The Appellant is the Claimant, represented by Andrew Creech. The Respondent is represented by Amity S. Edmonds.

Each side is allowed ten minutes for oral argument and the Appellant three minutes in reply. You are requested to argue the grounds of exception and stay within the record.

COMMISSIONER TAYLOR: All right. Mr. Creech.

APPELLANT/CLAIMANT'S POSITION:

MR. CREECH: Thank you, Your Honor. And may it please the Court. The crux of this appeal is basically whether or not 42-15-60, as we refer the -- the medical treatment statute, whether it -- whether it applies to nonprofessional attended care. And so, really that's the crux of it. I'd like to get into the facts for a few minutes and then talk about the application of the statute itself.

This case involves what I describe, and I

think it's the only way you can describe it, is absolutely catastrophic injuries. The Claimant was crushed by a large commercial paper roll and sustained hemorrhages and numerous brain contusions to multiple regions of the brain. Post-accident, subsequent MRIs later on showed documented encephalomalacia to multiple areas of the brain, which is -- it's a medical term for permanent brain damage. We deposed the treating physician, Dr. Desai. She describes encephalomalacia as basically a black hole of the brain and he has that in multiple regions.

In addition to the substantial brain injury, he sustained traumatic orthopaedic injuries to his face, bilateral shoulders, neck, back. He had his nose caved in, teeth knocked out. He sustained right-side facial paralysis to the extent that he couldn't even shut his right eye. Which, of course, brings a lot of concern with his eyes drying out, he's constantly having to put eye drops in. He ultimately had a surgery where they placed a weight in his eyelid to shut his right eye.

He was eventually -- after going through a course of inpatient rehab from the hospital,

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he was eventually discharged home. And when he was discharged home, Workers' Comp, pursuant to discharge orders, brought up home health care nurses for about 45 minutes to an hour every day. They'd come out there, check on him. He had some pre-existing diabetic conditions. They'd check his blood sugar. And they would also instruct his significant other, Ms. Demas, on how to care for him.

During this period of time, he needed care with basically 100 percent of his activities of daily living. I mean, she would have to puree his food. She'd have to help him to get up to use the bathroom. She had to sponge bathe him. Everything he needed, she had to -- he had to have someone provide it for him.

Initially, there was not an order for supervisory attendant care, which the doctor explained that's because he had a -- he had a -- a caregiver, a family member with him. And so, when someone is there to provide the care, they don't issue the order. I -- I wrote the doctor, she issued an order for attended -- 24-hour attended care and then we filed for this hearing, which the Defendants have denied --

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denied to pay for it.

We subsequently deposed Dr. Desai, who's the authorized treating physician. She is a physiatrist with a sub-specialty in brain injury medicine. She is the treating brain injury doctor. She's very impressive. And we -- we deposed Dr. Desai about this order of attended care. And at the time of that deposition, this is now six months later in September, she goes, listen, he doesn't -- he's improved a good bit, he no longer needs 24-hour care. He needs -- he only needs care for waking hours. But she said, you know, this does not need to be professional care. This is supervisory care that you don't need any -- any special skills or licenses. This is just someone to watch him to make sure that he doesn't fall. If he needs something, they can help get it and make sure he doesn't hurt himself.

She testified in her deposition that at that point, Miss -- Ms. Demas, his long-time significant other, was capable of performing that care and had been doing it at a very commendable -- a very commendable way. She was

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doing a great job.

There's also the issue that -- that they only speak Spanish. So, there's a huge language barrier there. And it's important for the Commission to note that all these prior home healthcare providers, none of them spoke Spanish. None of them. So, anytime they would come out, the Claimant had to make sure Ms. Demas and one of their -- their daughters or sons was there who could serve as an interpreter for him.

And finally, and I think -- well, most importantly, the doctor testified that in her experience, brain injured patients re- -- recovered better and essentially that it's benefici- -- beneficial to have a loved one provide this care for them. And so, there -- she just walked through a whole host of reasons of why Ms. Demas, his long-time significant partner was the most appropriate person to provide this attended care for him.

At some point after all this, Defendants said, hey, okay. They initially tried to argue that they -- they don't have -- attended care, they don't have to pay for it at all. They

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then changed their story and said, okay, we'll pay for it, but it's got to be with a licensed professional. All right? And so -- so, they're maintaining, hey, we've offered to provide this care with a licensed professional, we're just not gonna pay the Claimant.

And so, first of all, I want to speak to whether or not 42-15-60(a) gives the Commission authority to order the care. Because the single Commissioner found that it didn't. And the statute's very clear. If you -- the first part talks about treatment, you know, before ten weeks. And then the middle part of the statute talks about treatment after ten weeks. And then it states, and I quote, the employee -- the employee shall accept an attending physician, which Mister -- which the Claimant has done. He has accepted treating -- treatment with the attending physician, Dr. Desai. Okay? And any medical care that is considered necessary by the attending physician. Well, Dr. Desai, the attending physician, has determined that he needs supervisory care, attended care, for all waking hours of the day and that his long-term spou-

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-- significant other is the person that is best suited to provide this care. And so, just the plain -- the plain language of the text of the statute itself clearly grants the Commission authority to order this care.

There is -- there's not a wide breadth of case law on this specific issue. But in my Brief, I did site some cases, because the -- the single Commissioner may try to make a big distinction about, well, we can do this under 42-15-60(c) once he's totally disabled, but we can't do it under 15-60(a).

And I would point the Commission's attention to, the panel's Commission, there's no distinction in anywhere in these statutes between distinguishing between professional care and non-professional care between 42-15-60(a) and 60(c). And so, I just don't understand how you can make that l- -- that leap. How you can say, oh, 60(c), we agree it covers it, but not in 60(a).

But I -- there is some case law, though not directly on point, I do think is instructive. One of the cases is an unpublished opinion by the Court of Appeals, it

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was Bill Smith's case, where there was an recommendation for home modifications. And the Commission ordered home modifications to the Claimant's primary residents pursuant to Thompson Steel records. But they -- they didn't want to order to a secondary beach home where the Claimant -- what was planned to retire eventually. And so that was taken up on appeal and the -- the Court of Appeals said no, 42-15-60(a) says if a treating physicians determines that it is medically necessary that he needs a elevator in his beach house, then Worker's Comp has got to pay for it. And I would submit to the Commission that if the appellate court has interpreted 42-15-60(a) to be broad enough to mandate an elevator be installed in a beach house, then it's broad enough to provide required -- that my very brain-injured client needs by his spouse.

There is a section in 42-15-60(a) that talks about, you know, just because, you know, typically the Carrier gets to decide -- control treatment. And they've done that. They have controlled treatment by appointing Dr. Desai, the treating doctor. But now, you know, when

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it says, you know, if there's good cause shown, then the Commission can order treatment. And they have offered eventually to provide professional -- basically send a nurse to come into this guy's home 24- -- and for all working hours of the day and sit with him.

My client doesn't live in a house that he owns. He lives in a house that his, for lack of a better word, stepdaughter and stepson own, along with his significant other, Ms. Demas, who is the mother of the homeowner. Then you have the homeowner's two young children, young daughters and her brother. There's seven people living in this small single family residence, including two minor children. And -- and my client, the Claimant, and his wife, Ms. Demas, they -- they talked to her daughter about, you know, they're wanting us -- they're wanting someone to come in here and provide this care and -- and the homeowner, their daughter was like, no, I'm sorry. We're not gonna have a stranger come in our house, you know, for all waking moments, seven days a week and be here, particularly when I have two young children. She -- she -- they said, it's not an

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option.

And so, I would say, number one -- and -- and I'll tell you, the daughter testified and was very clear, she's like, listen, it was enough even when home health was coming over for -- for an hour every day when my daughters were there, that was enough to kind of disrupt our family atmosphere. You know, my daughters are asking who are these people and what are they doing. It -- it was -- it was very disruptive to their family unit. And so, number one, I -- I would submit to the Commission that the plain language and the case law, though not directly, certainly supports the Commission's authority to award this nonprofessional care and that if there's ever a case with good cause for any, it's this one. I mean, he literally doesn't have a choice. The people that own the home have said they're not coming in. And not to mention the fact that this -- both their lives have been -- everyone's lives have been completely turned upside down by this injury. I mean, it's horrible. And, you know, they're -- they've had enough change in their lives, just so

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having someone else sit with them and the awkwardness involved with that, the entire time and awake day in and day out every single day. And I would submit to this Court, if that's not good cause to say, listen, let's order his loved one, who the doctor says is the most appropriate person, I don't think there is a case for good cause if this isn't one.

COMMISSIONER TAYLOR: Okay. Thank you so much, Mr. Creech. All right. Ms. Edmonds?

RESPONDENT/CARRIER'S POSITION:

MS. EDMONDS: Good afternoon. May it please the Commission. First of all, I appreciate your time here today. Defendants respectfully submit that the Hearing Commissioner correctly found that we maintain our right to direct medical care pursuant to 42-15-60(a) and that any attendant care services to which Claimant's entitled should be provided by a licensed skilled professional home healthcare aid or nurse of Defendants' choosing. Accordingly, we ask the full Commission to affirm the single Commissioner's decision in full and we assert that doing so is proper based on the statute and legislative intent, as well as the -- the

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-- I guess the lack of case law to support Drew's position from our perspective.

Before I get into our specific positions, I did want to touch on a couple of things that Drew mentioned. First of all, we never indicated we would not pay for professional home healthcare. As you can see from the Claimant's Form 50, which was filed on April 26th of 2022, so just a little over two months after -- or a little under two months after his discharge from the hospital, they admitted on the Form 50 that they refused the third party healthcare that was offered by Defendants because they felt they, being the Claimant and his fianc,, felt that she was best to provide any care that he needed.

Second of all, with regard to the language barrier and the home healthcare services that we did provide that were then subsequently refused, we would be more than willing to provide a Spanish speaking home healthcare aid. And, in fact, we did do that, as it relates to his nurse case manager, when they requested that. That was done immediately and there was no disputing that.

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Lastly, as it relates to Dr. Desai's testimony, which I know you guys will review it, she does not indicate that the fianc, is the best or most appropriate person to provide the care. What she says is that she's doing so competently. And when I asked her specifically if she had any knowledge as to Julianna's training, her skills, any of those things, she confirmed that she had no knowledge. In fact, she thought that they were married. And she said, really, this boils down to a comfort level for the Claimant. She was asked specifically if a professional would be better qualified to provide attendant care services and she said, well, I don't really know the services that are being provided, but I would think that they're equal. So, you know, that testimony is -- is -- is not that she thinks Julianna is the one that has to do this. And beyond that, we maintain the right to direct medical care and nothing that's been presented is sufficient to usurp that right.

From our perspective, we have consistently offered to provide professional attendant care and the Claimant has admittedly consistently

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refused to accept the professional healthcare that we've offered. And he's seeking an award of nonprofessional attendant care pursuant to subsection (a) of 42-15-60, but under this subsection, the Commission's authority is limited to medical care and treatment. Certainly, the Claimant's fianc,, who is unlicensed, unskilled and untrained at provide home healthcare services, is not capable of providing medical care or medical treatment and, therefore, she's not -- the Commission does not have that authority to order us to compensate her for providing medical services that she's not qualified to provide.

Third, even if the Commission had the authority to order nonprofessional attendant care prior to a finding of permanent and total disability, which is covered by subsection (c), the facts of this case just do not warrant the Commission taking away the Defendants' right to direct medical care.

And lastly, as Commissioner Beck pointed out in his order, there's significant and real liability concerns from the Defendants' standpoint if we're required to pay someone who

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is, again, unqualified to provide medical services to the Claimant prior to him reaching maximum medical improvement.

With regard to statutory authority, we're not aware of any case law supporting Claimant's position that nonprofessional attendant care can be ordered prior to finding a permanent and total disability. Section 42-15-60, as a whole, specifically addresses entitlement to medical care. So, to assert that unlicensed, unskilled and untrained services provided by the Claimant's fianc, is sufficient to qualify as medical care just doesn't make sense from a common sense standpoint.

Additionally, this is a matter of statutory interpretation and the statute, the -- - the plain language of the statute is clear and unambiguous. The Claimant indicates that there's no real distinction between the benefits allowed under subsection (a) and subsection (c), that the statute itself and the plain language indicates otherwise. The le- -- the Legislature created an entirely different subsection for benefits that are allowed when a Claimant has reached permanent and total

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disability and that subsection indicates that an injured worker can be provided other care. It does not say it's not limited to medical treatment and other treatment like subsection (a) is. So, without there being any ambiguity, we really should just be looking at the statutory language, which is unambiguous and, again, indicates medical treatment or -- I'm sorry, medical or treatment, both of which on their face indicate something -- or services that they have to be provided by a healthcare professional, not just someone who has no training or skills to provide those services.

Additionally, the Claimant is -- is asking the Commission to find that subsection (a) encompasses care by an unlicensed and untrained individual. This requires a giant leap from the plain language of the statute and such an argument should be supported by clear evidence showing an intent on the part of the Legislature to broaden the scope of the statute. They've not submitted any evidence to show that there was a legislative intent to do so. You know, the Claimant argues in their brief that the reasonable and necessary nurs-

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-- nursing services section or language in subsection (c) would be excluded under (a) since subsection (a) doesn't specifically say the reasonable and necessary nursing services. They say, well, since, you know, Commissioner Beck relied on the -- the specific language that's in subsection (c), the lack of nursing services being included in (a) means the Commission was without authority to grant nursing services. That's really a red herring because nursing services are medical treatment. We're not denying that under subsection (a) the Commission can award medical treatment. We're saying this isn't -- this is not medical treatment. They're asking us to pay someone who's not qualified for medical services to provide medical services.

The ramifications of such a finding would result in the Commission having authority toward really anything under the sun. What would even be the limits? If a doctor says, well, I think this person would benefit from having someone sit with them throughout the day to make them more comfortable, well, then are we gonna be required to pay that person for

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sitting next to the -- the injured worker just because the doctor thinks that them having a companion would be beneficial? Just -- this is a major floodgate issue, first of all, beyond the fact that the statutory language does not support such a finding.

Additionally, as I mentioned earlier, we maintain the right to direct medical care and we have done nothing to warrant the Commission usurping our right to direct medical care pursuant to the statute. The -- our Legislature gave the Defendants the exclusive right to direct care with only narrow sections. In this case, the record is devoid of any evidence to support a finding that we should be stripped of our statutory right. In fact, the Claimant acknowledged in their Form 50 that we were offering the treatment that was recommended by the -- the provider. They just refused to accept it. And the Claimant, there's -- there's no disputing that the Claimant and the Claimant's fianc, have -- have testified at the hearing, the Claimant's fianc, did as well as in her deposition, that they have repeatedly refused to accept the care that

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we've offered. Yet, they're wanting us to pay the Plaintiff's fianc, $78,000 a year to provide services she's not qualified to provide. Her -- her -- her training or her -- I'm sorry, her work history is outlined in the record, but she is 9th grade educated, she cannot read or speak English. She's not capable of -- she's had no first aid training, she's had no training in deficits, she simply is unqualified for what it is they're asking us to pay her -- pay her to do. This is not a situation where we're refusing to provide recommended treatment. The Claimant just doesn't like the fact that we want to offer a professional provider and wants us to pay -- pay his fianc, to -- to do that.

And, again, we're not aware of any case law at all that would find it proper for the Commission to usurp the Defendants' right to direct medical care for we've offered to provide treatment with a licensed healthcare provider in favor of requiring Defendants to pay an untrained nonprofessional, as requested by the Claimant. This not only undermines the statutory mandate, the medical treatment be

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directed by Defendants, but it would be the equivalent of giving the Claimant the unilateral right to just set- -- or select whomever they want to provide whatever services they want, which was certainly not the intent of 42-15-60.

Lastly, with regard to liability concerns requiring us to pay an untrained, unqualified, unlicensed and uninsured individual for medical services creates a host of liability concerns and is counter to the goals of providing medical care under the Act. There is a distinction between a carrier and employer's liability under once an individual has a bending permanent and total- -- totally disabled versus someone who is continuing to treat with the hopes of mitigating the likelihood that they'll be permanently and totally disabled. So, you know, the Claimant mentions in their Brief that Defendants would have the right to seek subrogation in the event that the Claimant's fianc, negligently cared for the Claimant. However, she doesn't even own a home. She's not licensed. What recourse would we have? You know, they acknowledge that

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we have liability for any further injuries that the Claimant would sustain as a result of medical treatment, but we have no recourse in this situation, unlike if there is a profess- -- a licensed professional who's providing this service. If not only if the likelihood of any further injury mitigated because they're trained to provide the services that they're providing, but beyond that, they're gonna be licensed and insured. So, in the event they are negligent, we have recourse.

COMMISSIONER TAYLOR: Okay.

MS. EDMONDS: So, certainly that is one major liability concern.

COMMISSIONER TAYLOR: Thank you, Ms. Edmonds. That's your time. Okay, Mr. Creech, you have three minutes in reply.

APPELLANT'S/CLAIMANT'S REPLY:

MR. CREECH: Wow. Okay. First of all, she keeps talking about Ms. Demas isn't qualified. That's just not true. That's -- that's wrong. The -- the -- the treating doctor has said that she's more than qualified to perform his care. The home healthcare people came in, they -- they trained her and showed her how to do

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everything. And then they discharged and said that she met all goals for the appropriate care plans. This isn't someone that needs skilled, like, skilled care. They need someone present with them, sitting by them who makes sure they don't fall who can stand up and go grab him something if he needs something. You don't -- there's no skills required here.

The other thing that they just refuse to talk about, for good reason, is the fact that my clients can't accept the offer of third-party care. They can't do it. They don't own their own home, they live with their daughter who owns the home and the daughter said no way, this isn't happen. And, which, I think most of us can understand that perspective and that point of view.

So, this is -- finally, with regards to the statute, the treating -- the treating provider, which they chose, ordered this care. That is medical care. The Appellate Courts have made it clear that if the treating doctor orders a wheelchair ramp or an elevator in someone's house, that that is medical care. And the courts are clear on that. So, if a

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wheelchair ramp and an elevator is medical care, which is not specifically referenced in 42-15-60(a), well then it is at a nonprofessional center or care provided. Thank you.

COMMISSIONER TAYLOR: All right. You're welcome. Thank you, both. It was a pleasure seeing y'all this afternoon. And that concludes this matter. Thank you.

(There being nothing further, the hearing concluded at 3:51 p.m.)

CERTIFICATE

This is to certify that the within hearing consisting of twenty-five (25) pages, is a true and correct transcript of the testimony given by said witnesses after being duly sworn; said hearing was reported by the method of Stenomask with Backup.

I further certify that I am neither employed by nor related to any of the parties in this matter or their counsel; nor do I have any interest, financial or otherwise, in the outcome of same.

IN WITNESS WHEREOF I have hereunto set my hand and seal on April 25, 2024.

Amber Scarborough
Court Reporter

Notary Public for South Carolina
My Commission Expires: June 13, 2033

STATE OF SOUTH CAROLINA	)	BEFORE THE SOUTH CAROLINA
	)	WORKERS' COMPENSATION COMMISSION
COUNTY OF YORK	)	
	)	
Hector Lopez-Vasquez,	)	
Claimant,	)	
	)	
-vs-	)	
	)	**NOTICE OF WITNESSES AND**
Ox Paper Tube DBA Core Carolina, LLC	)	**WRITTEN REPORT(S)/PHYSICIAN OR OTHER EVIDENCE TO BE**
	)	**INTRODUCED ON BEHALF OF**
Employer,	)	**HECTOR LOPEZ-VASQUEZ, CLAIMANT**
	)	
and	)	
	)	
Berkshire Hathaway Homestate Insurance Company	)	WCC FILE NO. 2202001
	)	
Carrier,	)	
	)	
Defendants.	)	
_____	)	

TO: SOUTH CAROLINA WORKERS' COMPENSATION COMMISSION AND AMITY S. EDMONDS, ESQUIRE, ATTORNEY FOR DEFENDANTS:

YOU ARE HEREBY NOTIFIED THAT THE Claimant, Hector Lopez-Vasquez, pursuant to the provisions of the South Carolina Workers' Compensation Act and South Carolina Code Section 1-23-330 (1976, as amended), and Rule 67-612, herewith submits the following reports/physician or other evidence on behalf of the Claimant, to wit:

NAME OF REPORT(S)/PHYSICIAN OR OTHER EVIDENCE		**DATE OF REPORT(S)**	**PAGES**
APA 1:	Atrium Health – Carolinas Medical Center	2-21-2022 – 3-2-2022	4 - 38
APA 2:	Kindred at Home	3-4-2022 – 5-2-2022	39 - 94
APA 3:	Charlotte Eye, Ear, Nose & Throat	3-8-2022 – 5-26-2022	95 - 132
APA 4:	Carolina Neurosurgery & Spine Associates	3-16-2022	133 - 144
APA 5:	Affinity Health Center	3-18-2022 – 5-5-2022	145 - 152

APA 6:	Atrium Health – Plastic & Reconstructive – CLT	3-23-2022	153 - 154
APA 7:	Sima A. Desai, MD Carolinas Rehabilitation - Charlotte	3-17-2022 - 7-20-2022	155 - 175
APA 8:	Celena Earl, MRC, CRC The Shae Group, LLC	4-28-2022	176 - 178
APA 9:	Atrium Health – MSK Institute Fort Mill	5-12-2022	179 - 185
APA 10:	Charlotte Surgery Center	5-20-2022	186 - 189
APA 11:	Novant Health Imaging Center	5-31-2022	190 - 193
APA 12:	Metrolina Diagnostic Center	6-22-2022	194 - 195

YOU ARE FURTHER NOTIFIED that the originals of the documents referred to herein, or photocopies received from said physicians/others, will be submitted at the hearing before Honorable T. Scott Beck, Commissioner, for insertion in the file of the South Carolina Workers' Compensation Commission and inclusion into evidence on behalf of the employee-claimant.

YOU ARE FURTHER NOTIFIED that the following witnesses may be called on behalf of the Claimant:

Hector Lopez-Vasquez
302 Charlotte Street
York, SC 29745

Family members, friends, co-workers, former co-workers and neighbors.

ELROD POPE LAW FIRM

By: _____

Andrew W. Creech, Esquire
P. O. Drawer 11091
Rock Hill, South Carolina 29731
(803) 324-7574
ATTORNEYS FOR CLAIMANT

Rock Hill, South Carolina

August 2, 2022

CERTIFICATE OF SERVICE

WCC FILE NO. 2202001

The undersigned hereby certifies that she is a secretary to the attorney for the employee-claimant in the above-entitled action and that the foregoing **NOTICE OF WITNESSES AND WRITTEN REPORT(S)/PHYSICIAN OR OTHER EVIDENCE TO BE INTRODUCED ON BEHALF OF HECTOR LOPEZ-VASQUEZ, CLAIMANT** was served to the following address:

Amity S. Edmonds, Esquire
GALLIVAN, WHITE & BOYD
PO Box 10589
Greenville, SC 29603

Casey Barber
Casey Barber

Rock Hill, South Carolina

August 2, 2022

CMC
Recor

de

Atrium Health

HECTOR LOPEZ VASQUEZ
302 CHARLOTTE ST
YORK, SC 29745

February 21, 2022

To whom it may concern,

This letter is to notify you, Hector Lopez Vasquez DOB [redacted] was brought to the emergency room at Carolinas Medical Center -Main and admitted to the hospital on 2/18/2022. Mr. Vasquez was involved at an accident at work and suffered multiple traumatic intracranial hemorrhages and a traumatic brain injury. His wife is required to stay with him in the hospital and is not able to work at this time. It is very likely Mr. Vasquez will need significant help at home after his hospital discharge until he is safe to care for himself and to be alone.

Sincerely,

PA-C

Result Type:	Physician Progress Note
Result Date:	February 23, 2022 7:00 EST
Result Status:	Unauth
Result Title:	Trauma Progress Note
Performed By:	AVERY , MICHAEL J DO on February 23, 2022 7:05 EST
Encounter info:	6518848485, CMC, IP - Inpatient Admission, 2/18/2022 -

* Preliminary Report *

Trauma Progress Note

Patient: **LOPEZ VASQUEZ, HECTOR** **MRN: 0008783081** **FIN:** [redacted]
Age: **48 years** Sex: **Unknown** DOB: [redacted]
Associated Diagnoses: **None**
Author: **AVERY , MICHAEL J DO**

Basic Information

RM: 9209, 9BC
Service: MED - Medicine **Attending:** CMC , TRAUMA **Reason For Admission:** Nontraumatic subdural hemorrhage, unspecified (CMS/HCC);Adult trauma alert ;Adult trauma alert ;
Code Status: None Specified
Isolation: None Specified
Date of Admission: 02/18/2022 **Hospital Day:** 5

Trauma Progress Note:

MOI: 48 y/o M s/p Head struck by 500 lb rolling paper press

Injuries:
- R SDH
- SAH
- Small pneumocephalus
- Cribriform plate fx
- Sphenoid sinus fx
- ? Dural venous sinus injury
- Comminuted fracture right petrous temporal bone, with hemorrhagic opacification of the mastoid air cells
- LeFort type II fx
- R temporal bone fx
- Diastasis of R lamboid suture
- L ICA aneurysm (incidental finding)

Procedures/Major Events:
- 2/18: Presentation to ED, admission to STICU
- 2/20: transfer to floor

Consultants:
- NSGY
- Plastic Surgery
- ENT Surgery

Subjective

No acute issues overnight. Mild facial nerve weakness.

Health Status

Allergies:

Allergic Reactions (All)

No known allergies

Current medications:

Active Inpatient Medications:

acetaminophen 650mg per 2tablet ORAL q6h
docusate (docusate sodium) 100mg per 10mL ORAL BID (2 times a day)
enoxaparin 30mg per 0.3mL SUBCUTANEOUS q12h
insulin detemir (Levemir) 12units per 0.12mL SUBCUTANEOUS BID (2 times a day)
insulin lispro (HumaLOG) SUBCUTANEOUS WMHS (with meals and at bedtime) 0 to 10 units Moderate Corrective/Supple
levETIRAcetam (Keppra) 500mg per 100mL IV PIGGYBACK q12hr
melatonin 6mg per 2tablet ORAL qHS (each night at bedtime)
pantoprazole (Protonix IV) 40mg per 10mL IV PUSH q12h
polyethylene glycol 3350 17gm per 1packet ORAL Daily
senna 8.8mg per 5mL VIA TUBE BID (2 times a day)

Continuous Infusions:

Objective

General: No acute distress.
Neurologic: Alert, Oriented.
Glasgow Coma Scale: Eye opening response (Spontaneous = 4), Motor response (Obeys verbal instruction = 6), Verbal response (Oriented = 5), Total score 15.
Eye: Extraocular movements are intact, Normal conjunctiva.
HENT: Normal hearing, Oral mucosa is moist, ecchymosis to bilateral eyes, swelling to r cheek.
Respiratory: Respirations: Respirations are non-labored, Symmetrical chest wall expansion.
Cardiovascular:
Rate: Normal rate.
Rhythm: Regular rhythm.
Pulse: Normal peripheral perfusion.
Genitourinary: Voids.
Gastrointestinal: Soft, Non-tender.

Infectious Disease: No active issues.
Musculoskeletal: No deformity, Bruising on bilateral shins. .
Integumentary: Warm, Dry, No rash.
Psychiatric: Cooperative.

Review / Management
No am labs or imaging

Impression and Plan

48 y/o M s/p blunt force trauma to the head

Neuro:
Traumatic brain injury with R SDH, SAH:
-Nsgy consulted. Nonoperative management. Continue Keppra for 7 days for seizure prophylaxis. Will change to oral once patient tolerating pills.
- Continue to monitor neuro status. CT head stable on last check. Remains GCS 15. Continue Melatonin to assist with sleep at night.

Acute pain due to trauma:
-Well controlled with scheduled Acetaminophen. Will continue.

HENT:
Multiple facial fractures:
Plastics consulted Will need closed nasal reduction.
ENT consulted. Facial nerve weakness noted. Will reach out to discuss steroid taper
Needs Audiogram in OR in 1-2 months per ENT.
Dental consulted –will follow up recommendations.
Soft nonchewing diet.
HOB elevated, no forceful nose blowing, okay for saline nasal spray PRN.

CV:
-HDS, no acute issues, no cardiac medications.
-CBC stable, discontinue lab draws

Resp:
Room air
No acute issues.

GI:
Dysphagia, in the setting of facial fractures:
-Soft non-chewing diet per plastics at this time. Will continue

Renal:
Voids adequately

Endo:
Within normal limits

Diabetes mellitus, history prior to admission:
-Will continue the patient on scheduled Detemir with SSI for breakthrough hyperglycemia at this time.

ID:
No leukocytosis
-No cultures or antibiotics
-Will follow fever curve

PPx:
-GI: PPI
-VTE: SCD, Enoxaparin

Dispo:
Continue care on the trauma floor, follow up recommendations from Plastics and Dental. Plastics is looking for OR time

Michael Avery
General Surgery Resident PGY-3

Signature Line
Electronically Signed By: AVERY, MICHAEL J DO
02/23/2022 07:05 AM

CUNNINGHAM, KYLE WILLIAM MD

Completed Action List:
* Perform by AVERY , MICHAEL J DO on February 23, 2022 7:05 EST
* Sign by AVERY , MICHAEL J DO on February 23, 2022 7:05 EST

Result Type:	SLP Acute Daily Documentation Form -Text
Result Date:	March 01, 2022 12:30 EST
Result Status:	Auth (Verified)
Result Title:	SLP Acute Daily Documentation
Performed By:	SODERSTROM , MARY KATHERINE MS CCC-SLP on March 01, 2022 14:34 EST
Verified By:	SODERSTROM , MARY KATHERINE MS CCC-SLP on March 01, 2022 14:34 EST
Encounter info:	6518848485, CMC, IP - Inpatient Admission, 2/18/2022 - 3/2/2022

* Final Report *

SLP Acute Daily Documentation Entered On: 3/1/2022 13:47 EST
Performed On: 3/1/2022 12:30 EST by SODERSTROM , MARY KATHERINE MS CCC-SLP

Review

Medical Diagnosis : subdural hemorrhage, subarachnoid hemorrhage, AMS, crush injury to face, TBI, multiple facial fractures, temporal bone fracutre, LeFort fracture

SODERSTROM , MARY KATHERINE MS CCC-SLP - 3/1/2022 13:58 EST

SLP Treatment Diagnosis Grid

SLP TX DX 1

SLP Treatment Diagnosis : dysphagia, unspecified

SODERSTROM , MARY KATHERINE MS CCC-SLP - 3/1/2022 13:58 EST

SLP TX DX 2

SLP Treatment Diagnosis : cognitive lingusitic deficts

SODERSTROM , MARY KATHERINE MS CCC-SLP - 3/1/2022 13:58 EST

SLP Precautions/Restrictions : risk of fall/aspiraiton

Therapies Affect/Behavior : Appropriate, Calm, Cooperative

Level of Consciousness NIH Stroke Scale : Alert

SODERSTROM , MARY KATHERINE MS CCC-SLP - 3/1/2022 13:58 EST

Subjective Statement Speech : Wife present at bedside

SODERSTROM , MARY KATHERINE MS CCC-SLP - 3/1/2022 14:34 EST

History of Problems, Comorbidities Rehab : Pt is a 48 year old spanish speaking male admitted s/p Head struck by 500 lb rolling paper press with unknown downtime

CT head 2/19-Acute subdural hematoma in the right temporal convexity region is stable. Right temporal hemorrhagic contusion is stable. Stable scattered posttraumatic subarachnoid hemorrhage. Mass effect the right lateral ventricle is stable. There is no shift or herniation. No evidence of new bleed.
dx chest 2/19/22-No evidence of focal infiltrate, pleural effusion, or pneumothorax.
CT maxillofacial area 2/18/22-Extensive facial and skull base fractures

2/20: BSE. Thin/puree. +cog comm evaluation. spanish speaking. only cleared for non-chewing diet per plastics.
2/23: Thin/puree. +cog comm Tx. spanish speaking. only cleared for non-chewing diet per plastics.
2/28:Thin/puree. +cog comm Tx. spanish speaking. only cleared for non-chewing diet per plastics.
3/1:Thin/puree. +cog comm Tx. spanish speaking. only cleared for non-chewing diet per plastics.

SLP Goals SODERSTROM , MARY KATHERINE MS CCC-SLP - 3/1/2022 13:58 EST
SLP Patient, Caregiver Goals : "I want water"

SLP Auditory Comprehension Goal Grid SODERSTROM , MARY KATHERINE MS CCC-SLP - 3/1/2022 13:48 EST
Goal #1
Activity : Yes/No questions complex, Yes/No questions simple
Assist : Independent
Status : Ongoing

SLP Expression Goal Grid SODERSTROM , MARY KATHERINE MS CCC-SLP - 3/1/2022 13:48 EST
Goal #1
Activity : Biographical/Environmental information
Assist : Independent
Status : Goal met

SLP Cognitive Communication Goals Grid SODERSTROM , MARY KATHERINE MS CCC-SLP - 3/1/2022 13:48 EST
Goal #1
Activity : Attention - sustained
Assist : Minimal assistance
Status : Ongoing

Goal #2 SODERSTROM , MARY KATHERINE MS CCC-SLP - 3/1/2022 13:48 EST
Activity : Memory - delayed, Memory - immediate
Assist : Minimal assistance
Status : Ongoing

SLP Clinical Swallowing Goals Grid SODERSTROM , MARY KATHERINE MS CCC-SLP - 3/1/2022 13:48 EST
Therapeutic Feeding Goal - Liquids
Descriptors : Pt will tolerate thin without overt s/s of aspriation/penetration or oropharyngeal dysphagia
Status : Ongoing

Therapeutic Feeding Goal - Solids SODERSTROM , MARY KATHERINE MS CCC-SLP - 3/1/2022 13:48 EST
Descriptors : Pt will tolerate puree without overt s/s of aspriation/penetration or oropharyngeal dysphagia
Status : Ongoing

Diet Tolerance Goal SODERSTROM , MARY KATHERINE MS CCC-SLP - 3/1/2022 13:48 EST
Descriptors : Pt will tolerate thin/regular (once cleared by plastics) diet without overt s/s of aspiration/penetration or oropahrygneal dysphagia
Status : Ongoing

Pain History SODERSTROM , MARY KATHERINE MS CCC-SLP - 3/1/2022 13:48 EST
Pain Present: No

Vital Signs
SODERSTROM , MARY KATHERINE MS CCC-SLP - 3/1/2022 13:48 EST
Rehab Oxygen Therapy During Activity : Room air

Communication/Event PT/OT/SLP
SODERSTROM , MARY KATHERINE MS CCC-SLP - 3/1/2022 13:48 EST
Communication PT/OT/SLP : Nursing
Communication Details PT/OT/SLP : ST spoke to nurse, Martha, pre/post session re: status update and diet recommendation.

Cognitive-Communication
SODERSTROM , MARY KATHERINE MS CCC-SLP - 3/1/2022 13:48 EST
SLP Cognitive Communication Tx Grid
SLP Activity 1
Activity : Memory - delayed, Memory - immediate
Assist : Minimal assistance
Comment : 60% acc

SODERSTROM , MARY KATHERINE MS CCC-SLP - 3/1/2022 14:34 EST
SLP Activity 2
Activity : Orientation - date, Orientation - month, Orientation - place, Orientation - year
Assist : Independent

SODERSTROM , MARY KATHERINE MS CCC-SLP - 3/1/2022 14:34 EST
SLP Activity 3
Activity : Executive functioning - medication management
Assist : Maximal assistance

Therapeutic Swallowing Exercises
SODERSTROM , MARY KATHERINE MS CCC-SLP - 3/1/2022 14:34 EST
Therapeutic Swallowing Exercises Grid
Activity 1
Activity : Oral acceptance
Cueing : Verbal cues - minimal
Comment : thin tolerated without overt s/s of aspiration/penetration

SODERSTROM , MARY KATHERINE MS CCC-SLP - 3/1/2022 14:34 EST
PO Trials Treatment IDDSI Grid
PO Trials - Thin by Cup
Oral Impairments : Bolus holding
Pharyngeal Impairments : None observed

SODERSTROM , MARY KATHERINE MS CCC-SLP - 3/1/2022 14:34 EST
PO Trial - Pureed Foods (4)
Oral Impairments : Bolus holding
Pharyngeal Impairments : None observed
Completed (no if not performed) : no
Comment : use of lingual sweep right

Special Tests
SODERSTROM , MARY KATHERINE MS CCC-SLP - 3/1/2022 14:34 EST
SLP Special Tests Grid
Dysphagia Severity Rating Scale
Test Results : 1
Test Interpretation : suspect minimal dysphagia
Comments : 3/1/22

SODERSTROM , MARY KATHERINE MS CCC-SLP - 3/1/2022 14:34 EST

Assessment
Therapy Recommended : Yes
Rehabilitation Potential SLP : Good
Complex/Co-morbid that Impact POC-SLP : Cognitive/Memory deficits, Reduced activity level
Problems to be Addressed : Attention, Memory, Awareness, Swallowing
SLP Response to Treatment : Improved attention
SLP Skill Performed by Clinician : Verbal cues for completion of functional task
SLP Clinical Assessment Summary : Tele-interpreter present during session.

Dysphagia.1250-1300
Pt continues with facial asymmetry at rest with right side droop. PO trials this date consisted of thin via cup. Pt denies pain with deglutition at this time.Pt continuews without overt s/s of aspiration/penetration with PO trials. Pt currently on non chew diet per plastics. ST recommends f/u x1 for diet tolerance/strategy recall (lingual sweep right/alternate liquids and solids).

Comm Comm Tx 1230-1250
Pt continues with cog comm deficits. In medication management task targeting identification of errors in bill box, pt demo'd 50% acc and required max verbal A and extended use of wait time for increased acc. In immediate recall task pt required several repetitions for 100% acc. Pt continues to demonstrate deficits with delayed recall. ST recommends continuation of cog comm tx while acute and at next level of care for increased independence in ADLs.

ST RECOMMENDS:
1) continue thin/puree diet; meds per pt preference
2) f/u for dysphagia Tx/ Cog comm Tx

SODERSTROM , MARY KATHERINE MS CCC-SLP - 3/1/2022 13:48 EST

Recommendations
Recommended Swallowing Treatment : Yes
Diet Consistency Recommendation : Pureed foods (level 4)
Liquid Viscosity Recommendation : Thin
Medications Swallow Recommendation : As tolerated, One at a time in puree, Crushed in puree

SODERSTROM , MARY KATHERINE MS CCC-SLP - 3/1/2022 14:34 EST

Dysphagia Safe Feeding/Swallow Precautions
Supervision Swallow Recommendation : 1:1
Positioning Swallow Recommendation : Upright 90 degrees
Swallow Precautions Recommendation : Feed only when alert, No straws, Single cup sips

SODERSTROM , MARY KATHERINE MS CCC-SLP - 3/1/2022 14:34 EST

Plan
Frequency : 2 Times per week
Duration : 3 weeks
Planned Treatments : Dysphagia therapy
Treatment Plan/Goals Established with Patient/Caregiver : Yes

SODERSTROM , MARY KATHERINE MS CCC-SLP - 3/1/2022 14:34 EST

Discharge Planning
Discharge To, Anticipated : Home with family care, Home with home health
Skilled Services Recommended : Occupational therapy, Physical therapy, Speech/Language pathology
Rehab Equipment Anticipated/Recommended : Walker, rolling, Commode, Shower chair
Other Discharge Needs : HHPT/OT/ST

SODERSTROM , MARY KATHERINE MS CCC-SLP - 3/1/2022 14:34 EST

ETR Learning Assessment
Education Plan of Care : Patient identified learning needs, Family/Caregiver identified learning needs
Patient Identified Learning Needs : ST POC
Family Identified Learning Needs : same
Learner : Patient, Family
Ability/Readiness to Learn : Receptive
Method of Teaching : Audio/Visual
Preferred Learning Methods : Discussion
Barriers to Learning : Language barrier
Action Plan to Barriers : Interpreter, Frequent re-education

SODERSTROM , MARY KATHERINE MS CCC-SLP - 3/1/2022 14:34 EST

ETR Mobility/Rehabilitation Techniques
Mobility/Rehabilitation Techniques : Cognitive skills, Dysphagia recommendations
Learner Response - Mobility/Rehab : Needs follow up

SODERSTROM , MARY KATHERINE MS CCC-SLP - 3/1/2022 14:34 EST

ETR Nutrition/Diet/Oral Health
Diet Education : Dysphagia food modifications, Thin liquids
Nutrition/Oral Health Education : Aspiration precautions, Bedside swallow results/recommendations
Learner Response -Nutr/Diet/Oral Health : Needs follow up

SODERSTROM , MARY KATHERINE MS CCC-SLP - 3/1/2022 14:34 EST

Time Spent With Patient SLP
Speech Treatment Session : 2
SPEECH THERAPY IND : 1
SLP Auditory Processing Tx Time : 20 minute(s)
DYSPHAGIA/FEED IND : 1
SLP Swallow Dysfunction Oral Feed Time : 10 minute(s)
SLP Total Untimed Code Treatment Minutes : 30 minute(s)
SLP Total Tx Time : 30 minute(s)

SODERSTROM , MARY KATHERINE MS CCC-SLP - 3/1/2022 14:34 EST

Completed Action List:
* Perform by SODERSTROM , MARY KATHERINE MS CCC-SLP on March 01, 2022 14:34 EST
* Sign by SODERSTROM , MARY KATHERINE MS CCC-SLP on March 01, 2022 14:34 EST
* VERIFY by SODERSTROM , MARY KATHERINE MS CCC-SLP on March 01, 2022 14:34 EST

Result Type:	Physician Progress Note
Result Date:	March 02, 2022 9:14 EST
Result Status:	Auth (Verified)
Result Title:	CMC Plastic Surgery
Performed By:	DEGRASSI , AMANDA PA on March 02, 2022 9:18 EST
Verified By:	DEGRASSI , AMANDA PA on March 02, 2022 9:18 EST
Encounter info:	6518848485, CMC, IP - Inpatient Admission, 2/18/2022 - 3/2/2022

* Final Report *

CMC Plastic Surgery

Patient: **LOPEZ VASQUEZ, HECTOR** **MRN: 0008783081** **FIN:** [redacted]
Age: **48 years** Sex: **Male** DOB: [redacted]
Associated Diagnoses: **None**
Author: **DEGRASSI , AMANDA PA**

-

RM: 9209, 9BC
Service: MED - Medicine **Attending:** CMC , TRAUMA **Reason For Admission:** Nontraumatic subdural hemorrhage, unspecified (CMS/HCC);Adult trauma alert ;Adult trauma alert ;
Code Status: None Specified
Isolation: None Specified
Date of Admission: 02/18/2022 **Hospital Day:** 12

Primary Care Provider: unknown

History of Present Illness

Patient is a 48-year-old male "Hector Lopez Vazquez, date of birth[redacted] who presented to the ED as a trauma alert after a 500 pound paper roll fell on him at work. He has past medical history significant for diabetes. He is seen at bedside with a Spanish interpreter in the ER. He is nonverbal and therefore history is taken from medical record as well as from his wife at the bedside. Medic reported the patient was struck in the face by a 500 pound roll of paper that rolled off a shelf at work this morning. Bystanders found patient down and called EMS. GCS was estimated at 14-15 due to concern for language barrier. CT head revealed multiple facial fractures for which plastics was consulted.

Patient seen this afternoon in the ED. He is resting comfortably in bed. Medical personnel are getting ready to take him back for CT maxface. Unable to obtain further history or ROS.

2/22/2022: Patient seen this afternoon with daughter bedside. He is resting comfortably in bed. Daughter states he complains of headache and dizziness that is intermittent. He states his teeth line up okay, but he did lose a few secondary to his injury

02/25/22: POD1 s/p closed nasal reduction and placement of doyle splints. Patient seen with family bedside. Patient admits to nasal pain/discomfort.

