

Senuick, Nancy C
80 year old Female

MRN: **2957725**
Date of Birth: **11/19/1944**

Agency Information

Southcoast Visiting Nurse Association Inc.
200 Mill Road
Fairhaven, MA 02719-5252
Ph: 508-973-3200
Fx: 508-973-3417

Plan of Care (1108517)

Submitted

Home Health Plan of Care 6/22/25

Plan ID: 309780

Effective from: 6/22/2025 Effective to: 8/20/2025

Last Updated On: 7/8/2025

Patient Information

(M0040) Name Senuick, Nancy C	Current Address 7 Delta Ave North Dartmouth, MA 02747-2324 508-496-8451	(M0066) Date of Birth 11/19/1944	(M0069) Sex Female	(M0063) HI Claim No. 1V86WX6NA 47
(M0030) Start of Care Date 4/23/2025	Assessment Date 6/20/2025	Certification Period 6/22/2025 - 8/20/2025	MRN 2957725	(M0050- M0060) Assessment Address MA 027472324

Agency Information

(M0010) CMS Certification Number 22-7101	Name Southcoast Visiting Nurse Association Inc.	Address 200 Mill Road Fairhaven, Massachusetts 02719-5252	Telephone Number Ph: 508-973-3200 Fax: 508-973-3417
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Medications

Prescriptions and Patient-Reported

Name - (N)ew/(C)hanged	Start Date	End Date
† acetaminophen 325 MG tablet - (C) Sig: Take 650 mg by mouth every 4 (four) hours as needed for fever, headaches, mild pain (1-3), moderate pain (4-6) or sore throat. Route: Oral Authorizing Provider: Historical Provider, MD	4/23/2025	—
albuterol sulfate (VENTOLIN HFA) 108 (90 Base) MCG/ACT inhalation aerosol Sig: Inhale 2 puffs every 4 (four) hours as needed Route: Inhalation Authorizing Provider: Historical Provider, MD	—	—
† apixaban (ELIQUIS) 2.5 MG tablet - (C) Sig: Take 2.5 mg by mouth 2 (two) times a day. Route: Oral Authorizing Provider: Historical Provider, MD	6/20/2025	—
† BREO ELLIPTA 200-25 MCG/ACT inhalation powder - (C) Sig: Inhale 1 puff daily Route: Inhalation Authorizing Provider: Historical Provider, MD	3/31/2025	—
dilTIAZem 120 MG tablet - (C) Sig: Take 120 mg by mouth daily. Route: Oral Authorizing Provider: Historical Provider, MD	6/20/2025	—
furosemide 20 MG tablet - (C) Sig: Take 20 mg by mouth daily. Route: Oral Authorizing Provider: Historical Provider, MD	6/15/2025	—
† levothyroxine (TIROSINT) 37.5 MCG capsule - (C) Sig: Take 37.5 mcg by mouth daily. Route: Oral Authorizing Provider: Historical Provider, MD	6/20/2025	—
† metoprolol succinate (KAPSPARGO SPRINKLE) 50 MG extended	6/20/2025	—

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release capsule - (C)

Sig: Take 50 mg by mouth 2 (two) times a day. Route: Oral Authorizing Provider: Historical Provider, MD

midodrine 10 MG tablet - (C)

Sig: Take 1 tablet (10 mg total) by mouth 3 (three) times a day with meals When BP is low Route: Oral
Authorizing Provider: Historical Provider, MD

pyridoxime (VITAMIN B-6) 250 MG tablet - (C)

Sig: Take 1 tablet (250 mg total) by mouth daily Route: Oral Authorizing Provider: Historical Provider, MD

Diagnoses

(M1021) Principal Diagnosis

ICD	Description	Date	Flag
C34.91	Malignant neoplasm of unspecified part of right bronchus or lung	4/23/2025	—

(M1023) Other Pertinent Diagnoses

ICD	Description	Date	Flag
J91.0	Malignant pleural effusion	4/23/2025	—
Z48.03	Encounter for change or removal of drains	4/23/2025	—
I48.0	Paroxysmal atrial fibrillation	4/23/2025	—
I12.9	Hypertensive chronic kidney disease with stage 1 through stage 4 chronic kidney disease, or unspecified chronic kidney disease	4/23/2025	—
N18.31	Chronic kidney disease, stage 3a	4/23/2025	—
J45.20	Mild intermittent asthma, uncomplicated	4/23/2025	—
I95.1	Orthostatic hypotension	4/24/2025	—
E03.8	Other specified hypothyroidism	4/23/2025	—
E78.00	Pure hypercholesterolemia, unspecified	4/23/2025	—
Q21.0	Ventricular septal defect	4/23/2025	—
Q60.0	Renal agenesis, unilateral	4/23/2025	—
K21.9	Gastro-esophageal reflux disease without esophagitis	4/23/2025	—
H26.9	Unspecified cataract	4/23/2025	—
H90.8	Mixed conductive and sensorineural hearing loss, unspecified	4/23/2025	—
Z79.01	Long term (current) use of anticoagulants	4/23/2025	—
Z85.3	Personal history of malignant neoplasm of breast	6/20/2025	—
Z90.11	Acquired absence of right breast and nipple	4/23/2025	—

Procedures

No procedures on file.

