Appendix 28A ▪ Nurse Alternate Discipline Visit (ADV) Assessment Example

Participant Name: Sample Smith MSSP ID: 001
ADV Date: 6/25/2025
Staff Name/Title: Nurse Nelson, RN, NCM Staff Signature: N. Nelson, RN

Description of Participant and Home Environment:

The Participant (Ptp) appears well groomed and dressed appropriately for weather. He is alert and oriented to person, place, time and situation. His home has steps leading to the front door. His home appeared clean and organized with clear pathways. No safety hazards were noted. Ptp has the following equipment in place: shower/tub combo with grab bars, smoke and carbon monoxide detectors, and non-slip bath rugs. Denies having any new equipment needs.

Changes in Participant Condition
Please indicate below if there have been any changes since the last nursing visit.

1. Diagnoses: ☒ Yes ☐ No

If yes, describe:

Participant has developed Hypertension and Hyperlipidemia since last visit; previous diagnoses remain unchanged.

2. Medications: ☒ Yes ☐ No

If yes, describe:

Recorded 9 prescribed and 5 OTC medications; this is 2 more medications than last assessment. Ptp prescribed Lisinopril and Atorvastatin for new diagnoses. Reviewed medications with participant and discarded expired medications to prevent medication mismanagement. Participant verbalized understanding of how to take new medications.

3. Health: ☒ Yes ☐ No

(Note: Include changes in general health status, health practices, medical compliance, nutrition, physical activity, continence, problematic signs or symptoms, frequency and adequacy of health care)

If yes, describe:

Ptp reports decrease in activity since most recent fall. During Ptp's last visit with his Primary Care Provider, he had elevated blood pressure and cholesterol. PCP addressed and prescribed medications. Ptp continues to see psychiatrist for depression and anxiety; denies worsening symptoms of both.

4. Hospitalizations, SNF admissions, or ER visits: ☒ Yes ☐ No

If yes, describe:

Ptp treated in the ER for sprained wrist s/p fall on 2/20/25

5. Falls: ☒ Yes ☐ No

If yes, have fall incidents been reported on the CIR: ☒ Yes ☐ No

If yes, describe:

Ptp reports three falls in the last year including the one mentioned above when seen in the ER. Participant wears medical alert device and Primary

Care Provider is aware of the falls.

6. IHSS/Caregiver hours:

Indicate if there was a change in the last 12 months ☐ Yes ☒ No

List current IHSS hours: 155

Are current hours adequate to meet participant's personal care and chore needs?

☐ Yes ☒ No

If not, describe:

The Participant has become more dependent on caregiver assistance with ADL/IADLs. The Ptp is now dependent for transferring, toileting, and bathing. Ptp would benefit from increased IHSS hours.

7. Care Plan: ☒ Yes ☐ No

(NOTE: Review the status of any ongoing participant need statements and ensure the care plan adequately and appropriately addresses the participant's changing needs and personal goals. If the nurse ADV assessment replaces the progress note for the month, it is important that all participant needs statements are addressed within the assessment or in the section below)

If yes, describe:

[NOTE: #1 Health is addressed above and does not need to be addressed below, #2 Personal Care and Chore and #3 Safety/Falls are addressed above; however, additional details regarding participant needs statements are addressed below.]

#1 Health: See #1, 2 and 3 above

#2 Personal care and chore: See #6 above. The Participant would benefit from increased IHSS hours as she is more dependent on caregiver for assistance with ADL/IADLs. In the meantime, her daughter and a neighbor are able to assist her informally until she is approved for more IHSS hours.

#3 Safety/Falls: See #3, #4 and #5. Participant was provided with fall prevention education. Home was inspected for any fall hazards and to ensure appropriate DME is in place.

#4 Participant is at risk of social isolation [not addressed above in the assessment] Ptp reports regularly attending church and receives visits from a neighbor on a regular basis. Participant reports being satisfied with her current level of socialization.

New care plan item: Participant is at risk for skin breakdown due to bladder incontinence. At the time of the visit, skin is intact. Participant will benefit from incontinence supplies including skin barrier cream, wash, gloves and wipes to help prevent skin breakdown. Caregiver is encouraged to inspect skin daily and report redness to PCP.

Vital Signs:

BP: 148/84 ☐ Supine ☒ Sitting ☐ Standing **Pulse:** 92 **Respirations:** 18

Height: 5 ft 7 in **Weight:** 142#

Pain: ☐ None ☐ Mild ☒ Moderate ☐ Severe ☐ Very Severe ☐ Worst Possible

Temperature (optional)**:** 97.6 F

Additional Comments:

Ptp reports that daughter moved from out of state to a nearby home to be closer to Ptp. Reviewed the following handout with Ptp and daughter: “Medi-Cal Redetermination Talking Points” and “Keep your Medi-Cal” from DHCS. Ptp verbalized understanding and agreed to let CM know if she has any questions about what was reviewed or has any new needs.