3/2/2022: **POD 6** s/p closed nasal reduction and placement of doyle splints. Patient seen with nursing bedside. Plan for d/c home today after clearance from PT

Review of Systems
All other systems.
Health Status
Allergies:
Allergic Reactions (All)
Severity Not Documented
Tetracycline- Rash.
Canceled/Inactive Reactions (All)
No known allergies
Current medications:
Active Inpatient Medications:
acetaminophen 650mg per 2tablet ORAL q6h
amitriptyline 25mg per 1tablet ORAL qHS (each night at bedtime)
docusate (docusate sodium) 100mg per 10mL ORAL BID (2 times a day)
enoxaparin 30mg per 0.3mL SUBCUTANEOUS q12h
gabapentin 300mg per 1capsule ORAL q8h
insulin detemir (Levemir) 24units per 0.24mL SUBCUTANEOUS qHS (each night at bedtime)
insulin lispro (HumaLOG) SUBCUTANEOUS WMHS (with meals and at bedtime) 0 to 15 units High Corrective/Supplement
insulin lispro (HumaLOG) 20units per 0.2mL SUBCUTANEOUS TIDWM (3 times a day with meals)
melatonin 6mg per 2tablet ORAL qHS (each night at bedtime)
methocarbamol (Robaxin) 750mg per 1tablet ORAL q8h
pantoprazole (Protonix IV) 40mg per 10mL IV PUSH q12h
polyethylene glycol 3350 17gm per 1packet ORAL Daily
predniSONE 60mg per 3tablet ORAL Daily
senna 8.8mg per 5mL VIA TUBE BID (2 times a day)

Continuous Infusions:
, (Selected)
Inpatient Medications
Ordered
HumaLOG: 0 to 15 units High Corrective/Supplement, SUBCUTANEOUS, WMHS (with meals and at bedtime)
HumaLOG: 20 units, 0.2 mL, SUBCUTANEOUS, TIDWM (3 times a day with meals)
Levemir: 24 units, 0.24 mL, SUBCUTANEOUS, qHS (each night at bedtime)
OLANZapine: 5 mg, Severe Agitation Option, IM (INTRAMUSCULAR), q4h, PRN: Agitation, Severe
Ocean 0.65% nasal solution: 1 spray, NOSTRIL, EACH, PRN (As needed), PRN: Dry Nasal Passages
Protonix IV: 40 mg, 10 mL, IV PUSH, q12h

Robaxin: 750 mg, 1 tablet, ORAL, q8h
Zofran: 4 mg, 2 mL, IV PUSH, q6h, PRN: Nausea/Vomiting
acetaminophen: 650 mg, 1 suppository, RECTAL, q6h, PRN: Pain, MODERATE (4-7)
acetaminophen: 650 mg, 2 tablet, ORAL, q6h
amitriptyline: 25 mg, 1 tablet, ORAL, qHS (each night at bedtime)
dextrose 50% injection: 12.5 gm, 25 mL, IV PUSH, q15min, PRN: Other (see comment)
docusate sodium: 100 mg, 10 mL, ORAL, BID (2 times a day)
enoxaparin: 30 mg, 0.3 mL, SUBCUTANEOUS, q12h
gabapentin: 300 mg, 1 capsule, ORAL, q8h
glucagon: 1 mg, IM (INTRAMUSCULAR), Once, PRN: Other (see comment)
melatonin: 6 mg, 2 tablet, ORAL, qHS (each night at bedtime)
oxyCODONE: 5 mg, 1 tablet, ORAL, q4h, PRN: Pain, Moderate (4-7)
polyethylene glycol 3350: 17 gm, 1 packet, ORAL, Daily
predniSONE: 60 mg, 3 tablet, ORAL, Daily
senna: 8.8 mg, 5 mL, VIA TUBE, BID (2 times a day)

Documented Medications

Documented

Glucophage 1000 mg oral tablet: 1,000 mg, 1 tablet, ORAL, BIDWM (2 times a day with meals)
atorvastatin 20 mg oral tablet: 20 mg, 1 tablet, ORAL, Daily

Histories

Past Medical History:

No active or resolved past medical history items have been selected or recorded.

Family History:

No family history items have been selected or recorded.

Procedure history:

No active procedure history items have been selected or recorded.

Social History

Social & Psychosocial Habits

Tobacco

02/18/2022 **SHX Smokeless Tobacco Use** Never
Smoking Status: Never smoker
 # Years Active Cigarette Smoker: 0
Current or Former Smoking History - Avg # Packs/Day (20 cigs 0
Started at age: 0 Years
Stopped at age: 0 Years

Vape/E-Cigarette

02/18/2022 **Vape/E-Cigarette Use:** Never

Medical History: Diabetes
Allergies: NKDA
Social History: Wife denies cigarette/nicotine use
Family History: Wife denies family history of bleeding/clotting disorders

Surgical History: Wife denies

Physical Examination
VS/Measurements

VITALS (5 Most Recent)

Date:	03/02	03/02	03/01	03/01	03/01
Time:	03:56	03:53	23:52	23:52	23:52
Temp:			98.1		
		oral			
BP:	109/69			111/63	
HR:	64		69		
	periph..	periph..			
RR:	18		18		
SaO2:	100%		98%		
FIO2:					
O2 Rate:					

	Date	Time	Value		Date	Time	Value	
TMax 24H	03/01	23:52	98.1	**TLow 24H**	03/01	19:59	97.3	
SBPMax 24H		03/01	23:52	**111/63**	**SBPLow 24H**	03/01	19:58	**101/68**
DBPMax 24H		03/01	17:35	104/**70**	**DBPLow 24H**	03/01	23:52	111/**63**

General: Alert.
Eye: Extraocular movements are intact.
HENT: Nose with doyle splints in place bilaterally. Multiple missing teeth. Occlusion appears to be class I. No maxillary mobility. Right facial nerve weakness noted .
Respiratory: Respirations are non-labored.
Cardiovascular: Normal peripheral perfusion.
Musculoskeletal: No swelling, No deformity.
Integumentary: Warm, Dry.

Health Maintenance

Health Maintenance
Pending (in the next year)
OverDue
- Body Mass Index due 02/18/22 and every 1 year(s)

Due
- COVID-19 Vaccine due 03/02/22 One-time only
- Depression Screening due 03/02/22 Unknown Frequency
- Diabetes - Eye Exam due 03/02/22 Unknown Frequency
- Diabetes - Foot Exam due 03/02/22 Unknown Frequency
- Diabetes - Nephropathy Monitoring due 03/02/22 Unknown Frequency
- HIV Screening due 03/02/22 One-time only
- Hepatitis C Screening due 03/02/22 One-time only
- Pneumonia Vaccination due 03/02/22 One-time only

Tdap Vaccine due 03/02/22 One-time only

Due In Future

Influenza Vaccination not due until 08/01/22 and every 1 day(s)
Diabetes - HbA1c Monitoring not due until 02/20/23 and every 1 year(s)
Diabetes - HbA1c Poorly Controlled - HbA1c >9% not due until 02/20/23 and every 1 year(s)

Satisfied (in the past 1 year)

Satisfied

Diabetes - HbA1c Monitoring on 02/20/22. Satisfied by CONTRIBUTOR_SYSTEM, MISYS
Diabetes Screening on 02/24/22. Satisfied by TARDUGNO , ALICIA S RN
Influenza Vaccination on 02/21/22. Satisfied by BENFIELD , SAVANNA STUDENT NURSE

Review / Management
Reason For Exam
Trauma

CT Head Scan w/o Contrast
DATE OF SERVICE:
2/18/2022 10:02 am

FINDINGS:
BIG: Brain Injury Guidelines

1. Skull fracture: Non-Displaced (BIG 2/2a), Location: Mastoid and petrous portions of the right temporal bone. Diastasis of the right lambdoid suture with a few locules of air located along the expected course of the right transverse sinus. Nondisplaced fracture involving the right sphenoid wing. Fracture involving the body of the sphenoid on the right in close proximity to the right ophthalmic ICA segment with air located along the right cavernous ICA. Fractures at the cribriform plate.
2. Subdural hematoma: Axial thickness 5-7 mm (BIG 2/2a), location: 7 mm subdural hematoma along the right cerebral convexity and 4 mm subdural hematoma along the left aspect of the falx. Thin subdural hematoma extending along the right tentorial leaflet.
3. Epidural hematoma: Axial thickness None, location:None
4. Intraparenchymal hemorrhage/contusion: ? 8 mm, Multiple Locations (BIG 3), Location:Anterior left frontal lobe (series 6, image 32)
5. Subarachnoid hemorrhage: Localized in 2 Locations/Convexity (BIG 2a), Location: Right cerebral convexity sulci as well as the sulci of the inferior frontal lobes bilaterally.
6. Intraventricular hemorrhage: None (BIG 1/2)
7. No significant midline shift. No hydrocephalus.
8. Other findings: Fracture involving the following facial bones:

Pterygoid plates bilaterally.
Medial and inferior left orbital wall. Medial right orbital wall.
Extensively comminuted fractures of the nasal bones bilaterally with fractures displaced to the right. Comminuted fracture of the nasal septum. Anterior nasal spine fracture. Fractures at the nasomaxillary buttress bilaterally.
Fracture involving the right aspect of the hard palate oriented anterior to posterior
Fracture involving the anterior wall of the left maxillary sinus as well as fracture involving the sphenoid bone that involves the right sphenoid sinus.
The right temporal bone fracture involving the mastoid appears to spare the otic capsule. Area of fracture involving the

expected location of the facial nerve. There is hemorrhagic opacification the right mastoid as well as the right middle ear cavity.

Critical Results Communication:

This report was called byJeremy Hackworth MD to RYDER, JESSICA MD at 10:31am on 2/18/2022

IMPRESSION:
1. Highest BIG Category based on imaging findings: BIG 3
2. Subdural hematoma measuring up to 7 mm along the cerebral convexity on the right. Subdural hematoma along the falx measuring 4 mm with thin right tentorial leaflet subdural hematoma.
3. Traumatic subarachnoid hemorrhage along the anterior frontal lobes as well as the right cerebral convexity.
4. Hemorrhagic contusion involving the inferior left frontal lobe measuring about 1.1 cm.
5. Fractures involving the cribriform plate, sphenoid body with extension towards the right ICA with air located along the right cavernous ICA. CTA recommended. Diastasis of the right lambdoid suture with air located along the right transverse sinus raising the possibility of dural venous sinus injury.
6. Numerous additional facial fractures as detailed above. LeFort type 2 fracture pattern on the left.
7. Right temporal bone fracture appearing to involve the middle ear cavity and extending along the area of the facial nerve.

Impression and Plan

Patient is a 48 year old male s/p work accident where large paper roll fell on him resulting in multiple facial fractures

-CT head reviewed and injury explained to patient's wife.
-Will benefit from closed nasal reduction. May need further facial surgery, but will await CT maxface results and update accordingly
-Recommend dental and ENT consult
-Will need soft non-chewing diet once tolerating po
-Keep HOB elevated, no forceful nose blowing, can use saline nasal spray PRN

2/22/2022:
-Discussed with patient's daughter the plan for closed nasal reduction. Currently looking for OR time. Will update once patient is posted
-Patient does have some right sided facial nerve weakness. ENT recommended steroid taper if facial nerve weakness developed. Will discuss with trauma team
-Continue soft, non-chewing diet

02/22/2022
-POD1 s/p CNR and application of doyle splints
-Elevate HOB to help with swelling
-Can use nasal spray to help alleviate nasal congestion
-Continue nasal dorsal splint and doyle splints x 1 week, will need follow up for removal.

3/2/2022:
-**POD 6** s/p CNR and application of doyle splints
-Doyle splints removed today without issue
-Can use saline nasal spray to clear nasal passages
-Outpatient follow up as needed. Info placed in discharge

Thank you for this consultation and allowing us to participate in this patient's care.
Please contact **CMC Cosmetic & Plastic Surgery** in halo with questions/concerns

Signature Line
Electronically Signed By: DEGRASSI, AMANDA PA
03/02/2022 09:18 AM

Electronically Signed By: CLAVIN, NICHOLAS W MD
03/02/22 04:33 PM

Completed Action List:
* Perform by DEGRASSI , AMANDA PA on March 02, 2022 9:18 EST
* Sign by DEGRASSI , AMANDA PA on March 02, 2022 9:18 EST
* VERIFY by DEGRASSI , AMANDA PA on March 02, 2022 9:18 EST
* Sign by CLAVIN , NICHOLAS W MD on March 02, 2022 16:33 EST Requested by DEGRASSI , AMANDA PA on March 02, 2022 9:18 EST

Result Type:	Discharge Summary
Result Date:	March 02, 2022 22:23 EST
Result Status:	Auth (Verified)
Result Title:	Discharge Summary
Performed By:	MARRERO , JENNIFER JUDY NP on March 02, 2022 22:29 EST
Verified By:	MILES, WILLIAM S MD on March 03, 2022 6:47 EST
Encounter info:	6518848485, CMC, IP - Inpatient Admission, 2/18/2022 - 3/2/2022

* Final Report *

Discharge Summary

Patient: **LOPEZ VASQUEZ, HECTOR** **MRN: 0008783081** **FIN:** [redacted]
Age: **48 years** Sex: **Male** DOB: [redacted]
Associated Diagnoses: **None**
Author: **MARRERO , JENNIFER JUDY NP**

Date of admission: 2/18/2022
Date of discharge: 3/2/2022

MOI: 48 y/o M s/p Head struck by 500 lb rolling paper press

Injuries:
- R SDH
- SAH
- Small pneumocephalus
- Cribriform plate fx
- Sphenoid sinus fx
- ? Dural venous sinus injury
- Comminuted fracture right petrous temporal bone, with hemorrhagic opacification of the mastoid air cells
- LeFort type II fx
- R temporal bone fx
- Diastasis of R lamboid suture
- L ICA aneurysm (incidental finding)

-Right extra-articular lateral proximal tibia fracture

Procedures/Major Events:
- 2/18: Presentation to ED, admission to STICU
- 2/20: transfer to floor

Consultants:
- NSGY
- Plastic Surgery
- ENT Surgery
Medicine

Hospital Course

This is a 48-year-old male who presented on 2/18 after being struck by 5000 pound roll of paper. Initial GCS of 14-15 He was seen in the ED and underwent ATLS guidelines. Injuries included right SDH, subarachnoid hemorrhage, pneumocephalus, cribriform plate fracture, styloid fracture, right temporal bone fracture, LeFort II fracture. He was admitted to ICU for close monitoring. His repeat imaging was stable. EEG was completed and negative for seizure activity. He was noted to have right facial weakness; ENT was consulted and recommended steroids and follow up with their office. Plastics was consulted for his facial fractures and on . 2/24 went to the OR for closed nasal reduction with application of Doyle splints. He remained on the floor undergoing pain management and therapy. He made improvement and was able to tolerate a soft non chewing diet. Of note his hyperglycemia was uncontrolled and given his Hgb a1c of 13 and his need for steroids medicine was consulted for medical management. They continued his insulin and assisted with diabetic education and supplies. He had complaints of pain to his RLE and ecchymosis was noted. Imaging revealed a small tibial proximal defect and Ortho was consulted. He was recommended non op management. He was cleared by therapy for dc home. Plastics removed his splints today prior to his DC.

40 mins spent on discharge including extensive coordination of care with multiple teams and physicians

Discharge Plan

Discharge Instructions

Discharge Medications

1. **acetaminophen (acetaminophen 325 mg oral tablet),** 2 tablet by mouth every 6 hours
2. **amitriptyline (amitriptyline 25 mg oral tablet),** 1 tablet by mouth each night at bedtime
3. **atorvastatin (atorvastatin 20 mg oral tablet),** 1 tablet by mouth every day
4. **docusate (docusate sodium 10 mg/mL oral liquid),** 10 mL by mouth two times a day
5. **gabapentin (gabapentin 300 mg oral capsule),** 1 capsule by mouth every 8 hours
6. **insuLIN regular (NovoLIN R PenFill 100 units/mL injectable solution),** 10 units subcutaneous 3 times a day before meals Take 10 units with meals; do not take if blood sugar less than 140
7. **insulin detemir (Levemir FlexPen 100 units/mL subcutaneous solution),** 16 units subcutaneous each night at bedtime Take 16 units at night before bed.
8. **metFORMIN (Glucophage 1000 mg oral tablet),** 1 tablet by mouth two times a day
9. **methocarbamol (methocarbamol 750 mg oral tablet),** 1 tablet by mouth every 8 hours
10. **misc diabetic supply (Lancets),** See Instructions every day Duration of need--99--Lifetime.E11.94 times daily
11. **misc diabetic supply (Test Strips),** See Instructions every day Duration of need--99--Lifetime.E10.94 times daily
12. **misc diabetic supply (Glucometer),** See Instructions every day Duration of need--99--Lifetime.E11.9once per year
13. **oxyCODONE (oxyCODONE 5 mg oral tablet),** 1 tablet by mouth every 4 hours as needed Pain, Moderate (4-7)
14. **polyethylene glycol 3350 (polyethylene glycol 3350 oral powder for reconstitution),** 17 gm by mouth every day

15. **predniSONE (predniSONE 10 mg oral tablet),** See Instructions Take 5 tabs (50mg) on day 1, Take 4 tabs (40mg) day 2 take 3 tabs (30mg) day 3 take 2 tabs (20mg) day 4, take 1 tab (10mg) on day 5, take 1/2 tab (5mg) on day 6 and 7
16. **senna (Senna 8.6 mg oral tablet),** 1 tablet by mouth two times a day
17. **sodium chloride nasal (sodium chloride 0.65% nasal spray),** 1 spray each nostril as needed as needed Dry Nasal Passages

Depart Process

Discharge Instructions: MAR-02-2022 15:28

Activity Limits
no activity limits No lifting limits

Bathing-Showering
shower only

Call Doctor for
being very tired or weak, cannot stop vomiting or keeps vomiting, short of breath, chest pain, dry, hacking cough, drainage See Adult/OB

Discharge
03/02/22 15:28:00 EST 01 - Home/Self Care

Driving Limits
Do NOT Drive until follow-up doctor visit

Meal Plan
Consistent Carbohydrate Meals soft non chewing

Discharge Follow Up Appointments

Charlotte Eye Ear Nose & Throat Associates, P.A.
724 Aubrey Bell Drive
Matthews NC 28105 (704)295-3550
Follow Up On: 03/08/2022 14:20
Comments: OtologyPlease have someone come you for interpretation, please wear a mask as well as your one guest $195 will be the price of the co-pay for the appointmentPlease check in 15 mins early

Carolinas Rehab Clinic Main
1100 Blythe Blvd
704-355-7073
704-355-4442
Charlotte NC 28203 (704)355-7073
Follow up within: 3 months
Comments: TBI clinicLeft message for an appointment, we will contact you.

CLAVIN , NICHOLAS W MD, Plastic Surgery, Plastic Surgery
Follow Up As Needed.

STETLER JR, WILLIAM RICHARD MD
Follow up within: 6 weeks
Comments: please schedule follow up with neurosurgery resident clinic in 4-6 weeks with repeat CTA brain at the same time as visit for L ICA aneurysmWe will contact you with an appointment date and time.

Signature Line
Electronically Signed By: MARRERO, JENNIFER JUDY NP
03/02/2022 10:29 PM

Electronically Signed By: MARRERO, JENNIFER JUDY NP
03/02/22 10:30 PM

Electronically Signed By: MILES, WILLIAM S MD
03/03/22 06:47 AM

Completed Action List:
* Perform by MARRERO , JENNIFER JUDY NP on March 02, 2022 22:29 ESTRequested on March 02, 2022 18:33 EST
* Sign by MARRERO , JENNIFER JUDY NP on March 02, 2022 22:29 EST
* Modify by MARRERO , JENNIFER JUDY NP on March 02, 2022 22:30 EST
* Sign by MARRERO , JENNIFER JUDY NP on March 02, 2022 22:30 EST
* Sign by MILES, WILLIAM S MD on March 03, 2022 6:47 EST Requested by MARRERO , JENNIFER JUDY NP on March 02, 2022 22:30 EST
* VERIFY by MILES, WILLIAM S MD on March 03, 2022 6:47 EST

Result Type:	Physician Progress Note
Result Date:	March 02, 2022 10:47 EST
Result Status:	Auth (Verified)
Result Title:	Medical Consult Daily Progress Note
Performed By:	LIM , JIWON DMD on March 02, 2022 11:01 EST
Verified By:	GEE , JONATHAN MD on March 02, 2022 13:07 EST
Encounter info:	6518848485, CMC, IP - Inpatient Admission, 2/18/2022 - 3/2/2022

* Final Report *

Medical Consult Daily Progress Note

Patient: **LOPEZ VASQUEZ, HECTOR** **MRN: 0008783081** **FIN:** [redacted]
Age: **48 years** Sex: **Male** DOB: [redacted]
Associated Diagnoses: **None**
Author: **LIM , JIWON DMD**

Subjective:
Mr. Lopez Vasquez is a 48yo male with a past medical history of diabetes mellitus with hyperglycemia, last known A1c of 13.9% admitted on 2/18 for trauma after being hit in the head by a 500 pound roll of paper. At time of exam, patient is sitting in bed, and responding to and answering questions. No complaints today. Eager for DC

Active Inpatient Medications:
acetaminophen 650mg per 2tablet ORAL q6h
amitriptyline 25mg per 1tablet ORAL qHS (each night at bedtime)
docusate (docusate sodium) 100mg per 10mL ORAL BID (2 times a day)
enoxaparin 30mg per 0.3mL SUBCUTANEOUS q12h
gabapentin 300mg per 1capsule ORAL q8h
insulin detemir (Levemir) 24units per 0.24mL SUBCUTANEOUS qHS (each night at bedtime)
insulin lispro (HumaLOG) SUBCUTANEOUS WMHS (with meals and at bedtime) 0 to 15 units High Corrective/Supplement
insulin lispro (HumaLOG) 20units per 0.2mL SUBCUTANEOUS TIDWM (3 times a day with meals)
melatonin 6mg per 2tablet ORAL qHS (each night at bedtime)
methocarbamol (Robaxin) 750mg per 1tablet ORAL q8h
pantoprazole (Protonix IV) 40mg per 10mL IV PUSH q12h
polyethylene glycol 3350 17gm per 1packet ORAL Daily
predniSONE 60mg per 3tablet ORAL Daily
senna 8.8mg per 5mL VIA TUBE BID (2 times a day)

Physical Exam:

Temperature	98.1	(23:52, 3/1)
Systolic Blood Pressure	109	(03:53, 3/2)
Diastolic Blood Pressure	69	(03:53, 3/2)

Pulse	64	(03:56, 3/2)
SpO2	100	(03:56, 3/2)
Respiratory Rate	18	(03:56, 3/2)

General: Well-developed. Answered questions appropriately
Cardiovascular: Regular rate, normal rhythm, no murmur, no gallop, no rub,
Respiratory: Clear to auscultation bilaterally, bilateral breath sounds, normal effort
HEENT: Known facial trauma event visualized
Extremities: No gross deformity
Skin: Warm, dry
Neuro: oriented and conversational
Psych: Appropriate affect

Lab Results

Blood Gases	LAST RESULT			PRIOR RESULT	RANGE	UNITS
Blood Gas Source	02/19/22	Arteria				
Blood Gas Collection Site	02/19/22	L Radia				
Allen Test (Blood Gas)	02/19/22	Positiv				
Blood Gas Ventilator Mode	02/19/22	Non_Int				
FIO2 Fraction Inspired Ox	02/19/22	21				
Measured O2 Saturation	02/19/22	77.1	L			%
%						95.0 - 99.0
Whole Blood pH	02/19/22	7.399				
unit						7.350 - 7.450
Co2 Tension Pco2 (Arteria	02/19/22	43.8				
mmHg						35.0 - 45.0
O2 Tension Po2 (Arterial)	02/19/22	40.6	L			
mmHg						80.0 - 100.0
Whole Blood Bicarbonate	02/19/22	25				21 - 31 mmol/L
Blood Gas Base Excess	02/19/22	1.7				0.0 - 3.0
mmol/L						
Blood Gas Called To And R	02/19/22	ROSEANN				
Source Blood Gas	02/19/22	Arteria		02/18/22	Venous	
Collection Site Blood Gas	02/19/22	L Radia				
Coox Total Hemoglobin Fra	02/19/22	14.9		02/18/22	16.0	13.0 -
17.4	g/dL					
Coox Oxyhemoglobin Fract	02/19/22	76.3	L	02/18/22	71.4 L	94.0 -
98.0	%					
Carboxyhemoglobin Fract	02/19/22	<1.0		02/18/22	1.9	<3.0
%						
Methemoglobin Fract	02/19/22	<1.0		02/18/22	<1.0	<1.5
%						
Coox Deoxyhemoglobin Frac	02/19/22	22.7		02/18/22	25.9	
%						
Source (Blood Gas)	02/18/22	Venous				
Ventilator Mode (Blood Ga	02/18/22	Non_Int				

pH (Whole Blood) unit	02/18/22	7.378		7.350 - 7.450
Co2 Tension Pco2 (Venous) mmHg	02/18/22	44.8		41.0 - 51.0
O2 Tension Po2 (Venous)	02/18/22	38.3		<40.1 mmHg
Bicarbonate (Whole Blood)	02/18/22	24		21 - 31 mmol/L
Base Excess (Blood Gas) mmol/L	02/18/22	0.7		0.0 - 3.0

CBC/Differential	LAST RESULT			PRIOR RESULT		RANGE	UNITS	
WBC 11.2	02/23/22 10*3/uL	7.3		02/22/22	6.4			3.6 -
RBC 5.72	02/23/22 10*6/uL	4.07		02/22/22	3.90	L		3.95 -
HGB 17.4	02/23/22 g/dL	12.3		02/22/22	11.9	L		12.1 -
HCT %	02/23/22	35	L	02/22/22	34	L		36 - 52
MCV fL	02/23/22	85		02/22/22	88			82 - 101
MCH pg	02/23/22	30		02/22/22	31			27 - 34
MCHC g/dL	02/23/22	35		02/22/22	35			32 - 35
RDW 15.9	02/23/22 %	12.3	L	02/22/22	12.9			12.5 -
Platelet 365	02/23/22 10*3/uL	173		02/22/22	147			134 -
MPV 11.0	02/23/22 fL	9.0		02/22/22	8.6			7.2 -

Cardiac Profiles	LAST RESULT			PRIOR RESULT		RANGE	UNITS
CPK-Total	02/18/22	154					30 - 375[IU]/L

Coagulation	LAST RESULT			PRIOR RESULT		RANGE	UNITS	
PT 14.4	02/23/22 s	14.3		02/22/22	13.9			11.8 -
INR	02/23/22	1.1		02/22/22	1.1			

General Chemistry	LAST RESULT			PRIOR RESULT		RANGE	UNITS	
Sodium Level 143	02/23/22 mmol/L	142		02/22/22	140			134 -
Potassium Level mmol/L	02/23/22	3.4	L	02/22/22	3.2	L		3.5 - 5.1
Chloride Level mmol/L	02/23/22	107		02/22/22	109	H		98 - 107
CO2 mmol/L	02/23/22	27		02/22/22	25			21 - 31

Anion Gap	02/23/22	8		02/22/22	6		3 - 15	mmol/L
Glucose - POC	03/02/22	103		03/02/22	106		70 - 110	mg/dL
FSBG Result - POC	02/24/22	171						
Glucose Level	02/23/22	110		02/22/22	124		70 - 125	mg/dL
BUN	02/23/22	11		02/22/22	14		8 - 30	mg/dL
Creatinine	02/23/22	0.56	L	02/22/22	0.63	L	0.67 - 1.10	mg/dL
Est. GFR	02/23/22	>59		02/22/22	>59		>59	mL/min/1.73_m2
Calcium Level	02/23/22	8.5	L	02/22/22	8.1	L	8.6 - 10.3	mg/dL
Phosphorus Level	02/23/22	3.8		02/22/22	3.5		2.5 - 5.0	mg/dL
Albumin Level	02/19/22	4.0					3.7 - 4.8	g/dL
Total Protein	02/19/22	6.7					6.3 - 8.3	g/dL
Potassium (Whole Blood)	02/19/22	3.8		02/18/22	3.2	L	3.5 - 5.1	mmol/L
Sodium (Whole Blood)	02/19/22	148	H	02/18/22	137		134 - 143	mmol/L
Ionized Calcium (Whole Bl	02/19/22	1.13		02/18/22	1.14		1.13 - 1.32	mmol/L
Glucose (Whole Blood)	02/19/22	186	H	02/18/22	499	H	70 - 125	mg/dL
Lactate (Whole Blood)	02/19/22	1.3		02/18/22	1.9		0.5 - 2.2	mmol/L
Total Bilirubin	02/19/22	0.4					0.3 - 1.0	mg/dL
Direct Bilirubin	02/19/22	0.1					0.0 - 0.2	mg/dL
Alkaline Phosphatase	02/19/22	90					38 - 120	[IU]/L
ALT	02/19/22	29					7 - 52	[IU]/L
AST	02/19/22	26					13 - 39	[IU]/L
Magnesium Level	02/23/22	1.9		02/22/22	2.0		1.6 - 2.5	mg/dL
Lactic Acid Level	02/19/22	1.3					0.5 - 2.2	mmol/L

Special Chemistry	LAST RESULT			PRIOR RESULT	RANGE	UNITS
Calculated Percent HGB A1	02/20/22	13.9	H			<5.7 %
Est. Average Glucose	02/20/22	352	H			<117 mg/dL

Toxicology/Therapeutic Drug Monitoring	LAST RESULT	PRIOR RESULT	RANGE	UNITS

Ethanol, Serum	02/18/22	<10	<10	mg/dL
Amphetamines, Urine	02/18/22	Negativ		
Benzodiazepine Screen	02/18/22	Negativ		
Cocaine, Urine	02/18/22	Negativ		
Marijuana, Urine	02/18/22	Negativ		
Opiates	02/18/22	Negativ		

Imaging:
Xray Foot Minimum 3 Views - 28-FEB-2022 18:19:44
IMPRESSION: Negative study.
Xray Knee 3 Views - 28-FEB-2022 18:19:44
IMPRESSION: Question of small superficial fracture involving the lateral right tibial epiphysis.
Xray Lower Leg 2 Views - 28-FEB-2022 18:19:44
IMPRESSION: Negative study.
Xray Lower Leg 2 Views - 28-FEB-2022 18:19:44
IMPRESSION: Negative study as described above.

Assessment and Plan:
#Diabetes mellitus, type 2, last known A1c 13.9%
#Steroid-induced hyperglycemia
- Previously on Metformin 1000 mg twice daily as well as atorvastatin 20 mg daily
- 7-day taper to start 3/3 per surgical service
- Glucose 520-526 17:39 yesterday; pt states he had apple juice to drink.
- Glucose 103-526 in last 24hrs, am fasting 103.

Plan
- **Patient DCing today**
- **Sent detemir 16 units QHS; Regular 10 TID w meals; glucometer, lancets, test strips to phamacy**
- **Patient to get diabetic edu from nursing**
- **Patient can continue previous metformin**
- **Followup with PCP 3/18**

#Multiple facial traumas
- Being managed by trauma surgery, with neurosurgery, ENT and plastic surgery
- Pain management per surgical services

Patient seen and discussed with the attending. Please see their addendum.

Oral Medicine Resident: Jiwon Lim, DMD
(Rotating with Med Consult Service)

Agree with the above findings as written. The patient was presented to me and I have also seen and examined the patient independently. Please see my key portion of the encounter as documented.

Long d/w him and his wife bedside. They show good understanding of maneuvering around the insulin regimen (ie lowering dose to guard vs hypoglycemia in terms of steroid taper). They note they are not able to get an appt until 3/18.but have good confidence in ability to dialogue with their PCP for support in the meantime. He would like to go if primary team is still on board for such so we wish them well. Glad to see him tomorrow if he stays for any reason.

Signature Line
Electronically Signed By: LIM, JIWON DMD
03/02/2022 11:01 AM

Electronically Signed By: JACOBS, ANNA MD
03/02/22 11:50 AM

Electronically Signed By: GEE, JONATHAN MD
03/02/22 01:07 PM

Completed Action List:
* Perform by LIM , JIWON DMD on March 02, 2022 11:01 EST
* Sign by LIM , JIWON DMD on March 02, 2022 11:01 EST
* Modify by JACOBS , ANNA MD on March 02, 2022 11:50 EST
* Sign by JACOBS , ANNA MD on March 02, 2022 11:50 EST Requested by LIM , JIWON DMD on March 02, 2022 11:01 EST
* Modify by GEE , JONATHAN MD on March 02, 2022 13:07 EST
* Sign by GEE , JONATHAN MD on March 02, 2022 13:07 EST Requested by JACOBS , ANNA MD on March 02, 2022 11:50 EST
* VERIFY by GEE , JONATHAN MD on March 02, 2022 13:07 EST

LOPEZ VASQUEZ, HECTOR HIE ID 0003833861 Phone (803) 818-8656
302 CHARLOTTE ST, YORK, 29745, SC Born [redacted] (48y) Gender M

Name	Discharge Summary
Result date	03/02/2022 18:33:43 EST
Result status	FINAL
Result title	Discharge Summary
Ordering Physician	03/03/2022 06:47:07 EST
Encounter info	6518848485, Carolinas Medical Center, IP

Patient: LOPEZ VASQUEZ, HECTOR MRN: 0008783081 FIN: [redacted]
Age: 48 years Sex: Male DOB: [redacted]
Associated Diagnoses: None
Author: MARRERO , JENNIFER JUDY NP

Date of admission: 2/18/2022
Date of discharge: 3/2/2022

MOI: 48 y/o M s/p Head struck by 500 lb rolling paper press

Injuries:
- R SDH
- SAH
- Small pneumocephalus
- Cribriform plate fx
- Sphenoid sinus fx
- ? Dural venous sinus injury
- Comminuted fracture right petrous temporal bone, with hemorrhagic opacification of the mastoid air cells
- LeFort type II fx
- R temporal bone fx
- Diastasis of R lamboid suture
- L ICA aneurysm (incidental finding)
-Right extra-articular lateral proximal tibia fracture

Procedures/Major Events:
- 2/18: Presentation to ED, admission to STICU
- 2/20: transfer to floor

Consultants:
- NSGY
- Plastic Surgery
- ENT Surgery
Medicine

Hospital Course
This is a 48-year-old male who presented on 2/18 after being struck by 5000 pound roll of paper. Initial GCS of 14-15 He was seen in the ED and underwent ATLS guidelines. Injuries included right SDH, subarachnoid hemorrhage, pneumocephalus, cribriform plate fracture, styloid fracture, right temporal bone fracture, LeFort II fracture. He was admitted to ICU for close monitoring. His repeat imaging was stable. EEG was completed and negative for seizure activity. He was noted to have right facial weakness; ENT was consulted and recommended steroids and follow up with their office. Plastics was consulted for his facial fractures and on . 2/24 went to the OR for closed nasal reduction with application of Doyle splints. He remained on the floor undergoing pain management and therapy. He made improvement and was able to

tolerate a soft non chewing diet. Of note his hyperglycemia was uncontrolled and given his Hgb a1c of 13 and his need for steroids medicine was consulted for medical management. They continued his insulin and assisted with diabetic education and supplies. He had complaints of pain to his RLE and ecchymosis was noted. Imaging revealed a small tibial proximal defect and Ortho was consulted. He was recommended non op management. He was cleared by therapy for dc home. Plastics removed his splints today prior to his DC.

40 mins spent on discharge including extensive coordination of care with multiple teams and physicians

Discharge Plan
Discharge Instructions
Discharge Medications
1. acetaminophen (acetaminophen 325 mg oral tablet), 2 tablet by mouth every 6 hours
2. amitriptyline (amitriptyline 25 mg oral tablet), 1 tablet by mouth each night at bedtime
3. atorvastatin (atorvastatin 20 mg oral tablet), 1 tablet by mouth every day
4. docusate (docusate sodium 10 mg/mL oral liquid), 10 mL by mouth two times a day
5. gabapentin (gabapentin 300 mg oral capsule), 1 capsule by mouth every 8 hours
6. insuLIN regular (NovoLIN R PenFill 100 units/mL injectable solution), 10 units subcutaneous 3 times a day before meals Take 10 units with meals; do not take if blood sugar less than 140
7. insulin detemir (Levemir FlexPen 100 units/mL subcutaneous solution), 16 units subcutaneous each night at bedtime Take 16 units at night before bed.
8. metFORMIN (Glucophage 1000 mg oral tablet), 1 tablet by mouth two times a day
9. methocarbamol (methocarbamol 750 mg oral tablet), 1 tablet by mouth every 8 hours
10. misc diabetic supply (Lancets), See Instructions every day Duration of need--99--Lifetime.E11.94 times daily
11. misc diabetic supply (Test Strips), See Instructions every day Duration of need--99--Lifetime.E10.94 times daily
12. misc diabetic supply (Glucometer), See Instructions every day Duration of need--99--Lifetime.E11.9once per year
13. oxyCODONE (oxyCODONE 5 mg oral tablet), 1 tablet by mouth every 4 hours as needed Pain, Moderate (4-7)
14. polyethylene glycol 3350 (polyethylene glycol 3350 oral powder for reconstitution), 17 gm by mouth every day
15. predniSONE (predniSONE 10 mg oral tablet), See Instructions Take 5 tabs (50mg) on day 1, Take 4 tabs (40mg) day 2 take 3 tabs (30mg) day 3 take 2 tabs (20mg) day 4, take 1 tab (10mg) on day 5, take 1/2 tab (5mg) on day 6 and 7
16. senna (Senna 8.6 mg oral tablet), 1 tablet by mouth two times a day
17. sodium chloride nasal (sodium chloride 0.65% nasal spray), 1 spray each nostril as needed as needed Dry Nasal Passages

.
Depart Process

Discharge Instructions: MAR-02-2022 15:28
Activity Limits
no activity limits No lifting limits
Bathing-Showering
shower only
Call Doctor for
being very tired or weak, cannot stop vomiting or keeps vomiting, short of breath, chest pain, dry,
hacking cough, drainage See Adult/OB
Discharge
03/02/22 15:28:00 EST 01 - Home/Self Care
Driving Limits
Do NOT Drive until follow-up doctor visit
Meal Plan
Consistent Carbohydrate Meals soft non chewing

.
Discharge Follow Up Appointments

Charlotte Eye Ear Nose & Throat Associates, P.A.
724 Aubrey Bell Drive
Matthews NC 28105 (704)295-3550
Follow Up On: 03/08/2022 14:20
Comments: OtologyPlease have someone come you for interpretation, please wear a mask as well as your one guest $195 will be the price of the co-pay for the appointmentPlease check in 15 mins early

Carolinas Rehab Clinic Main
1100 Blythe Blvd
704-355-7073
704-355-4442
Charlotte NC 28203 (704)355-7073
Follow up within: 3 months
Comments: TBI clinicLeft message for an appointment, we will contact you.

CLAVIN , NICHOLAS W MD, Plastic Surgery, Plastic Surgery
Follow Up As Needed.

STETLER JR, WILLIAM RICHARD MD
Follow up within: 6 weeks
Comments: please schedule follow up with neurosurgery resident clinic in 4-6 weeks with repeat CTA brain at the same time as visit for L ICA aneurysmWe will contact you with an appointment date and time.

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Electronically Signed By: MARRERO, JENNIFER JUDY NP
03/02/2022 10:29 PM

Electronically Signed By: MARRERO, JENNIFER JUDY NP
03/02/22 10:30 PM

Electronically Signed By: MILES, WILLIAM S MD
03/03/22 06:47 AM

Atrium Health

Care After You Leave the Hospital

Name:	MRN:	DOB:
LOPEZ VASQUEZ, HECTOR	0008783081	[redacted]

Allergies:
tetracycline

Discharge Diagnosis:
1:Subdural hemorrhage; 2:Subarachnoid hemorrhage; 3:LeFort II fracture; 4:Altered mental status; 5:Diabetes mellitus with hyperglycemia; 6:Acute pain due to trauma; 7:Traumatic brain injury; 8:Dysphagia; 9:Hyperglycemia; Crush injury; Multiple facial fractures; Temporal bone fracture

Discharged To:
Home

Discharged From: 9BC Neuro/Card/Inter

Appointments You Need to Make

With:	Address:	When:
Carolinas Rehab Clinic Main	1100 Blythe Blvd 704-355-7073 704-355-4442 Charlotte, NC 28203 (704) 355-7073	Within 3 months

Comments:
TBI clinic

Left message for an appointment, we will contact you.

With:	Address:	When:
Charlotte Eye Ear Nose & Throat Associates, P.A.	200 S HERLONG AVE , SUITE F ROCK HILL, SC 29732 803-327-4000	[03/08/2022 2:20 PM]

Comments:
Otology

Please have someone come you for interpretation, please wear a mask as well as your one guest

$195 will be the price of the co-pay for the appointment

Please check in 15 mins early

With:	Address:	When:
STETLER JR, WILLIAM RICHARD MD	CAROLINA NEUROSURGERY AND SPINE ASSOCIATES, 225 BALDWIN AVENUE CHARLOTTE, NC 28204 (704) 376-1605 Business (1)	Within 6 weeks

Comments:
please schedule follow up with neurosurgery resident clinic in 4-6 weeks with repeat CTA brain at the same time as visit for L ICA aneurysm

We will contact you with an appointment date and time.

With:	Address:	When:
CLAVIN , NICHOLAS W MD, Plastic Surgery, Plastic Surgery	1025 MOREHEAD MEDICAL DRIVE SUITE 200 CHARLOTTE, NC 28204 (704) 446-6810	, only if needed

Appointments You Already Have

Listed below are your future appointments. For more health information including future

appointments, please refer to the MyAtriumHealth link as noted below.

You will get a text message or phone call with appointments already made for you. If you do not get a text message or phone call, please call the doctor's office listed.

Medicine Information

For your safety, keep your medicine list with you. For advice about medicine side effects, call your doctor. You may report side effects to the FDA at **1-800-332-1088.**

	New Medicines to take at Home	Prescription	Next Dose Due
1.	**acetaminophen (acetaminophen 325 mg oral tablet)** 2 tablet by mouth every 6 hours	Sent to Walmart Pharmacy 1144 970 Liberty St E York, SC, 29745-1662 Tel (803)684-5282 Fax (803)684-5854	
2.	**amitriptyline (amitriptyline 25 mg oral tablet)** 1 tablet by mouth each night at bedtime	Sent to Walmart Pharmacy 1144 970 Liberty St E York, SC, 29745-1662 Tel (803)684-5282 Fax (803)684-5854	
3.	**docusate (docusate sodium 10 mg/mL oral liquid)** 10 mL by mouth two times a day	Sent to Walmart Pharmacy 1144 970 Liberty St E York, SC, 29745-1662 Tel (803)684-5282 Fax (803)684-5854	
4.	**gabapentin (gabapentin 300 mg oral capsule)** 1 capsule by mouth every 8 hours	Sent to Walmart Pharmacy 1144 970 Liberty St E York, SC, 29745-1662 Tel (803)684-5282 Fax (803)684-5854	
5.	**insulin detemir (Levemir FlexPen 100 units/mL subcutaneous solution)** 16 units subcutaneous each night at bedtime Take 16 units at night before bed.	Sent to Walmart Pharmacy 1144 970 Liberty St E York, SC, 29745-1662 Tel (803)684-5282 Fax (803)684-5854	
6.	**insuLIN regular (NovoLIN R PenFill 100 units/mL injectable solution)** 10 units subcutaneous 3 times a day before meals Take 10 units with meals; do not take if blood sugar less than 140	Sent to Walmart Pharmacy 1144 970 Liberty St E York, SC, 29745-1662 Tel (803)684-5282 Fax (803)684-5854	
7.	**metFORMIN (Glucophage 1000 mg oral tablet)** 1 tablet by mouth two times a day	Sent to Walmart Pharmacy 1144 970 Liberty St E York, SC, 29745-1662 Tel (803)684-5282 Fax (803)684-5854	
8.	**methocarbamol (methocarbamol 750 mg oral tablet)** 1 tablet by mouth every 8 hours	Sent to Walmart Pharmacy 1144 970 Liberty St E York, SC, 29745-1662 Tel (803)684-5282	

	New Medicines to take at Home	Prescription	Next Dose Due
		Fax (803)684-5854	
9.	**misc diabetic supply (Lancets)** See Instructions every day Duration of need--99--Lifetime. E11.9 4 times daily	Sent to Walmart Pharmacy 1144 970 Liberty St E York, SC, 29745-1662 Tel (803)684-5282 Fax (803)684-5854	
10.	**misc diabetic supply (Test Strips)** See Instructions every day Duration of need--99--Lifetime. E10.9 4 times daily	Sent to Walmart Pharmacy 1144 970 Liberty St E York, SC, 29745-1662 Tel (803)684-5282 Fax (803)684-5854	
11.	**misc diabetic supply (Glucometer)** See Instructions every day Duration of need--99--Lifetime. E11.9 once per year	Sent to Walmart Pharmacy 1144 970 Liberty St E York, SC, 29745-1662 Tel (803)684-5282 Fax (803)684-5854	
12.	**oxyCODONE (oxyCODONE 5 mg oral tablet)** 1 tablet by mouth every 4 hours as needed Pain, Moderate (4-7)	Sent to Walmart Pharmacy 1144 970 Liberty St E York, SC, 29745-1662 Tel (803)684-5282 Fax (803)684-5854	
13.	**polyethylene glycol 3350 (polyethylene glycol 3350 oral powder for reconstitution)** 17 gm by mouth every day	Sent to Walmart Pharmacy 1144 970 Liberty St E York, SC, 29745-1662 Tel (803)684-5282 Fax (803)684-5854	
14.	**predniSONE (predniSONE 10 mg oral tablet)** See Instructions Take 5 tabs (50mg) on day 1, Take 4 tabs (40mg) day 2 take 3 tabs (30mg) day 3 take 2 tabs (20mg) day 4, take 1 tab (10mg) on day 5, take 1/2 tab (5mg) on day 6 and 7	Sent to Walmart Pharmacy 1144 970 Liberty St E York, SC, 29745-1662 Tel (803)684-5282 Fax (803)684-5854	
15.	**senna (Senna 8.6 mg oral tablet)** 1 tablet by mouth two times a day	Sent to Walmart Pharmacy 1144 970 Liberty St E York, SC, 29745-1662 Tel (803)684-5282 Fax (803)684-5854	
16.	**sodium chloride nasal (sodium chloride 0.65% nasal spray)** 1 spray each nostril as needed as needed Dry Nasal Passages	Sent to Walmart Pharmacy 1144 970 Liberty St E York, SC, 29745-1662 Tel (803)684-5282 Fax (803)684-5854	
	Continue Taking These Medicines at Home		**Next Dose Due**
1.	**atorvastatin (atorvastatin 20 mg oral tablet)** 1 tablet by mouth every day		
	These Medicines have been Changed or Stopped		
Medicine has changed. See #7 in New Medications above. **metFORMIN (Glucophage 1000 mg oral tablet)** 1 tablet by mouth twice a day with meals			
Medicine has changed. See #9 in New Medications above. **misc diabetic supply (Glucometer)** See Instructions every day Duration of need--99--Lifetime. E11.9			
Medicine has changed. See #9 in New Medications above.			