Durable Medical Equipment

Name	Start Date	End Date	Comments
Cane	4/23/2025	—	—
Bath chair	4/23/2025	—	—
Grab bars	4/23/2025	—	—
Hand held shower	4/23/2025	—	—

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Safety & Nutrition as of 6/20/2025 OASIS assessment

Safety Measures

Adequate emergency plan, Adequate lighting, Ambulate only with assistance, Bleeding precautions, Correct use of support devices, Proper medication use

Nutritional Requirements

Regular diet, Low sodium diet

Allergies as of 7/8/2025

	Severity	Noted	Reaction Type	Reactions
Digoxin And Related	Low	05/28/2023		Anxiety, GI Intolerance
Nausea / Vomiting				
Doxycycline	Low	03/26/2022		Rash
Methotrexate Derivatives	Low	11/10/2015		Rash
Penicillins	Low	10/26/2015		Rash

Functional Assessment as of 6/20/2025 OASIS assessment

Functional Limitations

Endurance, Ambulation

Activities Permitted

Up as Tolerated, Cane

Prognosis

Fair (3/5)

Mental Status as of 6/20/2025 assessment

Mental Status

Oriented

Visit Sets

Skilled Nursing

Visits

Visits	Dates
1 visit every day for 6 days	6/22/2025 to 6/27/2025
3 visits as needed	6/22/2025 to 8/20/2025
Comments: symptom mgt	
2 visits every 8 days for 8 days	6/28/2025 to 7/5/2025
1 visit every week for 7 weeks	7/6/2025 to 8/20/2025

Care Plan

Skilled Nursing

Problem: Cardiopulmonary General

Starting: 4/23/2025

Alteration in Cardiopulmonary status

Goal: Consistent assessment of general cardiopulmonary function with appropriate modifications to treatment as needed.

Starting: 4/23/2025

Most recent outcome: Progressing 75%

Pt/cargiver will verbalize understanding of disease maintenance and hospitalization avoidance by 6/16/25

Pt/caregiver will demonstrate/verbalize appropriate steps to take with cardiopulmonary exacerbation by 6/16/25

As of 6/20/25, cont. with POC.

Intervention: ASSESS VS

Starting: 4/23/2025

Frequency: Each Visit

Intervention: Assess and Instruct on Respiratory Status Including Lung Sounds and Breathing Pattern

Starting: 4/23/2025

Frequency: Each Visit

Intervention: Skilled Assessment

Starting: 4/23/2025

Frequency: Each Visit

activity intolerance

fatigue

energy conservation

Problem: Drain/Tube Management

Starting: 4/23/2025

Drain management

Goal: Patient/caregiver will verbalize and demonstrate understanding of appropriate

drain/tube management.

Starting: 4/23/2025

Most recent outcome: Progressing 75%

Drain/tube will remain patent and free from complications such as discomfort, infection and blockage-ongoing.

Pt/caregiver will demonstrate appropriate drain care and signs and symptoms to report to HCP- ongoing.

As of 6/20/25, cont. with POC.

Intervention: Instruct Patient/Caregiver how to Manage Accidental Pleurex Removal

Starting: 4/23/2025

Frequency: Each Visit

instruct to cover thoracentesis/pleurex insertion site with vaseline gauze for emergent management of accidental removal. Immediately notify VNA and HCP.

Intervention: Patient/Caregiver Instruction

Starting: 4/23/2025

Frequency: Each Visit

Care of insertion site.

S/s of insertion site infection.

S/s to report to HCP.

To measure and record drainage.

Disposal of body fluid.

Intervention: Pleurex Draining

Starting: 5/15/2025

Resolved: 6/30/2025

Frequency: Each Visit

Drain pleurex daily-record outpt with each drainage Do not exceed 1000 milliliters without HCP order to do so.

Intervention: Pleurex Draining (2)

Starting: 6/30/2025

Frequency: Each Visit

Drain pleurex daily-record output with each drainage Do not exceed 1000 milliliters without HCP order to do so.

Husband is independent on non-sn visit days.

Intervention: Pleurex Dressing Change

Starting: 4/23/2025

Frequency: Each Visit

Change dressing with every pleurex drainage and as needed for leakage or soilage as per manufacturers directions.

Intervention: Wound #01

Starting: 4/23/2025

Frequency: Each Visit

Assess Pleurex drain site q SNV. Dsg change per manufacturer instructions.