Order Number: 6225024

HOME HEALTH CERTIFICATION AND PLAN OF CARE

Patient's Medicare No.	SOC Date	Certification Period	Medical Record No.	Provider No.
	3/4/2022	3/4/2022 to 5/2/2022	D4800111806701	427117

Patient's Name and Address:
HECTOR VASQUEZ-LOPEZ (803) 818-7858
302 CHARLOTTE ST
YORK, SC 29745-

Provider's Name, Address and Telephone Number:
ROCK HILL-KINDRED AT HOME
229 HERLONG AVENUE SOUTH
ROCK HILL, SC 29732-
F: (913) 689-7102
P: (803) 329-3184

Physician's Name & Address: P: (803)909-6363 F: (803)909-6364

SHAYLO REYES, PA
455 LAKESHORE PARKWAY
ROCK HILL, SC 29730-

Patient's Date of Birth: [redacted]
Patient's Gender: MALE
Order Date: 3/4/2022 12:46 PM
Verbal Order: Y
Verbal Date: 3/7/2022
Verbal Time: 1:00 PM

Nurse's Signature and Date of Verbal SOC Where Applicable: (deemed as electronic signature)
KIMBERLY OLTMANNS, RN / TERRI STEMPER RN 3/2/2022

Date HHA Received Signed POC

Patient's Expressed Goals:
HEAL INJURIES REGAIN STRENGTH

ICD-10 Diagnoses:

Order	Code	Description	Onset or Exacerbation	O/E Date
1	S06.5X0D	TRAUM SUBDR HEM W/O LOSS OF CONSCIOUSNESS, SUBS	ONSET	03/04/2022
2	S06.6X0D	TRAUM SUBRAC HEM W/O LOSS OF CONSCIOUSNESS, SUBS	ONSET	03/04/2022
3	S02.412D	LEFORT II FRACTURE, SUBS FOR FX W ROUTN HEAL	ONSET	03/04/2022
4	S02.92XD	UNSP FRACTURE OF FACIAL BONES, SUBS FOR FX W ROUTN HEAL	ONSET	03/04/2022
5	S02.19XD	OTH FRACTURE OF BASE OF SKULL, SUBS FOR FX W ROUTN HEAL	ONSET	03/04/2022
6	G51.0	BELL'S PALSY	ONSET	03/04/2022
7	S00.30XD	UNSPECIFIED SUPERFICIAL INJURY OF NOSE, SUBSEQUENT ENCOUNTER	ONSET	03/04/2022
8	E11.65	TYPE 2 DIABETES MELLITUS WITH HYPERGLYCEMIA	ONSET	03/04/2022
9	R13.10	DYSPHAGIA, UNSPECIFIED	ONSET	03/04/2022
10	Z79.4	LONG TERM (CURRENT) USE OF INSULIN	ONSET	03/04/2022
11	Z79.84	LONG TERM (CURRENT) USE OF ORAL HYPOGLYCEMIC DRUGS	ONSET	03/04/2022
12	Z79.52	LONG TERM (CURRENT) USE OF SYSTEMIC STEROIDS	ONSET	03/04/2022

Frequency/Duration of Visits:
SN 1WK1,2WK4,1EVERY2WK4
PT EFFECTIVE 03/06/2022 1WK4
OT EFFECTIVE 03/20/2022 1WK1
ST EFFECTIVE 03/06/2022 1WK1

Orders of Discipline and Treatments:
SKILLED NURSE TO TEACH RELATED TO DIABETES MANAGEMENT INCLUDING DISEASE PROCESS, NUTRITION, MEDICATIONS, ACTIVITIES, AND PERSONAL/ENVIRONMENTAL FACTORS. BIOMETRICS OUT OF PARAMETERS AND SIGNIFICANT CHANGES IN STATUS WILL BE REPORTED TO THE PHYSICIAN.

SKILLED NURSE TO OBSERVE NEUROLOGIC SYSTEM, IDENTIFY CHANGES, IDENTIFY CHANGES, AND INTERVENE TO MINIMIZE COMPLICATIONS. SKILLED NURSE TO TEACH RELATED TO ALTERED NEUROLOGICAL STATUS INCLUDING DISEASE PROCESS, NUTRITION, MEDICATIONS, ACTIVITIES, AND PERSONAL/ENVIRONMENTAL FACTORS. SIGNIFICANT CHANGES IN STATUS WILL BE REPORTED TO PHYSICIAN.

SKILLED NURSE TO OBSERVE/ASSESS FOR PAIN, EFFECTIVENESS OF PAIN MANAGEMENT REGIMEN, IDENTIFY CHANGES, INTERVENE TO MINIMIZE COMPLICATIONS, AND PROVIDE SKILLED TEACHING RELATED TO PAIN MANAGEMENT. SIGNIFICANT CHANGES IN STATUS WILL BE REPORTED TO PHYSICIAN.

SKILLED NURSE TO REVIEW MEDICATION PROFILE/RECONCILE MEDICATIONS, INSTRUCT/REINFORCE MEDICATION MANAGEMENT

SKILLED NURSE TO OBSERVE FOR FALL RISK, IDENTIFY CHANGES, AND INTERVENE TO MINIMIZE COMPLICATIONS. SKILLED NURSE TO TEACH RELATED TO FALL RISK REDUCTION INCLUDING HOME/ENVIRONMENTAL SAFETY, MEDICATION MANAGEMENT, AND FALL PREVENTION.

SPEECH THERAPY TO EVALUATE TO DETERMINE THE TYPE, SEVERITY AND PROGNOSIS OF A COGNITIVE, COMMUNICATION/SWALLOW DISORDER AND DEVELOP PLAN OF CARE FOR PHYSICIAN'S SIGNATURE TO INCLUDE ESTABLISHING A TREATMENT PLAN FOR THE IMPROVEMENT OF A COGNITIVE, COMMUNICATION/SWALLOW DISORDER.

I certify that this patient is confined to his/her home and needs intermittent skilled nursing care, physical therapy and/or speech therapy or continues to need occupational therapy. This patient is under my care, and I have authorized the services on this plan of care and will periodically review the plan.

Attending Physician's Signature and Date Signed 3/23/22

Shaylo Reyes, PA-C

Anyone who misrepresents, falsifies, or conceals essential information required for payment of federal funds may be subject to fine, imprisonment, or civil penalty under applicable federal laws.

Patient's Medicare No.	SOC Date	Certification Period	Medical Record No.	Provider No.
	3/4/2022	3/4/2022 to 5/2/2022	D4800111806701	427117

Patient's Name	Provider's Name
HECTOR VASQUEZ-LOPEZ	ROCK HILL-KINDRED AT HOME

Orders of Discipline and Treatments:

SKILLED NURSE TO EVALUATE AND DEVELOP PLAN OF CARE TO BE COUNTERSIGNED BY PHYSICIAN. SKILLED NURSE TO ASSESS/EVALUATE CO-MORBID CONDITIONS INCLUDING SUBDURAL HEMATOMA , PAIN, DM AND OTHER CONDITIONS THAT PRESENT THEMSELVES DURING THE COURSE OF THIS EPISODE TO IDENTIFY CHANGES AND INTERVENE TO MINIMIZE COMPLICATIONS. NURSING ASSESSMENT TO BE PERFORMED BY RN; LPN TO OBSERVE AND REPORT CHANGES TO THE RN.

PROVIDE TEACHING/REINFORCEMENT INFECTION CONTROL MEASURES.

SKILLED NURSING TO PROVIDE SKILLED TEACHING TO MINIMIZE AND MANAGE IDENTIFIED RISKS OF HOSPITALIZATION AND/OR ED VISIT LISTED IN SUPPORTING DOCUMENTATION FOR RISK OF HOSPITAL READMISSION SECTION OF THE PLAN OF CARE.

PHYSICAL THERAPY TO EVALUATE/ASSESS AND DEVELOP PHYSICAL THERAPY PLAN OF CARE TO BE SIGNED BY THE PHYSICIAN.PHYSICAL THERAPY TO PROVIDE SKILLED TEACHING TO MINIMIZE AND MANAGE IDENTIFIED RISKS OF HOSPITALIZATION AND/OR ED VISIT LISTED IN SUPPORTING DOCUMENTATION FOR RISK OF HOSPITAL READMISSION SECTION OF THE PLAN OF CARE.PHYSICAL THERAPY TO ESTABLISH/PROGRESS HOME EXERCISE PROGRAM.PHYSICAL THERAPY TO PROVIDE THERAPEUTIC ACTIVITY AND EXERCISE TO IMPROVE FUNCTIONAL STRENGTH AND POWER.PHYSICAL THERAPY TO PROVIDE FALL PREVENTION STRATEGIES TO REDUCE FALL RISK.PHYSICAL THERAPY TO PROVIDE NEUROMUSCULAR RE-ED AND BALANCE RETRAINING.PHYSICAL THERAPY TO PROVIDE GAIT TRAINING TO IMPROVE AMBULATION AND SAFETY WITH/WITHOUT ASSISTIVE DEVICE.PHYSICAL THERAPY TO PROVIDE INSTRUCTION REGARDING PAIN CONTROL METHODS USING PHARMACOLOGIC AND NON-PHARMACOLOGIC INTERVENTIONS.PHYSICAL THERAPY TO PROVIDE INSTRUCTION RELATED TO COMPLICATION OF INTEGUMENTARY STATUS INCLUDING SUPPORT SKIN INSPECTION.

ST EVALUATION PERFORMED. NO ADDITIONAL VISITS REQUIRED.

3/13/2022: ORDER OBTAINED FROM KIMBERLY OLTMANN'S,RN:INCREASE SN FREQUENCY 2W3 DUE TO COMPLEXITY OF MEDICATIONSAND DISEASE MANAGEMENTVO RECIEVED FROM SHILAH 3/14/22

LICENSED PROFESSIONAL TO REPORT VITAL SIGNS FALLING OUTSIDE THE FOLLOWING ESTABLISHED PARAMETERS. TEMP<95>101 PULSE<60>100 RESP<12>24 SYSTOLICBP<90>150 DIASTOLICBP<50>90 FBS<60>300 PAIN>7 O2SAT<90

Goals/Rehabilitation Potential/Discharge Plans:

PATIENT/CAREGIVER VERBALIZES/DEMONSTRATES DIABETES MANAGEMENT AS EVIDENCED BY DECREASED SYMPTOMS, BLOOD GLUCOSE WITHIN PARAMETERS, AND NO UNPLANNED HOSPITALIZATIONS BY 4/27/22.
NEUROLOGIC CHANGES ARE IDENTIFIED PROMPTLY AND INTERVENTIONS INITIATED TO MINIMIZE COMPLICATIONS. PATIENT/CAREGIVER VERBALIZES/DEMONSTRATES NEUROLOGIC DISEASE MANAGEMENT AS EVIDENCED BY NO HOSPITALIZATIONS BY 4/16/22
CHANGES IN PAIN STATUS/MANAGEMENT ARE IDENTIFIED PROMPTLY AND REPORTED TO PHYSICIAN. PATIENT/CAREGIVER VERBALIZES UNDERSTANDING OF PAIN MANAGEMENT TECHNIQUES AS EVIDENCED BY PAIN LEVEL BELOW 2 (PARAMETER ACCEPTABLE TO PATIENT) BY 3/30/22.
PATIENT ADHERES TO MEDICATION REGIMEN. PATIENT/CAREGIVER VERBALIZES/DEMONSTRATES MEDICATION MANAGEMENT INCLUDING INTENDED BENEFITS AND POTENTIAL INTERACTIONS/SIDE EFFECTS BY 4/2/22
PATIENT/CAREGIVER VERBALIZES/DEMONSTRATES FALL RISK REDUCTION AS EVIDENCED BY NO FALLS BY 4/1/22
A SPEECH THERAPY EVALUATION WILL BE COMPLETED AND A PLAN OF CARE WILL BE ESTABLISHED FOR THE PHYSICIAN'S SIGNATURE FOR THE IMPROVEMENT OF A COGNITIVE, COMMUNICATION/SWALLOW DISORDER.
A PLAN OF CARE WILL BE ESTABLISHED THAT MEETS THE PATIENT'S NURSING NEEDS AND COUNTERSIGNED BY PHYSICIAN.
PATIENT/CAREGIVER VERBALIZES/DEMONSTRATES UNDERSTANDING OF INFECTION CONTROL MEASURES BY 4/1/22
PATIENT/CAREGIVER VERBALIZES/DEMONSTRATES ABILITY TO MANAGE THE RISK OF HOSPITALIZATION OR ED VISITS AS EVIDENCED BY NO HOSPITALIZATION OR ED VISITS DURING CARE.

Signature of Physician [signature] Mayte Reyes, PA-C	Date 3/23/22
Optional Name/Signature Of KIMBERLY OLTMANNS, RN / TERRI STEMPER RN	Date 3/2/2022

Patient's Medicare No.	SOC Date	Certification Period	Medical Record No.	Provider No.
	3/4/2022	3/4/2022 to 5/2/2022	D4800111806701	427117

Patient's Name	Provider's Name
HECTOR VASQUEZ-LOPEZ	ROCK HILL-KINDRED AT HOME

Goals/Rehabilitation Potential/Discharge Plans:

A PHYSICAL THERAPY PLAN OF CARE WILL BE ORDERED BY PHYSICIAN AND PROVIDED BY PHYSICAL THERAPY. ALL GOALS TO BE MET BY END OF CURRENTLY APPROVED PLAN OF CARE.
PATIENT/CAREGIVER VERBALIZES/DEMONSTRATES ABILITY TO MANAGE THE RISK OF HOSPITALIZATION OR ED VISITS AS EVIDENCED BY NO HOSPITALIZATION OR ED VISITS DURING CARE.
PATIENT WILL ADOPT AND INTEGRATE HOME EXERCISE PROGRAM INTO DAILY ROUTINE AS EVIDENCED BY PROGRESSION OF ACTIVITIES AND/OR CONDITION SPECIFIC PROTOCOL BY 5/2/22.
PATIENT WILL IMPROVE FUNCTIONAL STRENGTH AND POWER AS EVIDENCED BY POSITIVE CHANGE WITH MMT AND/OR TIMED 5TSTS BY 5/2/22.
POC GOAL: PATIENT WILL IMPROVE AWARENESS OF FALL RISK FACTORS AND DEMONSTRATE APPROPRIATE ACTIONS TO REDUCE RISK FACTORS AS EVIDENCED BY NO FALLS BY 5/2/22.
PATIENT WILL IMPROVE STATIC AND DYNAMIC, FUNCTIONAL BALANCE AS EVIDENCED BY IMPROVED STANDARDIZED BALANCE TEST SCORE BY 5/2/22.
PATIENT WILL IMPROVE GAIT AND AMBULATION AS EVIDENCED BY IMPROVED TUG SCORE BY 5/2/22.
PATIENT/CAREGIVER WILL VERBALIZE EFFECTIVE PAIN CONTROL AND UNDERSTAND BOTH PHARMACOLOGIC AND NON-PHARMACOLOGIC PAIN CONTROL METHODS BY 4/2/22.
CHANGES IN SKIN INTEGRITY WILL BE IDENTIFIED AND REPORTED TO THE PHYSICIAN FOR PROMPT INTERVENTION AND PATIENT/CAREGIVER WILL VERBALIZE/DEMONSTRATE APPROPRIATE MEASURES TO PROMOTE SKIN INTEGRITY AND PREVENT INJURY AS EVIDENCED BY NO SKIN BREAKDOWN BY 4/2/22.

Rehab Potential:
GOOD/MARKED IMPROVEMENT IN FUNCTIONAL STATUS IS EXPECTED

DC Plans:
DC TO CAREGIVER UNDER SUPERVISION OF MD WHEN GOALS ARE MET

DME and Supplies:
DME-WALKER-ROLLING

Prognosis:
GOOD

Functional Limitations:
ENDURANCE; AMBULATION

Safety Measures:
DIABETIC PRECAUTIONS, EMERGENCY PLAN, FALL PRECAUTIONS, UNIVERSAL PRECAUTIONS

Activities Permitted:
TRANSFER BED/CHAIR; WALKER; CONTACT GUARD

Nutritional Requirements:
DIABETIC

Advance Directives:
NONE

Mental Statuses:
ORIENTED

Supporting Documentation for Cognitive Status:
(C1) (QM) (PRA) (M1700) COGNITIVE FUNCTIONING: PATIENT'S CURRENT (DAY OF ASSESSMENT) LEVEL OF ALERTNESS, ORIENTATION, COMPREHENSION, CONCENTRATION, AND IMMEDIATE MEMORY FOR SIMPLE COMMANDS.
0 - ALERT/ORIENTED, ABLE TO FOCUS AND SHIFT ATTENTION, COMPREHENDS AND RECALLS TASK DIRECTIONS INDEPENDENTLY.
(QM) (M1710) WHEN CONFUSED (REPORTED OR OBSERVED) WITHIN THE LAST 14 DAYS:
0 - NEVER
(C1) (QM) (PRA) (M1740) COGNITIVE, BEHAVIORAL, AND PSYCHIATRIC SYMPTOMS THAT ARE DEMONSTRATED AT LEAST ONCE A WEEK (REPORTED OR OBSERVED): (MARK ALL THAT APPLY.)
7 - NONE OF THE ABOVE BEHAVIORS DEMONSTRATED

Supporting Documentation for Psychosocial Status:
(QM) (M1100B) PATIENT LIVES WITH OTHER PERSON(S) IN THE HOME: WHICH OF THE FOLLOWING BEST DESCRIBES THE PATIENT'S AVAILABILITY OF ASSISTANCE AT THEIR RESIDENCE?
06 - AROUND THE CLOCK
PSYCHOSOCIAL ISSUES THAT COULD POTENTIALLY IMPACT THE PLAN OF CARE (MARK ALL THAT APPLY):
NONE AT THIS TIME

Signature of Physician	Date
Mary Meyer PA-C	3/23/22
Optional Name/Signature of: KIMBERLY OLTMANNS, RN / TERRI STEMPER RN	Date 3/2/2022

Patient's Medicare No.	SOC Date	Certification Period	Medical Record No.	Provider No.
	3/4/2022	3/4/2022 to 5/2/2022	D4800111806701	427117

Patient's Name	Provider's Name
HECTOR VASQUEZ-LOPEZ	ROCK HILL-KINDRED AT HOME

Supporting Documentation for Risk of Hospital Readmission:

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

7 - CURRENTLY TAKING 5 OR MORE MEDICATIONS || 8 - CURRENTLY REPORTS EXHAUSTION

Allergies:

TETRACLYCLINE

Signature of Physician	Date
Optional Name/Signature Of KIMBERLY OLTMANNS, RN / TERRI STEMPER RN	Date 3/2/2022

Patient's Medicare No.	SOC Date	Certification Period	Medical Record No.	Provider No.
	3/4/2022	3/4/2022 to 5/2/2022	D4800111806701	427117

Patient's Name	Provider's Name
HECTOR VASQUEZ-LOPEZ	ROCK HILL-KINDRED AT HOME

Medications:

Medication/ Dose	Frequency	Route	Start Date/ End Date	DC Date	New/ Changed
AMITRIPTYLINE 25 MG TABLET *1 tablet* Reason: REST Instructions:	*BEDTIME*	ORAL	03/01/2022		New
ARTIFICIAL TEARS (PF) 0.1 %-0.3 % DROPS IN A DROPPERETTE *2 dropperette* Reason: MOISTURE Instructions:	*BEDTIME*	OPHTHALMIC (EYE)	03/08/2022		New
GABAPENTIN 300 MG CAPSULE *1 capsule* Reason: PAIN Instructions:	*EVERY 8 HOURS*	ORAL	03/01/2022		
LEVEMIR FLEXTOUCH U-100 INSULIN 100 UNIT/ML (3 ML) SUBCUTANEOUS PEN *16 unit* Reason: DM Instructions:	*BEDTIME*	SUBCUTANEOUS	03/02/2022		New
METFORMIN 1,000 MG TABLET *1 tablet* Reason: DM Instructions:	*2 TIMES DAILY*	ORAL	03/02/2022		New
METHOCARBAMOL 750 MG TABLET *1 tablet* Reason: PAIN Instructions:	*EVERY 8 HOURS*	ORAL	03/01/2022		
NOVOLIN R FLEXPEN 100 UNIT/ML (3 ML) SUBCUTANEOUS INSULIN PEN *10 unit* Reason: DM Instructions: AC HOLD IF BS < 140	*3 TIMES DAILY*	SUBCUTANEOUS	03/02/2022		New
OXYCODONE 5 MG CAPSULE *1 capsule* Reason: PAIN Instructions:	*EVERY 4 HOURS*	ORAL	03/02/2022		
POLYETHYLENE GLYCOL 3350 8.5 GRAM ORAL POWDER PACKET *1 packet* Reason: BOWELS Instructions:	*DAILY*	ORAL	03/02/2022		
PREDNISONE 10 MG TABLET *Per instructions* Reason: INFLAMMATION Instructions: DAY 1 TAKE 5 TABS, DAY 2 TAKE 4 TABS,DAY 3 TAKE 3 TABS, DAY 4 TAKE 2 TABS, DAY 5 TAKE 2 TAB DAYS 6 AND 7 TAKE 0.5 TAB	*DAILY*	ORAL	03/02/2022	03/08/2022	
PREDNISONE 10 MG TABLET *1 tablet* Reason: SWELLING Instructions:	*2 TIMES DAILY*	ORAL	03/08/2022		Changed
TYLENOL 325 MG CAPSULE *2 capsule* Reason: PAIN Instructions: DO NOT EXCEED DAILY MAX 3000 MG	*AS NEEDED EVERY 4 HOURS/PRN*	ORAL	03/02/2022		

Signature of Physician: Angela Meyer, PA-C	Date: 3/23/22
Optional Name/Signature Of: KIMBERLY OLTMANNS, RN / TERRI STEMPER RN	Date: 3/2/2022

Patient's Medicare No.	SOC Date	Certification Period	Medical Record No.	Provider No.
	3/4/2022	3/4/2022 to 5/2/2022	D4800111806701	427117

Patient's Name	Provider's Name
HECTOR VASQUEZ-LOPEZ	ROCK HILL-KINDRED AT HOME

Supporting Documentation for Home Health Eligibility:

FOCUS OF CARE (SUPPORTING CLINICAL INFORMATION, PERTINENT MEDICAL HISTORY, ADDITIONAL DIAGNOSIS, LAST REHOSPITALIZATION, ER, OR URGENCY CARE VISIT):
48 YEAR OLD MALE SUFFERED TRAUMATIC INJURY ON THE JOB 2/18/22. SUBDURAL HEMATOMA,SUBARACHNOID HEMATOMA,LEFORTE II FRACTURE,FACIAL PARALYSIS AND DM . REQUIRES ASSISTANCE OF CAREGIVERS WITH ALL ASPECTS OF CARE. MEDS INCLUDING INSULIN,BS ANALYSIS, FALL PREVENTION. OT AND PT EVALS ARE SCHEDULED.

INDICATE OTHER HOMEBOUND REASON:
MULTIPLE FRACTURES TRAUMA, NEEDS ASSISTANCE WITH ALL ACTIVITIES DRESSING MEDICATIONS -

THE PATIENT IS CONSIDERED HOMEBOUND/CONFINED TO HOME BECAUSE: (MARK ALL THAT APPLY)
ASSISTANCE OF ANOTHER PERSON IN ORDER TO LEAVE PLACE OF RESIDENCE - LEVEL 1, BECAUSE OF ILLNESS OR INJURY, PATIENT NEEDS AID OF SUPPORTIVE DEVICES - WALKER - LEVEL 1

DOCUMENT PATIENT'S CONDITION AND LIMITATIONS AS IT RELATES TO THEIR HOMEBOUND STATUS
MULTIPLEFRACTURES ,POOR ENDURANCE FALL RISK.
REQUIRES CONSIDERABLE ASSISTANCE FROM CAREGIVER ALL ASPECTS OF CARE

DOES THE PATIENT MEET LEVEL 2 CRITERIA - NORMAL INABILITY TO LEAVE THE HOME EXISTS AND LEAVING HOME REQUIRES A CONSIDERABLE AND TAXING EFFORT?
OTHER

Therapy Short Term/Long Term Goals:

Discipline: PT

TRANSFERS (PT)

SIT TO STAND (ORTHO)

STG: SETUP OR CLEAN-UP ASSISTANCE	LTG: INDEPENDENT
TARGET DATE: 4/2/2022	TARGET DATE: 5/2/2022

CHAIR/BED TO CHAIR (ORTHO)

STG: SETUP OR CLEAN-UP ASSISTANCE	LTG: INDEPENDENT
TARGET DATE: 4/2/2022	TARGET DATE: 5/2/2022

BALANCE AND FUNCTIONAL CAPACITY (PT)

TIMED UP AND GO (TUG) (AVG SCORE IN SECONDS ROUNDED TO NEAREST WHOLE NUMBER)

STG: 25	LTG: 20
TARGET DATE: 4/2/2022	TARGET DATE: 5/2/2022

GAIT (ASSISTANCE)

LEVEL SURFACE ASSISTANCE (ORTHO)

STG: SETUP OR CLEAN-UP ASSISTANCE	LTG: INDEPENDENT
TARGET DATE: 4/2/2022	TARGET DATE: 5/2/2022

STAIRS ASSISTANCE (ORTHO)

STG: SUPERVISION OR TOUCHING ASSISTANCE	LTG: SETUP OR CLEAN-UP ASSISTANCE
TARGET DATE: 4/2/2022	TARGET DATE: 5/2/2022

STRENGTH (PT)

RIGHT KNEE EXTENSION

STG: 4-/GOOD-	LTG: 4/GOOD
TARGET DATE: 4/2/2022	TARGET DATE: 5/2/2022

Discipline: ST

ORAL PHASE

LABIAL

STG: MODERATE IMPAIRMENT	LTG:
TARGET DATE: 3/11/2022	TARGET DATE:

Signature of Physician	Date 3/23/22
Optional Name/Signature Of KIMBERLY OLTMANNS, RN / TERRI STEMPER RN	Date 3/2/2022

Patient's Medicare No.	SOC Date	Certification Period	Medical Record No.	Provider No.
	3/4/2022	3/4/2022 to 5/2/2022	D4800111806701	427117

Patient's Name	Provider's Name
HECTOR VASQUEZ-LOPEZ	ROCK HILL-KINDRED AT HOME

Signature of Physician	Date 3/23/22
Optional Name/Signature Of KIMBERLY OLTMANNS RN / TERRI STEMPER RN	Date 3/2/2022

Page 7 of 7

Visit Note Report

Client: VASQUEZ-LOPEZ, HECTOR MR No: D4800111806701 Legacy MR No:
Client DOB: [redacted]
Insured ID: UKNOWN Primary Payor: ONE CALL CARE MANAGEMENT

Visit Date: 03/17/2022 Visit Number: 2 Visit Type: PA11 - PHYSICAL THERAPY SUBSEQUENT

Therapy Goals/Status:

STG: 25
TARGET DATE: 04/02/2022
GOAL MET: N
COMMENTS:

LTG: 20
TARGET DATE: 05/02/2022
GOAL MET: N
COMMENTS:

CARRYOVER:

GAIT (ASSISTANCE)
LEVEL SURFACE ASSISTANCE (ORTHO)
STATUS: SUPERVISION OR TOUCHING ASSISTANCE
STG: SETUP OR CLEAN-UP ASSISTANCE
TARGET DATE: 04/02/2022
GOAL MET: N
COMMENTS:

LTG: INDEPENDENT
TARGET DATE: 05/02/2022
GOAL MET: N
COMMENTS:

CARRYOVER:

STAIRS ASSISTANCE (ORTHO)
STATUS: PARTIAL/MODERATE ASSISTANCE
STG: SUPERVISION OR TOUCHING ASSISTANCE
TARGET DATE: 04/02/2022
GOAL MET: N
COMMENTS:

LTG: SETUP OR CLEAN-UP ASSISTANCE
TARGET DATE: 05/02/2022
GOAL MET: N
COMMENTS:

CARRYOVER:

MUSCULOSKELETAL (PT)
STRENGTH (PT)
RIGHT KNEE EXTENSION
STATUS: 3/FAIR
STG: 4-/GOOD-
TARGET DATE: 04/02/2022

Visit Note Report

Client: VASQUEZ-LOPEZ, HECTOR **MR No:** D4800111806701 **Legacy MR No:**
Client DOB: [redacted]
Insured ID: UKNOWN **Primary Payor:** ONE CALL CARE MANAGEMENT

Visit Date: 03/17/2022 **Visit Number:** 2 **Visit Type:** PA11 - PHYSICAL THERAPY SUBSEQUENT

Therapy Goals/Status:

GOAL MET: N
COMMENTS:

LTG: 4/GOOD
TARGET DATE: 05/02/2022
GOAL MET: N
COMMENTS:

CARRYOVER:

Patient Goals

Patient Goal

HEAL INJURIES REGAIN STRENGTH

Interventions Provided

1. INSTRUCT ON BASIC USE OF ASSISTIVE DEVICES TO ENSURE PATIENT IS SAFE UNTIL NEXT VISIT

DETAILS/COMMENTS: PATIENT EDUCATED TO WALK WITH RW AT ALL TIMES FOR SAFETY AND FALL PREVENTION. PATIENT VERBALIZED UNDERSTANDING. HE WAS EDUCATED TO MAINTAIN NWB RIGHT LE UNTIL HE SEES HIS ORTHO MD TO APPROVE WBAT STATUS. CG VERBALIZE UNDERSTANDING OF INSTRUCTIONS

2. INSTRUCT PATIENT/CAREGIVER IN PHARMACOLOGIC AND/OR NON-PHARMACOLOGIC PAIN CONTROL METHODS.

DETAILS/COMMENTS: EDUCATED PATIENT/CAREGIVER ON ADMINISTRATION OF PAIN MEDICATION PRIOR TO ACTIVITY/THERAPY FOR BETTER ACTIVITY TOLERANCE

3. FACILITATE PATIENT SKILL ACQUISITION COMPONENTS OF GAIT.

DETAILS/COMMENTS: EDUCATED PATIENT/CAREGIVER ON SAFE GAIT TECHNIQUE USING THE FWW WITH NWBING ON R LE AND SBA ~25' WITH ONSET OF FATIGUE AND PAIN IN L ANKLE REQUIRING SEATED REST BREAK TO RECOVER PT WITH DIFFICULTY MAINTAINING WB'ING STATUS FOR LONG DISTANCES SECONDARY TO PAIN IN L ANKLE.

4. FACILITATE PATIENT SKILL ACQUISITION COMPONENTS OF FUNCTIONAL STRENGTH AND POWER.

DETAILS/COMMENTS: 3-4 VERBAL TACTILE CUES PROVIDED TO IMPROVE FUNCTIONAL STRENGTH POWER USING CONCENTRIC AND ECCENTRIC OPEN CHAIN EXERCISES SEATED RLE DF/PF AND HIP FLEXION X 10 REPS. PT WITH ONSET OF PAIN R HIP .

Visit Note Report

Client: VASQUEZ-LOPEZ, HECTOR **MR No:** D4800111806701 **Legacy MR No:**
Client DOB: [redacted]
Insured ID: UKNOWN **Primary Payor:** ONE CALL CARE MANAGEMENT

Visit Date: 03/17/2022 **Visit Number:** 2 **Visit Type:** PA11 - PHYSICAL THERAPY SUBSEQUENT

Goals Not Met

1. PATIENT / CAREGIVER UNDERSTANDS INITIAL INSTRUCTIONS REGARDING USE OF ASSISTIVE DEVICES.
EXCEPTION CODE: ADDITIONAL TIME REQUIRED TO MEET INTERVENTION/GOAL

2. PATIENT DEMONSTRATES CONSISTENT APPLICATION OF APPROPRIATE PAIN CONTROL METHODS FOR DESIRED PAIN CONTROL RESULTS.
EXCEPTION CODE: ADDITIONAL TIME REQUIRED TO MEET INTERVENTION/GOAL

3. PATIENT DEMONSTRATES FLEXIBLE APPLICATION OF PAIN CONTROL METHODS WHEN ACTIVITIES CHANGE AND/OR INTENDED RESULTS ARE NOT BEING ACHIEVED.
EXCEPTION CODE: ADDITIONAL TIME REQUIRED TO MEET INTERVENTION/GOAL

4. PATIENT WILL DEMONSTRATE CONSISTENT AMBULATION FOR SAFE HOUSEHOLD MOBILITY WITH OR WITHOUT ASSISTIVE DEVICE.
EXCEPTION CODE: ADDITIONAL TIME REQUIRED TO MEET INTERVENTION/GOAL

5. PATIENT WILL DEMONSTRATE EFFICIENT AMBULATION WHILE PERFORMING ADLS AND INDIVIDUALIZED WALKING PLAN.
EXCEPTION CODE: ADDITIONAL TIME REQUIRED TO MEET INTERVENTION/GOAL

6. PATIENT WILL DEMONSTRATE FLEXIBLE AMBULATION ACROSS ALL LEVELS/SURFACES WITH HOUSEHOLD AND LIMITED COMMUNITY DISTANCES.
EXCEPTION CODE: ADDITIONAL TIME REQUIRED TO MEET INTERVENTION/GOAL

7. PATIENT WILL DEMONSTRATE CONSISTENT PERFORMANCE AND CORRECT BODY ALIGNMENT WITH STRENGTH AND POWER ACTIVITIES.
EXCEPTION CODE: ADDITIONAL TIME REQUIRED TO MEET INTERVENTION/GOAL

8. PATIENT WILL DEMONSTRATE EFFICIENT PERFORMANCE OF AN INDIVIDUALIZED THERAPEUTIC ACTIVITY PROGRAM.
EXCEPTION CODE: ADDITIONAL TIME REQUIRED TO MEET INTERVENTION/GOAL

9. PATIENT WILL DEMONSTRATE FLEXIBLE PERFORMANCE OF A STRUCTURED PROGRESSIVE ACTIVITY PROGRAM.
EXCEPTION CODE: ADDITIONAL TIME REQUIRED TO MEET INTERVENTION/GOAL

Agent Signature: **Client Signature:**



Hector Lopez Vasquez

JACQUELINE SMALL PTA 03/17/2022 10:46 PM
(Electronically Signed)

Visit Note Report

03/31/2022 03:25:01 PM

Client: VASQUEZ-LOPEZ, HECTOR MR No: D4800111806701 Legacy MR No:
Client DOB: [redacted]
Insured ID: UKNOWN Primary Payor: ONE CALL CARE MANAGEMENT

Visit Date: 03/22/2022 Visit Number: 6 Visit Type: SN11 - SN SUBSEQUENT VISIT

General: VASQUEZ-LOPEZ, HECTOR D4800111806701

Visit Date:	Visit Number:	Visit Type:	Branch Code:	Billable:
03/22/2022	6	SN11 - SN SUBSEQUENT VISIT	D48	X

Agent ID:	Agent Name:	Mileage Payment Method:	Trip Fees:	Mileage Start:	Mileage End:	Mileage:
658283	KIMBERLY OLTMANNS RN	NA	0.00	0	0	0

Time:

TRAVEL TIME	DRIVE START TIME	03/22/2022 08:49 AM	DRIVE END TIME	03/22/2022 08:49 AM
IN-HOME TIME	BEGAN	03/22/2022 08:49 AM	COMPLETED	03/22/2022 09:56 AM

Total In-Home Time: 1.13 Hours
Total Time: 1.13 Hours

Vital Signs

Vital Signs	Reading	Time Recorded	Details	Instrument Problems
Temperature	97	03/22/2022 09:49 AM	ORAL	N
Pulse	74	03/22/2022 09:49 AM	APICAL	N
Pulse Characteristics:			WNL	
Respirations	16	03/22/2022 09:49 AM		N
Respiration Characteristics:			WNL	
Blood Pressure	108 / 64	03/22/2022 09:50 AM	LYING ARM - LT	N
Oxygen Saturation Level (%)	97	03/22/2022 09:50 AM		N
Oxygen Saturation Characteristics:			ON ROOM AIR	
Pain	2	03/22/2022 09:49 AM		N

Assessment

PATIENT IDENTIFIER

INDICATE TWO PATIENT IDENTIFIERS USED TO IDENTIFY THE PATIENT:

PATIENT NAME
DATE OF BIRTH

ENVIRONMENTAL

ARCHITECTURAL ASSESSMENT/HOME EVALUATION ASSESSED?

YES

INDICATE CLIENT LIVING ARRANGEMENTS:

LIVES WITH PAID HELP (OTHER THAN HOME CARE AGENCY STAFF)

FROM WHOM DOES THE CLIENT RECEIVE ASSISTANCE? (MARK ALL THAT APPLY)

Visit Note Report

Client: VASQUEZ-LOPEZ, HECTOR MR No: D4800111806701 Legacy MR No:
Client DOB: [redacted]
Insured ID: UKNOWN Primary Payor: ONE CALL CARE MANAGEMENT

Visit Date: 03/22/2022 Visit Number: 6 Visit Type: SN11 - SN SUBSEQUENT VISIT

Assessment

PERSON RESIDING IN THE HOME

HEAD/NECK

WERE HEAD AND NECK ASSESSED?
YES

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

EYES/EARS/NOSE/THROAT

INDICATE EYES/EARS/NOSE/THROAT FINDINGS: (MARK ALL THAT APPLY)
BLURRED VISION
TEARING
HEARING DIFFICULTY
POOR DENTITION

INDICATE LOCATION OF BLURRED VISION:
RIGHT EYE

INDICATE LOCATION OF HEARING DIFFICULTY:
RIGHT EAR

PAIN

WAS PAIN ASSESSED?
YES

WAS PAIN SUBJECTIVELY ASSESSED?
YES

DOES THE CLIENT REPORT PAIN?
YES

INDICATE WHEN THE CLIENT'S REPORTED PAIN OCCURS:
WITH ACTIVITY ONLY

(CDP)(ORTHO) INDICATE CLIENT'S CURRENT PAIN SCALE RATING:
2

INDICATE CLIENT'S PAIN SCALE RATING FOR BEST/LEAST INTENSITY OF PAIN:
3

INDICATE CLIENT'S PAIN SCALE RATING FOR WORST/MOST INTENSITY OF PAIN:
2

INDICATE LOCATION OF PAIN (MARK ALL THAT APPLY):
HEAD
LEFT UPPER EXTREMITY
LEFT LOWER EXTREMITY

INDICATE LOCATION OF PAIN IN HEAD (MARK ALL THAT APPLY):
GENERALIZED

INDICATE LOCATION OF PAIN IN LEFT UPPER EXTREMITY (MARK ALL THAT APPLY):
GENERALIZED

INDICATE LOCATION OF PAIN IN LEFT LOWER EXTREMITY (MARK ALL THAT APPLY):
GENERALIZED

INDICATE QUALITY OF PAIN: (MARK ALL THAT APPLY)
ACHING
DULL

INDICATE WHAT RELIEVES PAIN (MARK ALL THAT APPLY):
MEDICATIONS
POSITIONING
REST/SLEEP

Visit Note Report

Client: VASQUEZ-LOPEZ, HECTOR **MR No:** D4800111806701 **Legacy MR No:**
Client DOB: [redacted]
Insured ID: UKNOWN **Primary Payor:** ONE CALL CARE MANAGEMENT

Visit Date: 03/22/2022 **Visit Number:** 6 **Visit Type:** SN11 - SN SUBSEQUENT VISIT

Assessment

WAS PAIN OBJECTIVELY ASSESSED?
YES

WERE THERE OBJECTIVE PAIN SYMPTOMS?
YES

VOCALIZATION SYMPTOMS INDICATIVE OF PAIN: (MARK ALL THAT APPLY)
NONE OF THE ABOVE OBSERVED

FACIAL EXPRESSIONS INDICATIVE OF PAIN: (MARK ALL THAT APPLY)
NONE OF THE ABOVE OBSERVED

BODY POSITIONING INDICATIVE OF PAIN: (MARK ALL THAT APPLY)
NONE OF THE ABOVE OBSERVED

ACTIVITY NOTED INDICATIVE OF PAIN: (MARK ALL THAT APPLY)
NONE OF THE ABOVE OBSERVED

BODY MOVEMENTS INDICATIVE OF PAIN: (MARK ALL THAT APPLY)
NONE OF THE ABOVE OBSERVED

MOOD CHANGES INDICATIVE OF PAIN: (MARK ALL THAT APPLY)
NONE OF THE ABOVE OBSERVED

APPETITE CHANGES INDICATIVE OF PAIN: (MARK ALL THAT APPLY)
NONE OF THE ABOVE OBSERVED

RESISTANCE TO CARE: (MARK ALL THAT APPLY)
NONE OF THE ABOVE OBSERVED

ARE THERE ANY ADDITIONAL DETAILS THAT NEED TO BE PROVIDED TO DESCRIBE THE CLIENT'S PAIN?
NO

INTEGUMENTARY

INDICATE INTEGUMENTARY ASSESSMENT FINDINGS: (MARK ALL THAT APPLY)
NO PROBLEMS IDENTIFIED

IV ACCESS SITE PRESENT?
NO

ARE THERE ANY ADDITIONAL DETAILS THAT NEED TO BE PROVIDED TO DESCRIBE PATIENTS INTEGUMENTARY STATUS?
NO

CARDIOVASCULAR

CARDIOVASCULAR SYSTEM ASSESSED?
YES

CARDIOVASCULAR ASSESSMENT: (MARK ALL THAT APPLY)
WNL

RESPIRATORY

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

WAS PERCEIVED FUNCTIONAL DYSPNEA SCALE PERFORMED?
YES

PLEASE RECORD THE CLIENT'S PERCEIVED DYSPNEA USING THE MODIFIED BORG DYSPNEA SCALE:
1 - VERY SLIGHTLY

GENITOURINARY

INDICATE GENITOURINARY SYSTEM OBSERVATION: (MARK ALL THAT APPLY)
WNL

GASTROINTESTINAL

INDICATE GASTROINTESTINAL OBSERVATION: (MARK ALL THAT APPLY)
BOWEL SOUNDS

Visit Note Report

Client: VASQUEZ-LOPEZ, HECTOR MR No: D4800111806701 Legacy MR No:
Client DOB: [redacted]
Insured ID: UKNOWN Primary Payor: ONE CALL CARE MANAGEMENT

Visit Date: 03/22/2022 Visit Number: 6 Visit Type: SN11 - SN SUBSEQUENT VISIT

Assessment

INDICATE DATE OF LAST BOWEL MOVEMENT:
3/21/2022

NUTRITIONAL

NUTRITIONAL STATUS:
FAIR APPETITE
OTHER

INDICATE OTHER NUTRITIONAL ASSESSMENT FINDING:
HINDERED BY BROKEN DAMAGED TEETH

COGNITIVE/BEHAVIORAL

WAS BEHAVIORAL STATUS ASSESSED?
YES

INDICATE BEHAVIORAL ASSESSMENT FINDINGS:
NONE OF THE ABOVE BEHAVIORS DEMONSTRATED

PSYCHIATRIC

WAS A BEHAVIORAL HEALTH ASSESSMENT PERFORMED?
NO

ENDOCRINE/HEMATOPOIETIC

ENDOCRINE/HEMATOPOIETIC OBSERVATION (MARK ALL THAT APPLY):
DIABETES

INDICATE PATIENTS SELF REPORTED DIABETES SELF-MANAGEMENT ZONE:
YELLOW

INDICATE PATIENTS ABILITY TO MAINTAIN USUAL ACTIVITY LEVEL:
EXPERIENCING SIGNS AND SYMPTOMS OF HIGH OR LOW BLOOD GLUCOSE CANNOT ALWAYS MAINTAIN USUAL ACTIVITY LEVEL

INDICATE TYPE OF GLUCOSE MONITORING DEVICE PATIENT UTILIZES: (MARK ALL THAT APPLY)
METER

IS THE PATIENT/CAREGIVER ABLE TO REPORT PATIENT'S BLOOD GLUCOSE LEVEL?
YES

WHAT IS LOWEST REPORTED BLOOD GLUCOSE LEVEL WITHIN THE LAST WEEK?
137

WHAT TIME OF DAY WAS LOWEST BLOOD GLUCOSE COLLECTED?
AM

WHAT IS HIGHEST REPORTED BLOOD GLUCOSE LEVEL WITHIN THE LAST WEEK?
350

WHAT TIME OF DAY WAS HIGHEST BLOOD GLUCOSE COLLECTED?
AFTER LUNCH

FASTING BLOOD GLUCOSE RANGE:
137-150

HAS THE PATIENT HAD AN A1C LEVEL SINCE THE LAST VISIT:
NO

CONTACT HEALTH CARE PROVIDER TO OBTAIN RECORDS OR REQUEST ORDER

SELECT THE PHARMACOLOGICAL TREATMENT THE PATIENT IS CURRENTLY TAKING: (MARK ALL THAT APPLY)
INJECTABLE THERAPY
ORAL ANTIDIABETIC

INDICATE TYPE OF INJECTABLE THERAPY: (MARK ALL THAT APPLY)
INSULIN

IS PATIENT TAKING INJECTABLE MEDICATION AS PRESCRIBED?
YES

Visit Note Report

Client: VASQUEZ-LOPEZ, HECTOR MR No: D4800111806701 Legacy MR No:
Client DOB: [redacted]
Insured ID: UKNOWN Primary Payor: ONE CALL CARE MANAGEMENT

Visit Date: 03/22/2022 Visit Number: 6 Visit Type: SN11 - SN SUBSEQUENT VISIT

Assessment

IS THE PATIENT TAKING ORAL ANTIDIABETIC MEDICATION AS PRESCRIBED?
YES

NEUROLOGIC

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

INDICATE ABNORMAL NEUROLOGIC FINDINGS:
NONE

IMMUNOLOGIC

INDICATE IMMUNOLOGIC OBSERVATION: (MARK ALL THAT APPLY)
NONE

FUNCTIONAL

WAS MUSCULOSKELETAL SYSTEM ASSESSED?
YES

INDICATE MUSCULOSKELETAL ASSESSMENT: (MARK ALL THAT APPLY)
DECREASED STRENGTH

IN WHAT EXTREMITIES DOES DECREASED STRENGTH EXIST? (MARK ALL THAT APPLY)
UPPER RIGHT
LOWER RIGHT
BACK

FUNCTIONAL TESTS AND MEASURES

PLEASE INDICATE WHICH TESTS AND MEASURES WILL BE PERFORMED DURING THIS VISIT (MARK ALL THAT APPLY):
NO TESTS PERFORMED THIS VISIT

INDICATE WHY TESTS AND MEASURES NOT PERFORMED:
NOT INDICATED THIS ENCOUNTER

CO-MORBID CONDITIONS

WERE THE PATIENT'S CO-MORBID CONDITIONS ASSESSED/EVALUATED?
YES

WERE ANY NEW SYMPTOMS IDENTIFIED ASSOCIATED WITH THESE CONDITIONS?
NO

CHANGE OF SERVICE PROVIDED

CHANGE OF SERVICE PROVIDED
NO CHANGES IN FREQUENCY/DURATION, MEDICATIONS, OR TREATMENTS

HOMEBOUND STATUS

DOES HOMEBOUND STATUS NEED TO BE DOCUMENTED?
YES

INDICATE HOMEBOUND STATUS:
NO CHANGES FROM LAST VISIT

CARE COORDINATION

PATIENT ALONG WITH PATIENT'S CAREGIVER AND REPRESENTATIVE (IF ANY AND AS APPROPRIATE), AGREES WITH AND PARTICIPATED IN DEVELOPMENT/UPDATE OF THE PLAN OF CARE:
YES

HAS THE PATIENT CONTACTED THEIR HEALTH CARE PROVIDER OR GONE TO THE EMERGENCY ROOM OR BEEN HOSPITALIZED SINCE THE LAST VISIT?
YES

INDICATE DETAILS OF HEALTH CARE PROVIDER CONTACT OR EMERGENCY ROOM/HOSPITAL VISIT (REASON, PROVIDER/FACILITY NAME, DATE):

Visit Note Report

Client: VASQUEZ-LOPEZ, HECTOR MR No: D4800111806701 Legacy MR No:
Client DOB: [redacted]
Insured ID: UKNOWN Primary Payor: ONE CALL CARE MANAGEMENT

Visit Date: 03/22/2022 Visit Number: 6 Visit Type: SN11 - SN SUBSEQUENT VISIT

Assessment

MED CHANGES

NEXT HEALTH CARE PROVIDER APPOINTMENT:
PATIENT HAS AN UPCOMING APPOINTMENT; DOCUMENT/VERIFY DETAILS ARE INCLUDED ON A SNAPSHOT NOTE.

INDICATE NEW ZONE TOOL(S) INITIATED THIS VISIT:
NO NEW ZONE TOOLS INITIATED

INDICATE IF YOU COMMUNICATED WITH OTHER DISCIPLINES INVOLVED IN THIS CASE:
YES

WHAT DISCIPLINE DID YOU COMMUNICATE WITH:
OTHER

WHAT OTHER DISCIPLINE DID YOU COMMUNICATE WITH?
WORKMANS COMP NURSE PRESENT
SHE ATTENDED RECENT MD VISITS

INDICATE DETAILS OF CARE COORDINATION:
MEDS, TREATMENTS PLANNED

SUPERVISORY FUNCTIONS

WERE SUPERVISORY FUNCTIONS PERFORMED?
NO

INDICATE REASON SUPERVISORY FUNCTIONS NOT PERFORMED:
NOT APPLICABLE

PUBLIC HEALTH SCREENING

PEOPLE WITH COVID-19 HAVE HAD A WIDE RANGE OF SYMPTOMS REPORTED - RANGING FROM MILD SYMPTOMS TO SEVERE ILLNESS. SYMPTOMS MAY APPEAR 2-14 DAYS AFTER EXPOSURE TO THE VIRUS. PEOPLE WITH THESE SYMPTOMS MAY HAVE COVID-19.

- FEVER OR CHILLS
- COUGH
- SHORTNESS OF BREATH OR DIFFICULTY BREATHING
- FATIGUE
- MUSCLE OR BODY ACHES
- HEADACHE
- NEW LOSS OF TASTE OR SMELL
- SORE THROAT
- CONGESTION OR RUNNY NOSE
- NAUSEA OR VOMITING
- DIARRHEA
- NEW ONSET OF THE LOSS OF TASTE OR SMELL

DOES THE PATIENT OR PERSONS LIVING IN THE SAME HOUSEHOLD EXHIBIT ANY OF THE ABOVE SYMPTOMS; AND/OR DID THE PATIENT OR PERSONS LIVING IN THE SAME HOUSEHOLD TRAVEL INTERNATIONALLY IN THE LAST 14 DAYS; OR HAVE SYMPTOMATIC LABORATORY-CONFIRMED COVID-19 INFECTION WHERE RECOMMENDED PRECAUTIONS HAVE NOT BEEN FOLLOWED?
NO

VISIT IMPRESSION/ PLAN

PATIENT SELF-REPORT: COMPARE AND CATEGORIZE OVERALL PATIENT SELF-REPORT; ZONE TOOL; BREATHING; FATIGUE/RPE; VOIDING; SLEEP; APPETITE/THIRST; PAIN; MEDICATION -TAKING; FOCUS/MEMORY; EMOTIONAL OUTLOOK.
NO CHANGE
- **NO POSITIVE OR NEGATIVE CHANGES**
- **SINCE BASELINE OR OVER THE PAST SEVERAL DAYS**

OBJECTIVE SUMMARY: COMPARE AND CATEGORIZE OVERALL OBSERVED/REPORTED CHANGE; VITAL SIGNS/WEIGHT; LUNG SOUNDS; HEART TONES; EDEMA, MEDICATION ADHERENCE /RESPONSE; MENTATION; SKIN INTEGRITY; LAB RESULTS.
NO CHANGE
- **NO POSITIVE OR NEGATIVE S/SX CHANGES**

Visit Note Report

Client: VASQUEZ-LOPEZ, HECTOR MR No: D4800111806701 Legacy MR No:
Client DOB: [redacted]
Insured ID: UKNOWN Primary Payor: ONE CALL CARE MANAGEMENT

Visit Date: 03/22/2022 Visit Number: 6 Visit Type: SN11 - SN SUBSEQUENT VISIT

Assessment

• SINCE BASELINE/OVER THE PAST 2-3 VISITS

RISK CATEGORY IS:

2

LOW RISK

INDICATE RISK CATEGORY:

LOW RISK (0-2)

LOW RISK:

• CONTINUE PER POC

Narrative

SN ASSESSMENT IS PERFORMED.WAS SEEN BY SEVERAL MD LAST WEEK. MEDS ARE UPDATED. BLOOD SUGARS IMPROVED,LAST PREDNISONE WAS SUNDAY EXPECT IMPROVEMENT IN BLOOD GLUCOSE.EDUCATED ON BOWEL ELIMINATION; FLUIDS AND FIBER; PROTECT EYE WITH TAPE AT NIGHT.

Patient Goals

Patient Goal

HEAL INJURIES REGAIN STRENGTH

Interventions Provided

1. INSTRUCT PATIENT/CAREGIVER ON FALL RISK FACTORS AND PREVENTION

DETAILS/COMMENTS: EDUCATED PATIENT/CAREGIVER ON FALL RISK FACTORS AND SAFETY MODIFICATIONS INCLUDING MINIMIZING CLUTTER AND CORDS, MAINTAINING GOOD LIGHTING, CLEANING UP SPILLS, STORING ITEMS WITHIN EASY REACH, AND USING GRAB BARS/HANDRAILS/ASSISTIVE DEVICES TO PROMOTE SAFETY AWARENESS USING SCENARIO-BASED TEACHBACK.

Interventions Not Provided

1. OBSERVE FOR FALL RISK INCLUDING HISTORY, ACCIDENTS, MEDICATION, COGNITION, MOBILITY, AND ENVIRONMENTAL STATUS
EXCEPTION CODE: OUTCOME ACHIEVED ON PREVIOUS VISIT

Goals Met

1. PATIENT/CAREGIVER VERBALIZES/DEMONSTRATES APPROPRIATE METHODS TO REDUCE FALL RISK.

Goals Not Met

1. FALL RISK IDENTIFIED AND INTERVENTIONS IMPLEMENTED TO MINIMIZE COMPLICATIONS.
EXCEPTION CODE: OUTCOME ACHIEVED ON PREVIOUS VISIT

Medication Understanding Changes

Medication	Dose	Purpose	Directions for Use	Side effects/ Interactions	Med Understanding Notes
AMITRIPTYLINE 50 MG TABLET	1 tablet	Y	Y	Y	

Visit Note Report

Client: VASQUEZ-LOPEZ, HECTOR **MR No:** D4800111806701 **Legacy MR No:**
Client DOB: [redacted]
Insured ID: UKNOWN **Primary Payor:** ONE CALL CARE MANAGEMENT

Visit Date: 03/22/2022 **Visit Number:** 6 **Visit Type:** SN11 - SN SUBSEQUENT VISIT

Agent Signature:

KIMBERLY OLTMANNS RN 03/22/2022 09:56 AM
(Electronically Signed)

Client Signature:

Visit Note Report

03/31/2022 03:25:04 PM

Client: VASQUEZ-LOPEZ, HECTOR **MR No:** D4800111806701 **Legacy MR No:**
Client DOB: [redacted]
Insured ID: UKNOWN **Primary Payor:** ONE CALL CARE MANAGEMENT

Visit Date: 03/24/2022 **Visit Number:** 7 **Visit Type:** SN11 - SN SUBSEQUENT VISIT

General: VASQUEZ-LOPEZ, HECTOR D4800111806701

Visit Date:	Visit Number:	Visit Type:	Branch Code:	Billable:
03/24/2022	7	SN11 - SN SUBSEQUENT VISIT	D48	X

Agent ID:	Agent Name:	Mileage Payment Method:	Trip Fees:	Mileage Start:	Mileage End:	Mileage:
658283	KIMBERLY OLTMANNS RN	NA	0.00	0	0	0

Time:

TRAVEL TIME	DRIVE START TIME	03/24/2022 08:52 AM	DRIVE END TIME	03/24/2022 08:52 AM
IN-HOME TIME	BEGAN	03/24/2022 08:52 AM	INCOMPLETE	03/24/2022 09:50 AM
DOCUMENTATION TIME	RESUMED	03/24/2022 09:50 AM	COMPLETED	03/24/2022 09:57 AM

Total In-Home Time:	0.96	Hours
Total Doc Time:	0.11	Hours
Total Time:	1.08	Hours

Vital Signs

Vital Signs	Reading	Time Recorded	Details	Instrument Problems
Temperature	97	03/24/2022 09:50 AM	TEMPORAL	N
Pulse	70	03/24/2022 09:50 AM	APICAL	N
Pulse Characteristics:			WNL	
Respirations	18	03/24/2022 09:50 AM		N
Respiration Characteristics:			WNL	
Blood Pressure	114 / 60	03/24/2022 09:50 AM	LYING ARM - RT	N
Oxygen Saturation Level (%)	98	03/24/2022 09:51 AM		N
Oxygen Saturation Characteristics:			ON ROOM AIR	
Pain	3	03/24/2022 09:51 AM		N

Assessment

PATIENT IDENTIFIER

INDICATE TWO PATIENT IDENTIFIERS USED TO IDENTIFY THE PATIENT:

PATIENT NAME
DATE OF BIRTH

ENVIRONMENTAL

ARCHITECTURAL ASSESSMENT/HOME EVALUATION ASSESSED?

YES

INDICATE CLIENT LIVING ARRANGEMENTS:

Visit Note Report

Client: VASQUEZ-LOPEZ, HECTOR MR No: D4800111806701 Legacy MR No:
Client DOB: [redacted]
Insured ID: UKNOWN Primary Payor: ONE CALL CARE MANAGEMENT

Visit Date: 03/24/2022 Visit Number: 7 Visit Type: SN11 - SN SUBSEQUENT VISIT

Assessment

LIVES WITH SPOUSE OR SIGNIFICANT OTHER

FROM WHOM DOES THE CLIENT RECEIVE ASSISTANCE? (MARK ALL THAT APPLY)
PERSON RESIDING IN THE HOME

HEAD/NECK

WERE HEAD AND NECK ASSESSED?
YES

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

EYES/EARS/NOSE/THROAT

INDICATE EYES/EARS/NOSE/THROAT FINDINGS: (MARK ALL THAT APPLY)
BLURRED VISION
TEARING
HEARING DIFFICULTY

INDICATE LOCATION OF BLURRED VISION:
RIGHT EYE

INDICATE LOCATION OF HEARING DIFFICULTY:
RIGHT EAR

PAIN

WAS PAIN ASSESSED?
YES

WAS PAIN SUBJECTIVELY ASSESSED?
YES

DOES THE CLIENT REPORT PAIN?
YES

INDICATE WHEN THE CLIENT'S REPORTED PAIN OCCURS:
WITH ACTIVITY ONLY

(CDP)(ORTHO) INDICATE CLIENT'S CURRENT PAIN SCALE RATING:
2

INDICATE CLIENT'S PAIN SCALE RATING FOR BEST/LEAST INTENSITY OF PAIN:
0

INDICATE CLIENT'S PAIN SCALE RATING FOR WORST/MOST INTENSITY OF PAIN:
4

INDICATE LOCATION OF PAIN (MARK ALL THAT APPLY):
HEAD
RIGHT UPPER EXTREMITY
RIGHT LOWER EXTREMITY

INDICATE LOCATION OF PAIN IN HEAD (MARK ALL THAT APPLY):
GENERALIZED

INDICATE LOCATION OF PAIN IN RIGHT UPPER EXTREMITY (MARK ALL THAT APPLY):
GENERALIZED

INDICATE LOCATION OF PAIN IN RIGHT LOWER EXTREMITY (MARK ALL THAT APPLY):
GENERALIZED

INDICATE QUALITY OF PAIN: (MARK ALL THAT APPLY)
ACHING
DULL

INDICATE WHAT RELIEVES PAIN (MARK ALL THAT APPLY):
DISTRACTION
POSITIONING

Visit Note Report

Client: VASQUEZ-LOPEZ, HECTOR MR No: D4800111806701 Legacy MR No:
Client DOB: [redacted]
Insured ID: UKNOWN Primary Payor: ONE CALL CARE MANAGEMENT

Visit Date: 03/24/2022 Visit Number: 7 Visit Type: SN11 - SN SUBSEQUENT VISIT

Assessment

REST/SLEEP

WAS PAIN OBJECTIVELY ASSESSED?
YES

WERE THERE OBJECTIVE PAIN SYMPTOMS?
NO

ARE THERE ANY ADDITIONAL DETAILS THAT NEED TO BE PROVIDED TO DESCRIBE THE CLIENT'S PAIN?
NO

INTEGUMENTARY

INDICATE INTEGUMENTARY ASSESSMENT FINDINGS: (MARK ALL THAT APPLY)
NO PROBLEMS IDENTIFIED

IV ACCESS SITE PRESENT?
NO

ARE THERE ANY ADDITIONAL DETAILS THAT NEED TO BE PROVIDED TO DESCRIBE PATIENTS INTEGUMENTARY STATUS?
NO

CARDIOVASCULAR

CARDIOVASCULAR SYSTEM ASSESSED?
YES

CARDIOVASCULAR ASSESSMENT: (MARK ALL THAT APPLY)
WNL

RESPIRATORY

INDICATE RESPIRATORY ASSESSMENT FINDINGS: (MARK ALL THAT APPLY)
OTHER (SPECIFY)

INDICATE OTHER RESPIRATORY ISSUE:
DIFFICULTY BREATHING DUE TO NASAL INJURY

WAS PERCEIVED FUNCTIONAL DYSPNEA SCALE PERFORMED?
NO

GENITOURINARY

INDICATE GENITOURINARY SYSTEM OBSERVATION: (MARK ALL THAT APPLY)
WNL

GASTROINTESTINAL

INDICATE GASTROINTESTINAL OBSERVATION: (MARK ALL THAT APPLY)
BOWEL SOUNDS

INDICATE DATE OF LAST BOWEL MOVEMENT:
3/24/2022

NUTRITIONAL

NUTRITIONAL STATUS:
FAIR APPETITE

COGNITIVE/BEHAVIORAL

WAS BEHAVIORAL STATUS ASSESSED?
YES

INDICATE BEHAVIORAL ASSESSMENT FINDINGS:
NONE OF THE ABOVE BEHAVIORS DEMONSTRATED

PSYCHIATRIC

WAS A BEHAVIORAL HEALTH ASSESSMENT PERFORMED?
NO

ENDOCRINE/HEMATOPOIETIC

ENDOCRINE/HEMATOPOIETIC OBSERVATION (MARK ALL THAT APPLY):

Visit Note Report

Client: VASQUEZ-LOPEZ, HECTOR MR No: D4800111806701 Legacy MR No:
Client DOB: [redacted]
Insured ID: UKNOWN Primary Payor: ONE CALL CARE MANAGEMENT

Visit Date: 03/24/2022 Visit Number: 7 Visit Type: SN11 - SN SUBSEQUENT VISIT

Assessment

DIABETES

INDICATE PATIENTS SELF REPORTED DIABETES SELF-MANAGEMENT ZONE:
GREEN

INDICATE PATIENTS ABILITY TO MAINTAIN USUAL ACTIVITY LEVEL:
NO DECREASE IN ABILITY TO MAINTAIN USUAL ACTIVITY LEVEL

INDICATE TYPE OF GLUCOSE MONITORING DEVICE PATIENT UTILIZES: (MARK ALL THAT APPLY)
METER

IS THE PATIENT/CAREGIVER ABLE TO REPORT PATIENT'S BLOOD GLUCOSE LEVEL?
NO

INDICATE REASON PATIENT/CAREGIVER ARE UNABLE TO REPORT BLOOD GLUCOSE LEVEL:
PATIENT/CAREGIVER ARE NOT AWARE THEY NEED TO MONITOR BLOOD GLUCOSE

HAS THE PATIENT HAD AN A1C LEVEL SINCE THE LAST VISIT:
NO

CONTACT HEALTH CARE PROVIDER TO OBTAIN RECORDS OR REQUEST ORDER

SELECT THE PHARMACOLOGICAL TREATMENT THE PATIENT IS CURRENTLY TAKING: (MARK ALL THAT APPLY)
INJECTABLE THERAPY

INDICATE TYPE OF INJECTABLE THERAPY: (MARK ALL THAT APPLY)
INSULIN

IS PATIENT TAKING INJECTABLE MEDICATION AS PRESCRIBED?
YES

NEUROLOGIC

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

INDICATE ABNORMAL NEUROLOGIC FINDINGS:
DIZZINESS/VERTIGO
HEADACHE

IMMUNOLOGIC

INDICATE IMMUNOLOGIC OBSERVATION: (MARK ALL THAT APPLY)
NONE

FUNCTIONAL

WAS MUSCULOSKELETAL SYSTEM ASSESSED?
YES

INDICATE MUSCULOSKELETAL ASSESSMENT: (MARK ALL THAT APPLY)
DECREASED STRENGTH

IN WHAT EXTREMITIES DOES DECREASED STRENGTH EXIST? (MARK ALL THAT APPLY)
LOWER BILAT
BACK

FUNCTIONAL TESTS AND MEASURES

PLEASE INDICATE WHICH TESTS AND MEASURES WILL BE PERFORMED DURING THIS VISIT (MARK ALL THAT APPLY):
NO TESTS PERFORMED THIS VISIT

INDICATE WHY TESTS AND MEASURES NOT PERFORMED:
NOT INDICATED

CO-MORBID CONDITIONS

WERE THE PATIENT'S CO-MORBID CONDITIONS ASSESSED/EVALUATED?

Visit Note Report

Client: VASQUEZ-LOPEZ, HECTOR MR No: D4800111806701 Legacy MR No:
Client DOB: [redacted]
Insured ID: UKNOWN Primary Payor: ONE CALL CARE MANAGEMENT

Visit Date: 03/24/2022 Visit Number: 7 Visit Type: SN11 - SN SUBSEQUENT VISIT

Assessment

YES

WERE ANY NEW SYMPTOMS IDENTIFIED ASSOCIATED WITH THESE CONDITIONS?
NO

CHANGE OF SERVICE PROVIDED

CHANGE OF SERVICE PROVIDED
NO CHANGES IN FREQUENCY/DURATION, MEDICATIONS, OR TREATMENTS

HOMEBOUND STATUS

DOES HOMEBOUND STATUS NEED TO BE DOCUMENTED?
YES

INDICATE HOMEBOUND STATUS:
NO CHANGES FROM LAST VISIT

CARE COORDINATION

PATIENT ALONG WITH PATIENT'S CAREGIVER AND REPRESENTATIVE (IF ANY AND AS APPROPRIATE), AGREES WITH AND PARTICIPATED IN DEVELOPMENT/UPDATE OF THE PLAN OF CARE:.
YES

HAS THE PATIENT CONTACTED THEIR HEALTH CARE PROVIDER OR GONE TO THE EMERGENCY ROOM OR BEEN HOSPITALIZED SINCE THE LAST VISIT?
YES

INDICATE DETAILS OF HEALTH CARE PROVIDER CONTACT OR EMERGENCY ROOM/HOSPITAL VISIT (REASON, PROVIDER/FACILITY NAME, DATE):
SEEN BY DR CLAVIN. YESTERDAY . NEXT VISIT 7/20/22

NEXT HEALTH CARE PROVIDER APPOINTMENT:
PATIENT HAS AN UPCOMING APPOINTMENT; DOCUMENT/VERIFY DETAILS ARE INCLUDED ON A SNAPSHOT NOTE.

INDICATE NEW ZONE TOOL(S) INITIATED THIS VISIT:
NO NEW ZONE TOOLS INITIATED

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

SUPERVISORY FUNCTIONS

WERE SUPERVISORY FUNCTIONS PERFORMED?
NO

INDICATE REASON SUPERVISORY FUNCTIONS NOT PERFORMED:
NOT APPLICABLE

PUBLIC HEALTH SCREENING

PEOPLE WITH COVID-19 HAVE HAD A WIDE RANGE OF SYMPTOMS REPORTED - RANGING FROM MILD SYMPTOMS TO SEVERE ILLNESS. SYMPTOMS MAY APPEAR 2-14 DAYS AFTER EXPOSURE TO THE VIRUS. PEOPLE WITH THESE SYMPTOMS MAY HAVE COVID-19.

- FEVER OR CHILLS
- COUGH
- SHORTNESS OF BREATH OR DIFFICULTY BREATHING
- FATIGUE
- MUSCLE OR BODY ACHES
- HEADACHE
- NEW LOSS OF TASTE OR SMELL
- SORE THROAT
- CONGESTION OR RUNNY NOSE
- NAUSEA OR VOMITING
- DIARRHEA
- NEW ONSET OF THE LOSS OF TASTE OR SMELL

Visit Note Report

Client: VASQUEZ-LOPEZ, HECTOR **MR No:** D4800111806701 **Legacy MR No:**
Client DOB: [redacted]
Insured ID: UKNOWN **Primary Payor:** ONE CALL CARE MANAGEMENT

Visit Date: 03/24/2022 **Visit Number:** 7 **Visit Type:** SN11 - SN SUBSEQUENT VISIT

Assessment

DOES THE PATIENT OR PERSONS LIVING IN THE SAME HOUSEHOLD EXHIBIT ANY OF THE ABOVE SYMPTOMS; AND/OR DID THE PATIENT OR PERSONS LIVING IN THE SAME HOUSEHOLD TRAVEL INTERNATIONALLY IN THE LAST 14 DAYS; OR HAVE SYMPTOMATIC LABORATORY-CONFIRMED COVID-19 INFECTION WHERE RECOMMENDED PRECAUTIONS HAVE NOT BEEN FOLLOWED?

NO

VISIT IMPRESSION/ PLAN

PATIENT SELF-REPORT: COMPARE AND CATEGORIZE OVERALL PATIENT SELF-REPORT; ZONE TOOL; BREATHING; FATIGUE/RPE; VOIDING; SLEEP; APPETITE/THIRST; PAIN; MEDICATION -TAKING; FOCUS/MEMORY; EMOTIONAL OUTLOOK.

NO CHANGE

- NO POSITIVE OR NEGATIVE CHANGES
- SINCE BASELINE OR OVER THE PAST SEVERAL DAYS

OBJECTIVE SUMMARY: COMPARE AND CATEGORIZE OVERALL OBSERVED/REPORTED CHANGE; VITAL SIGNS/WEIGHT; LUNG SOUNDS; HEART TONES; EDEMA, MEDICATION ADHERENCE /RESPONSE; MENTATION; SKIN INTEGRITY; LAB RESULTS.

NO CHANGE

- NO POSITIVE OR NEGATIVE S/SX CHANGES
- SINCE BASELINE/OVER THE PAST 2-3 VISITS

RISK CATEGORY IS:

2
LOW RISK

INDICATE RISK CATEGORY:

LOW RISK (0-2)

LOW RISK:

- CONTINUE PER POC

Narrative

SKILLED NURSE ASSESSMENT IS PERFORMED. DAUGHTER SERVES AS TRANSLATOR. NASAL SPRAY ADDED TO MED REGIME. PREDISONE .WAS COMPLETED. NO NEW ORDERS FOLLOWING APPOINTMENT NEXT APPOINTMENT IN JULY PATIENT AND FAMILY DISCOURAGED .PATIENT COMPLAINS OF DIFFICULTY BREATHING PAIN WHEN BREATHING THROUGH HIS MOUTH. NASAL PASSAGES DO NOT ALLOW FOR FULL INSPIRATION. ENDURANCE VERY POOR .EDUCATED ON PROTEIN NEEDS , REST TO OROMOTE HEALING. MEASURES TO AVOID DEPRESSION OR HOPELESSNESS. FAMILY INVOLVEMENT.

Patient Goals

Patient Goal

HEAL INJURIES REGAIN STRENGTH

Interventions Provided

1. INSTRUCT PATIENT/CAREGIVER ON NEUROLOGIC DISEASE SUCH AS DISEASE PROCESS, RISK FACTORS, AND SYMPTOM MONITORING

DETAILS/COMMENTS: INTRODUCED CONDITION-SPECIFIC ZONE TOOLS BIOMETRICS AND CALL KAH FIRST FOR INCREASED RIGIDITY, FATIGUE/WEAKNESS, CHANGE IN MENTAL STATUS, TREMORS/SEIZURES, DIFFICULTY SWALLOWING, SLURRED SPEECH TO IMPROVE NEUROLOGIC DISEASE MANAGEMENT USING SCENARIO-BASED TEACH BACK.

Interventions Not Provided

1. INSTRUCT PATIENT/CAREGIVER ON FALL RISK FACTORS AND PREVENTION
EXCEPTION CODE: OUTCOME ACHIEVED ON PREVIOUS VISIT

Goals Met

1. PATIENT/CAREGIVER VERBALIZES/DEMONSTRATES NEUROLOGIC DISEASE MANAGEMENT, KNOWLEDGE OF RISK FACTORS, AND SYMPTOM MONITORING, INCLUDING TAKING AND RECORDING OF APPLICABLE BIOMETRICS AND PERFORMING APPROPRIATE SELF ASSESSMENT.

Visit Note Report

Client: VASQUEZ-LOPEZ, HECTOR **MR No:** D4800111806701 **Legacy MR No:**
Client DOB: [redacted]
Insured ID: UKNOWN **Primary Payor:** ONE CALL CARE MANAGEMENT

Visit Date: 03/24/2022 **Visit Number:** 7 **Visit Type:** SN11 - SN SUBSEQUENT VISIT

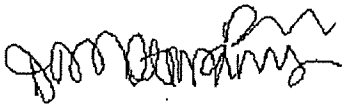
Goals Not Met

1: PATIENT/CAREGIVER VERBALIZES/DEMONSTRATES APPROPRIATE METHODS TO REDUCE FALL RISK.
EXCEPTION CODE: OUTCOME ACHIEVED ON PREVIOUS VISIT

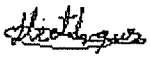
Medication Understanding Changes

Medication	Dose	Purpose	Directions for Use	Side effects/ Interactions	Med Understanding Notes
SALINE NASAL 0.65 % SPRAY AEROSOL	1 spray	Y	Y	Y	

Agent Signature:



Client Signature:



KIMBERLY OLTMANNS RN 03/24/2022 09:57 AM
(Electronically Signed)

Last Modification Date: 3/24/2022 10:00 AM
Last Modified By: ADMIN HCHB, CUSTOMER SUPPORT

LATE ENTRY

SERVICE CODE CHANGED:
Old = SN11
New = SN11
Who Changed = ADMIN HCHB, CUSTOMER SUPPORT
When Changed = Mar 24 2022 10:00AM

Visit Note Report

03/31/2022 03:25:07 PM

Client: VASQUEZ-LOPEZ, HECTOR **MR No:** D4800111806701 **Legacy MR No:**
Client DOB: [redacted]
Insured ID: UKNOWN **Primary Payor:** ONE CALL CARE MANAGEMENT

Visit Date: 03/25/2022 **Visit Number:** 3 **Visit Type:** PA11 - PHYSICAL THERAPY SUBSEQUENT

General: VASQUEZ-LOPEZ, HECTOR D4800111806701

Visit Date:	Visit Number:	Visit Type:	Branch Code:	Billable:	Therapy Visit Number:
03/25/2022	3	PA11 - PHYSICAL THERAPY SUBSEQUENT	D48	X	4

Agent ID:	Agent Name:	Mileage Payment Method:	Trip Fees:	Mileage Start:	Mileage End:	Mileage:
585359	PETER SORENSEN PTA	AM	0.00	0	0	0

Time:

TRAVEL TIME	DRIVE START TIME	03/25/2022 02:10 PM	DRIVE END TIME	03/25/2022 02:12 PM
IN-HOME TIME	BEGAN	03/25/2022 02:12 PM	INCOMPLETE	03/25/2022 02:58 PM
DOCUMENTATION TIME	RESUMED	03/25/2022 03:21 PM	COMPLETED	03/25/2022 03:28 PM

Total In-Home Time:	0.77	Hours
Total Drive Time:	0.03	Hours
Total Doc Time:	0.12	Hours
Total Time:	0.89	Hours

Vital Signs

Vital Signs	Reading	Time Recorded	Details	Instrument Problems
Temperature	97.5	03/25/2022 02:26 PM	ORAL	N
Pulse	84	03/25/2022 02:26 PM	RADIAL	N
Pulse Characteristics:			WNL	
Respirations	17	03/25/2022 02:25 PM		N
Respiration Characteristics:			WNL	
Blood Pressure	118 / 76	03/25/2022 02:27 PM	LYING ARM - LT	N
Oxygen Saturation Level (%)	96	03/25/2022 02:26 PM		N
Oxygen Saturation Characteristics:			ON ROOM AIR	
Pain	4	03/25/2022 02:25 PM		N

Assessment

PATIENT IDENTIFIER

INDICATE TWO PATIENT IDENTIFIERS USED TO IDENTIFY THE PATIENT:

PATIENT NAME
DATE OF BIRTH
FAMILY/CAREGIVER VERIFIED IDENTITY

PAIN

WAS PAIN ASSESSED?

Visit Note Report

Client: VASQUEZ-LOPEZ, HECTOR MR No: D4800111806701 Legacy MR No:
Client DOB: [redacted]
Insured ID: UKNOWN Primary Payor: ONE CALL CARE MANAGEMENT

Visit Date: 03/25/2022 Visit Number: 3 Visit Type: PA11 - PHYSICAL THERAPY SUBSEQUENT

Assessment

YES

WAS PAIN SUBJECTIVELY ASSESSED?
YES

DOES THE CLIENT REPORT PAIN?
YES

INDICATE WHEN THE CLIENT'S REPORTED PAIN OCCURS:
DURING THE DAY AND NIGHT

(CDP)(ORTHO) INDICATE CLIENT'S CURRENT PAIN SCALE RATING:
4

INDICATE CLIENT'S PAIN SCALE RATING FOR BEST/LEAST INTENSITY OF PAIN:
1

INDICATE CLIENT'S PAIN SCALE RATING FOR WORST/MOST INTENSITY OF PAIN:
6

INDICATE LOCATION OF PAIN (MARK ALL THAT APPLY):
HEAD
LEFT LOWER EXTREMITY
RIGHT LOWER EXTREMITY

INDICATE LOCATION OF PAIN IN HEAD (MARK ALL THAT APPLY):
GENERALIZED

INDICATE LOCATION OF PAIN IN LEFT LOWER EXTREMITY (MARK ALL THAT APPLY):
ANKLE

INDICATE LOCATION OF PAIN IN RIGHT LOWER EXTREMITY (MARK ALL THAT APPLY):
KNEE

INDICATE QUALITY OF PAIN: (MARK ALL THAT APPLY)
ACHING
DULL
SHARP

INDICATE WHAT RELIEVES PAIN (MARK ALL THAT APPLY):
CHANGE OF WEIGHTBEARING
ICE/HEAT
MEDICATIONS
POSITIONING
REST/SLEEP

WAS PAIN OBJECTIVELY ASSESSED?
NO

INDICATE REASON PAIN WAS NOT OBJECTIVELY ASSESSED:
NOT APPLICABLE

ARE THERE ANY ADDITIONAL DETAILS THAT NEED TO BE PROVIDED TO DESCRIBE THE CLIENT'S PAIN?
NO

INTEGUMENTARY

INDICATE INTEGUMENTARY ASSESSMENT FINDINGS: (MARK ALL THAT APPLY)
BRUISING
EDEMA

ARE THERE ANY ADDITIONAL DETAILS THAT NEED TO BE PROVIDED TO DESCRIBE PATIENTS INTEGUMENTARY STATUS?
NO

CARDIOVASCULAR

CARDIOVASCULAR SYSTEM ASSESSED?
YES

Visit Note Report

Client: VASQUEZ-LOPEZ, HECTOR MR No: D4800111806701 Legacy MR No:
Client DOB: [redacted]
Insured ID: UKNOWN Primary Payor: ONE CALL CARE MANAGEMENT

Visit Date: 03/25/2022 Visit Number: 3 Visit Type: PA11 - PHYSICAL THERAPY SUBSEQUENT

Assessment

INDICATE CARDIOVASCULAR FINDINGS (MARK ALL THAT APPLY):
WNL

IF THE PATIENT IS EASILY FATIGUED OR SHOWS DYSPNEA ON EXERTION IS THERE A NEED FOR ENERGY CONSERVATION TRAINING?
NO

RESPIRATORY

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

WAS PERCEIVED FUNCTIONAL DYSPNEA SCALE PERFORMED?
YES

PLEASE RECORD THE CLIENT'S PERCEIVED DYSPNEA USING THE MODIFIED BORG DYSPNEA SCALE:
0 - NOTHING AT ALL

ENDOCRINE/HEMATOPOIETIC

ENDOCRINE/HEMATOPOIETIC OBSERVATION (MARK ALL THAT APPLY):
DIABETES

INDICATE PATIENTS SELF REPORTED DIABETES SELF-MANAGEMENT ZONE:
YELLOW

INDICATE MOST CURRENT REPORTED BLOOD GLUCOSE LEVEL:
151

INDICATE PATIENTS ABILITY TO MAINTAIN USUAL ACTIVITY LEVEL:
NO DECREASE IN ABILITY TO MAINTAIN USUAL ACTIVITY LEVEL

RECOMMEND REFERRAL FOR SKILLED NURSING IF PATIENT PRESENTATION INDICATES SKILLED NURSING FOLLOW UP IS NEEDED.

NEUROLOGIC

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

INDICATE ABNORMAL NEUROLOGIC FINDINGS:
DIZZINESS/VERTIGO

GAIT DEVIATION

DOES THE CLIENT DEMONSTRATE GAIT DEVIATIONS?
YES

INDICATE GAIT DEVIATIONS (DOCUMENT LEVEL OF GAIT ASSISTANCE ASSESSMENT IN THERAPY GOALS/STATUS SECTION):
SHORT STEP LENGTH LEFT
SHORT STEP LENGTH RIGHT
SHORT STANCE PHASE LEFT
UNSTEADY/UNSAFE
ANTALGIC GAIT

FUNCTIONAL TESTS AND MEASURES

PLEASE INDICATE WHICH TESTS AND MEASURES WILL BE PERFORMED DURING THIS VISIT (MARK ALL THAT APPLY):
NO TESTS PERFORMED THIS VISIT

INDICATE WHY TESTS AND MEASURES NOT PERFORMED:
N/A

OTHER

NEED TO IDENTIFY SUPERVISING THERAPIST?
NO

Visit Note Report

Client: VASQUEZ-LOPEZ, HECTOR MR No: D4800111806701 Legacy MR No:
Client DOB: [redacted]
Insured ID: UKNOWN Primary Payor: ONE CALL CARE MANAGEMENT

Visit Date: 03/25/2022 Visit Number: 3 Visit Type: PA11 - PHYSICAL THERAPY SUBSEQUENT

Assessment

CHANGE OF SERVICE PROVIDED

CHANGE OF SERVICE PROVIDED
NO CHANGES IN FREQUENCY/DURATION, MEDICATIONS, OR TREATMENTS

THERAPY SUBJECTIVE

INDICATE THERAPY SUBJECTIVE:
MY HEAD HURTS

THERAPY ASSESSMENT/PLAN

INDICATE THERAPY ASSESSMENT, INCLUDING THE MAIN IMPAIRMENTS TO ADDRESS BASED ON EVALUATION FINDINGS AND WHY SKILLED THERAPY IS NEEDED BASED ON DECLARED REHAB POTENTIAL:
PT WITH REPORTS OF PAIN INCREASE IN R KNEE AND L ANKLE UPON WEIGHT BEARING ACTIVITIES AND THEREX FROM 4/10 TO 5/10. PT LIMITED WITH STANDING ACTIVITIES DUE TO ONSET OF DIZZINESS AND FATIGUE. PT AMBULATES UP TO 40 FEET X 2 THIS DATE, BUT NEEDING FREQUENT CUING FOR POSTURE AND MAINTAINING APPROPRIATE WEIGHT BEARING.

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

HOMEBOUND STATUS

DOES HOMEBOUND STATUS NEED TO BE DOCUMENTED?
YES

INDICATE HOMEBOUND STATUS:
NO CHANGES FROM LAST VISIT

CARE COORDINATION

PATIENT ALONG WITH PATIENT'S CAREGIVER AND REPRESENTATIVE (IF ANY AND AS APPROPRIATE), AGREES WITH AND PARTICIPATED IN DEVELOPMENT/UPDATE OF THE PLAN OF CARE:
NOT APPLICABLE THIS VISIT

HAS THE PATIENT CONTACTED THEIR HEALTH CARE PROVIDER OR GONE TO THE EMERGENCY ROOM OR BEEN HOSPITALIZED SINCE THE LAST VISIT?
NO

NEXT HEALTH CARE PROVIDER APPOINTMENT:
PATIENT DOES NOT HAVE AN UPCOMING APPOINTMENT

INDICATE NEW ZONE TOOL(S) INITIATED THIS VISIT:
NO NEW ZONE TOOLS INITIATED

INDICATE IF YOU COMMUNICATED WITH OTHER DISCIPLINES INVOLVED IN THIS CASE:
YES

WHAT DISCIPLINE DID YOU COMMUNICATE WITH:
PT

INDICATE DETAILS OF CARE COORDINATION:
SUSAN

PUBLIC HEALTH SCREENING

PEOPLE WITH COVID-19 HAVE HAD A WIDE RANGE OF SYMPTOMS REPORTED - RANGING FROM MILD SYMPTOMS TO SEVERE ILLNESS. SYMPTOMS MAY APPEAR 2-14 DAYS AFTER EXPOSURE TO THE VIRUS. PEOPLE WITH THESE SYMPTOMS MAY HAVE COVID-19.

- FEVER OR CHILLS
- COUGH
- SHORTNESS OF BREATH OR DIFFICULTY BREATHING
- FATIGUE
- MUSCLE OR BODY ACHES
- HEADACHE
- NEW LOSS OF TASTE OR SMELL
- SORE THROAT
- CONGESTION OR RUNNY NOSE
- NAUSEA OR VOMITING

Visit Note Report

Client: VASQUEZ-LOPEZ, HECTOR MR No: D4800111806701 Legacy MR No:
Client DOB: [redacted]
Insured ID: UKNOWN Primary Payor: ONE CALL CARE MANAGEMENT

Visit Date: 03/25/2022 Visit Number: 3 Visit Type: PA11 - PHYSICAL THERAPY SUBSEQUENT

Assessment

• DIARRHEA

• NEW ONSET OF THE LOSS OF TASTE OR SMELL

DOES THE PATIENT OR PERSONS LIVING IN THE SAME HOUSEHOLD EXHIBIT ANY OF THE ABOVE SYMPTOMS: AND/OR DID THE PATIENT OR PERSONS LIVING IN THE SAME HOUSEHOLD TRAVEL INTERNATIONALLY IN THE LAST 14 DAYS; OR HAVE SYMPTOMATIC LABORATORY-CONFIRMED COVID-19 INFECTION WHERE RECOMMENDED PRECAUTIONS HAVE NOT BEEN FOLLOWED?