Problem: Fall Prevention

Starting: 4/23/2025

At Risk for Falls - Fall Prevention

Goal: Demonstrate ability to follow strategies minimizing fall risk; verbalize fall risk

awareness due to meds/sensory deficits and environmental factors.

Starting: 4/23/2025

Most recent outcome: Progressing 75%

Patient/caregiver will verbalize an awareness of the risk for falls due to medications, sensory deficits, environmental factors, or other causesby 6/16/25 .

As of 6/20/25, cont. with POC.

Intervention: Assess and Instruct on Physiological Fall Risk Factors and Prevention

Starting: 4/23/2025

Frequency: Each Visit

orthostatic hypotension

dyspnea

anxiety

pain

breathing techniques

Plan of Care (1108517) (continued)

Submitted

relaxation techniques
stand/wait/walk
do not rush to step

Problem: Medication Management and Safety

Starting: 4/23/2025

Medication Management and Safety

Goal: Patient/caregiver will verbalize and demonstrate understanding of medication management, reconciliation, schedule, purpose and side effects. Will also demonstrate ability to take medications as prescribed and ability to re-order medications.

Starting: 4/23/2025

Most recent outcome: Progressing 75%

Patient/caregiver will verbalize understanding of medication management, reconciliation, schedule, purpose, side effects & symptoms to report to HCP by 6/16/25.

As of 6/20/25, cont. with POC.

Intervention: Assess Medications

Starting: 4/23/2025

Frequency: Each Visit

Medications - Assess new, changed and/or missing medications.

Compliance with medication schedule

Intervention: Assess and Instruct on Medications and Medication Management

Starting: 4/23/2025

Frequency: Each Visit

Pt/cg will verbalize understanding of:

Medication - one each visit until all medications taught.
Name, purpose, dose, schedule, side/adverse effects.
Storage and expiration date monitoring.
Medication reconciliation.
Maintain updated med list.
Integrate medication regimen into daily routine.

Intervention: Instruct in anticoagulation therapy

Starting: 4/23/2025

Frequency: Each Visit

Problem: Pain

Starting: 4/23/2025

Alteration in comfort- Pain

Goal: Achieve acceptable levels of pain, independence with strategies for breakthrough pain and symptoms to report to HCP.

Starting: 4/23/2025

Most recent outcome: Progressing 75%

Pt will demonstrate proper use of pain meds and will verbalize side effects, signs, symptoms, and complications to report to HCP by 6/16/25

As of 6/20/25, cont. with POC.

Intervention: Instruct in Pain Management Strategies

Starting: 4/23/2025

Frequency: Each Visit

Pain medication schedule and dose, including around the clock dosing as prescribed

Exacerbation prevention, such as pre-medication, and dose titration within prescribed range

Readmission Risks/Rehab Potential/Discharge Plans

(M1033) ED/Hospital Readmission Risks

Skilled Nursing (6/20/2025)

- 5 - Decline in mental, emotional, or behavioral status in the past 3 months
- 6 - Reported or observed history of difficulty complying with any medical instructions (for example, medications, diet, exercise) in the past 3 months
- 7 - Currently taking 5 or more medications
- 8 - Currently reports exhaustion
- 9 - Other risk(s) not listed in 1 - 8

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Rehabilitation Potential

Skilled Nursing (7/7/2025)

good to progress towards goals met

Discharge Plans

Skilled Nursing (7/7/2025)

discharge when goals met or no longer homebound

Advance Care Planning

Code Status
Prior

Capacity to Make Own
Care Decisions
Full capacity
Power of Attorney
Not Received

MOLST
Not Received

Health Care Proxy
Not Received (Received
11/10/2015)

Advance Directives and
Living Will
Not Received

Physician or Allowed Practitioner Certification

I certify/recertify that the above stated patient is homebound and that upon completion of the/this FTF encounter, has a need/continued need for intermittent skilled nursing, physical therapy and/or speech or occupational therapy services in their home for their current diagnosis as outlined in their initial plan of care. These services will continue to be monitored by myself or another physician who will periodically review and update the plan of care as required.

Participants as of 7/9/2025

Name	Type	Comments	Contact Info
Bing Liu, MD	M0018 Provider		531 FAUNCE CORNER ROAD NORTH DARTMOUTH MA 02747- 1242 #508-996-3991
Signature pending Emma Shovmer, RN	Skilled Nursing		No address on file

Plan of Care Order Detail: 6/20/2025 - SN - OASIS Recertification

Provider Details

Authorizing Provider	Last Event	Address
Bing Liu, MD	Submit	531 FAUNCE CORNER ROAD NORTH DARTMOUTH MA 02747- 1242

Entered By

Theresa Piner at 7/8/2025 3:38 PM

Order Date

7/8/2025 3:38 PM

Provider Comments

Provider Comments (continued)

Provider Signature for Bing Liu, MD

Signature:_____ Date:_____

Order ID for Senuick,Nancy C

1108517