NO

IMMUNOLOGIC

INDICATE INFECTION SYMPTOMS: (MARK ALL THAT APPLY)

NO SYMPTOMS

Therapy Goals/Status

FUNCTIONAL (PT)
TRANSFERS (PT)
SIT TO STAND (ORTHO)
STATUS: SUPERVISION OR TOUCHING ASSISTANCE
STG: SETUP OR CLEAN-UP ASSISTANCE
TARGET DATE: 04/02/2022
GOAL MET: N
COMMENTS:

LTG: INDEPENDENT
TARGET DATE: 05/02/2022
GOAL MET: N
COMMENTS:

CARRYOVER:
CHAIR/BED TO CHAIR (ORTHO)
STATUS: SUPERVISION OR TOUCHING ASSISTANCE
STG: SETUP OR CLEAN-UP ASSISTANCE
TARGET DATE: 04/02/2022
GOAL MET: N
COMMENTS:

LTG: INDEPENDENT
TARGET DATE: 05/02/2022
GOAL MET: N
COMMENTS:

CARRYOVER:
GAIT (ASSISTANCE)
LEVEL SURFACE ASSISTANCE (ORTHO)
STATUS: SUPERVISION OR TOUCHING ASSISTANCE
STG: SETUP OR CLEAN-UP ASSISTANCE
TARGET DATE: 04/02/2022
GOAL MET: N
COMMENTS:

Visit Note Report

Client: VASQUEZ-LOPEZ, HECTOR **MR No:** D4800111806701 **Legacy MR No:**
Client DOB: [redacted]
Insured ID: UKNOWN **Primary Payor:** ONE CALL CARE MANAGEMENT

Visit Date: 03/25/2022 **Visit Number:** 3 **Visit Type:** PA11 - PHYSICAL THERAPY SUBSEQUENT

Therapy Goals/Status

LTG: INDEPENDENT
TARGET DATE: 05/02/2022
GOAL MET: N
COMMENTS:

CARRYOVER:

Patient Goals

Patient Goal

HEAL INJURIES REGAIN STRENGTH

Interventions Provided

1. INSTRUCT ON BASIC USE OF ASSISTIVE DEVICES TO ENSURE PATIENT IS SAFE UNTIL NEXT VISIT

DETAILS/COMMENTS: INSTRUCTED IN SAFE USE OF ASSISTIVE DEVICE FOR FUNCTIONAL MOBILITY SUCH AS AMBULATION, BED MOBILITY, TRANSFERS.

2. INSTRUCT PATIENT/CAREGIVER IN PHARMACOLOGIC AND/OR NON-PHARMACOLOGIC PAIN CONTROL METHODS.

DETAILS/COMMENTS: EDUCATED PATIENT/CAREGIVER ON ADMINISTRATION OF PAIN MEDICATION PRIOR TO ACTIVITY/THERAPY USING SCENARIO BASED TEACHING. RESPONSE TO INTERVENTION/PROGRESS TOWARDS GOALS - CAREGIVERS REPORT HE TAKES TYLENOL FOR PAIN MANAGEMENT.

VERBAL/TACTILE CUES PROVIDED TO IMPROVE PAIN MANAGEMENT USING POSITIONING TECHNIQUES AND ENVIRONMENTAL ADJUSTMENTS. RESPONSE TO INTERVENTION/PROGRESS TOWARDS GOALS - EDUCATED ON ELEVATING LE THROUGHOUT DAY AND USING ICE ON L ANKLE AND R KNEE AS NEEDED FOR 15-20 MIN PER HOUR. ALL VERBALIZES UNDERSTANDING.

3. FACILITATE PATIENT SKILL ACQUISITION COMPONENTS OF GAIT.

DETAILS/COMMENTS: VERBAL/TACTILE CUES PROVIDED TO IMPROVE MOVEMENT SEQUENCING USING LEVEL SURFACE AMBULATION WITH ROLLING WALKER 40' X 2. RESPONSE TO INTERVENTION/PROGRESS TOWARDS GOALS - VC TO FOCUS ON MORE UE SUPPORT > LE SUPPORT DUE TO LE PAIN. VC NEEDED FOR POSTURAL CORRECTIONS. ADJUSTED ROLLING WALKER TO FIT PT MORE APPROPRIATELY.

4. FACILITATE PATIENT SKILL ACQUISITION COMPONENTS OF FUNCTIONAL STRENGTH AND POWER.

DETAILS/COMMENTS: VERBAL TACTILE CUES PROVIDED TO IMPROVE FUNCTIONAL STRENGTH POWER USING CONCENTRIC AND ECCENTRIC OPEN/CLOSED CHAIN EXERCISES X10 REPS OF SEATED THEREX WITH/WITHOUT THERABAND- LAQ, MARCHES (AROM), ANKLE PUMPS (L AROM), HIP ABD/ADD. RESPONSE TO INTERVENTION/PROGRESS TOWARDS GOALS - VC AND DEMONSTRATION FOR SETUP AND FORM. PT WITH COMPLAINTS OF PAIN INCREASE I R KNEE AND L ANKLE FROM 4/10 TO 5/10.

5. FACILITATE PATIENT ADOPTION OF AND CONSISTENT PERFORMANCE WITH HEP ACTIVITIES/CONDITION SPECIFIC PROTOCOL.

DETAILS/COMMENTS: REVIEWED SEATED HEP WITH GOOD RETURN FROM PT AND FAMILY.

Visit Note Report

Client: VASQUEZ-LOPEZ, HECTOR **MR No:** D4800111806701 **Legacy MR No:**
Client DOB: [redacted]
Insured ID: UKNOWN **Primary Payor:** ONE CALL CARE MANAGEMENT

Visit Date: 03/25/2022 **Visit Number:** 3 **Visit Type:** PA11 - PHYSICAL THERAPY SUBSEQUENT

Goals Not Met

1. PATIENT / CAREGIVER UNDERSTANDS INITIAL INSTRUCTIONS REGARDING USE OF ASSISTIVE DEVICES.
EXCEPTION CODE: ADDITIONAL TIME REQUIRED TO MEET INTERVENTION/GOAL

2. PATIENT DEMONSTRATES CONSISTENT APPLICATION OF APPROPRIATE PAIN CONTROL METHODS FOR DESIRED PAIN CONTROL RESULTS.
EXCEPTION CODE: ADDITIONAL TIME REQUIRED TO MEET INTERVENTION/GOAL

3. PATIENT DEMONSTRATES FLEXIBLE APPLICATION OF PAIN CONTROL METHODS WHEN ACTIVITIES CHANGE AND/OR INTENDED RESULTS ARE NOT BEING ACHIEVED.
EXCEPTION CODE: ADDITIONAL TIME REQUIRED TO MEET INTERVENTION/GOAL

4. PATIENT WILL DEMONSTRATE CONSISTENT AMBULATION FOR SAFE HOUSEHOLD MOBILITY WITH OR WITHOUT ASSISTIVE DEVICE.
EXCEPTION CODE: ADDITIONAL TIME REQUIRED TO MEET INTERVENTION/GOAL

5. PATIENT WILL DEMONSTRATE EFFICIENT AMBULATION WHILE PERFORMING ADLS AND INDIVIDUALIZED WALKING PLAN.
EXCEPTION CODE: ADDITIONAL TIME REQUIRED TO MEET INTERVENTION/GOAL

6. PATIENT WILL DEMONSTRATE FLEXIBLE AMBULATION ACROSS ALL LEVELS/SURFACES WITH HOUSEHOLD AND LIMITED COMMUNITY DISTANCES.
EXCEPTION CODE: ADDITIONAL TIME REQUIRED TO MEET INTERVENTION/GOAL

7. PATIENT WILL DEMONSTRATE CONSISTENT PERFORMANCE AND CORRECT BODY ALIGNMENT WITH STRENGTH AND POWER ACTIVITIES.
EXCEPTION CODE: ADDITIONAL TIME REQUIRED TO MEET INTERVENTION/GOAL

8. PATIENT WILL DEMONSTRATE EFFICIENT PERFORMANCE OF AN INDIVIDUALIZED THERAPEUTIC ACTIVITY PROGRAM.
EXCEPTION CODE: ADDITIONAL TIME REQUIRED TO MEET INTERVENTION/GOAL

9. PATIENT WILL DEMONSTRATE FLEXIBLE PERFORMANCE OF A STRUCTURED PROGRESSIVE ACTIVITY PROGRAM.
EXCEPTION CODE: ADDITIONAL TIME REQUIRED TO MEET INTERVENTION/GOAL

10. PATIENT WILL DEMONSTRATE CONSISTENT TECHNIQUE WITH INDIVIDUALIZED HEP.
EXCEPTION CODE: ADDITIONAL TIME REQUIRED TO MEET INTERVENTION/GOAL

11. PATIENT WILL DEMONSTRATE EFFICIENT PERFORMANCE OF HEP WITH UNDERSTANDING OF IDENTIFIED TARGET RANGES.
EXCEPTION CODE: ADDITIONAL TIME REQUIRED TO MEET INTERVENTION/GOAL

12. PATIENT WILL DEMONSTRATE FLEXIBLE PERFORMANCE OF STRUCTURED PROGRESSIVE ACTIVITIES IN VARIED ENVIRONMENTS AND WITH FLUCTUATING LEVELS OF WELL-BEING.
EXCEPTION CODE: ADDITIONAL TIME REQUIRED TO MEET INTERVENTION/GOAL

Agent Signature: **Client Signature:**

PETER SORENSEN PTA 03/25/2022 03:28 PM
(Electronically Signed)

Visit Note Report

03/31/2022 03:25:10 PM

Client: VASQUEZ-LOPEZ, HECTOR **MR No:** D4800111806701 **Legacy MR No:**
Client DOB: [redacted]
Insured ID: UKNOWN **Primary Payor:** ONE CALL CARE MANAGEMENT

Visit Date: 03/29/2022 **Visit Number:** 8 **Visit Type:** SN11 - SN SUBSEQUENT VISIT

General: VASQUEZ-LOPEZ, HECTOR D4800111806701

Visit Date:	Visit Number:	Visit Type:	Branch Code:	Billable:
03/29/2022	8	SN11 - SN SUBSEQUENT VISIT	D48	X

Agent ID:	Agent Name:	Mileage Payment Method:	Trip Fees:	Mileage Start:	Mileage End:	Mileage:
658283	KIMBERLY OLTMANNS RN	NA	0.00	0	0	0

Time:

TRAVEL TIME	DRIVE START TIME	03/29/2022 08:41 AM	DRIVE END TIME	03/29/2022 08:41 AM
IN-HOME TIME	BEGAN	03/29/2022 08:41 AM	INCOMPLETE	03/29/2022 09:51 AM
DOCUMENTATION TIME	RESUMED	03/29/2022 09:54 AM	COMPLETED	03/29/2022 10:08 AM

Total In-Home Time:	1.16	Hours
Total Doc Time:	0.23	Hours
Total Time:	1.39	Hours

Vital Signs

Vital Signs	Reading	Time Recorded	Details	Instrument Problems
Temperature	97	03/29/2022 09:38 AM	TEMPORAL	N
Pulse	80	03/29/2022 09:38 AM	APICAL	N
Pulse Characteristics:			WNL	
Respirations	19	03/29/2022 09:38 AM		N
Respiration Characteristics:			WNL	
Blood Pressure	102 / 60	03/29/2022 09:46 AM	LYING ARM - LT	N
Oxygen Saturation Level (%)	97	03/29/2022 09:38 AM		N
Oxygen Saturation Characteristics:			ON ROOM AIR	
Pain	3	03/29/2022 09:46 AM		N

Assessment

PATIENT IDENTIFIER

INDICATE TWO PATIENT IDENTIFIERS USED TO IDENTIFY THE PATIENT:

PATIENT NAME
DATE OF BIRTH

ENVIRONMENTAL

ARCHITECTURAL ASSESSMENT/HOME EVALUATION ASSESSED?

YES

INDICATE CLIENT LIVING ARRANGEMENTS:

Visit Note Report

Client: VASQUEZ-LOPEZ, HECTOR MR No: D4800111806701 Legacy MR No:
Client DOB: [redacted]
Insured ID: UKNOWN Primary Payor: ONE CALL CARE MANAGEMENT

Visit Date: 03/29/2022 Visit Number: 8 Visit Type: SN11 - SN SUBSEQUENT VISIT

Assessment

LIVES WITH SPOUSE OR SIGNIFICANT OTHER

FROM WHOM DOES THE CLIENT RECEIVE ASSISTANCE? (MARK ALL THAT APPLY)
PERSON RESIDING IN THE HOME

HEAD/NECK

WERE HEAD AND NECK ASSESSED?
YES

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

EYES/EARS/NOSE/THROAT

INDICATE EYES/EARS/NOSE/THROAT FINDINGS: (MARK ALL THAT APPLY)
BLURRED VISION
TEARING
HEARING DIFFICULTY

INDICATE LOCATION OF BLURRED VISION:
RIGHT EYE

INDICATE LOCATION OF HEARING DIFFICULTY:
RIGHT EAR

PAIN

WAS PAIN ASSESSED?
YES

WAS PAIN SUBJECTIVELY ASSESSED?
YES

DOES THE CLIENT REPORT PAIN?
YES

INDICATE WHEN THE CLIENT'S REPORTED PAIN OCCURS:
UNPREDICTABLE/UNKNOWN

(CDP)(ORTHO) INDICATE CLIENT'S CURRENT PAIN SCALE RATING:
2

INDICATE CLIENT'S PAIN SCALE RATING FOR BEST/LEAST INTENSITY OF PAIN:
0

INDICATE CLIENT'S PAIN SCALE RATING FOR WORST/MOST INTENSITY OF PAIN:
3

INDICATE LOCATION OF PAIN (MARK ALL THAT APPLY):
HEAD
RIGHT LOWER EXTREMITY

INDICATE LOCATION OF PAIN IN HEAD (MARK ALL THAT APPLY):
GENERALIZED

INDICATE LOCATION OF PAIN IN RIGHT LOWER EXTREMITY (MARK ALL THAT APPLY):
GENERALIZED

INDICATE QUALITY OF PAIN: (MARK ALL THAT APPLY)
ACHING
DULL

INDICATE WHAT RELIEVES PAIN (MARK ALL THAT APPLY):
POSITIONING
REST/SLEEP

WAS PAIN OBJECTIVELY ASSESSED?
YES

Visit Note Report

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Visit Date: 03/29/2022 Visit Number: 8 Visit Type: SN11 - SN SUBSEQUENT VISIT

Assessment

WERE THERE OBJECTIVE PAIN SYMPTOMS?
NO

ARE THERE ANY ADDITIONAL DETAILS THAT NEED TO BE PROVIDED TO DESCRIBE THE CLIENT'S PAIN?
NO

INTEGUMENTARY

INDICATE INTEGUMENTARY ASSESSMENT FINDINGS: (MARK ALL THAT APPLY)
NO PROBLEM$ IDENTIFIED

IV ACCESS SITE PRESENT?
NO

ARE THERE ANY ADDITIONAL DETAILS THAT NEED TO BE PROVIDED TO DESCRIBE PATIENTS INTEGUMENTARY STATUS?
NO

CARDIOVASCULAR

CARDIOVASCULAR SYSTEM ASSESSED?
YES

CARDIOVASCULAR ASSESSMENT: (MARK ALL THAT APPLY)
WNL

RESPIRATORY

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

WAS PERCEIVED FUNCTIONAL DYSPNEA SCALE PERFORMED?
NO

GENITOURINARY

INDICATE GENITOURINARY SYSTEM OBSERVATION: (MARK ALL THAT APPLY)
WNL

GASTROINTESTINAL

INDICATE GASTROINTESTINAL OBSERVATION: (MARK ALL THAT APPLY)
WNL

INDICATE DATE OF LAST BOWEL MOVEMENT:
3/28/2022

NUTRITIONAL

NUTRITIONAL STATUS:
FAIR APPETITE
OTHER

INDICATE OTHER NUTRITIONAL ASSESSMENT FINDING:
GAINED 6 #

COGNITIVE/BEHAVIORAL

WAS BEHAVIORAL STATUS ASSESSED?
YES

INDICATE BEHAVIORAL ASSESSMENT FINDINGS:
NONE OF THE ABOVE BEHAVIORS DEMONSTRATED

PSYCHIATRIC

WAS A BEHAVIORAL HEALTH ASSESSMENT PERFORMED?
NO

ENDOCRINE/HEMATOPOIETIC

ENDOCRINE/HEMATOPOIETIC OBSERVATION (MARK ALL THAT APPLY):
DIABETES

INDICATE PATIENTS SELF REPORTED DIABETES SELF-MANAGEMENT ZONE:

Visit Note Report

Client: VASQUEZ-LOPEZ, HECTOR **MR No:** D4800111806701 **Legacy MR No:**
Client DOB: [redacted]
Insured ID: UKNOWN **Primary Payor:** ONE CALL CARE MANAGEMENT

Visit Date: 03/29/2022 **Visit Number:** 8 **Visit Type:** SN11 - SN SUBSEQUENT VISIT

Assessment

YELLOW

INDICATE PATIENTS ABILITY TO MAINTAIN USUAL ACTIVITY LEVEL:
NO DECREASE IN ABILITY TO MAINTAIN USUAL ACTIVITY LEVEL

INDICATE TYPE OF GLUCOSE MONITORING DEVICE PATIENT UTILIZES: (MARK ALL THAT APPLY)
METER

IS THE PATIENT/CAREGIVER ABLE TO REPORT PATIENT'S BLOOD GLUCOSE LEVEL?
YES

WHAT IS LOWEST REPORTED BLOOD GLUCOSE LEVEL WITHIN THE LAST WEEK?
150

WHAT TIME OF DAY WAS LOWEST BLOOD GLUCOSE COLLECTED?
AM

WHAT IS HIGHEST REPORTED BLOOD GLUCOSE LEVEL WITHIN THE LAST WEEK?
200

WHAT TIME OF DAY WAS HIGHEST BLOOD GLUCOSE COLLECTED?
4 :00

FASTING BLOOD GLUCOSE RANGE:
150 -183

HAS THE PATIENT HAD AN A1C LEVEL SINCE THE LAST VISIT:
NO

CONTACT HEALTH CARE PROVIDER TO OBTAIN RECORDS OR REQUEST ORDER

SELECT THE PHARMACOLOGICAL TREATMENT THE PATIENT IS CURRENTLY TAKING: (MARK ALL THAT APPLY)
INJECTABLE THERAPY

INDICATE TYPE OF INJECTABLE THERAPY: (MARK ALL THAT APPLY)
INSULIN

IS PATIENT TAKING INJECTABLE MEDICATION AS PRESCRIBED?
YES

NEUROLOGIC

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

INDICATE ABNORMAL NEUROLOGIC FINDINGS:
DIZZINESS/VERTIGO
HEADACHE
FACIAL WEAKNESS

IMMUNOLOGIC

INDICATE IMMUNOLOGIC OBSERVATION: (MARK ALL THAT APPLY)
NONE

FUNCTIONAL

WAS MUSCULOSKELETAL SYSTEM ASSESSED?
YES

INDICATE MUSCULOSKELETAL ASSESSMENT: (MARK ALL THAT APPLY)
DECREASED STRENGTH

IN WHAT EXTREMITIES DOES DECREASED STRENGTH EXIST? (MARK ALL THAT APPLY)
LOWER RIGHT

FUNCTIONAL TESTS AND MEASURES

Visit Note Report

Client: VASQUEZ-LOPEZ, HECTOR **MR No:** D4800111806701 **Legacy MR No:**
Client DOB: [redacted]
Insured ID: UKNOWN **Primary Payor:** ONE CALL CARE MANAGEMENT

Visit Date: 03/29/2022 **Visit Number:** 8 **Visit Type:** SN11 - SN SUBSEQUENT VISIT

Assessment

PLEASE INDICATE WHICH TESTS AND MEASURES WILL BE PERFORMED DURING THIS VISIT (MARK ALL THAT APPLY):
NO TESTS PERFORMED THIS VISIT

INDICATE WHY TESTS AND MEASURES NOT PERFORMED:
NOT INDICATED

CO-MORBID CONDITIONS

WERE THE PATIENT'S CO-MORBID CONDITIONS ASSESSED/EVALUATED?
YES

WERE ANY NEW SYMPTOMS IDENTIFIED ASSOCIATED WITH THESE CONDITIONS?
NO

CHANGE OF SERVICE PROVIDED

CHANGE OF SERVICE PROVIDED
NO CHANGES IN FREQUENCY/DURATION, MEDICATIONS, OR TREATMENTS

HOMEBOUND STATUS

DOES HOMEBOUND STATUS NEED TO BE DOCUMENTED?
YES

INDICATE HOMEBOUND STATUS:
NO CHANGES FROM LAST VISIT

CARE COORDINATION

PATIENT ALONG WITH PATIENT'S CAREGIVER AND REPRESENTATIVE (IF ANY AND AS APPROPRIATE), AGREES WITH AND PARTICIPATED IN DEVELOPMENT/UPDATE OF THE PLAN OF CARE:.
YES

HAS THE PATIENT CONTACTED THEIR HEALTH CARE PROVIDER OR GONE TO THE EMERGENCY ROOM OR BEEN HOSPITALIZED SINCE THE LAST VISIT?
NO

NEXT HEALTH CARE PROVIDER APPOINTMENT:
PATIENT HAS AN UPCOMING APPOINTMENT; DOCUMENT/VERIFY DETAILS ARE INCLUDED ON A SNAPSHOT NOTE.

INDICATE NEW ZONE TOOL(S) INITIATED THIS VISIT:
NO NEW ZONE TOOLS INITIATED

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

SUPERVISORY FUNCTIONS

WERE SUPERVISORY FUNCTIONS PERFORMED?
NO

INDICATE REASON SUPERVISORY FUNCTIONS NOT PERFORMED:
NOT APPLICABLE

PUBLIC HEALTH SCREENING

PEOPLE WITH COVID-19 HAVE HAD A WIDE RANGE OF SYMPTOMS REPORTED - RANGING FROM MILD SYMPTOMS TO SEVERE ILLNESS. SYMPTOMS MAY APPEAR 2-14 DAYS AFTER EXPOSURE TO THE VIRUS. PEOPLE WITH THESE SYMPTOMS MAY HAVE COVID-19.

- FEVER OR CHILLS
- COUGH
- SHORTNESS OF BREATH OR DIFFICULTY BREATHING
- FATIGUE
- MUSCLE OR BODY ACHES
- HEADACHE
- NEW LOSS OF TASTE OR SMELL
- SORE THROAT
- CONGESTION OR RUNNY NOSE
- NAUSEA OR VOMITING

Visit Note Report

Client: VASQUEZ-LOPEZ, HECTOR **MR No:** D4800111806701 **Legacy MR No:**
Client DOB: [redacted]
Insured ID: UKNOWN **Primary Payor:** ONE CALL CARE MANAGEMENT

Visit Date: 03/29/2022 **Visit Number:** 8 **Visit Type:** SN11 - SN SUBSEQUENT VISIT

Assessment

- DIARRHEA
- NEW ONSET OF THE LOSS OF TASTE OR SMELL

DOES THE PATIENT OR PERSONS LIVING IN THE SAME HOUSEHOLD EXHIBIT ANY OF THE ABOVE SYMPTOMS; AND/OR DID THE PATIENT OR PERSONS LIVING IN THE SAME HOUSEHOLD TRAVEL INTERNATIONALLY IN THE LAST 14 DAYS; OR HAVE SYMPTOMATIC LABORATORY-CONFIRMED COVID-19 INFECTION WHERE RECOMMENDED PRECAUTIONS HAVE NOT BEEN FOLLOWED?

NO

VISIT IMPRESSION/ PLAN

PATIENT SELF-REPORT: COMPARE AND CATEGORIZE OVERALL PATIENT SELF-REPORT: ZONE TOOL; BREATHING; FATIGUE/RPE; VOIDING; SLEEP; APPETITE/THIRST; PAIN; MEDICATION -TAKING; FOCUS/MEMORY; EMOTIONAL OUTLOOK.

IMPROVING

- **GREEN ON ZONE TOOL**

OBJECTIVE SUMMARY: COMPARE AND CATEGORIZE OVERALL OBSERVED/REPORTED CHANGE; VITAL SIGNS/WEIGHT; LUNG SOUNDS; HEART TONES; EDEMA, MEDICATION ADHERENCE /RESPONSE; MENTATION; SKIN INTEGRITY; LAB RESULTS.

IMPROVING

- **GREEN ZONE, POSITIVE RESPONSE TO INTERVENTIONS**
- **SINCE BASELINE/OVER THE PAST 2-3 VISITS**

RISK CATEGORY IS:

0

LOW RISK

INDICATE RISK CATEGORY:

LOW RISK (0-2)

LOW RISK:

- CONTINUE PER POC

Narrative

SN ASSESSMENT PERFORMED .INCREASED NASAL EDEMA MORE EFFORT TO BREATH. REPORTS MORE FACIAL EDEMA PERI ORBITAL. CALL TO STACIA WHO MAKES APPOINTMENT WITH ENT DR. KESSLER MON APRIL 4.EDUCATED TO,ELEVATE HOB, HYDRATE AND MOISTERIZE.EMERGENCY PLAN REVIEWED.,

Patient Goals

Patient Goal

HEAL INJURIES REGAIN STRENGTH

Interventions Provided

1. INSTRUCT PATIENT/CAREGIVER ON INDIVIDUALIZED HEALTHY MEAL/HYDRATION CHOICES THAT PROMOTE CONTROL OF NEUROLOGIC DISEASE

DETAILS/COMMENTS: EDUCATED PATIENT/CAREGIVER ON RELATIONSHIP BETWEEN NUTRITION/HYDRATION NEEDS AND NEUROLOGIC HEALTH USING TASK-SPECIFIC RETURN DEMONSTRATION.

Goals Met

1. PATIENT/CAREGIVER VERBALIZES/DEMONSTRATES HEALTHY NUTRITION/HYDRATION HABITS INCLUDING INDIVIDUALIZED PLANNING AND BEST-CHOICE OPTIONS.

Visit Note Report

Client: VASQUEZ-LOPEZ, HECTOR **MR No:** D4800111806701 **Legacy MR No:**
Client DOB: [redacted]
Insured ID: UKNOWN **Primary Payor:** ONE CALL CARE MANAGEMENT

Visit Date: 03/29/2022 **Visit Number:** 8 **Visit Type:** SN11 - SN SUBSEQUENT VISIT

Agent Signature: **Client Signature:**

KIMBERLY OLTMANNS RN 03/29/2022 10:08 AM
(Electronically Signed)

Last Modification Date: 3/29/2022 10:12 AM
Last Modified By: ADMIN HCHB, CUSTOMER SUPPORT

LATE ENTRY

SERVICE CODE CHANGED:
Old = SN11
New = SN11
Who Changed = ADMIN HCHB, CUSTOMER SUPPORT
When Changed = Mar 29 2022 10:12AM

Visit Note Report

03/31/2022 03:25:13 PM

Client: VASQUEZ-LOPEZ, HECTOR **MR No:** D4800111806701 **Legacy MR No:**
Client DOB: [redacted]
Insured ID: UKNOWN **Primary Payor:** ONE CALL CARE MANAGEMENT

Visit Date: 03/29/2022 **Visit Number:** 4 **Visit Type:** PT33 - PT REASSESSMENT VISIT

General: VASQUEZ-LOPEZ, HECTOR D4800111806701

Visit Date:	Visit Number:	Visit Type:	Branch Code:	Billable:	Therapy Visit Number:
03/29/2022	4	PT33 - PT REASSESSMENT VISIT	D48	X	5

Agent ID:	Agent Name:	Mileage Payment Method:	Trip Fees:	Mileage Start:	Mileage End:	Mileage:
679327	LEONARD GOMEZ PT	AM	0.00	0	0	0

Time:

TRAVEL TIME	DRIVE START TIME	03/29/2022 10:55 AM	DRIVE END TIME	03/29/2022 11:50 AM
IN-HOME TIME	BEGAN	03/29/2022 11:50 AM	INCOMPLETE	03/29/2022 12:42 PM
DOCUMENTATION TIME	RESUMED	03/29/2022 02:18 PM	COMPLETED	03/29/2022 02:31 PM

Total In-Home Time:	0.86	Hours
Total Drive Time:	0.92	Hours
Total Doc Time:	0.22	Hours
Total Time:	1.08	Hours

Vital Signs

Vital Signs	Reading	Time Recorded	Details	Instrument Problems
Temperature	98.2	03/29/2022 12:08 PM	TEMPORAL	N
Pulse	68	03/29/2022 12:10 PM	RADIAL	N
Pulse Characteristics:			WNL	
Respirations	18	03/29/2022 12:10 PM		N
Respiration Characteristics:			WNL	
Blood Pressure	112 / 62	03/29/2022 12:11 PM	SITTING ARM - LT	N
Oxygen Saturation Level (%)	98	03/29/2022 12:11 PM		N
Oxygen Saturation Characteristics:			ON ROOM AIR	
Pain	4	03/29/2022 12:11 PM		N

Assessment

PATIENT IDENTIFIER

INDICATE TWO PATIENT IDENTIFIERS USED TO IDENTIFY THE PATIENT:

PATIENT NAME

FAMILY/CAREGIVER VERIFIED IDENTITY

CARDIOVASCULAR

CARDIOVASCULAR SYSTEM ASSESSED?

YES

Visit Note Report

Client: VASQUEZ-LOPEZ, HECTOR MR No: D4800111806701 Legacy MR No:
Client DOB: [redacted]
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Visit Date: 03/29/2022 Visit Number: 4 Visit Type: PT33 - PT REASSESSMENT VISIT

Assessment

INDICATE CARDIOVASCULAR FINDINGS (MARK ALL THAT APPLY):
WNL

IF THE PATIENT IS EASILY FATIGUED OR SHOWS DYSPNEA ON EXERTION IS THERE A NEED FOR ENERGY CONSERVATION TRAINING?
NO

RESPIRATORY

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

WAS PERCEIVED FUNCTIONAL DYSPNEA SCALE PERFORMED?
NO

ENDOCRINE/HEMATOPOIETIC

ENDOCRINE/HEMATOPOIETIC OBSERVATION (MARK ALL THAT APPLY):
DIABETES

INDICATE PATIENTS SELF REPORTED DIABETES SELF-MANAGEMENT ZONE:
GREEN

INDICATE MOST CURRENT REPORTED BLOOD GLUCOSE LEVEL:
120$

INDICATE PATIENTS ABILITY TO MAINTAIN USUAL ACTIVITY LEVEL:
NO DECREASE IN ABILITY TO MAINTAIN USUAL ACTIVITY LEVEL

RECOMMEND REFERRAL FOR SKILLED NURSING IF PATIENT PRESENTATION INDICATES SKILLED NURSING FOLLOW UP IS NEEDED.

NEUROLOGIC

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

INDICATE ABNORMAL NEUROLOGIC FINDINGS:
FACIAL WEAKNESS

INTEGUMENTARY

INDICATE INTEGUMENTARY ASSESSMENT FINDINGS: (MARK ALL THAT APPLY)
NO PROBLEMS IDENTIFIED

ARE THERE ANY ADDITIONAL DETAILS THAT NEED TO BE PROVIDED TO DESCRIBE PATIENTS INTEGUMENTARY STATUS?
NO

PAIN

WAS PAIN ASSESSED?
YES

WAS PAIN SUBJECTIVELY ASSESSED?
YES

DOES THE CLIENT REPORT PAIN?
YES

INDICATE WHEN THE CLIENT'S REPORTED PAIN OCCURS:
POSITIONAL PAIN

(CDP)(ORTHO) INDICATE CLIENT'S CURRENT PAIN SCALE RATING:
2

INDICATE CLIENT'S PAIN SCALE RATING FOR BEST/LEAST INTENSITY OF PAIN:
2

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

Visit Note Report

Client: VASQUEZ-LOPEZ, HECTOR MR No: D4800111806701 Legacy MR No:
Client DOB: [redacted]
Insured ID: UKNOWN Primary Payor: ONE CALL CARE MANAGEMENT

Visit Date: 03/29/2022 Visit Number: 4 Visit Type: PT33 - PT REASSESSMENT VISIT

Assessment

6

INDICATE LOCATION OF PAIN (MARK ALL THAT APPLY):
LEFT LOWER EXTREMITY
RIGHT LOWER EXTREMITY

INDICATE LOCATION OF PAIN IN LEFT LOWER EXTREMITY (MARK ALL THAT APPLY):
KNEE
ANKLE

INDICATE LOCATION OF PAIN IN RIGHT LOWER EXTREMITY (MARK ALL THAT APPLY):
KNEE

INDICATE QUALITY OF PAIN: (MARK ALL THAT APPLY)
ACHING

INDICATE WHAT RELIEVES PAIN (MARK ALL THAT APPLY):
CHANGE OF WEIGHTBEARING
POSITIONING
REST/SLEEP

WAS PAIN OBJECTIVELY ASSESSED?
YES

WERE THERE OBJECTIVE PAIN SYMPTOMS?
NO

ARE THERE ANY ADDITIONAL DETAILS THAT NEED TO BE PROVIDED TO DESCRIBE THE CLIENT'S PAIN?
NO

BALANCE

WAS BALANCE ASSESSED?
YES

INDICATE BALANCE ASSESSMENT:
SITTING – STATIC: INDEPENDENT
SITTING – TRUNK DISPLACEMENT: ABLE TO REACH IN ALL DIRECTIONS
SITTING – TRANSITIONS: ABLE TO CHANGE BOS WITHOUT LOB
STANDING – STATIC: INDEPENDENT
STANDING – TRUNK DISPLACEMENT: REACHING LIMITED
STANDING – TRANSITIONS: LOSES BALANCE WHEN CHANGING BOS

DESCRIBE BALANCE DETAILS:
FAIR MINUS DYNAMIC STANDING BALANCE

OTHER VISIT ACTIVITY

WERE ADDITIONAL IMPAIRMENT TESTS AND MEASURES PERFORMED?
NO

GAIT DEVIATION

DOES THE CLIENT DEMONSTRATE GAIT DEVIATIONS?
YES

INDICATE GAIT DEVIATIONS (DOCUMENT:LEVEL OF GAIT ASSISTANCE ASSESSMENT IN THERAPY GOALS/STATUS SECTION).:
ANTALGIC GAIT

FUNCTIONAL TESTS AND MEASURES

PLEASE INDICATE WHICH TESTS AND MEASURES WILL BE PERFORMED DURING THIS VISIT (MARK ALL THAT APPLY):
NO TESTS PERFORMED THIS VISIT

INDICATE WHY TESTS AND MEASURES NOT PERFORMED:
DUE TO LEFT ANKLE PAIN.

FALLS

(CDP)(SAFE STRIDES)(ORTHO)(NEURO) MOST RECENT FALL:

Visit Note Report

Client: VASQUEZ-LOPEZ, HECTOR MR No: D4800111806701 Legacy MR No:
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Insured ID: UKNOWN Primary Payor: ONE CALL CARE MANAGEMENT

Visit Date: 03/29/2022 Visit Number: 4 Visit Type: PT33 - PT REASSESSMENT VISIT

Assessment

<3 MONTHS

WAS MAHC 10 FALL RISK ASSESSMENT COMPLETED?
YES

AGE 65+
NO

DIAGNOSIS (3 OR MORE CO-EXISTING) -- INCLUDES ONLY DOCUMENTED MEDICAL DIAGNOSIS
YES

PRIOR HISTORY OF FALLS WITHIN 3 MONTHS -- AN UNINTENTIONAL CHANGE IN POSITION RESULTING IN COMING TO REST ON THE GROUND OR AT A LOWER LEVEL
YES

INCONTINENCE -- INABILITY TO MAKE IT TO THE BATHROOM OR COMMODE IN TIMELY MANNER INCLUDES FREQUENCY, URGENCY, AND/OR NOCTURIA.
NO

VISUAL IMPAIRMENT -- INCLUDES BUT NOT LIMITED TO, MACULAR DEGENERATION, DIABETIC RETINOPATHIES, VISUAL FIELD LOSS, AGE RELATED CHANGES, DECLINE IN VISUAL ACUITY, ACCOMMODATION, GLARE TOLERANCE, DEPTH PERCEPTION, AND NIGHT VISION OR NOT WEARING PRESCRIBED GLASSES OR HAVING THE CORRECT PRESCRIPTION.
YES

IMPAIRED FUNCTIONAL MOBILITY -- MAY INCLUDE PATIENTS WHO NEED HELP WITH IADLS OR ADLS OR HAVE GAIT OR TRANSFER PROBLEMS, ARTHRITIS, PAIN, FEAR OF FALLING, FOOT PROBLEMS, IMPAIRED SENSATION, IMPAIRED COORDINATION OR IMPROPER USE OF ASSISTIVE DEVICES.
YES

ENVIRONMENTAL HAZARDS -- MAY INCLUDE BUT NOT LIMITED TO, POOR ILLUMINATION, EQUIPMENT TUBING, INAPPROPRIATE FOOTWEAR, PETS, HARD TO REACH ITEMS, FLOOR SURFACES THAT ARE UNEVEN OR CLUTTERED, OR OUTDOOR ENTRY AND EXITS.
YES

POLY PHARMACY (4 OR MORE PRESCRIPTIONS - ANY TYPE) -- ALL PRESCRIPTIONS INCLUDING PRESCRIPTIONS FOR OTC MEDS. DRUGS HIGHLY ASSOCIATED WITH FALL RISK INCLUDE BUT NOT LIMITED TO, SEDATIVES, ANTI-DEPRESSANTS, TRANQUILIZERS, NARCOTICS, ANTIHYPERTENSIVES, CARDIAC MEDS, CORTICOSTEROIDS, ANTI-ANXIETY DRUGS, ANTICHOLINERGIC DRUGS, AND HYPOGLYCEMIC DRUGS.
YES

PAIN AFFECTING LEVEL OF FUNCTION -- PAIN OFTEN AFFECTS AN INDIVIDUAL'S DESIRE OR ABILITY TO MOVE, OR PAIN CAN BE A FACTOR IN DEPRESSION OR COMPLIANCE WITH SAFETY RECOMMENDATIONS.
YES

COGNITIVE IMPAIRMENT -- COULD INCLUDE PATIENTS WITH DEMENTIA, ALZHEIMER'S OR STROKE PATIENTS, OR PATIENTS WHO ARE CONFUSED, USE POOR JUDGMENT, HAVE DECREASED COMPREHENSION, IMPULSIVITY, MEMORY DEFICITS, CONSIDER PATIENTS ABILITY TO ADHERE TO THE PLAN OF CARE.
YES

ACCORDING TO THE MAHC 10 FALL RISK ASSESSMENT, THIS PATIENT'S SCORE IS:
8

BASED ON THE SCORE, THE PATIENT IS:
AT RISK FOR FALLING

CHANGE OF SERVICE PROVIDED

CHANGE OF SERVICE PROVIDED
NO CHANGES IN FREQUENCY/DURATION, MEDICATIONS, OR TREATMENTS

THERAPY SUBJECTIVE

INDICATE THERAPY SUBJECTIVE, INCLUDING PLOF AND SUMMARY OF RELEVANT HEALTH HISTORY AS PROVIDED BY THE PATIENT OR CAREGIVER:
PATIENT REPORTS NO NEW FALLS, NO HOSPITAL VISITS, AND NO CHANGES IN MEDICATIONS SINCE LAST VISIT.

THERAPY ASSESSMENT/PLAN

INDICATE SUMMARY OF FUNCTIONAL PROGRESS TOWARD GOALS:
PATIENT HAS MADE STEADY WITH SKILLED PHYSICAL THERAPY SERVICES AND IS COMPLETING HEP 2X DAILY INDEPENDENTLY, HANDOUT PROVIDED BY JACKIE PTA. HEP IS FOCUSED ON SEATED GENERAL BLE STRENGTHENING AND SPECIFIC LEFT ANKLE STRENGTHENING WITH RED THERABAND. PATIENT IS NOW ABLE TO SAFELY COMPLETE ALL BED MOBILITY WITH MODIFIED INDEPENDENCE FROM BASELINE OF MINIMAL ASSISTANCE, ALL FUNCTIONAL TRANSFERS WITH SETUP FROM BASELINE OF MINIMAL ASSISTANCE, AMBULATES LIMITED COMMUNITY DISTANCES WITH WALKER ON LEVEL/UNEVEN SURFACES WITH SUPERVISION FROM BASELINE OF MINIMAL ASSISTANCE WITH WALKER, AND USES STEPS TO EXIT HOME WITH RAILING WITH SBA.

Visit Note Report

Client: VASQUEZ-LOPEZ, HECTOR MR No: D4800111806701 Legacy MR No:
Client DOB: [redacted]
Insured ID: UKNOWN Primary Payor: ONE CALL CARE MANAGEMENT

Visit Date: 03/29/2022 Visit Number: 4 Visit Type: PT33 - PT REASSESSMENT VISIT

Assessment

PT WILL NEED TO BE ADDED BACK IN NEXT RECERTIFICATION PERIOD TO ADDRESS REMAINING FUNCTIONAL MOBILITY DEFICITS AFTER FOLLOW UP WITH ORTHOPEDIC MD LATER NEXT MONTH.

INDICATE EFFECTIVENESS OF PLAN:
PT POC HAS BEEN EFFECTIVE AT TEACHING FAMILY HOW TO ASSIST HIM WITH TRANSFERS, STAIRS, AND AMBULATION WITH WALKER.

INDICATE VARIABLE FACTORS INFLUENCING THE PATIENT'S CONDITION OR RESPONSE TO TREATMENT:
LE PAIN

INDICATE IMPACT OF CURRENT CO-MORBIDITIES ON PROGRESS:
LIMITS ACTIVITY TOLERANCE.

INDICATE OBJECTIVE EVIDENCE OR STATEMENT OF EXPECTATION OF CONTINUED PROGRESS TOWARD GOALS:
PT WILL NEED TO BE ADDED BACK IN NEXT RECERTIFICATION PERIOD TO ADDRESS REMAINING FUNCTIONAL MOBILITY DEFICITS AFTER FOLLOW UP WITH ORTHOPEDIC MD LATER NEXT MONTH.

INDICATE OBJECTIVE OUTCOME MEASUREMENTS / TOOLS UTILIZED:
PATIENT IS NOW ABLE TO SAFELY COMPLETE ALL BED MOBILITY WITH MODIFIED INDEPENDENCE FROM BASELINE OF MINIMAL ASSISTANCE, ALL FUNCTIONAL TRANSFERS WITH SETUP FROM BASELINE OF MINIMAL ASSISTANCE, AMBULATES LIMITED COMMUNITY DISTANCES WITH WALKER ON LEVEL/UNEVEN SURFACES WITH SUPERVISION FROM BASELINE OF MINIMAL ASSISTANCE WITH WALKER, AND USES STEPS TO EXIT HOME WITH RAILING WITH SBA.

IS THERE EVIDENCE OF DELAYED PROGRESS, PLATEAU, OR REGRESSION?
NO

INDICATE JUSTIFICATION FOR CONTINUED SERVICES:
PT WILL BE ADDED IN NEXT RECERTIFICATION PERIOD.

INDICATE PLAN FOR SERVICES:
CONTINUE SERVICES

UNANTICIPATED DISCHARGE

IS CLIENT READY FOR DISCHARGE FROM AGENCY
NO

IS CLIENT READY FOR DISCHARGE FROM DISCIPLINE
NO

HOMEBOUND STATUS

DOES HOMEBOUND STATUS NEED TO BE DOCUMENTED?
YES

INDICATE HOMEBOUND STATUS:
CHANGES IN HOMEBOUND STATUS

THE PATIENT IS CONSIDERED HOMEBOUND/CONFINED TO HOME BECAUSE: (MARK ALL THAT APPLY)
BECAUSE OF ILLNESS OR INJURY, PATIENT NEEDS AID OF SUPPORTIVE DEVICES - WALKER - LEVEL 1
ASSISTANCE OF ANOTHER PERSON IN ORDER TO LEAVE PLACE OF RESIDENCE - LEVEL 1
PATIENT HAS A CONDITION SUCH THAT LEAVING HOME IS MEDICALLY CONTRAINDICATED - LEVEL 1

DOES THE PATIENT MEET LEVEL 2 CRITERIA - NORMAL INABILITY TO LEAVE THE HOME EXISTS AND LEAVING HOME REQUIRES A CONSIDERABLE AND TAXING EFFORT?
WHERE A PHYSICIAN HAS DETERMINED THAT IT IS MEDICALLY CONTRAINDICATED FOR A BENEFICIARY TO LEAVE THE HOME BECAUSE THE PATIENT HAS A CONDITION THAT MAY MAKE THE PATIENT MORE SUSCEPTIBLE TO CONTRACTING COVID-19

DOCUMENT PATIENT'S CONDITION AND LIMITATIONS AS IT RELATES TO THEIR HOMEBOUND STATUS:
SEVERE LEFT ANKLE PAIN, BILATERAL KNEE PAIN, HIGH FALL RISK, WALKER DEPENDENT, MULTIPLE SKULL AND RLE FXS, AND BLE WEAKNESS.

CARE COORDINATION

PATIENT ALONG WITH PATIENT'S CAREGIVER AND REPRESENTATIVE (IF ANY AND AS APPROPRIATE), AGREES WITH AND PARTICIPATED IN DEVELOPMENT/UPDATE OF THE PLAN OF CARE:.
YES

HAS THE PATIENT CONTACTED THEIR HEALTH CARE PROVIDER OR GONE TO THE EMERGENCY ROOM OR BEEN HOSPITALIZED SINCE THE LAST VISIT?
NO

NEXT HEALTH CARE PROVIDER APPOINTMENT:

Visit Note Report

Client: VASQUEZ-LOPEZ, HECTOR MR No: D4800111806701 Legacy MR No:
Client DOB: [redacted]
Insured ID: UKNOWN Primary Payor: ONE CALL CARE MANAGEMENT

Visit Date: 03/29/2022 Visit Number: 4 Visit Type: PT33 - PT REASSESSMENT VISIT

Assessment

PATIENT DOES NOT HAVE AN UPCOMING APPOINTMENT

INDICATE NEW ZONE TOOL(S) INITIATED THIS VISIT:
ACTIVITY & EXERCISE

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

SUPERVISORY FUNCTIONS

WERE SUPERVISORY FUNCTIONS PERFORMED?
YES

INDICATE DISCIPLINE OF EMPLOYEE BEING EVALUATED:
THERAPY ASSISTANT

INDICATE NAME OF THERAPY ASSISTANT BEING EVALUATED IF APPLICABLE:
JACKIE PTA

IS THE THERAPY ASSISTANT FOLLOWING THE PLAN OF CARE?
YES

IS THE PATIENT SATISFIED WITH THE CURRENT CARE BEING PROVIDED BY THE THERAPIST ASSISTANT?
1 - YES

DOES THE THERAPIST ASSISTANT NOTIFY THE PATIENT OR CAREGIVER, IN TIMELY FASHION, OF CHANGES IN THE PLAN OF CARE, SCHEDULE / TIME CHANGES?
1 - YES

DOES THE THERAPY ASSISTANT REPORT CHANGES IN CONDITION TO SUPERVISING DISCIPLINE/CLINICAL AND/OR CASE MANAGER?
YES

DOES THE THERAPIST ASSISTANT RESPECT THE PATIENT'S RIGHTS RELATED TO PRIVACY, DIGNITY, CONFIDENTIALITY, PERSONAL BELONGINGS AND PROPERTY?
1 - YES

IS PATIENT ABLE TO VERBALIZE HIS/HER OVERALL PATIENT'S RIGHTS?
1 - YES

DOES THE STAFF OBSERVE INFECTION CONTROL PROTOCOLS?
YES

SELECT OUTCOME(S) OF THIS SUPERVISORY VISIT: (SELECT ALL THAT APPLY
NO CONCERNS OR NEED TO UPDATE PLAN OF CARE IDENTIFIED

PUBLIC HEALTH SCREENING

PEOPLE WITH COVID-19 HAVE HAD A WIDE RANGE OF SYMPTOMS REPORTED - RANGING FROM MILD SYMPTOMS TO SEVERE ILLNESS. SYMPTOMS MAY APPEAR 2-14 DAYS AFTER EXPOSURE TO THE VIRUS. PEOPLE WITH THESE SYMPTOMS MAY HAVE COVID-19.

- FEVER OR CHILLS
- COUGH
- SHORTNESS OF BREATH OR DIFFICULTY BREATHING
- FATIGUE
- MUSCLE OR BODY ACHES
- HEADACHE
- NEW LOSS OF TASTE OR SMELL
- SORE THROAT
- CONGESTION OR RUNNY NOSE
- NAUSEA OR VOMITING
- DIARRHEA
- NEW ONSET OF THE LOSS OF TASTE OR SMELL

DOES THE PATIENT OR PERSONS LIVING IN THE SAME HOUSEHOLD EXHIBIT ANY OF THE ABOVE SYMPTOMS; AND/OR DID THE PATIENT OR PERSONS LIVING IN THE SAME HOUSEHOLD TRAVEL INTERNATIONALLY IN THE LAST 14 DAYS; OR HAVE SYMPTOMATIC LABORATORY-CONFIRMED COVID-19 INFECTION WHERE RECOMMENDED PRECAUTIONS HAVE NOT BEEN FOLLOWED?

Visit Note Report

Client: VASQUEZ-LOPEZ, HECTOR MR No: D4800111806701 Legacy MR No:
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Insured ID: UKNOWN Primary Payor: ONE CALL CARE MANAGEMENT

Visit Date: 03/29/2022 Visit Number: 4 Visit Type: PT33 - PT REASSESSMENT VISIT

Assessment

NO

IMMUNOLOGIC

INDICATE INFECTION SYMPTOMS: (MARK ALL THAT APPLY)

NO SYMPTOMS

Therapy Goals/Status

FUNCTIONAL (PT)
- TRANSFERS (PT)
  - SIT TO STAND (ORTHO)
    - STATUS: SETUP OR CLEAN-UP ASSISTANCE
      - STG: SETUP OR CLEAN-UP ASSISTANCE
      - TARGET DATE: 04/02/2022
      - GOAL MET: Y
      - COMMENTS:
      - LTG: SETUP OR CLEAN-UP ASSISTANCE
      - TARGET DATE: 05/02/2022
      - GOAL MET: Y
      - COMMENTS:
      - CARRYOVER: Y
  - CHAIR/BED TO CHAIR (ORTHO)
    - STATUS: SETUP OR CLEAN-UP ASSISTANCE
      - STG: SETUP OR CLEAN-UP ASSISTANCE
      - TARGET DATE: 04/02/2022
      - GOAL MET: Y
      - COMMENTS:
      - LTG: SETUP OR CLEAN-UP ASSISTANCE
      - TARGET DATE: 05/02/2022
      - GOAL MET: Y
      - COMMENTS:
      - CARRYOVER: Y
- GAIT (ASSISTANCE)
  - LEVEL SURFACE ASSISTANCE (ORTHO)
    - STATUS: SUPERVISION OR TOUCHING ASSISTANCE
      - STG: SUPERVISION OR TOUCHING ASSISTANCE
      - TARGET DATE: 04/02/2022
      - GOAL MET: Y
      - COMMENTS:
      - LTG: SUPERVISION OR TOUCHING ASSISTANCE
      - TARGET DATE: 05/02/2022
      - GOAL MET: Y

Visit Note Report

Client: VASQUEZ-LOPEZ, HECTOR **MR No:** D4800111806701 **Legacy MR No:**
Client DOB: [redacted]
Insured ID: UKNOWN **Primary Payor:** ONE CALL CARE MANAGEMENT

Visit Date: 03/29/2022 **Visit Number:** 4 **Visit Type:** PT33 - PT REASSESSMENT VISIT

Therapy Goals/Status

COMMENTS:

CARRYOVER: Y

STAIRS ASSISTANCE (ORTHO)

STATUS: SUPERVISION OR TOUCHING ASSISTANCE

STG: SUPERVISION OR TOUCHING ASSISTANCE

TARGET DATE: 04/02/2022

GOAL MET: Y

COMMENTS:

LTG: SUPERVISION OR TOUCHING ASSISTANCE

TARGET DATE: 05/02/2022

GOAL MET: Y

COMMENTS:

CARRYOVER: Y

Patient Goals

Patient Goal

HEAL INJURIES REGAIN STRENGTH

Interventions Provided

1. INSTRUCT PATIENT/CAREGIVER ON METHODS TO AVOID HOSPITALIZATION OR ED VISITS INCLUDING HOW AND WHEN TO CALL THE HOME HEALTH AGENCY, UTILIZATION OF ZONE TOOL TEACHING FOR CONDITION/DISEASE/SYMPTOM MANAGEMENT AND EMERGENCY CARE PLAN.

DETAILS/COMMENTS: COMPLETED

Interventions Not Provided

1. INSTRUCT PATIENT / CAREGIVER ON NECESSARY PRECAUTIONS TO PREVENT FURTHER INJURY TO CURRENT STATUS.
EXCEPTION CODE: ADDITIONAL TIME REQUIRED TO MEET INTERVENTION/GOAL

2. INSTRUCT PATIENT/CAREGIVER ON USE OF PROPER SUPPORT SURFACES, APPROPRIATE POSITIONING AND PERFORMING ROUTINE SKIN INSPECTION.
EXCEPTION CODE: ADDITIONAL TIME REQUIRED TO MEET INTERVENTION/GOAL

Goals Met

1. PATIENT/CAREGIVER VERBALIZES/DEMONSTRATES WHEN AND HOW TO CONTACT THE HOME HEALTH AGENCY WHEN EXPERIENCING WORSENING OF SYMPTOMS OR HAVE CONCERNS RELATED TO CONDITION/DISEASE/SYMPTOM MANAGEMENT.

Visit Note Report

Client: VASQUEZ-LOPEZ, HECTOR **MR No:** D4800111806701 **Legacy MR No:**

Client DOB: [redacted]

Insured ID: UKNOWN **Primary Payor:** ONE CALL CARE MANAGEMENT

Visit Date: 03/29/2022 **Visit Number:** 4 **Visit Type:** PT33 - PT REASSESSMENT VISIT

Goals Not Met

1. PATIENT / CAREGIVER VERBALIZE UNDERSTANDING OF THE INSTRUCTED PRECAUTIONS IN ORDER TO MAXIMIZE THEIR SAFETY AND TO AVOID COMPROMISING THEIR REHABILITATION.
EXCEPTION CODE: ADDITIONAL TIME REQUIRED TO MEET INTERVENTION/GOAL

2. INTERVENTION GOAL: PATIENT/CAREGIVER WILL VERBALIZE THE IMPORTANCE AND RATIONALE FOR USE OF SUPPORT SURFACES TO PREVENT SKIN BREAKDOWN.
EXCEPTION CODE: ADDITIONAL TIME REQUIRED TO MEET INTERVENTION/GOAL

3. PATIENT WILL DEMONSTRATE CONSISTENT PERFORMANCE OF POSITION CHANGES.
EXCEPTION CODE: ADDITIONAL TIME REQUIRED TO MEET INTERVENTION/GOAL

4. PATIENT WILL DEMONSTRATE FLEXIBLE PERFORMANCE OF POSITION CHANGES.
EXCEPTION CODE: ADDITIONAL TIME REQUIRED TO MEET INTERVENTION/GOAL

5. PATIENT WILL DEMONSTRATE CONSISTENT PERFORMANCE OF SKIN INSPECTION.
EXCEPTION CODE: ADDITIONAL TIME REQUIRED TO MEET INTERVENTION/GOAL

Agent Signature: **Client Signature:**

LEONARD GOMEZ PT 03/29/2022 02:31 PM
(Electronically Signed)

Visit Note Report

03/31/2022 03:25:21 PM

Client: VASQUEZ-LOPEZ, HECTOR MR No: D4800111806701 Legacy MR No:
Client DOB: [redacted]
Insured ID: UKNOWN Primary Payor: ONE CALL CARE MANAGEMENT

Visit Date: 03/31/2022 Visit Number: 9 Visit Type: SN11 - SN SUBSEQUENT VISIT

General: VASQUEZ-LOPEZ, HECTOR D4800111806701

Visit Date:	Visit Number:	Visit Type:	Branch Code:	Billable:
03/31/2022	9	SN11 - SN SUBSEQUENT VISIT	D48	X

Agent ID:	Agent Name:	Mileage Payment Method:	Trip Fees:	Mileage Start:	Mileage End:	Mileage:
658283	KIMBERLY OLTMANNS RN	NA	0.00	0	0	0

Time:

TRAVEL TIME		DRIVE START TIME	03/31/2022 09:00 AM	DRIVE END TIME	03/31/2022 09:00 AM
IN-HOME TIME		BEGAN	03/31/2022 09:00 AM	INCOMPLETE	03/31/2022 09:35 AM
DOCUMENTATION TIME		RESUMED	03/31/2022 09:40 AM	COMPLETED	03/31/2022 09:43 AM

Total In-Home Time:	0.58	Hours
Total Doc Time:	0.05	Hours
Total Time:	0.64	Hours

Vital Signs

Vital Signs	Reading	Time Recorded	Details	Instrument Problems
Temperature	97.4	03/31/2022 09:29 AM	ORAL	N
Pulse	76	03/31/2022 09:29 AM	APICAL	N
Pulse Characteristics:			WNL	
Respirations	16	03/31/2022 09:31 AM		N
Respiration Characteristics:			WNL	
Blood Pressure	118 / 60	03/31/2022 09:31 AM	LYING ARM - LT	N
Oxygen Saturation Level (%)	98	03/31/2022 09:31 AM		N
Oxygen Saturation Characteristics:			ON ROOM AIR	
Pain	2	03/31/2022 09:31 AM		N

Assessment

PATIENT IDENTIFIER

INDICATE TWO PATIENT IDENTIFIERS USED TO IDENTIFY THE PATIENT:

PATIENT NAME

DATE OF BIRTH

ENVIRONMENTAL

ARCHITECTURAL ASSESSMENT/HOME EVALUATION ASSESSED?

YES

INDICATE CLIENT LIVING ARRANGEMENTS:

Visit Note Report

Client: VASQUEZ-LOPEZ, HECTOR MR No: D4800111806701 Legacy MR No:
Client DOB: [redacted]
Insured ID: UKNOWN Primary Payor: ONE CALL CARE MANAGEMENT

Visit Date: 03/31/2022 Visit Number: 9 Visit Type: SN11 - SN SUBSEQUENT VISIT

Assessment

LIVES WITH OTHER FAMILY MEMBER

FROM WHOM DOES THE CLIENT RECEIVE ASSISTANCE? (MARK ALL THAT APPLY)
PERSON RESIDING IN THE HOME

HEAD/NECK

WERE HEAD AND NECK ASSESSED?
YES

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

EYES/EARS/NOSE/THROAT

INDICATE EYES/EARS/NOSE/THROAT FINDINGS: (MARK ALL THAT APPLY)
BLURRED VISION
HEARING DIFFICULTY

INDICATE LOCATION OF BLURRED VISION:
RIGHT EYE

INDICATE LOCATION OF HEARING DIFFICULTY:
RIGHT EAR

PAIN

WAS PAIN ASSESSED?
YES

WAS PAIN SUBJECTIVELY ASSESSED?
YES

DOES THE CLIENT REPORT PAIN?
YES

INDICATE WHEN THE CLIENT'S REPORTED PAIN OCCURS:
POSITIONAL PAIN

(CDP)(ORTHO) INDICATE CLIENT'S CURRENT PAIN SCALE RATING:
2

INDICATE CLIENT'S PAIN SCALE RATING FOR BEST/LEAST INTENSITY OF PAIN:
0

INDICATE CLIENT'S PAIN SCALE RATING FOR WORST/MOST INTENSITY OF PAIN:
5

INDICATE LOCATION OF PAIN (MARK ALL THAT APPLY):
HEAD
RIGHT UPPER EXTREMITY
RIGHT LOWER EXTREMITY

INDICATE LOCATION OF PAIN IN HEAD (MARK ALL THAT APPLY):
GENERALIZED

INDICATE LOCATION OF PAIN IN RIGHT UPPER EXTREMITY (MARK ALL THAT APPLY):
GENERALIZED

INDICATE LOCATION OF PAIN IN RIGHT LOWER EXTREMITY (MARK ALL THAT APPLY):
GENERALIZED

INDICATE QUALITY OF PAIN: (MARK ALL THAT APPLY)
ACHING
DULL

INDICATE WHAT RELIEVES PAIN (MARK ALL THAT APPLY):
CHANGE OF WEIGHTBEARING
DISTRACTION
POSITIONING

Visit Note Report

Client: VASQUEZ-LOPEZ, HECTOR MR No: D4800111806701 Legacy MR No:
Client DOB: [redacted]
Insured ID: UKNOWN Primary Payor: ONE CALL CARE MANAGEMENT

Visit Date: 03/31/2022 Visit Number: 9 Visit Type: SN11 - SN SUBSEQUENT VISIT

Assessment

REST/SLEEP

WAS PAIN OBJECTIVELY ASSESSED?
YES

WERE THERE OBJECTIVE PAIN SYMPTOMS?
NO

ARE THERE ANY ADDITIONAL DETAILS THAT NEED TO BE PROVIDED TO DESCRIBE THE CLIENT'S PAIN?
NO

INTEGUMENTARY

INDICATE INTEGUMENTARY ASSESSMENT FINDINGS: (MARK ALL THAT APPLY)
NO PROBLEMS IDENTIFIED

IV ACCESS SITE PRESENT?
NO

ARE THERE ANY ADDITIONAL DETAILS THAT NEED TO BE PROVIDED TO DESCRIBE PATIENTS INTEGUMENTARY STATUS?
NO

CARDIOVASCULAR

CARDIOVASCULAR SYSTEM ASSESSED?
YES

CARDIOVASCULAR ASSESSMENT: (MARK ALL THAT APPLY)
WNL

RESPIRATORY

INDICATE RESPIRATORY ASSESSMENT FINDINGS: (MARK ALL THAT APPLY)
OTHER (SPECIFY)

INDICATE OTHER RESPIRATORY ISSUE:
CONGESTED SWOLLEN NASAL PASSAGES

WAS PERCEIVED FUNCTIONAL DYSPNEA SCALE PERFORMED?
YES

PLEASE RECORD THE CLIENT'S PERCEIVED DYSPNEA USING THE MODIFIED BORG DYSPNEA SCALE:
1 - VERY SLIGHTLY

GENITOURINARY

INDICATE GENITOURINARY SYSTEM OBSERVATION: (MARK ALL THAT APPLY)
WNL

GASTROINTESTINAL

INDICATE GASTROINTESTINAL OBSERVATION: (MARK ALL THAT APPLY)
BOWEL SOUNDS

INDICATE DATE OF LAST BOWEL MOVEMENT:
3/31/2022

NUTRITIONAL

NUTRITIONAL STATUS:
GOOD APPETITE

COGNITIVE/BEHAVIORAL

WAS BEHAVIORAL STATUS ASSESSED?
YES

INDICATE BEHAVIORAL ASSESSMENT FINDINGS:
NONE OF THE ABOVE BEHAVIORS DEMONSTRATED

PSYCHIATRIC

WAS A BEHAVIORAL HEALTH ASSESSMENT PERFORMED?
NO

Visit Note Report

Client: VASQUEZ-LOPEZ, HECTOR MR No: D4800111806701 Legacy MR No:
Client DOB: [redacted]
Insured ID: UKNOWN Primary Payor: ONE CALL CARE MANAGEMENT

Visit Date: 03/31/2022 Visit Number: 9 Visit Type: SN11 - SN SUBSEQUENT VISIT

Assessment

ENDOCRINE/HEMATOPOIETIC

ENDOCRINE/HEMATOPOIETIC OBSERVATION (MARK ALL THAT APPLY):
DIABETES

INDICATE PATIENTS SELF REPORTED DIABETES SELF-MANAGEMENT ZONE:
GREEN

INDICATE PATIENTS ABILITY TO MAINTAIN USUAL ACTIVITY LEVEL:
NO DECREASE IN ABILITY TO MAINTAIN USUAL ACTIVITY LEVEL

INDICATE TYPE OF GLUCOSE MONITORING DEVICE PATIENT UTILIZES: (MARK ALL THAT APPLY)
METER

IS THE PATIENT/CAREGIVER ABLE TO REPORT PATIENT'S BLOOD GLUCOSE LEVEL?
YES

WHAT IS LOWEST REPORTED BLOOD GLUCOSE LEVEL WITHIN THE LAST WEEK?
130

WHAT TIME OF DAY WAS LOWEST BLOOD GLUCOSE COLLECTED?
AM

WHAT IS HIGHEST REPORTED BLOOD GLUCOSE LEVEL WITHIN THE LAST WEEK?
316

WHAT TIME OF DAY WAS HIGHEST BLOOD GLUCOSE COLLECTED?
AFTER MEAL

FASTING BLOOD GLUCOSE RANGE:
136-166

HAS THE PATIENT HAD AN A1C LEVEL SINCE THE LAST VISIT:
NO

CONTACT HEALTH CARE PROVIDER TO OBTAIN RECORDS OR REQUEST ORDER

SELECT THE PHARMACOLOGICAL TREATMENT THE PATIENT IS CURRENTLY TAKING: (MARK ALL THAT APPLY)
INJECTABLE THERAPY
ORAL ANTIDIABETIC

INDICATE TYPE OF INJECTABLE THERAPY: (MARK ALL THAT APPLY)
INSULIN

IS PATIENT TAKING INJECTABLE MEDICATION AS PRESCRIBED?
YES

IS THE PATIENT TAKING ORAL ANTIDIABETIC MEDICATION AS PRESCRIBED?
YES

NEUROLOGIC

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

INDICATE ABNORMAL NEUROLOGIC FINDINGS:
NONE

IMMUNOLOGIC

INDICATE IMMUNOLOGIC OBSERVATION: (MARK ALL THAT APPLY)
NONE

FUNCTIONAL

WAS MUSCULOSKELETAL SYSTEM ASSESSED?
YES

Visit Note Report

Client: VASQUEZ-LOPEZ, HECTOR MR No: D4800111806701 Legacy MR No:
Client DOB: [redacted]
Insured ID: UKNOWN Primary Payor: ONE CALL CARE MANAGEMENT

Visit Date: 03/31/2022 Visit Number: 9 Visit Type: SN11 - SN SUBSEQUENT VISIT

Assessment

INDICATE MUSCULOSKELETAL ASSESSMENT: (MARK ALL THAT APPLY)
DECREASED STRENGTH

IN WHAT EXTREMITIES DOES DECREASED STRENGTH EXIST? (MARK ALL THAT APPLY)
UPPER RIGHT
LOWER RIGHT

FUNCTIONAL TESTS AND MEASURES

PLEASE INDICATE WHICH TESTS AND MEASURES WILL BE PERFORMED DURING THIS VISIT (MARK ALL THAT APPLY):
NO TESTS PERFORMED THIS VISIT

INDICATE WHY TESTS AND MEASURES NOT PERFORMED:
NOT TODAY

CO-MORBID CONDITIONS

WERE THE PATIENT'S CO-MORBID CONDITIONS ASSESSED/EVALUATED?
YES

WERE ANY NEW SYMPTOMS IDENTIFIED ASSOCIATED WITH THESE CONDITIONS?
NO

CHANGE OF SERVICE PROVIDED

CHANGE OF SERVICE PROVIDED
NO CHANGES IN FREQUENCY/DURATION, MEDICATIONS, OR TREATMENTS

HOMEBOUND STATUS

INDICATE HOMEBOUND STATUS:
PATIENT IS HOMEBOUND

INDICATE REASONS PATIENT IS HOMEBOUND (SELECT ALL THAT APPLY):
NEEDS AID OF SUPPORTIVE DEVICES - WALKER
NEEDS ASSISTANCE OF ANOTHER PERSON IN ORDER TO LEAVE PLACE OF RESIDENCE

CARE COORDINATION

PATIENT ALONG WITH PATIENT'S CAREGIVER AND REPRESENTATIVE (IF ANY AND AS APPROPRIATE), AGREES WITH AND PARTICIPATED IN DEVELOPMENT/UPDATE OF THE PLAN OF CARE:.
NOT APPLICABLE THIS VISIT

HAS THE PATIENT CONTACTED THEIR HEALTH CARE PROVIDER OR GONE TO THE EMERGENCY ROOM OR BEEN HOSPITALIZED SINCE THE LAST VISIT?
NO

NEXT HEALTH CARE PROVIDER APPOINTMENT:
PATIENT HAS AN UPCOMING APPOINTMENT; DOCUMENT/VERIFY DETAILS ARE INCLUDED ON A SNAPSHOT NOTE.

INDICATE NEW ZONE TOOL(S) INITIATED THIS VISIT:
NO NEW ZONE TOOLS INITIATED

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

SUPERVISORY FUNCTIONS

WERE SUPERVISORY FUNCTIONS PERFORMED?
NO

INDICATE REASON SUPERVISORY FUNCTIONS NOT PERFORMED:
NOT APPLICABLE

PUBLIC HEALTH SCREENING

PEOPLE WITH COVID-19 HAVE HAD A WIDE RANGE OF SYMPTOMS REPORTED - RANGING FROM MILD SYMPTOMS TO SEVERE ILLNESS. SYMPTOMS MAY APPEAR 2-14 DAYS AFTER EXPOSURE TO THE VIRUS. PEOPLE WITH THESE SYMPTOMS MAY HAVE COVID-19.

- FEVER OR CHILLS
- COUGH
- SHORTNESS OF BREATH OR DIFFICULTY BREATHING

Visit Note Report

Client: VASQUEZ-LOPEZ, HECTOR **MR No:** D4800111806701 **Legacy MR No:**
Client DOB: [redacted]
Insured ID: UKNOWN **Primary Payor:** ONE CALL CARE MANAGEMENT

Visit Date: 03/31/2022 **Visit Number:** 9 **Visit Type:** SN11 - SN SUBSEQUENT VISIT

Assessment

- FATIGUE
- MUSCLE OR BODY ACHES
- HEADACHE
- NEW LOSS OF TASTE OR SMELL
- SORE THROAT
- CONGESTION OR RUNNY NOSE
- NAUSEA OR VOMITING
- DIARRHEA
- NEW ONSET OF THE LOSS OF TASTE OR SMELL

DOES THE PATIENT OR PERSONS LIVING IN THE SAME HOUSEHOLD EXHIBIT ANY OF THE ABOVE SYMPTOMS; AND/OR DID THE PATIENT OR PERSONS LIVING IN THE SAME HOUSEHOLD TRAVEL INTERNATIONALLY IN THE LAST 14 DAYS; OR HAVE SYMPTOMATIC LABORATORY-CONFIRMED COVID-19 INFECTION WHERE RECOMMENDED PRECAUTIONS HAVE NOT BEEN FOLLOWED?

NO

VISIT IMPRESSION/ PLAN

PATIENT SELF-REPORT: COMPARE AND CATEGORIZE OVERALL PATIENT SELF-REPORT: ZONE TOOL; BREATHING; FATIGUE/RPE; VOIDING; SLEEP; APPETITE/THIRST; PAIN; MEDICATION -TAKING; FOCUS/MEMORY; EMOTIONAL OUTLOOK.

NO CHANGE

- **NO POSITIVE OR NEGATIVE CHANGES**
- **SINCE BASELINE OR OVER THE PAST SEVERAL DAYS**

OBJECTIVE SUMMARY: COMPARE AND CATEGORIZE OVERALL OBSERVED/REPORTED CHANGE; VITAL SIGNS/WEIGHT; LUNG SOUNDS; HEART TONES; EDEMA, MEDICATION ADHERENCE /RESPONSE; MENTATION; SKIN INTEGRITY; LAB RESULTS.

NO CHANGE

- **NO POSITIVE OR NEGATIVE S/SX CHANGES**
- **SINCE BASELINE/OVER THE PAST 2-3 VISITS**

RISK CATEGORY IS:

2

LOW RISK

INDICATE RISK CATEGORY:

LOW RISK (0-2)

LOW RISK:

- CONTINUE PER POC

Narrative

SN ASSESSMENT. SOME IMPROVEMENT IN BS LEVELS . EDUCATED ON SITE ROTATION OF INSULIN. REQUIRES SOFT OR BLENDED FOODS ; MORE TOOTH PAIN REPORTED RIGHT LOWER. PENDING DENTAL APPOINTMENT, ENT ON MONDAY. PLAN TO CONTINUE 1X WEEK SN VISITS. CALL TO PCP FOR ORDER

Patient Goals

Patient Goal

HEAL INJURIES REGAIN STRENGTH

Visit Note Report

Client: VASQUEZ-LOPEZ, HECTOR **MR No:** D4800111806701 **Legacy MR No:**
Client DOB: [redacted]
Insured ID: UKNOWN **Primary Payor:** ONE CALL CARE MANAGEMENT

Visit Date: 03/31/2022 **Visit Number:** 9 **Visit Type:** SN11 - SN SUBSEQUENT VISIT

Interventions Provided

1. INSTRUCT PATIENT/CAREGIVER ON NEUROLOGIC-RELATED MEDICATIONS, INTENDED BENEFITS AND POTENTIAL INTERACTIONS/SIDE EFFECTS

DETAILS/COMMENTS: INTRODUCED AND RECONCILED NEUROLOGIC MEDICATION PURPOSE, ROUTE/DOSE, FREQUENCY/TIMING, INTENDED EFFECTS, AND CALL US FIRST, YOUR HOME HEALTH AGENCY IN EVENT OF MEDICATION-RELATED QUESTIONS OR CONCERNS TO PROMOTE MEDICATION ADHERENCE USING SCENARIO-BASED TEACH BACK.

2. INSTRUCT PATIENT/CAREGIVER ON THE IMPORTANCE OF DAILY ACTIVITY PLANNING/PACING WHEN MANAGING NEUROLOGIC DISEASE

DETAILS/COMMENTS: VALIDATED SMALL WINS, TO PROMOTE ON-GOING HOME PROGRAM ENGAGEMENT USING COLLABORATIVE GOAL-SETTING AND SITUATIONAL SOLUTION FINDING.

3. INSTRUCT PATIENT/CAREGIVER ON STRATEGIES AND/OR OPTIONS TO FOSTER ON-GOING HEALTH BEHAVIOR ADJUSTMENTS

DETAILS/COMMENTS: EDUCATED PATIENT/CAREGIVER ON IDENTIFICATION OF POTENTIAL FAMILY, FRIEND AND/OR COMMUNITY RESOURCES TO REINFORCE A SENSE OF CONNECTEDNESS AND BEING MORE ABLE TO MANAGE NEUROLOGIC HEALTH.

GUIDED PATIENT/CAREGIVER ON COPING STRATEGIES TO PROMOTE SENSE OF CONFIDENCE IN MANAGING NEUROLOGIC HEALTH USING SITUATION-SPECIFIC PROBLEM SOLVING.

VALIDATED ONGOING ALIGNMENT OF PERSONAL AND NEUROLOGIC HEALTH GOALS.

Goals Met

1. PATIENT/CAREGIVER VERBALIZES/DEMONSTRATES NEUROLOGIC MEDICATION PURPOSE, CORRECT TECHNIQUE, AND PROACTIVE ADJUSTMENTS.

2. PATIENT/CAREGIVER CAN VERBALIZE/DEMONSTRATE ACTIVITY ENGAGEMENT, MONITORING, AND INTEGRATION OF ON-GOING HOME PROGRAM.

3. PATIENT/CAREGIVER VERBALIZES/DEMONSTRATES NEUROLOGIC HEALTH BEHAVIORS INCLUDING IDENTIFICATION OF BUDDY SYSTEM, COMMUNITY RESOURCES, COPING STRATEGIES, AND ALIGNMENT OF GOALS.

Agent Signature: **Client Signature:**

KIMBERLY OLTMANNS RN 03/31/2022 09:43 AM
(Electronically Signed)

Last Modification Date: 3/31/2022 10:00 AM **Last Modified By:** ADMIN HCHB, CUSTOMER SUPPORT

LATE ENTRY

SERVICE CODE CHANGED:
Old = SN11
New = SN11
Who Changed = ADMIN HCHB, CUSTOMER SUPPORT
When Changed = Mar 31 2022 10:00AM

CHARLOTTE EYE EAR NOSE & THROAT ASSOCIATES, P.A.

Lopez Vasquez, Hector

MRN: 2002480767



Chad S Kessler, MD
Physician
Specialty: Otolaryngology

Progress Notes
Signed

Encounter Date: 3/8/2022

Subjective

Hector Lopez Vasquez is a 48 y.o. male who is being seen for facial/nasal trauma. Patient was seen at the ED on 2/18/2022 following trauma at work. Patient had a 500 lb paper roller fall on him at work to the face. CT/Head and CT maxillofacial performed. CT/Head showed multiple facial fractures. Case Manger has a Report that shows surgery has been performed on nasal fracture 2/24/2022. Patient reports right side facial pain. Patient nor wife have previous surgical or previous MD information.

CT maxillofacial also reveals comminuted fracture right petrous temporal bone, with hemorrhagic opacification of the mastoid air cells. No evidence of frank ossicular disruption. There is also hemorrhagic opacification of right middle ear cavity and hemorrhage within the external auditory canal. ENT contacted for further evaluation. Family reports persistent bleeding from right ear since the accident.

Melanie Pickney LPN, is scribing for Dr. Chad Kessler

Objective

There were no vitals taken for this visit.

Past Medical History:

Diagnosis	Date
• Diabetes mellitus	

No past surgical history on file.

Current Outpatient Medications:
- Levemir FlexTouch 100 UNIT/ML solution pen-injector, , Disp: , Rfl:
- metFORMIN (GLUCOPHAGE) 1000 MG tablet, , Disp: , Rfl:
- NovoLIN R FlexPen 100 UNIT/ML solution pen-injector, , Disp: , Rfl:
- predniSONE (DELTASONE) 10 MG tablet, Sterapred 10mg, 12 day dose pack. Take as directed., Disp: 48 tablet, Rfl: 0

Allergies

Allergies

Allergen	Reactions

- Tetracycline

FH No family history on file.
ROS

ROS

Positive for: HENT
Negative for: Constitutional, Gastrointestinal, Neurological, Skin, Genitourinary, Musculoskeletal, Endocrine, Cardiovascular, Eyes, Respiratory, Psychiatric, Allergic/Imm, Heme/Lymph
Last edited by Melanie M. Hobbs, LPN on 3/8/2022 2:29 PM. (History)

Constitutional

- General Appearance: healthy, alert, active, cooperative, and in no distress
- Communication ability/voice quality: Communication ability normal, voice quality normal

Head

- Inspection: normocephalic, atraumatic, without lesions or tenderness

Face

- Inspection: no craniofacial deformities, no scars, lesions or masses
- Palpation: Sinus tenderness was absent
- Facial Strength: right side facial paralysis, HB 5-6

Eyes

- Eyelids/Appearance: normal
- Conjunctiva: clear
- Sclera: white

Ears

- Hearing: Responds to conversational voice
- External Ears: auricles normal bilaterally
- External Auditory Canal:
    - Right: cerumen impaction and dried blood, removed in clinic
    - Left: patent
- Tympanic Membrane:
    - Right: perforation, dry
    - Left: normal appearing

Nose / Nasopharynx

- External Nose: evidence of acute trauma with swelling and abrasion, nasal dorsum shifted to the right
- Intranasal Exam:
    - General: no nasal masses or foreign bodies noted anteriorly
    - Septum: midline
    - Turbinates: non obstructing
    - Mucosa: left telangiectasis, cauterized in clinic
    - Secretions: No purulent or clear rhinorrhea
    - Vestibule: within normal limits

Oral Cavity / Oropharynx

- Lips: healthy without lesions
- Teeth/gums: dentition within normal limits for age
- Floor of Mouth: normal mucosa, moist, soft to palpation, nontender, no stones or lesions
- Oral Mucosa: oral mucosa moist, no mucosal lesions present
- Tongue: normal mucosal surface with no lesions and normal movement
- Hard Palate: hard palate without masses or lesions
- Soft Palate:soft palate without masses or lesions
- Uvula: normal

- Tonsils:
    - Right: normal without erythema or exudates
    - Left: normal without erythema or exudates
- Oropharynx:pharyngeal walls normal in appearance without lesions

Neck

- Inspection: general appearance normal, supple, no tenderness, no masses, tracheal position midline
- Lymph Nodes: No lymphadenopathy present
- Thyroid: normal size, no tenderness, nodules or mass present on palpation
- Submandibular Glands:
    - Right: normal size, no tenderness, nodules, or mass on palpation
    - Left: normal size, no tenderness, nodules, or mass on palpation
- Parotid Glands:
    - Right: normal size, no tenderness, nodules, or mass on palpation
    - Left: normal size, no tenderness, nodules, or mass on palpation

Chest/Respiratory:

- Respiratory Effort: unlabored respirations, no intercostal retractions or accessory muscle use
- Auscultation of Lungs: normal breath sounds

Cardiovascular

- Auscultation of Heart: Regular rate and rhythm; no murmurs, gallops, or rubs
- Carotid Arteries: Normal pulses bilaterally
- Extremities: no edema

Musculoskeletal

- Inspection and Palpation: no joint tenderness, deformity or swelling, no muscular tenderness noted

Skin

- pink, warm, well perfused, no rashes

Neurological/Psychiatric

- Orientation: alert, oriented, normal speech, no focal findings or movement disorder noted
- Mood and Affect: normal
- Cranial Nerves: CN III-XII grossly normal, except right CN VII (paralysis)

Procedure: Cerumen Removal

Right cerumen removal was performed due to cerumen impaction that was incidentally noted by physician and prevented adequate visualization of the tympanic membrane.
Right cerumen impaction was removed under binocular magnification for improved visualization utilizing alligator forcep. Patient tolerated procedure well with no complications. No medications were instilled in the external canal.

Procedure: Epistaxis Control – Chemical Cauterization

Procedure was performed due to persistence of the bleeding. Alternatives, including saline spray, gels, vasoline and manual pressure were discussed. Risks including pain, infection, recurrent epistaxis, and septal perforation were explained. After verbal consent, the nose was topically anesthetized with 4% Xylocaine and afrin. Silver nitrate was then applied around the periphery of the left anterior septal vessel and then extensively over the vessel itself. Bleeding developed during the procedure and was controlled with additional vasoconstriction and repeat chemical cauterization during the procedure. Patient tolerated procedure well without complication.

Audiogram

TYMPANOMETRY: Type B tympanogram in the right ear yielding no measurable mobility or pressure with larger than normal ear canal volume. This is suggestive of a perforated tympanic membrane.
Type A tympanogram in the left ear yielding good mobility and pressure with normal ear canal volume. This indicates normal middle ear function.

AUDIOMETRY: Pure tone test results suggest a profound sensorineural hearing loss in the right ear and a severe hearing loss in the left ear. Masked bone conduction could not be completed on the left due to required masking levels exceeding limits of audiometer. Unmasked bone conduction suggests that the loss may be mixed in nature. Note that Speech Awareness Thresholds are better than expected given pure tone findings. Speech discrimination could not be tested due to language barrier.

Assessment/Plan

	Diagnosis	ICD-10-CM	ICD-9-CM	Plan
1.	**Tympanic membrane perforation, right**	**H72.91**	**384.20**	
2.	Facial paralysis on right side	G51.0	351.0	predniSONE (DELTASONE) 10 MG tablet
3.	History of closed fracture of nasal bones	Z87.81	V15.51	
4.	Epistaxis	R04.0	784.7	
5.	Impacted cerumen of right ear	H61.21	380.4	
6.	Closed fracture of temporal bone with routine healing, subsequent encounter	S02.19X D	V54.19	

Recommended follow up with Dr. O'Connell tomorrow, discussed case with him today.
Medical records reviewed today.
Rx sent for prednisone

No follow-ups on file.

Electronically signed by Chad S Kessler, MD at 3/8/2022 4:33 PM

Office Visit on 3/8/2022 *Note shared with patient*

Additional Documentation

Flowsheets: Activities of Daily Living

Encounter Info: Billing Info, History, Allergies

CHARLOTTE EYE EAR NOSE & THROAT ASSOCIATES, P.A.

Lopez Vasquez, Hector

MRN: 2002480767



Brendan P O'Connell, MD
Physician
Specialty: Otology

Progress Notes
Sign when Signing Visit

Encounter Date: 3/9/2022

Hector Lopez Vasquez is seen in consultation at the request of Dr. No ref. provider found for the evaluation of ***

Dear Dr. No ref. provider found,

Thank you for referring Mr. Lopez Vasquez; as you know he is a 48 y.o. male who presents for the evaluation of ***.

Past Medical History
He has a past medical history of Diabetes mellitus and Work related injury.

Past Surgical History
His has no past surgical history on file.

Past Family History
His family history is not on file.

Past Social History
He reports that he has never smoked. He has never used smokeless tobacco. He reports current alcohol use. He reports that he does not use drugs.

Medications/Allergies
His current medication(s) include:
Current Outpatient Medications:
- Levemir FlexTouch 100 UNIT/ML solution pen-injector, , Disp: , Rfl:
- metFORMIN (GLUCOPHAGE) 1000 MG tablet, , Disp: , Rfl:
- NovoLIN R FlexPen 100 UNIT/ML solution pen-injector, , Disp: , Rfl:
- predniSONE (DELTASONE) 10 MG tablet, Sterapred 10mg, 12 day dose pack. Take as directed., Disp: 48 tablet, Rfl: 0

Allergies: Tetracycline,

Review of systems
Review of systems was performed and is documented in epic, pertinent positives are detailed in the HPI.

Physical Examination
Wt 70.8 kg (156 lb)

General: well appearing, stated age, no distress
Communicates age appropriate, responds to speech well ***
Skin- warm, dry
Head - atraumatic, normocephalic

Face - no surface abnormalities, no tenderness over sinuses
Eyes - no conjunctivitis, no scleritis/iritis, EOM full
Nose - external nose without deformity, anterior rhinoscopy - turbinates, mucosa normal
Oral Cavity/Oropharynx/Lips: Normal mucous membranes, normal floor of mouth/tongue/OP, no masses or lesions are noted.
Salivary Glands - no mass or assymmetry, no tenderness
Neck - no palpable masses/adenopathy, no thyromegaly
Lymphatic - no neck lymphadenopathy, no lymphedema
Cardiovascular - regular heart rate, no clubbing/cyanosis/edema in hands
Respiratory - breathing comfortably, no audible wheezing or stridor
Psychiatric- appropriate mood and affect
Neurologic - cranial nerves 2-12 intact
Facial Strength - HB 1/6 bilaterally

Ears - External ear- normal, no lesions, no malformations
Otoscopy - ***
Tuning fork test – ***

Procedure: binocular microscopy
Description: Binocular oto-microscopy was performed to provide superior and hands-free visualization of the ear canal, tympanic membrane, and middle ear space. The patient tolerated the procedure well with no apparent complications. Findings as above

Audiogram
The audiogram was reviewed.

Tympanogram
***

Imaging
I personally reviewed and independently interpreted the patients imaging studies. ***

I reviewed medical records in EPIC, pertinent findings are summarized in the HPI.

Assessment and Plan
The patient is a 48 y.o. male with ***
Steroid. Eye care. F/u 3 months uadio.

Left is good, right down
Right small perf. Healing fracture canal. No drainage. delayed

The patient/family voiced understanding of the plan as detailed above and is in agreement. CEENTA COVID practice guidelines were followed during the care of this patient. I appreciate the opportunity to participate in his care.

This note has been created using voice recognition software and may have errors that were not dictated and not seen in editing.

Office Visit on 3/9/2022

Additional Documentation

Vitals: Wt 70.8 kg (156 lb)

05/02/2022 MEDATA-BK

CHARLOTTE EYE EAR NOSE & THROAT ASSOCIATES, P.A.

Lopez Vasquez, Hector

MRN: 2002480767

Office Visit 4/18/2022
Fort Mill Otolaryngology

Provider: Neela Rao, MD (Otolaryngology)
Primary diagnosis: Closed fracture of facial bone, unspecified facial bone, initial encounter (CMS/HCC)
Reason for Visit: Nasal Fracture

Demographics

Name	MRN	Sex	DOB Age
Hector Lopez Vasquez	2002480767	Male	[redacted] (48 y.o.)

Chief Complaint

Nasal Fracture

Vitals

Most recent update: 4/18/2022 9:47 AM

Temp	Wt
36.8 °C (98.3 °F)	70.8 kg (156 lb)

Allergies

as of 4/18/2022

Allergies last reviewed by Neela Rao, MD on 4/18/2022 1107

TETRACYCLINE
Reactions: Hives
Reaction type: Allergy
RxNorm: 10395
Severity: Medium
Noted on: 03/08/2022

Medication Changes

As of 4/19/2022 4:17 PM

None

Medication List at End of Visit

As of 4/19/2022 4:17 PM

	Refills	Start Date	End Date
amitriptyline (ELAVIL) 50 MG tablet		3/17/2022	
50 mg per 1 tablet, ORAL, qHS (each night at bedtime), 90 tablet, 0 Refill(s), Pharmacy: Walmart Pharmacy 1144, Height, 172.72, cm, 03/17/22 13:05:00 EDT, Weight, 61.6, kg, 02/18/22 22:55:00 EST			
Patient-reported medication			
atorvastatin (LIPITOR) 20 MG tablet		3/18/2022	
Take 20 mg by mouth once daily. - Oral			
Patient-reported medication			
ibuprofen (ADVIL,MOTRIN) 600 MG tablet			

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	Refills	Start Date	End Date
Take 600 mg by mouth every 8 (eight) hours as needed for mild pain. - Oral Patient-reported medication			
insulin NPH-insulin regular (NovoLIN 70/30) (70-30) 100 UNIT/ML injection Inject under the skin. - Subcutaneous Patient-reported medication			
NovoLIN R FlexPen 100 UNIT/ML solution pen-injector Patient-reported medication		3/2/2022	
metFORMIN (GLUCOPHAGE) 1000 MG tablet Patient-reported medication		3/2/2022	

Current Medications

	Taking?	Last Dose
amitriptyline (ELAVIL) 50 MG tablet		
atorvastatin (LIPITOR) 20 MG tablet		
ibuprofen (ADVIL,MOTRIN) 600 MG tablet		
insulin NPH-insulin regular (NovoLIN 70/30) (70-30) 100 UNIT/ML injection		
metFORMIN (GLUCOPHAGE) 1000 MG tablet		
NovoLIN R FlexPen 100 UNIT/ML solution pen-injector		

Medical History

Diagnosis	Date	Comment	Source
Diabetes mellitus (CMS/HCC)			
High cholesterol			
Hypertension			
Work related injury			

Surgical History

Procedure	Laterality	Date	Comment	Source
FACIAL FRACTURE SURGERY				

Tobacco Use

Never smoked or used smokeless tobacco.

Vaping Use

Never used

Alcohol Use

Yes.
Comments: rare

Drug Use

Never.

Family History as of 4/18/2022

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No family history on file.

Social Identity

Preferred Language	Ethnicity	Race
Spanish	Hispanic or Latino	Other

Social Documentation

No social documentation on file.

Problem List

as of 4/18/2022

Tympanic membrane perforation, right
Dysfunction of right eustachian tube
Facial paralysis on right side
Facial pain
Sinus pressure
Nasal congestion
Deviated nasal septum
Diabetes mellitus type 2 without retinopathy (CMS/HCC)
Multiple fractures of facial bones (CMS/HCC)
Traumatic brain injury with loss of consciousness (CMS/HCC)
Exposure keratitis
Closed head injury

Visit Diagnoses

	Codes	Comments
Closed fracture of facial bone, unspecified facial bone, initial encounter (CMS/HCC) - Primary	ICD-10-CM: S02.92XA ICD-9-CM: 802.8	
Facial nerve paralysis	ICD-10-CM: G51.0 ICD-9-CM: 351.0	
Nasal congestion	ICD-10-CM: R09.81 ICD-9-CM: 478.19	
Nasal septal deviation	ICD-10-CM: J34.2 ICD-9-CM: 470	
Closed fracture of nasal bone, initial encounter	ICD-10-CM: S02.2XXA ICD-9-CM: 802.0	
Paralytic lagophthalmos of upper and lower eyelid of right eye	ICD-10-CM: H02.23A ICD-9-CM: 374.21	
Tympanic membrane perforation, right	ICD-10-CM: H72.91 ICD-9-CM: 384.20	
Closed fracture of nasal septum, initial encounter	ICD-10-CM: S02.2XXA ICD-9-CM: 802.0	

Progress Notes

Neela Rao, MD

Status: Signed

Patient is referred by Dr. Kessler
He is accompanied by a Spanish translator and Workman's Compensation case manager

Subjective

Hector Lopez Vasquez is a 48 y.o. male who I am asked to see in consultation for evaluation of nasal trauma. The patient sustained nasal trauma 2 months ago, in a work-related trauma. He reports a 500 pound paper roller fell onto his face. He suffered a severe fracture of his petrous temporal bone resulting in right-sided facial paralysis as well as several facial fractures. He underwent a nasal fracture repair by a plastic surgeon at Novant in February. He has been evaluated by a neurosurgeon and no further surgical intervention was recommended. He has had comprehensive ophthalmology evaluation and the recommendation was made for neuro-ophthalmology evaluation. He is does not have complete eyelid closure and he is using ocular lubricant and taping his eye at night. He additionally has seen Dr. O'Connell for a right sided tympanic membrane perforation and for hearing loss for which observation was recommended. He patient complains of changes in the appearance of the nose, facial pain, facial pressure and new onset nasal obstruction. Patient denies altered/diminished sense of smell, epistaxis and rhinorrhea. Patient has no history of prior nasal trauma.

AH RADIOLOGY - 02/18/2022 3:21 PM EST
DATE OF SERVICE:
2/18/2022 2:39 pm

EXAM:
MAXILLOFACIAL CT WITHOUT CONTRAST

CLINICAL HISTORY:
Per medical records: significant facial injury, ,

COMPARISON:
No relevant comparisons

TECHNIQUE:
CT of the face was performed without administration of intravenous contrast. Dose lowering technique(s), such is automated exposure control, iterative reconstruction, and mA and/or kV adjustment for patient size was utilized for this exam.

FINDINGS:
Markedly comminuted nasal bone fracture, with rightward displacement measuring up to 6 mm.

Moderately comminuted and displaced fractures of the nasal septum are demonstrated.

Left lamina papyracea fracture noted, with corresponding small amount of extraconal blood product within adjacent medial left orbit. No significant swelling or deviation of left medial rectus muscle.

Minimally depressed fracture of the left orbital floor, with involvement of the infraorbital foramen. Minimal rind of adjacent extraconal blood product.

Evidence of nondisplaced right lamina papyracea fracture, with corresponding small amount of air within adjacent medial right orbit.

There is a fracture of the posterior most aspect of the lateral wall of the right orbit, involving the right sphenoid wing, not significantly displaced. Corresponding small volume adjacent pneumocephalus.

Bilateral pterygoid plate fractures are noted.

There are fractures of anterior and lateral walls of the right sphenoid sinus, with hemorrhagic opacification of the sinus. Mild involvement of nondisplaced fracture along right carotid canal. Subtle nondisplaced fracture posterior wall left sphenoid sinus, with trace hemorrhage in the left sphenoid sinus.

Fracture of the posterosuperior corner of the left maxillary sinus as well as the anterior superior corner left maxillary sinus, with small amount of layering blood within the left maxillary sinus.

Comminuted fractures through left anterior and posterior ethmoid air cells.

There is a midline a fracture through the entirety of the hard palate, with mild diastasis posteriorly up to 3 mm (series 10, image 166). This extends anteriorly through the incisive foramen.

Comminuted fracture right petrous temporal bone, with hemorrhagic opacification of the mastoid air cells. No evidence of frank ossicular disruption. There is also hemorrhagic opacification of right middle ear cavity and hemorrhage within the external auditory canal.

IMPRESSION:
Extensive facial and skull base fractures as above.

Seat: 635334-IRAD
D: 2/18/2022 3:20 PM
Verified By: Brian Perry

CT Head Scan w/o Contrast

DATE OF SERVICE
2/19/2022 4:44 am

2/19/2022 Carolinas Medical Center

EXAM:
CT HEAD WITHOUT CONTRAST

CLINICAL HISTORY:
R SDH

COMPARISON:
CT Head Scan w/o Contrast dated 2/18/2022

TECHNIQUE:
Standard noncontrast axial head CT. Dose lowering technique such as automated exposure control iterative reconstruction and mA and/or KV adjustment for patient size was utilized for this exam.

FINDINGS:
Acute right temporal bone fracture again noted. Stable small amount hemorrhagic contusion in right temporal lobe. Small multifocal hemorrhagic contusions and subarachnoid hemorrhage in left worse than right frontal lobe is unchanged. Unchanged small amount of scatter subarachnoid hemorrhage bilaterally. Stable subdural hematoma and pneumocephalus underlying right parietal temporal fracture measuring up to 7 mm. Small subdural hematoma along the falx are unchanged. Unchanged mild 2 mm right to left midline shift. Not significant changed tiny amount of pneumocephalus. Basal cisterns patent. No hydrocephalus. No acute infarct. No new hemorrhage.

IMPRESSION:
Stable multi compartment intracranial hemorrhage with unchanged mild 2 mm right to left midline shift. Basal cisterns patent. No hydrocephalus.

Sean: 635476-RAD
D: 2/19/2022 5:05 AM
Verified BY: Michael Yu

Objective

Temp 36.8 °C (98.3 °F) | Wt 70.8 kg (156 lb)

Constitutional
- General Appearance: healthy, alert, active, cooperative, and in no distress

Head
- Inspection: normocephalic, atraumatic, without lesions or tenderness

Face
- Inspection: no craniofacial deformities, no scars, lesions or masses
- Palpation: Sinus tenderness was absent
- Facial Strength: Right HB 6/6

Eyes
- Eyelids/Appearance: Right upper eyelid lagophthalmos
- Conjunctiva: clear
- Sclera: white

Ears
- Hearing: Responds to conversational voice
- External Ears: auricles normal bilaterally
- External Auditory Canal:
  - Right: patent
  - Left: patent
- Tympanic Membrane:
  - Right: normal landmarks and mobility
  - Left: normal landmarks and mobility

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Nose / Nasopharynx
- External Nose: Severe external deviation to the left. Oblique and irregular scarring approximately 4 cm of left nasal dorsum
- Intranasal Exam:
    - General: no nasal masses or foreign bodies noted anteriorly
    - Septum: S-shaped deviation bilaterally
    - Turbinates: non obstructing
    - Mucosa: within normal limits
    - Secretions: No purulent or clear rhinorrhea
    - Vestibule: within normal limits
- Nasopharynx: not visualized due to patient's gag

Oral Cavity / Oropharynx
- Lips: healthy without lesions
- Teeth/gums: dentition within normal limits for age
- Floor of Mouth: normal mucosa, moist, soft to palpation, nontender, no stones or lesions
- Oral Mucosa: oral mucosa moist, no mucosal lesions present
- Tongue: normal mucosal surface with no lesions and normal movement
- Hard Palate: hard palate without masses or lesions
- Soft Palate:soft palate without masses or lesions
- Uvula: normal
- Tonsils:
    - Right: normal without erythema or exudates
    - Left: normal without erythema or exudates
- Oropharynx:pharyngeal walls normal in appearance without lesions

Neck
- Inspection: general appearance normal, supple, no tenderness, no masses, tracheal position midline
- Lymph Nodes: No lymphadenopathy present
- Thyroid: normal size, no tenderness, nodules or mass present on palpation
- Submandibular Glands:
    - Right: normal size, no tenderness, nodules, or mass on palpation
    - Left: normal size, no tenderness, nodules, or mass on palpation
- Parotid Glands:
    - Right: normal size, no tenderness, nodules, or mass on palpation
    - Left: normal size, no tenderness, nodules, or mass on palpation

Chest/Respiratory:
- Respiratory Effort: unlabored respirations, no intercostal retractions or accessory muscle use
- Auscultation of Lungs: normal breath sounds

Cardiovascular
- Auscultation of Heart: Regular rate and rhythm; no murmurs, gallops, or rubs
- Carotid Arteries: Normal pulses bilaterally
- Extremities: no edema

Musculoskeletal
- Inspection and Palpation: no joint tenderness, deformity or swelling, no muscular tenderness noted

Skin
- pink, warm, well perfused, no rashes

Neurological/Psychiatric
- Orientation: alert, oriented, normal speech, no focal findings or movement disorder noted
- Mood and Affect: normal
- Cranial Nerves: CN II-XII grossly normal

Findings

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Frontal sinus:
- Right: no significant mucosal disease
- Left: no significant mucosal disease

Ethmoid sinus:
- Right: no significant mucosal disease
- Left: no significant mucosal disease

Sphenoid sinus:
- Right: no significant mucosal disease
- Left: no significant mucosal disease

Maxillary sinus:
- Right: no significant mucosal disease and with a patent natural ostia
- Left: no significant mucosal disease and with a patent natural ostia

Nasal cavity:
- Nasal septum: is S- shaped to a moderate degree; with fracture lines
- Inferior turbinates: mildly hypertrophied bilaterally
- Middle turbinates: are normal in appearance bilaterally
- Polyps: no polyps bilaterally

There are no incidental findings.

Impression:
See above
Sinus mucosal disease is absent bilaterally
There is a displaced fracture of the nasal bones to the left as well as several fracture lines throughout the septum

Assessment/Plan

	Diagnosis	ICD-10-CM	ICD-9-CM	Plan
1.	**Closed fracture of facial bone, unspecified facial bone, initial encounter (CMS/HCC)**	**S02.92XA**	**802.8**	**CT sinus wo contrast (70486)**
2.	Facial nerve paralysis	G51.0	351.0	MRI brain with and without contrast CT temporal bones without contrast (70480) Ambulatory referral to Ophthalmology
3.	Nasal congestion	R09.81	478.19	
4.	Nasal septal deviation	J34.2	470	
5.	Closed fracture of nasal bone, initial encounter	S02.2XXA	802.0	

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6.	Paralytic lagophthalmos of upper and lower eyelid of right eye	H02.23A	374.21
7.	Tympanic membrane perforation, right	H72.91	384.20

-The patient is a candidate for functional rhinoplasty, septoplasty, bilateral open reduction of nasal fractures, repair of bilateral internal nasal valve collapse, septal fracture reduction, bilateral submucosal reduction of the inferior turbinates
-Referral to Dr. Cuite for consideration of ri' ht tarsorrhaphy/or eyelid weight placement
-We will obtain MRI brain with and without contrast to further evaluate the facial nerve as well as CT temporal bone without contrast
Follow-up with Dr. O'Connell for-Hearing loss and tympanic membrane perforation
-We will continue to observe facial paralysis this is this time for spontaneous reinnervation. He is likely out of the window for consideration of surgical repair
-Photos taken today
-Return for follow-up post procedure

Neela Rao MD

Neela Rao, MD

Electronically signed by Neela Rao, MD at 4/19/2022 4:17 PM

Revision History

	Date/Time	User	Action
>	4/19/2022 4:17 PM	Neela Rao, MD	Sign
	4/18/2022 10:34 AM	Amanda Mackey	Sign when Signing Visit

Orders Placed in This Encounter

Normal Orders This Visit

CT sinus wo contrast (70486)

Questions:

Record Decision Support information?:

Protocol: IGS protocol

Does the patient have claustrophobia?: No

Does the patient have metallic implants?: No

Is there a known history of diabetes, renal insufficiency, or kidney disease?: No

Future Labs/Procedures	Expected by	Expires
CT sinus wo contrast (70486)	4/18/2022	4/18/2023

Questions:

Record Decision Support information?:

Protocol: IGS protocol

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Future Labs/Procedures	Expected by	Expires
Does the patient have claustrophobia?: No		
Does the patient have metallic implants?: No		
Is there a known history of diabetes, renal insufficiency, or kidney disease?: No		
MRI brain with and without contrast	5/2/2022 (Approximate)	4/18/2023
Questions:		
Record Decision Support information?:		
Protocol: Attn IACs		
Does the patient have claustrophobia?:		
Does the patient have metallic implants?:		
Is there a known history of diabetes, renal insufficiency, or kidney disease?: No		
Does the patient have a pacemaker?:		
Ambulatory referral to Ophthalmology	As directed	10/18/2022
CT temporal bones without contrast (70480)	As directed	4/18/2023
Questions:		
Record Decision Support information?:		
Protocol:		
Does the patient have claustrophobia?:		
Does the patient have metallic implants?:		
Sensitive Result?:		

CT sinus wo contrast (70486)

CT sinus results

Date of study: 4/18/2022

Study: Xoran CT of sinuses

Technique: Technique: Cone Beam scan was obtained and reconstructed in the coronal and axial planes at 1.2mm thickness per Xoran(R) software. Window settings do not allow for adequate evaluation of intraorbital and intracranial contents.

For female patients ages 12-50: N/a

Indications: To evaluate nasal obstruction

Quality of study: Optimal

Patient prep: None

Findings

Frontal sinus:
- Right: no significant mucosal disease
- Left: no significant mucosal disease

Ethmoid sinus:
- Right: no significant mucosal disease

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- Left: no significant mucosal disease

Sphenoid sinus:
- Right: no significant mucosal disease
- Left: no significant mucosal disease

Maxillary sinus:
- Right: no significant mucosal disease and with a patent natural ostia
- Left: no significant mucosal disease and with a patent natural ostia

Nasal cavity:
- Nasal septum: is S- shaped to a moderate degree; with fracture lines
- Inferior turbinates: mildly hypertrophied bilaterally
- Middle turbinates: are normal in appearance bilaterally
- Polyps: no polyps bilaterally

There are no incidental findings.

Impression:
See above
Sinus mucosal disease is absent bilaterally
There is a displaced fracture of the nasal bones to the left as well as several fracture lines throughout the septum

Instructions

Return for follow-up post-procedure.

After Visit Summary (Printed 4/18/2022)

Encounter electronically signed by Neela Rao, MD at 4/19/2022 4:17 PM

CHARLOTTE EYE
EAR NOSE & THROAT
ASSOCIATES, P.A.

May 4, 2022

Sima Desai, MD
1100 Blythe Blvd
Charlotte NC 28203

Patient: **Hector Lopez Vasquez**
Date of Birth: [redacted]
Date of Visit: **5/4/2022**

Dear Sima Desai, MD,

Thank you for referring Hector Lopez Vasquez to me for evaluation. Here is my assessment and plan of care:

Assessment/Plan:
1. Facial paralysis on right side
Work accident
Language barrier but great translator
May 25th they see Dr White
They are wondering if this accident will heal or not
Happened February 18th

2. Lagophthalmos, paralytic, right
Total
Poor Bells and only exaggerated closure today
Much much better than first visit with me

With the tarso in place and a 1.4 gram lid weight he has good closure.
He needs this or he will have a corneal scar.

I would suggest LEAVING the tarsorrhaphy as is for now and adding the lid weight

3. Exposure keratitis
Improved but not enough
He needs a lid weight
I think he will scar if we delay.

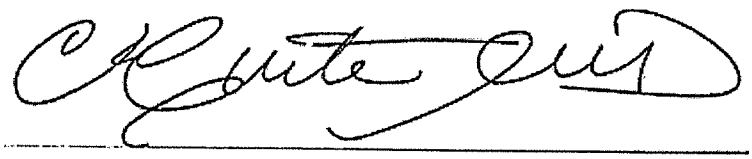
Discussed with translator need to place 1.4 gram lid weight.

4. Diabetes mellitus type 2 without retinopathy (CMS/HCC)
No control and double digit A1Cs
He much control this or his lid weight will not heal
Next lab draw in June

This patient will need lifelong care for this devastating injury: no deals should be made for temporary care: this is likely to be a longstanding injury although we hope for the best.

Below you will find my full exam findings. If you have questions, please do not hesitate to call me. I look forward to following Hector along with you.

Sincerely,



Catherine Cuite, MD

CC: No Recipients

Base Eye Exam

Visual Acuity (Snellen - Linear)

	Right	Left
Dist sc	20/30	20/25

Tonometry (Icare, 4:09 PM)

	Right	Left
Pressure	13	13

Pupils

	Dark	Light	Shape	React	APD
Right	4	2	Round	Brisk	None
Left	5	3	Round	Slow	None

Extraocular Movement

	Right	Left
	Full	Full

Neuro/Psych

Oriented x3: Yes
Mood/Affect: Normal

Slit Lamp and Fundus Exam

Slit Lamp Exam

	Right	Left
Lids/Lashes	**wide open medially, instructed on how to intentionally squeeze the eye closed**	
Conjunctiva/Sclera	**1+ edema**	
Cornea	**2+ scant PEE**	
Anterior Chamber	Deep and quiet	
Iris	Round and reactive	
Lens	**2+ Ns**	

Lopez Vasquez, Hector (MRN 2002480767) DOB: [redacted] Encounter Date: 04/19/2022

CHARLOTTE EYE EAR NOSE & THROAT ASSOCIATES, P.A.

Lopez Vasquez, Hector MRN: 2002480767

Ophth Exam 4/19/2022
SouthPark Ophthalmology

Provider: Catherine Cuite, MD (Oculoplastics Ophthalmology)
Primary diagnosis: Facial paralysis on right side

Demographics

Name	MRN	Sex	DOB Age
Hector Lopez Vasquez	2002480767	Male	[redacted] (48 y.o.)

HPI

F/u per Dr. Rao (ENT) for facial fracture. Pt son is translating today accompanied by the pt wife as well. Pt caseworker is in the waiting room. Interpretor is also here.

On 2/18/22 patient "fell into a large mixing drum" and had head trauma from this. They report he spent 12 days in the hospital with "a concussion", "facial trauma," and had to have "nose surgery" but unsure what procedure. Outside ENT records from Atrium (Dr. Adam Richard Gigliotti, MD dated 02/20/2022) reviewed - per Dr. Gigliotti's notes the patient had a "500 pound roll of paper" fall off a shelf and hit him in the head. Notes states he had a subdural hemorrhage, subdural hemorrhage, comminuted right petrous temporal bone fracture, nasal fracture. ENT did not recommend surgery per Dr. Gigliotti's notes. No other outside records available. Per patient (via wife and interpretor) he reports since then he has had "blurry vision" OD>OS. Pt c/o shooting pain in RUL when blinking or trying to close OD. Pt c/o FBS when closing his eye and feels pain from it. Pt c/o numbness on the right side of the face since accident. They report patient can not completely blink/close the right eye. He is using Ats BID OD. Also reports they are taping the eye closed at night. He complains of constant pain OD>OS, discharge, photophobia and redness in the right eye that has not improved since injury. Pt c/o occasional diplopia OD. Patient is a type 2 diabetic. FBS 180 this am, last A1C was 11 taken early April(they report this is actual lower than his previous A1c). No glasses or Cls worn.

Neuro - Dr. Desai
PCP/dm mgmt - Dr Shiloh

ROS

Positive for: Eyes

Allergies as of 4/19/2022

Allergies last reviewed by Neela Rao, MD on 4/19/2022 1617
TETRACYCLINE

Reactions: Hives
Reaction type: Allergy
RxNorm: 10395

Severity: Medium
Noted on: 03/08/2022

Medication Changes As of 4/19/2022 3:33 PM

None

Medication List at End of Visit As of 4/19/2022 3:33 PM

	Refills	Start Date	End Date
...(FLAVIL) 50 MG tablet		3/17/2022	
ORAL, qHS (each night at bedtime), 90 tablet, 0 Refill(s), Pharmacy: Walmart Pharmacy 1144, , 03/17/22 13:05:00 EDT, Weight, 61.6, kg, 02/18/22 22:55:00 EST			
edication			
OR) 20 MG tablet		3/18/2022	
outh once daily. - Oral			
nedication			

Medication List at End of Visit (continued) As of 4/19/2022 3:33 PM

	Refills	Start Date	End Date
ibuprofen (ADVIL,MOTRIN) 600 MG tablet Take 600 mg by mouth every 8 (eight) hours as needed for mild pain. - Oral Patient-reported medication			
Insulin NPH-Insulin regular (NovoLIN 70/30) (70-30) 100 UNIT/ML injection Inject under the skin. - Subcutaneous Patient-reported medication			5/26/2022
NovoLIN R FlexPen 100 UNIT/ML solution pen-injector Patient-reported medication		3/2/2022	
metFORMIN (GLUCOPHAGE) 1000 MG tablet Patient-reported medication		3/2/2022	

Current Medications

	Taking?	Last Dose
amitriptyline (ELAVIL) 50 MG tablet	✓	Taking
atorvastatin (LIPITOR) 20 MG tablet	✓	Taking
gabapentin (NEURONTIN) 300 MG capsule		
ibuprofen (ADVIL,MOTRIN) 600 MG tablet	✓	Taking
Levemir FlexTouch 100 UNIT/ML solution pen-injector		
metFORMIN (GLUCOPHAGE) 1000 MG tablet	✓	Taking
NovoLIN R FlexPen 100 UNIT/ML solution pen-injector	✓	Taking

Medical History

Diagnosis	Date	Comment	Source
Diabetes mellitus (CMS/HCC)			
High cholesterol			
Hypertension			
Work related injury			

Surgical History

Procedure	Laterality	Date	Comment	Source
FACIAL FRACTURE SURGERY				

Tobacco Use

Never smoked or used smokeless tobacco.

Vaping Use

Never used

Alcohol Use

Yes.
Comments: rare

Drug Use

Never.

Family History as of 4/19/2022

No family history on file.

Social Identity

Preferred Language	Ethnicity	Race
Spanish	Hispanic or Latino	Other

Social Documentation

No social documentation on file.

Lopez Vasquez, Hector (MRN 2002480767) DOB: [redacted] Encounter Date: 04/19/2022

Base Eye Exam

Visual Acuity (Snellen - Linear)

	Right	Left
Dist sc	20/50	20/30 -2
Dist ph sc	20/25	

Pupils

	Dark	Light	Shape	React	APD
Right	4	3	Round	Brisk	None
Left	5	4	Round	Brisk	None

Tonometry (Icare, 2:04 PM)

	Right	Left
Pressure	10	13

Visual Fields (Counting fingers)

Right	Left
Full	Full

Extraocular Movement

Right	Left
Full	Full

Neuro/Psych

Oriented x3: Yes
Mood/Affect: Normal

Edited by: Katherine Goodrich, COA

Slit Lamp and Fundus Exam

External Exam

	Right	Left
External	**facial palsy right**	**laceration on nose**

Slit Lamp Exam

	Right	Left
Lids/Lashes	**lag: E3**	Normal
Conjunctiva/Sclera	**1+ NS**	White and quiet
Cornea	**dense 3+ PEE with frank epi defect healing inferolaterally**	Clear
Anterior Chamber	Deep and quiet	Deep and quiet
Iris	Round and reactive	Round and reactive
Lens	clear	Clear

Edited by: Catherine Cuite, MD

Problem List as of 4/19/2022

Tympanic membrane perforation, right
Dysfunction of right eustachian tube
Facial paralysis on right side
Facial pain
Sinus pressure
Nasal congestion
Deviated nasal septum
Diabetes mellitus type 2 without retinopathy (CMS/HCC)
Multiple fractures of facial bones (CMS/HCC)
Traumatic brain injury with loss of consciousness (CMS/HCC)
Exposure keratitis
Closed head injury

Visit Diagnoses

	Codes	Comments
Facial paralysis on right side - Primary	ICD-10-CM: G51.0 ICD-9-CM: 351.0	

Visit Diagnoses (continued)

	Codes	Comments
Closed head injury, sequela	ICD-10-CM: S09.90XS ICD-9-CM: 908.9	
Lagophthalmos, paralytic, right	ICD-10-CM: H02.233 ICD-9-CM: 374.21	
Exposure keratitis	ICD-10-CM: H16.8 ICD-9-CM: 370.8	
Diabetes mellitus type 2 without retinopathy (CMS/HCC)	ICD-10-CM: E11.9 ICD-9-CM: 250.00	

Progress Notes

Catherine Cuite, MD

Status: Signed

1. Facial paralysis on right side
After injury
As an inpatient was told needs no further surgery

Likely would not intervene until he has had more time to recover

2. Closed head injury, sequela
Patient had LOC+
Agree w FU with ENT around nasal fractures and oral complaints

3. Lagophthalmos, paralytic, right
Very insufficient closure

4. Exposure keratitis
Right
Very severe
With this amount of lag eye will not do well and risks scarring
Needs ointment four times a day and would sleep with eyeseals 4.0

Options are small closure via tarsorrhaphy TODAY: Will look winked but will feel better immediately.
Another option is to put a weight under the skin of the eyelid to help it close.
This is a surgery that requires being in the operating room for sterility

5. Diabetes mellitus type 2 without retinopathy (CMS/HCC)
A1C is critical for him

No alcohol, no soda, no sweet tea: check the sugar regularly and take the insulin every day
With a better a1c his nerve will heal better.

45 minutes with translator discussing options and implications
Questions answered.

Electronically signed by Catherine Cuite, MD at 4/19/2022 3:36 PM

Orders Placed in This Encounter

Normal Orders This Visit
Tarsorrhaphy, Permanent - OD - Right Eye (67880)

Tarsorrhaphy, Permanent - OD - Right Eye (67880)

INDICATION: severe exposure keratopathy right

Procedure: complete tarsalunion tarsorrhaphy
Consent signed.
Area prepped with betadine
Local administered as 2% lidocaine with epinephrine and proparacaine
Lateral intramarginal adhesions created with 6-0 vicryl after separating the anterior and posterior lamella of each lid along its lateral third. Skin adhesion with 6-0 gut.
Use ointment three times a day into the right eye start tomorrow/ patch off tomorrow

Instructions

After Visit Summary (Automatic SnapShot taken 4/19/2022)

Encounter electronically signed by Catherine Cuite, MD at 4/19/2022 3:36 PM

Lopez Vasquez, Hector (MRN 2002480767) DOB: [redacted] Encounter Date: 05/25/2022

CHARLOTTE EYE EAR NOSE & THROAT ASSOCIATES, P.A.

Lopez Vasquez, Hector MRN: 2002480767

Ophth Exam 5/25/2022
SouthPark Ophthalmology

Provider: Catherine Cuite, MD (Oculoplastics Ophthalmology)
Primary diagnosis: Facial paralysis on right side

Demographics

Name	MRN	Sex	DOB Age
Hector Lopez Vasquez	2002480767	Male	5/15/1973 (49 y.o.)

HPI

One week postop platinum weight into right upper eyelid, chain link

Allergies as of 5/25/2022

Allergies last reviewed by Catherine Cuite, MD on 5/4/2022 1641

TETRACYCLINE

Reactions: Hives
Reaction type: Allergy
RxNorm: 10395

Severity: Medium
Noted on: 03/08/2022

Medication Changes As of 5/25/2022 1:56 PM

None

Medication List at End of Visit As of 5/25/2022 1:56 PM

	Refills	Start Date	End Date
amitriptyline (ELAVIL) 50 MG tablet 50 mg per 1 tablet, ORAL, qHS (each night at bedtime), 90 tablet, 0 Refill(s), Pharmacy: Walmart Pharmacy 1144, Height, 172.72, cm, 03/17/22 13:05:00 EDT, Weight, 61.6, kg, 02/18/22 22:55:00 EST Patient-reported medication		3/17/2022	
atorvastatin (LIPITOR) 20 MG tablet Take 20 mg by mouth once daily. - Oral Patient-reported medication		3/18/2022	
ibuprofen (ADVIL,MOTRIN) 600 MG tablet Take 600 mg by mouth every 8 (eight) hours as needed for mild pain. - Oral Patient-reported medication			
insulin NPH-insulin regular (NovoLIN 70/30) (70-30) 100 UNIT/ML injection Inject under the skin. - Subcutaneous Patient-reported medication			5/26/2022
NovoLIN R FlexPen 100 UNIT/ML solution pen-injector Patient-reported medication		3/2/2022	
metFORMIN (GLUCOPHAGE) 1000 MG tablet Patient-reported medication		3/2/2022	

Current Medications

	Taking?	Last Dose
amitriptyline (ELAVIL) 50 MG tablet		
atorvastatin (LIPITOR) 20 MG tablet		
gabapentin (NEURONTIN) 300 MG capsule		
ibuprofen (ADVIL,MOTRIN) 600 MG tablet		
Levemir FlexTouch 100 UNIT/ML solution pen-injector		

Current Medications (continued)

	Taking?	Last Dose
metFORMIN (GLUCOPHAGE) 1000 MG tablet		
NovoLIN R FlexPen 100 UNIT/ML solution pen-injector		

Medical History

Diagnosis	Date	Comment	Source
Diabetes mellitus (CMS/HCC)			
High cholesterol			
Hypertension			
Work related injury			

Surgical History

Procedure	Laterality	Date	Comment	Source
FACIAL FRACTURE SURGERY				

Tobacco Use

Never smoked or used smokeless tobacco.

Vaping Use

Never used

Alcohol Use

Yes.
Comments: rare

Drug Use

Never.

Family History as of 5/25/2022

No family history on file.

Social Identity

Preferred Language	Ethnicity	Race
Spanish	Hispanic or Latino	Other

Social Documentation

No social documentation on file.

Base Eye Exam

Visual Acuity (Allen Pictures)

	Right	Left
Dist sc	20/40-1	
Dist ph sc	20/20-1	

Edited by: Catherine Cuite, MD

Slit Lamp and Fundus Exam

External Exam

	Right	Left
External	**nose severely broken as prior**	

Slit Lamp Exam

	Right	Left
Lids/Lashes	**1+ edema, wound quiet, great closure**	
Cornea	**clear with temporal scar no PEE at all**	

Edited by: Catherine Cuite, MD

Slit Lamp and Fundus Exam (continued)

Problem List as of 5/25/2022

Tympanic membrane perforation, right
Dysfunction of right eustachian tube
Facial paralysis on right side
Facial pain
Sinus pressure
Nasal congestion
Deviated nasal septum
Diabetes mellitus type 2 without retinopathy (CMS/HCC)
Multiple fractures of facial bones (CMS/HCC)
Traumatic brain injury with loss of consciousness (CMS/HCC)
Exposure keratitis
Closed head injury

Visit Diagnoses

	Codes	Comments
Facial paralysis on right side - Primary	ICD-10-CM: G51.0 ICD-9-CM: 351.0	
Diabetes mellitus type 2 without retinopathy (CMS/HCC)	ICD-10-CM: E11.9 ICD-9-CM: 250.00	
Postop check	ICD-10-CM: Z09 ICD-9-CM: V67.00	
Epiphora due to insufficient drainage of right side	ICD-10-CM: H04.221 ICD-9-CM: 375.22	

Progress Notes

Catherine Cuite, MD

Status: Signed

1. Facial paralysis on right side
After a work accident

2. Diabetes mellitus type 2 without retinopathy (CMS/HCC)
Control is tough
Always reminded to avoid tea, juice and alcohol

3. Postop check
Platinum weight in place

Really needs complex ENT repair of severely broken nose
Has a low pain tolerance
HGBN A1 C is an issue
Has appointment w Dr Rao of ENT coming up

4. Epiphora due to insufficient drainage of right side
I am sure his NLD is blocked and broken
Too tender to irrigate today yet
Will suggest they fix nose then return to me for evaluation and care of tearing

Electronically signed by Catherine Cuite, MD at 5/25/2022 2:01 PM

Lopez Vasquez, Hector (MRN 2002480767) DOB: [redacted] Encounter Date: 05/25/2022

Orders Placed in This Encounter

No orders found for display

Instructions

Return in about 3 months (around 8/25/2022).
After Visit Summary (Printed 5/25/2022)

Encounter electronically signed by Catherine Culte, MD at 5/25/2022 2:01 PM

RESUMEN DE LA VISITA

CHARLOTTE EYE EAR NOSE & THROAT ASSOCIATES, P.A.

Hector Lopez Vasquez MRN: 2002480767 5/25/2022 1:30 PM SouthPark Ophthalmology 704-295-3000

Instrucciones de Catherine Cuite, MD

Vuelva en aproximadamente 3 meses (alrededor del 8/25/2022).

Visita de hoy

Usted vio a Catherine Cuite, MD el miércoles mayo 25, 2022. Los siguientes asuntos fueron tratados:

- Facial paralysis on right side
- Diabetes mellitus type 2 without retinopathy (CMS/HCC)
- Postop check
- Epiphora due to insufficient drainage of right side

¿Qué sigue?

MAYO 26 2022 **Neuro-Ophthalmology con Brian White, MD**
jueves mayo 26 8:30 AM
Please allow 2-3 hours for this appointment as specialized testing may be required.

Please be aware that you will incur a $50 fee if you fail to show up for your scheduled visit or if you cancel or reschedule your visit less than 24 hours prior to the scheduled time.

SouthPark Ophthalmology
6035 Fairview Rd
Charlotte NC 28210
704-295-3000

AGO 23 2022 **Follow-up con Catherine Cuite, MD**
martes agosto 23 9:45 AM

SouthPark Ophthalmology
6035 Fairview Rd
Charlotte NC 28210
704-295-3000

No Show Policy
Please be aware that if you have three 'No Show' occurrences within a 12-month period, you are subject to dismissal from our practice.

Allergies

Tetracycline

Datos demográficos del paciente

Dirección
302 CHARLOTTE ST
YORK SC 29745

Teléfono
803-818-8073 (Home)
803-818-7858 (Mobile) *Preferred*

myCEENTAchart

myCEENTAchart allows you to send messages to your doctor, view your test results, renew your prescriptions, request appointments, and more. To sign up, go to **myCEENTAchart.com** and click on the **Sign Up Now** link in the New User? box. Enter your myCEENTAchart Activation Code exactly as it appears below along with the last four digits of your Social Security Number and your Date of Birth to complete the sign-up process. If you do not sign up before the expiration date, you must request a new code.

myCEENTAchart Activation Code: HS5RC-7TF5S-B8RM4
Expires: 6/18/2022 4:24 PM

If you have questions, you can e-mail myCEENTAchart@ceenta.com or call 704-295-3526 to talk to our myCEENTAchart staff. Remember, myCEENTAchart is NOT to be used for urgent needs. For medical emergencies, dial 911.

Su lista de medicamentos a partir del mayo 25, 2022 2:05 PM

ⓘ Siempre use su lista de medicamentos más reciente.

amitriptyline 50 MG tablet También conocido como: ELAVIL	50 mg per 1 tablet, ORAL, qHS (each night at bedtime), 90 tablet, 0 Refill(s), Pharmacy: Walmart Pharmacy 1144, Height, 172.72, cm, 03/17/22 13:05:00 EDT, Weight, 61.6, kg, 02/18/22 22:55:00 EST
atorvastatin 20 MG tablet También conocido como: LIPITOR	Take 20 mg by mouth once daily.
ibuprofen 600 MG tablet También conocido como: ADVIL,MOTRIN	Take 600 mg by mouth every 8 (eight) hours as needed for mild pain.
metFORMIN 1000 MG tablet También conocido como: GLUCOPHAGE	
NovoLIN 70/30 (70-30) 100 UNIT/ML injection Medicamento genérico: insulin NPH-insulin regular	Inject under the skin.
NovoLIN R FlexPen 100 UNIT/ML solution pen-injector Medicamento genérico: Insulin Regular Human	

Pida a su médico o a otro personal médico que le explique cualquier instrucción que no entienda.

RESUMEN DE LA VISITA

CHARLOTTE EYE EAR NOSE & THROAT ASSOCIATES, P.A.

Hector Lopez Vasquez MRN: 2002480767 5/26/2022 8:30 AM SouthPark Ophthalmology 704-295-3000

Instrucciones de Brian White, MD

Cambios realizados hoy a sus medicamentos

DEJE de tomar:
NovoLIN 70/30 (70-30) 100 UNIT/ML injection (insulin NPH-insulin regular)

Actualizado mayo 26, 2022 10:42 AM.
Revise su lista de medicamentos actualizada abajo.

Seguimiento

Vuelva en aproximadamente este número de semanas: 6
Fecha en la que debe volver (aproximada): 7/7/2022
Razón para volver: follow-up of right neck pain and trigeminal disorder

Visita de hoy

Usted vio a Brian White, MD el jueves mayo 26, 2022 para:
- neuro-ophthalmic evaluation of traumatic brain injury

Se trataron los siguientes asuntos:
- Traumatic brain injury with loss of consciousness, sequela (CMS/HCC)
- Subarachnoid hemorrhage following injury, with loss of consciousness, sequela (CMS/HCC)
- Facial paralysis on right side
- Lagophthalmos, paralytic, right
- Trigeminal nerve disorder
- Exophoria

Hecho hoy

OCT, Optic Nerve - OU - Both Eyes

¿Qué sigue?

JUL 12 2022 **Neuro-Ophthalmology Follow-Up con Brian White, MD**
martes julio 12 11:00 AM

Please allow 2-3 hours for this appointment as specialized testing may be required.

Please be aware that you will incur a $50 fee if you fail to show up for your scheduled visit or if you cancel or reschedule your visit less than 24 hours prior to the scheduled time.

SouthPark Ophthalmology
6035 Fairview Rd
Charlotte NC 28210
704-295-3000

CHARLOTTE EYE EAR NOSE & THROAT ASSOCIATES, P.A.

Lopez Vasquez, Hector

MRN: 2002480767

Ophth Exam 5/26/2022
SouthPark Ophthalmology

Provider: Brian White, MD (Neuro-Ophthalmology)
Primary diagnosis: Traumatic brain injury with loss of consciousness, sequela (CMS/HCC)
Reason for Visit: neuro-ophthalmic evaluation of traumatic brain injury; Referred by Ernest Merrow Bhend, MD

Demographics

Name	MRN	Sex	DOB Age
Hector Lopez Vasquez	2002480767	Male	5/15/1973 (49 y.o.)

Chief Complaint

neuro-ophthalmic evaluation of traumatic brain injury

HPI

Patient is referred by Neela Rao, MD for facial paralysis on right side. Patient reports that he has blurry vision OU, but more so on right eye. He has severe headaches due to skull fracture, his meds help with the pain. He reports flo.

ROS

Positive for: Neurological, Eyes
Negative for: Constitutional, Gastrointestinal, Skin, Genitourinary, Musculoskeletal, HENT, Endocrine, Cardiovascular, Respiratory, Psychiatric, Allergic/Imm, Heme/Lymph

Allergies as of 5/26/2022

Allergies last reviewed by Brian White, MD on 5/26/2022 0934

TETRACYCLINE

Reactions: Hives	Severity: Medium
Reaction type: Allergy	Noted on: 03/08/2022
RxNorm: 10395	

Medication Changes As of 5/26/2022 10:28 AM

	Refills	Start Date	End Date
Discontinued or Completed: Insulin NPH-Insulin regular (NovoLIN 70/30) (70-30) 100 UNIT/ML Injection			
Patient-reported medication			

Medication List at End of Visit As of 5/26/2022 10:28 AM

	Refills	Start Date	End Date
amitriptyline (ELAVIL) 50 MG tablet		3/17/2022	
50 mg per 1 tablet, ORAL, qHS (each night at bedtime), 90 tablet, 0 Refill(s), Pharmacy: Walmart Pharmacy 1144, Height, 172.72, cm, 03/17/22 13:05:00 EDT, Weight, 61.6, kg, 02/18/22 22:55:00 EST			
Patient-reported medication			
atorvastatin (LIPITOR) 20 MG tablet		3/18/2022	
Take 20 mg by mouth once daily. - Oral			
Patient-reported medication			
gabapentin (NEURONTIN) 300 MG capsule			
Take 600 mg by mouth 3 (three) times a day. - Oral			
Patient-reported medication			
Ibuprofen (ADVIL,MOTRIN) 600 MG tablet			
Take 600 mg by mouth every 8 (eight) hours as needed for mild pain. - Oral			
Patient-reported medication			
Levemir FlexTouch 100 UNIT/ML solution pen-injector		5/2/2022	

Medication List at End of Visit (continued) As of 5/26/2022 10:28 AM

	Refills	Start Date	End Date
INJECT 16 UNITS SUBCUTANEOUSLY EVERY DAY AT BEDTIME Patient-reported medication			
NovoLIN R FlexPen 100 UNIT/ML solution pen-injector Patient-reported medication		3/2/2022	
metFORMIN (GLUCOPHAGE) 1000 MG tablet Patient-reported medication		3/2/2022	

Current Medications

	Taking?	Last Dose
amitriptyline (ELAVIL) 50 MG tablet	✓	Taking
atorvastatin (LIPITOR) 20 MG tablet	✓	Taking
gabapentin (NEURONTIN) 300 MG capsule	✓	Taking
Ibuprofen (ADVIL,MOTRIN) 600 MG tablet	✓	Taking
Levemir FlexTouch 100 UNIT/ML solution pen-injector	✓	Taking
metFORMIN (GLUCOPHAGE) 1000 MG tablet	✓	Taking
NovoLIN R FlexPen 100 UNIT/ML solution pen-injector	✓	Taking

Medical History

Diagnosis	Date	Comment	Source
Diabetes mellitus (CMS/HCC)			
High cholesterol			
Hypertension			
Migraine			
Work related injury			

Surgical History

Procedure	Laterality	Date	Comment	Source
EYE SURGERY			for stitches and to help close	
FACIAL FRACTURE SURGERY				
NOSE SURGERY				

Tobacco Use

Never smoked or used smokeless tobacco.

Vaping Use

Never used

Alcohol Use

Yes.
Comments: rare

Drug Use

Never.

Family History as of 5/26/2022

No family history on file.

Social Identity

Preferred Language	Ethnicity	Race
Spanish	Hispanic or Latino	Other

Social Documentation

No social documentation on file.

Base Eye Exam

Lopez Vasquez, Hector (MRN 2002480767) DOB: [redacted] Encounter Date: 05/26/2022

Base Eye Exam (continued)

Visual Acuity (Snellen - Linear)

	Right	Left
Dist sc	20/50 -1	20/25
Dist ph sc	20/25	
Near sc	J2	J10

Pupils

	Dark	Light	Shape	React	APD
Right	5	4	Round	Brisk	None
Left	5	4	Round	Brisk	None
BFW					

Tonometry (Icare, 9:24 AM)

	Right	Left
Pressure	15	16

Visual Fields (Counting fingers)

Right	Left
Full	Full

Extraocular Movement

Right	Left
Full	Full

OD slight discomfort looking to far right, bothers stitches

Neuro/Psych

Oriented x3: Yes
Mood/Affect: Normal

Edited by: Kelly Hatley; Brian White, MD

Additional Tests

Color

	Right	Left
Ishihara	12/12	12/12

Stereo

Fly: -
Animals: 0/3
Circles: 0/9

Edited by: Kelly Hatley

Strabismus Exam

Method: Prism/Cover Correction: sc	Distance	Near X' 2 Ortho	Near +3DS	N Bifocals
	0 0 0	X flick Ortho	0 0 0	
X flick Ortho	0 ◯ 0	X flick Ortho	0 ◯ 0	X flick Ortho
	0 0 0	X flick Ortho	0 0 0	

Full motility. Trace exophoria that is comitant and slightly increases at near. Unreliable stereopsis. No diplopia.
Edited by: Brian White, MD

Slit Lamp and Fundus Exam

External Exam

	Right	Left
External	**See note**	Normal

Complete right facial palsy with diminished pinprick sensation in right V1-3 compared to left. Cranial nerves 9, 10, 11, and 12 normal.

Pen Light Exam

	Right	Left

Slit Lamp and Fundus Exam (continued)

Lids/Lashes	**Mild lagophthalmos and mild lid edema**	Normal
Conjunctiva/Sclera	White and quiet	White and quiet
Cornea	Clear with temporal scar	Clear
Anterior Chamber	Deep and quiet	Deep and quiet
Iris	Round and reactive	Round and reactive

Edited by: Brian White, MD

Problem List as of 5/26/2022

Tympanic membrane perforation, right
Dysfunction of right eustachian tube
Facial paralysis on right side
Facial pain
Sinus pressure
Nasal congestion
Deviated nasal septum
Diabetes mellitus type 2 without retinopathy (CMS/HCC)
Multiple fractures of facial bones (CMS/HCC)
Traumatic brain injury with loss of consciousness (CMS/HCC)
Exposure keratitis
Closed head injury

Visit Diagnoses

	Codes	Comments
Traumatic brain injury with loss of consciousness, sequela (CMS/HCC) - Primary	ICD-10-CM: S06.9X9S ICD-9-CM: 907.0	
Subarachnoid hemorrhage following injury, with loss of consciousness, sequela (CMS/HCC)	ICD-10-CM: S06.6X9S ICD-9-CM: 907.0	
Facial paralysis on right side	ICD-10-CM: G51.0 ICD-9-CM: 351.0	
Lagophthalmos, paralytic, right	ICD-10-CM: H02.233 ICD-9-CM: 374.21	
Trigeminal nerve disorder	ICD-10-CM: G50.9 ICD-9-CM: 350.9	
Exophoria	ICD-10-CM: H50.52 ICD-9-CM: 378.42	

Progress Notes

Brian White, MD

Status: Signed

		ICD-10-CM	ICD-9-CM
1.	**Traumatic brain injury with loss of consciousness, sequela (CMS/HCC)**	**S06.9X9S**	**907.0**
2.	Subarachnoid hemorrhage following injury, with loss of consciousness, sequela (CMS/HCC)	S06.6X9S	907.0
3.	Facial paralysis on right side	G51.0	351.0
4.	Lagophthalmos, paralytic, right	H02.233	374.21
5.	Trigeminal nerve disorder	G50.9	350.9
6.	Exophoria	H50.52	378.42

Progress Notes (continued)

Brian White, MD (continued)

Hector Lopez Vasquez is a 49 y.o. male who presents for neuro-ophthalmic evaluation following closed head injury after a fall at work. A large roll of paper fell onto him and he sustained intracranial hemorrhage and facial bone fractures with a right facial palsy. He has been evaluated by Dr. Bhend who noted normal vision with correction. His right facial palsy has been managed by Dr. Cuite with lid weight placed for lagophthalmos.

Pertinent past medical history:
- diabetes mellitus type 2
- hyperlipidemia

Today, he is here with his wife and a Spanish interpreter. His main complaint is the pain in his head/neck and around the right eye. He was started on amitriptyline 50 mg nightly and gabapentin 600 mg three times daily by Dr. Desai (dose of gabapentin just increased last week). It has helped some, but not completely. He still experiences right neck/trapezius pain with head/neck movements. He develops right facial pain when he creates pressure or blows his nose. He appreciates a "crunching sound" and the sensation of air moving out of his right ear when he blows his nose. He has not yet started physical therapy for the neck or body, but apparently there are plans to begin once cleared by worker's compensation.

He reports compliance with both artifical tears as needed and ophthalmic gel lubricant nightly.

Prior work-up:
CT head 2/18/22 (Atrium):
IMPRESSION:
1. Highest BIG Category based on imaging findings: BIG 3
2. **Subdural hematoma measuring up to 7 mm along the cerebral convexity on the right. Subdural hematoma along the falx measuring 4 mm with thin right tentorial leaflet subdural hematoma.**
3. **Traumatic subarachnoid hemorrhage along the anterior frontal lobes as well as the right cerebral convexity.**
4. **Hemorrhagic contusion involving the inferior left frontal lobe** measuring about 1.1 cm.
5. **Fractures involving the cribriform plate, sphenoid body with extension towards the right ICA with air located along the right cavernous ICA.** CTA recommended. Diastasis of the right lambdoid suture with air located along the right transverse sinus raising the possibility of dural venous sinus injury.
6. Numerous additional facial fractures as detailed above. LeFort type 2 fracture pattern on the left.
7. Right temporal bone fracture appearing to involve the middle ear cavity and extending along the area of the facial nerve.

Please see subsequent pages for neuro-ophthalmic exam findings.

Assessment:
Hector's main neuro-ophthalmic concern is pain. He has multiple factors for pain: fracture, cranial nerve 5 dysfunction, and musculoskeletal injury. I agree with his current management and believe that he would greatly benefit from initiation of physical therapy as soon as possible with focus on the right neck, paraspinal muscles, and trapezius. He is on appropriate therapy since he likely has a component of neuropathic pain as well, but given that gabapentin was just increased last week we need to allow 3-4 more weeks before assessing efficacy and determining the need for additional increases. His facial palsy is well managed. His eye is healthy and there is no evidence of traumatic optic neuropathy. He has full ocular motility and minimal exophoria that is likely unrelated to the trauma. I informed him that this may take 1 year to recover and may not recover fully. He may require referral for facial reanimation in the future.

Progress Notes (continued)

Brian White, MD (continued)

Plan:
- Agree with plans for physical therapy since he primarily has musculoskeletal pain in the right paraspinal and trapezius region. This should be scheduled as soon as possible to begin work on his neck.
- Since gabapentin has been partially effective, then I agree with continued increase if after 3-4 week he hasn't appreciated improvement.
- Continue artifical tears and ophthalmic gel lubricant as previously instructed
- Consider referral for facial reanimation in the future depending upon improvement
- Return in about 6 weeks (around 7/7/2022) for follow-up of right neck pain and trigeminal disorder.
- Today's note was sent to Ernest Merrow Bhend, MD and Dr. Culte and Dr. Desai

Brian White, MD
Brian F. White, MD
Neuro-ophthalmologist
Charlotte Eye Ear Nose and Throat Associates (CEENTA)

CEENTA COVID practice guidelines were followed during the care of this patient.

Electronically signed by Brian White, MD at 5/26/2022 10:42 AM

Orders Placed in This Encounter

Normal Orders This Visit

OCT, Optic Nerve - OU - Both Eyes

Questions:

After exam, patient is to return to: Clinic

OCT, Optic Nerve - OU - Both Eyes

Right Eye
Reliability was good.

Left Eye
Reliability was good.

Notes
Normal retinal nerve fiber layer thickness in both eyes. No evidence of traumatic optic neuropathy

Instructions

Return in about 6 weeks (around 7/7/2022) for follow-up of right neck pain and trigeminal disorder.
After Visit Summary (Printed 5/26/2022)

Encounter electronically signed by Brian White, MD at 5/26/2022 10:42 AM

CAROLINA NeuroSurgery & Spine ASSOCIATES
NEUROSURGERY • PHYSIATRY • PHYSICAL THERAPY • IMAGING

PATIENT REGISTRATION

Physician Steffen
Date: 3/16/22 Int: PCH
Account # 666 1010

Can we leave a detailed message on voicemail? ☐ Yes ☐ No

Name: Lopez-Vasquez Hector 803-818-8073 [Andrea-Daughter]
Last First MI Primary Phone Secondary Phone

302 Charlotte Street York, SC 29745
Address City State Zip Code

Email Address _____ Do you live alone? ☐ Yes ☑ No Birthdat [redacted] Age 48

Sex: ☑ Male ☐ Female Ethnicity: ☑ Hispanic or Latino ☐ Not Hispanic or Latino ☐ Unknown

Race: ☐ American Indian or Alaska Native ☐ Black or African American ☐ Native Hawaiian or Other Pacific Islander
☐ Asian ☑ White ☐ Unknown / Other

Occupation Paper H Employer Ox Paper Tube's Core Carolina Length of employment _____

Business Address 1315 Hunter St York, SC

Name of Spouse, Parents, Significant Other Juliana, Andrea [25yo daughter-Speaks English]

Referring Physician W/C

Primary Care Physician

Phone _____ Phone _____

Which is your preferred hospital, if a procedure is required? CMC Main

CURRENT CHIEF COMPLAINT: Sore Throat Headache RX

When did your pain start? 2-18-22 Date of injury 2-18-22 How did symptoms start _____

Pain began: ☐ Suddenly ☐ Gradually ☐ Chronic Related to: ☐ Job ☐ Accident ☐ Unsure ☐ Other:

CURRENT MEDICAL PROBLEMS (Check all that apply):

☐ AIDS / HIV	☑ Diabetes – Type I or Type II	☐ Irregular Heartbeat	☐ Seizures
☐ Arthritis / Gout	☐ Depression	☐ Liver or Kidney Problems	☐ Stroke
☐ Asthma	☐ Emphysema / COPD	☐ Neuropathy	☐ Thyroid Disease
☐ Bleeding Condition	☐ Glaucoma	☐ Osteoporosis	☐ Ulcers or Reflux
☐ Blood clots / DVT	☐ Heart Disease or Heart Attack	☐ Pacemaker or heart valve	☐ Other _____
☐ Cancer (Type/Location)	☐ High Blood Pressure	☐ Pancreatitis	_____

MEDICAL HISTORY:

List Surgeries (Include dates):

1. Ø
2.
3.
4.

Medications you are currently taking:
(include dosage, supplements and over the counter drugs)

1. See CMC Medication List
2.
3.
4.
5.
6.
7.
8.

Other Illnesses requiring hospitalizations (include dates):

1. Ø
2.
3.
4.
5.
6.
7.

Medication Allergies ☑ Yes ☐ No. If yes, please list:

1. Tetracycline
2.
3.

Are you allergic to ADHESIVE TAPE? ☐ Yes ☑ No.

Are you allergic to LATEX? ☐ Yes ☑ No.

Are you allergic to CTContrast/ Kidney Dye/ Iodine ☐ Yes ☐ No.

Are you allergic to Gadolinium/ MRI Contrast? ☐ Yes ☐ No.

Pharmacy Name: Walmart Phone: 803 684 5282

May we have consent to access your medication history? ☐ Yes ☐ No.

REVIEW OF SYSTEMS: Please check YES or NO if you have had these in the last 6 months:

		Y	N		Y	N		Y	N
Constitutional:	Recurrent fevers			Fatigue	X		Weight loss / gain	X	
Skin:	Rash		X	Ulceration		X	Excessive dryness	X	
Hematologic:	Bruising DUE TO ACCIDENT	X		Easy bleeding		X	Swollen glands		X
Endocrine:	Tremors		X	Hair loss		X	Generalized weakness	X	
Eyes:	Blurry	X		Dry eyes	X		Excess tearing	X	
ENT:	Ringing ears RT	X		Bloody noses	X		Trouble swallowing	X	
Cardio:	Chest pain		X	Racing heart		X	Leg swelling	X	
Respiratory:	Coughing		X	Congestion	X		Short of breath		X
GI:	Tarry stools		X	Bloody stools DUE TO ACCIDENT	X	X	Abdominal pain		X
Urinary:	Frequency		X	Blood urine		X	Burning		X
Allergies / Immun:	Asthma		X	Hives		X	Hay fever		X
Mus / Skeletal:	Muscle pain	X		Joint pain	X		Joint swelling		X
Neurological:	Dizziness	X		Facial pain	X		Headaches	X	
Psychiatric:	Depression	X		Anxiety		X	Mood Swing	X	

Physician Stetler Date: 3/16/22

Int: PCM Account # 661010

IMMEDIATE FAMILY HISTORY:

Do you live with your spouse? ☒ Yes ☐ No Do you have children? ☒ Yes (6) ☐ No. If so, list below

CHILDREN	AGE	HEALTH	PROBLEM
ANDREA	25	☒ Good	
OSCAR		☒ Good	
SILVIA		☒ Good	
ARTHUR		☒ Good	
RONALDO		☒ Good	

Do any blood relatives have the following major health problems? If yes, Who?

☐ AIDS ☐ Diabetes ☐ Migraine headaches

☐ Aneurysm / Brain ☐ Epilepsy ☐ Neurofibromatosis

☐ Asthma ☐ Heart Attack ☐ Polycystic kidney

☐ Bladder disease ☐ Heart problem ☐ Psychological disorder

☐ Blood vessel disease ☐ High blood pressure ☐ Spina bifida

☐ Cancer ☐ Lung disease ☐ Stroke

Type: Type: ☐ Other

☐ Degenerative disc disease

Are there any hereditary diseases in your family that you are aware of? ☐ Yes ☐ No. If yes, please list:

SOCIAL HISTORY:

Marital Status: ☒ Married ☐ Separated ☐ Divorced ☐ Single ☐ Widowed

Tobacco Use: ☒ None ☐ Smoke ____ pack per day ____ Years smoked ☐ Chewing Tobacco / Snuff ☐ Cigars

Did you ever smoke? ☒ Yes ☐ No If yes, when did you quit? 6 YEARS AGO

Alcohol use: ☒ None ☐ Occasional / Social ☐ Daily

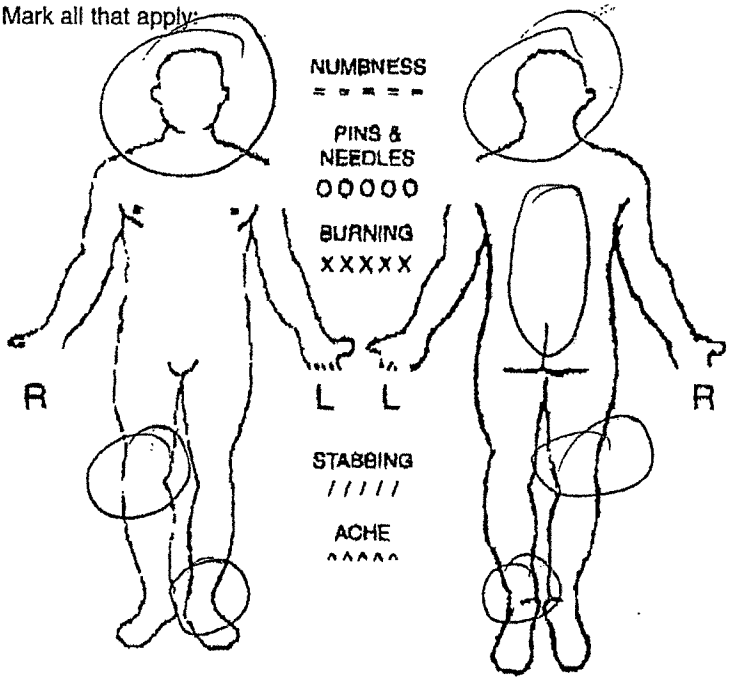
Are you pregnant? ☐ Yes ☐ No Is it possible that you could be pregnant?

Height 7.5 Weight 138 One year ago? Maximum weight? When?

Hand Preference: ☒ Right ☐ Left

FOR SPINE PATIENTS ONLY — WHERE IS YOUR PAIN NOW:

Mark all that apply:



	worse	better
Walking	☐	☐
Standing	☐	☐
Sitting	☐	☐
Lying down	☐	☐
Bending	☐	☐
Bowel Movement	☐	☐
Driving	☐	☐
Coughing / Sneezing	☐	☐
Rising from sitting	☐	☐
Home Remedy	☐	☐

VISUAL ANALOG SCALE

Please indicate on the scale below your level of pain with 10 being the worst. Use an "X" to indicate your most severe pain, and use an "O" to indicate your average amount of pain.

RATE YOUR PAIN

None 0 1 2 3 4 5 6 7 8 9 10 Worst

Pain in arm(s) / leg(s) compared to neck / back: ☐ More than ☐ Same as ☐ Less than

Is there weakness of your arms / legs? ☒ Yes ☐ No

How long can you sit with no / minimal pain? 1 hour How long can you stand with no / minimal pain? _____

How far can you walk with no / minimal pain? 15 min

Have you had trouble controlling your bowels or bladder? ☐ Yes ☒ No If yes, is this a new problem? ☐ Yes ☐ No

In the past twelve months, have you had Physical Therapy, Chiropractic, Medications, Steroid Injections or Imaging studies for your pain?

☐ Yes ☒ No If yes, please check below and include last date of treatment.

	Dates of treatment		Dates of treatment		Dates of treatment		Dates of treatment
☐ None		☐ Discogram		☐ Non-narcotic meds		☐ Pain Management	
☐ MRI		☐ EMG / NCS		☐ Narcotic meds		☐ Holisitc Medicine	
☐ CT		☐ Bloodwork		☐ Physical Therapy		☐ Massage Therapy	
☐ Myelogram		☐ Epidural		☐ Chiropractic		☐ Accupuncture	
☐ X-Rays		☐ Facet Block		☐ Traction / Decompression		☐ Bracing	
☐ Bone Scan		☐ Steroid Injections		☐ Exercise Program		☐ Tens Unit	
	Describe/ List		Dates of treatment		Describe/ List		Dates of treatment
☐ Other				☐ Other			

The above information is accurate and complete to the best of my knowledge and is only for use in my treatment, billing, and processing of insurance for benefits for which I am entitled. I will not hold my physician or any member of his or her staff responsible for any errors or omissions that I may have made in the completion of this form.

Date: 03/16/22 Patient's Signature _____

Date: _____ Physician's Signature _____

CAROLINA
NeuroSurgery & Spine
ASSOCIATES

225 Baldwin Avenue
Charlotte, NC 28204-3109
Phone: (704)376-1605

Date: March 9, 2022

To: CNSA Charlotte Office
Phone: (704)376-1605
Fax: (704)335-8448

From: Erica Henderson

Patient Name: Hector Lopez Vasquez
DOB: [redacted]
MRN: 000000-661010

Date and Time of Study: 03/16/2022 at 2:00 PM
Location: CNSA Charlotte Office
Return Visit: same day 03/16/2022 with William R Stetler Jr, MD

Scheduled For:

1. CTA Head With & W/o Contrast
   Brain aneurysm I67.1
   Comments:

Ordered by:



William R. Stetler Jr MD 03/09/2022

CAROLINA
NeuroSurgery & Spine
ASSOCIATES

225 Baldwin Avenue
Charlotte, NC 28204-3109
Phone: (704)376-1605

Patient ID: 000000--661010
Patient: Hector Lopez Vasquez
Visit Type: Office Visit
Provider: William R. Stetler Jr MD
Historian: interpreter

Date of Birth: [redacted]
Date: 03/16/2022 02:30 PM

This 48 year old male presents for aneurysm and subarachnoid hemorrhage.

HISTORY OF PRESENT ILLNESS:

1. aneurysm
2. subarachnoid hemorrhage

This is a 48-year-old male who suffered a work related injury plan a large roll of paper fell on his face. He suffered cribriform plate fractures, multiple facial injuries and fractures of his mid face, traumatic subarachnoid hemorrhage, was noted to have an incidental left cavernous segment aneurysm. He is returning for follow-up today. He has mild headaches are improving. He has had some intermittent bloody drainage from his nose from his facial injuries, but has not had any clear fluid leak out of his nose at any point. His headaches are improving. No fevers or chills. He is scheduled to see the plastic surgery team regarding his facial injuries in the near future. He is also following with ENT, and I think also Ophthalmology. His case managers with him, is going to follow-up to ensure that he has these follow-up appointments with ENT and Ophthalmology. He has not had any seizures, loss consciousness, etcetera.

PAST MEDICAL/SURGICAL HISTORY: (Detailed)

Disease/disorder	Onset Date	Management	Date	Comments
		s/p facial reconstruction		
left ICA aneurysm				
Pneumocephalus				
SDH				
Traumatic cranial SAH				

PAST MEDICAL HISTORY, SURGICAL HISTORY, FAMILY HISTORY, SOCIAL HISTORY AND REVIEW OF SYSTEMS

I have reviewed the patient's past medical, surgical, family and social history as well as the comprehensive review of systems as included on the Carolina NeuroSurgery & Spine Associates history form dated 03/16/2022, which I have signed.

Family History:

(Detailed)

Patient reports there is no relevant family history.

Social History: (Detailed)

Tobacco use reviewed.

Preferred language is Spanish; Castilian.

Tobacco use status: Current non-smoker.

Smoking status: Never smoker.

SMOKING STATUS

Type	Smoking Status	Usage Per Day	Years Used	Total Pack Years
	Never smoker			

Advance Directives:
Reviewed

MEDICATIONS: *(added, continued or stopped this visit)*

Started	Medication	Directions	Instruction	Stopped
	acetaminophen 325 mg capsule	take 2 tablet PO every 6 hours		
	acetaminophen 500 mg capsule	take 2 capsule by oral route every 6 hours as needed		03/16/2022
	amitriptyline 10 mg tablet	take 2 tablet by oral route 3 times every day at bedtime		
	atorvastatin 10 mg tablet	take 2 tablet by oral route every day		
	docusate sodium 50 mg/5 mL oral liquid	take 10 milliliter by oral route every day at bedtime as needed		
	gabapentin 300 mg capsule	take 1 capsule by oral route 3 times every day		
	Levemir FlexTouch U-100 Insulin 100 unit/mL (3 mL) subcutaneous pen	inject by subcutaneous route per prescriber's instructions. Insulin dosing requires individualization.		
	metformin 500 mg tablet	take 2 tablet by oral route 2 times every day with morning and evening meals		
	methocarbamol	take 1.5 tablet by oral route		

	500 mg tablet	every 8 hours	
	Novolin 70/30 U-100 Insulin 100 unit/mL subcutaneous suspension	inject by subcutaneous route as per insulin protocol	
	oxycodone 10 mg tablet	take 0.5 tablet by oral route every 4 hours as needed	
03/16/2022	polyethylene glycol 3350 17 gram oral powder packet	take 1 packet by oral route every day mixed with 8 oz. water, juice, soda, coffee or tea	
	prednisone 1 mg tablet	take 1 tablet by oral route every day	03/16/2022
	senna 8.6 mg tablet	take 1 tablet by oral route BID	

ALLERGIES:

Ingredient	Reaction	Medication Name	Comment
TETRACYCLINE			

Reviewed, updated.

PHYSICAL EXAM:

Vitals

Date	Temp F	BP	Pulse	Ht In	Wt Lb	BMI	BSA	Pain Score
03/16/2022				66	137	22.11		2/10

PHYSICAL EXAM Details

General

Level of Distress: no acute distress
Overall Appearance: normal

Respiratory

Lungs: normal

Neurological

Orientation: normal
Recent and Remote Memory: normal
Attention Span and Concentration: normal
Language: normal
Fund of Knowledge: normal

	Right	Left
Sensation:	normal	normal
Upper Extremity Coordination:	normal	normal
Lower Extremity Coordination:	normal	normal

Musculoskeletal

Gait and Station:	Limps on the right, walks with a walker	
	Right	**Left**
Upper Extremity Muscle Strength:	normal	normal
Lower Extremity Muscle Strength:	normal	normal
Upper Extremity Muscle Tone:	normal	normal
Lower Extremity Muscle Tone:	normal	normal

Gaze Normal

Horizontal Gaze Stability:	normal
Horizontal Nystagmus:	present
Vertical Gaze Stability:	normal
Vertical Nystagmus:	present
Near Point Convergence:	normal

Sensory

Sensation was tested at C2 to T1 and L1 to S1.

Cranial Nerves

II. Optic Nerve/Visual Fields:	normal
III. Oculomotor:	normal
IV. Trochlear:	normal
V. Trigeminal:	normal
VI. Abducens:	normal
VII. Facial:	Complete peripheral right facial palsy
VIII. Acoustic/Vestibular:	normal
IX. Glossopharyngeal:	normal
X. Vagus:	normal
XI. Spinal Accessory:	normal
XII. Hypoglossal:	normal

Motor and other Tests

Pronator drift: absent

	Right	**Left**
Hoffman's:	absent	absent

Additional Findings:

No drainage from his nose when bending forward.

DIAGNOSTIC RESULTS:

Repeat CT angiogram today shows unchanged appearance to a tiny left cavernous segment ICA aneurysm, that actually looks more like an infundibulum and a true aneurysm. He has had resolution of the subarachnoid hemorrhage blood products, subdural hematoma, etcetera. He does not have any pneumocephalus to suggest stigmata of CSF leak. The

films were independently reviewed

IMPRESSION:

Traumatic subarachnoid, subdural hemorrhage, resolved
Cribriform plate fracture, no evidence of CSF leak
Incidental, asymptomatic possible tiny left cavernous ICA aneurysm versus infundibulum

PLAN:

With respect to his traumatic brain injury, he requires no further surgical intervention. He thankfully has not had any evidence of CSF leak at any point, certainly has none today. If he does develop clear drainage from his nose, he knows to call us. We did use an interpreter for this entire visit, so that we would make sure that there is no instructions were lost in translation.
With respect to his facial palsy, I would recommend he see ENT, and ophthalmology, as he is having trouble with complete eye closure on the right side. I have reiterated the need for this to the both the patient as well as his case worker. The case worker indicates that she does feel that he is seeing both of these, but she will double check and ensure that this is the case.

With respect to his tiny cavernous ICA aneurysm versus infundibulum, this abnormalities clearly in the cavernous segment, is therefore extradural. This therefore poses in no risk to the intracranial hemorrhage. We did discussed in layman's terms what a carotid cavernous fistula would look like, they do know to call should this develop in this very unlikely event. I do suspect that this is an infundibulum does not even represent aneurysm.

With respect to his traumatic brain injury, he requires no surgical intervention. He thankfully made a good recovery. He has no restrictions from my perspective on this. While certainly he is nowhere close to being able to return to work from all of his other injuries, I do think from a traumatic brain injury perspective, he could return to any form of work in the oncoming months, should this have been his only isolated injury.

Assessment/Plan

#	Detail Type	Description
1.	Assessment	Cerebral aneurysm, nonruptured (I67.1).
2.	Assessment	Traumatic brain injury with loss of consciousness, subsequent encounter (S06.9X9D).

Pain Management Plan

Pain Scale: 2/10.
Method: Numeric Pain Intensity Scale.
Location: headache.
Onset: 03/16/2022.
Duration: varies.
Quality: aching.
Pain management follow-up plan of care: Per plan of care..

MEDICATIONS PRESCRIBED TODAY

		Rx Quantity	Refills
POLYETHYLENE GLYCOL 3350	17 gram	0	0

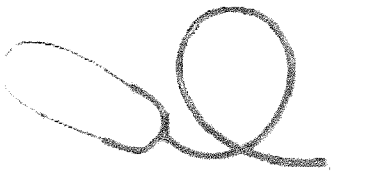
Provider: William R. Stetler Jr MD 03/31/2022 11:00 AM

Dictation edited by: Erica Henderson

CC Providers:
PCP None

Ron Sing
CMC Surgery
1025 Morehead Medical Dr., Ste 275
Charlotte, NC 28204-

LOPEZ VASQUEZ, HECTOR **DOB:** [redacted] (48 yo M) **Acc No.** 16734 **DOS:** 03/18/2022



LOPEZ VASQUEZ, HECTOR

Chayla F Reyes, PA-C

Taking
- Sodium Chloride 0.65 % Solution 1 spray each nostril Nasally as needed, Notes: nasal spray
- Senna 8.6 MG Tablet 1 tablet at bedtime as needed Orally 2 times a day
- Polyethylene Glycol 3350 17 GM/SCOOP Powder as directed Orally Once a day
- Methocarbamol 750 MG Tablet 1 tablet Orally every 8 hrs
- NovoLIN R FlexPen 100 UNIT/ML Solution Pen-injector as directed subq TID, Notes: 10 units subq tid before meals. Do not take if blood sugar s less than 140
- Levemir FlexTouch 100 UNIT/ML Solution Pen-injector as directed Subcutaneous qhs, Notes: 16 units subq qhs
- Gabapentin 300 MG Capsule 1 capsule Externally every 8 hours
- Docusate Sodium 100 MG/10ML Liquid 10 ml as needed Orally BID
- Amitriptyline HCl 50 MG Tablet 1 tablet at bedtime Orally Once a day
- Acetaminophen 325 MG Tablet 2 tablet as needed Orally every 6 hrs
- True Metrix Blood Glucose Test - Strip as directed In Vitro TID, Notes: 90 day supply please
- Unifine Pentips 32G X 4 MM Miscellaneous as directed subq TID, Notes: 90 day supply please
- Loratadine 10 MG Tablet 1 tablet Orally Once a day, Notes: Please print instructions in Spanish.
- Atorvastatin Calcium 20 MG Tablet 1 tablet Orally Once a day, Notes: Please print instructions in Spanish.
- metFORMIN HCl 1000 MG Tablet 1 tablet with a meal Oral Twice a day

Not-Taking
- glipiZIDE 10 MG Tablet 1 tablet 30 minutes before breakfast Oral Once a day
- Actos 45 MG Tablet 1 tablet Orally Once a day, Notes: Spanish instructions please

1. CHC Tr- med refills

Notes:
Mr. Lopez Vasquez is a 48 yo M Pt with history of DM 2 who presents for follow up
-Pt states he experienced an accident at work where a 500 lb rolling paper press fell on the patient's head.
-Pt experienced multiple injuries including multiple facial fractures, SAH and SDH
-Pt accompanied by wife and patient walking with walker
-Pt states he was feeling a little down but is feeling better since previous provider increased Amitriptyline
-Pt states he is participating in PT and OT and does not report other concerns or complaints this visit.

Temp **98.0 F**, HR **94 /min**, BP **102/80 mm Hg**, Oxygen sat % **99 %**, Ht 66.00 in, Wt **140.4 lbs**, BMI **22.66 Index**.

General Examination:
GENERAL APPEARANCE: alert, pleasant, well nourished, presented with walker.
HEAD: Noted traumatic head injury.
EYES: Irregular eye movements noted.
HEART: no murmurs, rubs, gallops, regular rate and rhythm, S1, S2 normal.
LUNGS: clear to auscultation bilaterally, good air movement, no wheezes, rales, rhonchi, no visible labored breathing or distress. no audible wheezing. pt speech unaffected..
ABDOMEN: normal, bowel sounds present, no organomegaly, soft, nontender, nondistended, No visible distenstion/ soft appearing. nontender to palpation by pt..
EXTREMITIES: no clubbing, cyanosis, or edema.

1. Type 2 diabetes mellitus without complications - E11.9 (Primary)
2. Unspecified injury of head, subsequent encounter - S09.90XD

LOPEZ VASQUEZ, HECTOR **DOB:** [redacted] (48 yo M) **Acc No.** 16734 **DOS:** 03/18/2022

Medication List reviewed and reconciled with the patient

Past Medical History

Diabetes mellitus.
HTN.

Surgical History

Nasal surgery due to accident at work 02/22

Family History

Father: alive 71 yrs
Mother: alive 69 yrs, diagnosed with DM
2 sister(s) - healthy. 3 son(s) , 3 daughter(s) - healthy.
Non-Contributory

Social History

Tobacco Use:
Tobacco Use/Smoking
Are you a: *never smoker*
Drugs/Alcohol:
Drugs
Have you used drugs other than those for medical reasons in the past 12 months? *No*
Are you a recovering Alcohol or Drug Addict? *No*
Alcohol Screening
Do you drink alcohol? *No*

Patient does not smoke cigarettes/drink alcohol, or use any drugs
Patient has only 1 sex partner (wife)- No condom use.

Allergies

Tetracyclines: Allergy

Hospitalization/Major Diagnostic Procedure

diabetes diagnosis 2013
work accident, admitted in CMC, Charlotte, NC x 12 days. New meds given 02/18/22

Review of Systems

General/Constitutional:
Chills denies. Fever denies. Night sweats denies.
Cardiovascular:
Chest pain denies. Irregular heartbeat denies.
Ophthalmologic:
Blurry vision denies. Diminished visual acuity denies.
Neurologic:
Dizziness denies. Headache denies.
Respiratory:
Cough denies. Shortness of breath denies.

Treatment

1. Type 2 diabetes mellitus without complications
Refill NovoLIN R FlexPen Solution Pen-injector, 100 UNIT/ML, as directed, subq, TID, 90 days, 90, Refills 1, Notes: Spanish instructions please. 10 units subq tid before meals. Do not take if blood sugar s less than 140. Supply for 90 days
Refill Levemir FlexTouch Solution Pen-injector, 100 UNIT/ML, as directed, Subcutaneous, qhs, 90 days, 90, Refills 1, Notes: Spanish instructions please. 16 units subq qhs. Supply for 90 days
Refill Atorvastatin Calcium Tablet, 20 MG, 1 tablet, Orally, Once a day, 90 days, 90 Tablet, Refills 1, Notes: Please print instructions in Spanish.
Stop glipiZIDE Tablet, 10 MG, 1 tablet 30 minutes before breakfast, Oral, Once a day
Refill metFORMIN HCl Tablet, 1000 MG, 1 tablet with a meal, Oral, Twice a day, 90 days, 180 Tablet, Refills 1
Stop Actos Tablet, 45 MG, 1 tablet, Orally, Once a day, Notes: Spanish instructions please
LAB: Hemoglobin A1c
Clinical Notes: - Uncontrolled. A1c today 11.1. Last A1c on 8/12/2021 was 12.4
- Continue Metformin, Levemir and Novolin prescribed
- Stop Glipizide and Actos
- CMP and urine micro UTD
- Foot exam UTD
- Eye exam referral placed 1/20/21
- F/U 3 month.

2. Unspecified injury of head, subsequent encounter
Clinical Notes: -Pt to continue follow ups with specialists as recommended
-Pt to also continue PT and OT
-F/U at next visit.

Labs

Lab: Hemoglobin A1c

Hemoglobin A1c	11.1

Procedure Orders

83036 CHC GLYCOSYLATED HEMOGLOBIN TEST

Follow Up

3 Months (Reason: DM 2)

Care Plan Included

Wayne Lyn, PA-C

Electronically Signed By C 03/18/2022

LOPEZ VASQUEZ, HECTOR **DOB:** [redacted] (48 yo M) **Acc No.** 16734 **DOS:** 03/18/2022

Gastrointestinal:
Abdominal pain denies.
Constipation denies. Diarrhea denies.
Nausea denies. Vomiting denies.
All others negative except those mentioned in HPI.

Electronically signed by Shaylo Reyes , PA-C on 03/23/2022 at 02:15 PM EDT

Sign off status: Completed

Affinity Health Center - Main
455 LAKESHORE PKWY
ROCK HILL, SC 297304285
Tel: 803-909-6363
Fax: 803-909-6364

LOPEZ VASQUEZ, HECTOR **DOB**: [redacted] (48 yo M) **Acc No.** 16734 **DOS:** 04/04/2022

LOPEZ VASQUEZ, HECTOR

Progress Note: Shaylo P Reyes, PA-C 04/04/2022 48 Y old Male, DOB: [redacted]
Note created by eClinicalWorks EMR/PM Software (www.eClinicalWorks.com) Account Number: 16734
302 CHARLOTTE ST, YORK, SC-29745-1317
Home: 803-818-8636
Guarantor: LOPEZ VASQUEZ, HECTOR Insurance: Blue Cross Blue Shield SC Payer ID: 57058
Appointment Facility: Affinity Health Center - Main

04/04/2022 Shaylo P Reyes, PA-C
Check In: 11:31 AM EST Check Out: 12:03 PM EST

Current Medications
Taking
- NovoLIN R FlexPen 100 UNIT/ML Solution Pen-injector as directed subq TID. Notes: Spanish instructions please. 10 units subq tid before meals. Do not take if blood sugar s less than 140. Supply for 90 days
- Levemir FlexTouch 100 UNIT/ML Solution Pen-injector as directed Subcutaneous qhs. Notes: Spanish instructions please. 16 units subq qhs. Supply for 90 days
- Atorvastatin Calcium 20 MG Tablet 1 tablet Orally Once a day. Notes: Please print instructions in Spanish.
- metFORMIN HCl 1000 MG Tablet 1 tablet with a meal Oral Twice a day
- Sodium Chloride 0.65 % Solution 1 spray each nostril Nasally as needed. Notes: nasal spray
- Senna 8.6 MG Tablet 1 tablet at bedtime as needed Orally 2 times a day
- Polyethylene Glycol 3350 17 GM/SCOOP Powder as directed Orally Once a day
- Methocarbamol 750 MG Tablet 1 tablet Orally every 8 hrs
- Gabapentin 300 MG Capsule 1 capsule Externally every 8 hours
- Docusate Sodium 100 MG/10ML Liquid 10 ml as needed Orally BID
- Amitriptyline HCl 50 MG Tablet 1 tablet at bedtime Orally Once a day
- Acetaminophen 325 MG Tablet 2 tablet as needed Orally every 6 hrs
- True Metrix Blood Glucose Test - Strip as directed In Vitro TID. Notes: 90 day supply please
- Loratadine 10 MG Tablet 1 tablet Orally Once a day. Notes: Please print instructions in Spanish.
- Unifine Pentips 32G X 4 MM Miscellaneous as directed subq TID. Notes: 90 day supply please
- Misc. Devices - Kit as directed SQ TID. Notes: One touch ultra test strips
- Misc. Devices - Kit as directed SQ TID. Notes: One Touch lancets

Reason for Appointment
1. Meds refills

History of Present Illness
Notes:
Mr. Lopez Vasquez is a 48 yo M Pt with history of DM 2 who presents for needing medication refills
-Pt's wife is accompanying patient
-Pt's wife states she needs a letter to provide for her place of work that indicates that she has been the Pts primary care giver after the accident
-Pt's wife states Pt is going to see the surgeon soon regarding when to have surgery.

Vital Signs
Temp **98.3 F**, HR **95 /min**, BP **123/86 mm Hg**, Oxygen sat % **98 %**, Ht 66.00 in, Wt **152.0 lbs**, BMI **24.53 Index**, Wt-kg 68.95 kg.

Examination
General Examination:
GENERAL APPEARANCE: alert, pleasant, well nourished, presented with walker.
HEAD: Noted traumatic head injury.
EYES: Irregular eye movements noted.
LUNGS: no visible labored breathing or distress. no audible wheezing. pt speech unaffected..
ABDOMEN: No visible distenstion/ soft appearing. nontender to palpation by pt..
EXTREMITIES: no clubbing, cyanosis, or edema.

Assessments
1. Type 2 diabetes mellitus without complications - E11.9

Treatment
1. Type 2 diabetes mellitus without complications
Refill True Metrix Blood Glucose Test Strip, -, as directed, In Vitro, QID, 90 days, 1, Refills 1, Notes: 90 day supply please
Refill Unifine Pentips Miscellaneous, 32G X 4 MM, as directed, subq, QID, 90 days, 1, Refills 1, Notes: 90 day supply please to use with insulin
Start Lancets Miscellaneous, -, as directed, subq, QID, 90 days, 1, Refills 1, Notes: 90 day supply
Clinical Notes: -Will provide letter to Pt's wife and scan into Pt's chart.

LOPEZ VASQUEZ, HECTOR **DOB:** [redacted] (48 yo M) **Acc No.** 16734 **DOS:** 04/04/2022

Follow Up

prn

Progress Note Shayko Reyes, PA-C 04/04/2022

Note generated by eClinicalWorks EMR/PM Software (www.eClinicalWorks.com)

Surgical History
Nasal surgery due to accident at work 02/22

Family History
Father: alive 71 yrs
Mother: alive 69 yrs, diagnosed with DM
2 sister(s) - healthy. 3 son(s) , 3 daughter(s) - healthy.
Non-Contributory

Social History
Tobacco Use:
Tobacco Use/Smoking
Are you a: *never smoker*
Drugs/Alcohol:
Drugs
Have you used drugs other than those for medical reasons in the past 12 months? *No*
Are you a recovering Alcohol or Drug Addict? *No*
Alcohol Screening
Do you drink alcohol? *No*

Patient does not smoke cigarettes/drink alcohol, or use any drugs.
Patient has only 1 sex partner (wife)- No condom use.

Allergies
Tetracyclines: Allergy

Immunizations/Vaccines

Assessment/Problems
diabetes diagnosis 2013
work accident, admitted in CMC, Charlotte, NC x 12 days. New meds given 02/18/22

Review of Systems
General/Constitutional:
Chills denies. Fever denies. Night sweats denies.
Cardiovascular:
Chest pain denies. Irregular heartbeat denies.
Respiratory:
Cough denies. Shortness of breath denies.
Gastrointestinal:
Abdominal pain denies. Constipation denies. Diarrhea denies. Nausea denies. Vomiting denies.
All others negative except those mentioned in HPI.

Shayko Reyes, PA-C

Electronically signed by Shayko Reyes , PA-C on 04/05/2022 at 03:32 PM EDT

Sign off status: Completed

Affinity Health Center - Main
455 LAKESHORE PKWY
ROCK HILL, SC 297304205
Tel: 803-909-6363
Fax: 803-909-6364

Affinity HEALTH CENTER

455 Lakeshore Parkway | Rock Hill, SC 29730 803.909.6363

Hector Lopez Vasquez
302 Charlotte Street
York, SC 29745

April 4, 2022

To Whom It May Concern:

Mr. Hector Lopez Vasquez DOB [redacted] is a patient under my care. I am said patients' primary care provider. Pt follows up with me every three months but since his work accident, has seen me more often. Pt is accompanied by his wife, Juliana Roldan Dimas who is the patient's primary care giver given the extent of the patient's injuries which include multiple facial fractures, intracranial hemorrhages and a traumatic brain injury. Pt will need his wife to help with his activites of daily living and will not be able to work at this time. Please feel free to contact me at the above number if you have any questions.

Sincerely,

Shaylo Reyes, PA-C

Affinity HEALTH CENTER

HECTOR LOPEZ VASQUEZ
302 CHARLOTTE ST
YORK SC 29745-1317

May 5, 2022

To Whom It May Concern:

Mr. Lopez DOB [redacted] is a patient under my care. Due to patients unforseen accident, Mr. Lopez's wife, Juliana Roldan Dimas is the patients primamry care giver. Given the extent of the patients injuries, she will need to provided constant care to the patient. Patient will be seen by the surgeon and we are unsure when Juliana is able to return to work as it is unknown how long the patient's recovry time will be. If you have any questions, please feel free to contact us at 803-909-6363

Sincerely,

Shaylo Reyes, PA-C