

**Bourassa, Mary A**  
**68 year old Female**

MRN: **2008861**  
Date of Birth: **1/9/1957**

#### 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 (1106826)

Submitted

### Home Health Plan of Care 6/13/25

**Plan ID: 308426**

**Effective from: 6/13/2025 Effective to: 8/11/2025**

**Last Updated On: 7/1/2025**

#### Patient Information

|  |   |   |                       |   |
|--|---|---|-----------------------|---|
| (M0040) Name<br>Bourassa, Mary A           | Current Address<br>129 W Hill Rd Apt D<br>New Bedford, MA<br>02740-1860<br>774-704-0064 | (M0066) Date of Birth<br>1/9/1957             | (M0069) Sex<br>Female | (M0063) HI<br>Claim No.<br>3CH1T68AA2<br>5                    |
| (M0030) Start of Care<br>Date<br>6/13/2025 | (M0104) Referral Date<br>6/11/2025  | Certification Period<br>6/13/2025 - 8/11/2025 | MRN<br>2008861        | (M0050-<br>M0060)<br>Assessment<br>Address<br>MA<br>027401860 |

#### Agency Information

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

#### Medications

##### Prescriptions and Patient-Reported

| Name - (N)ew/(C)hanged   | Start Date | End Date |
|--|------------|----------|
| <b>bisacodyl (DULCOLAX) 5 MG delayed release EC tablet - (C)</b><br>Sig: Take 1 tablet (5 mg total) by mouth every morning Route: Oral Authorizing Provider: Historical<br>Provider, MD          | —          | —        |
| <b>busPIRone (BUSPAR) 5 MG tablet - (C)</b><br>Sig: Take 1 tablet (5 mg total) by mouth 2 (two) times a day Route: Oral Authorizing Provider: Historical<br>Provider, MD                         | —          | —        |
| <b>FLUoxetine 20 MG tablet - (C)</b><br>Sig: Take 80 mg by mouth daily. Route: Oral Authorizing Provider: Historical Provider, MD  | 6/13/2025  | —        |
| <b>folic acid (FOLVITE) 1 MG tablet - (C)</b><br>Sig: Take 1 tablet (1 mg total) by mouth daily Route: Oral Authorizing Provider: Historical Provider, MD  | —          | —        |
| <b>ibuprofen (ADVIL) 200 MG tablet - (C)</b><br>Sig: Take 200 mg by mouth as directed. Route: Oral Authorizing Provider: Historical Provider, MD   | 6/13/2025  | —        |
| <b>lamoTRigine (LaMICtal) 100 MG tablet - (C)</b><br>Sig: Take 1.5 tablets (150 mg total) by mouth 2 (two) times a day Route: Oral Authorizing Provider:<br>Historical Provider, MD              | —          | —        |
| <b>levothyroxine (SYNTHROID) 100 MCG tablet - (C)</b><br>Sig: Take 1 tablet (100 mcg total) by mouth every morning before breakfast Route: Oral Authorizing<br>Provider: Historical Provider, MD | —          | —        |

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|  |           |   |
|--|-----------|---|
| † <b>linaclotide (LINZESS) 145 MCG capsule - (C)</b>   | —         | — |
| Sig: Take 2 capsules (290 mcg total) by mouth every morning before breakfast Route: Oral Authorizing Provider: Historical Provider, MD |           |   |
| † <b>ondansetron 4 MG orally disintegrating tablet - (C)</b>   | 6/13/2025 | — |
| Sig: Dissolve 4 mg in mouth 3 (three) times a day as needed for nausea. Route: Oral Authorizing Provider: Historical Provider, MD      |           |   |
| † <b>polyethylene glycol 3350 (MIRALAX) 17 g powder for oral solution packet - (C)</b>   | 11/6/2022 | — |
| Sig: Dissolve contents of 17 g as directed and take by mouth every morning Route: Oral Authorizing Provider: Historical Provider, MD   |           |   |
| <b>QUetiapine (SEROquel) 300 MG tablet - (C)</b>   | 6/13/2025 | — |
| Sig: Take 300 mg by mouth at bedtime. Route: Oral Authorizing Provider: Historical Provider, MD  |           |   |

**Diagnoses**

**(M1021) Principal Diagnosis**

| ICD | Description        | Date      | Flag |
|-----|--------------------|-----------|------|
| G35 | Multiple sclerosis | 6/13/2025 | —    |

**(M1023) Other Pertinent Diagnoses**

| ICD     | Description   | Date      | Flag |
|---------|---|-----------|------|
| G62.9   | Polyneuropathy, unspecified   | 6/13/2025 | —    |
| J42     | Unspecified chronic bronchitis  | 6/13/2025 | —    |
| M47.9   | Spondylosis, unspecified  | 6/13/2025 | —    |
| M17.11  | Unilateral primary osteoarthritis, right knee                             | 6/13/2025 | —    |
| F41.0   | Panic disorder (episodic paroxysmal anxiety)                              | 6/13/2025 | —    |
| F31.9   | Bipolar disorder, unspecified   | 6/13/2025 | —    |
| K58.1   | Irritable bowel syndrome with constipation                                | 6/13/2025 | —    |
| E03.9   | Hypothyroidism, unspecified   | 6/13/2025 | —    |
| E66.811 | Obesity, class 1  | 6/13/2025 | —    |
| Z68.32  | Body mass index (BMI) 32.0-32.9, adult                                    | 6/13/2025 | —    |
| G40.909 | Epilepsy, unspecified, not intractable, without status epilepticus        | 6/13/2025 | —    |
| Z91.81  | History of falling  | 6/13/2025 | —    |
| Z79.899 | Other long term (current) drug therapy                                    | 6/13/2025 | —    |
| Z55.6   | Problems related to health literacy                                       | 6/13/2025 | —    |
| Z87.891 | Personal history of nicotine dependence                                   | 6/13/2025 | —    |
| Z87.440 | Personal history of urinary (tract) infections                            | 6/13/2025 | —    |
| Z87.19  | Personal history of other diseases of the digestive system                | 6/13/2025 | —    |
| Z86.69  | Personal history of other diseases of the nervous system and sense organs | 6/13/2025 | —    |
| Z96.652 | Presence of left artificial knee joint                                    | 6/13/2025 | —    |
| Z90.710 | Acquired absence of both cervix and uterus                                | 6/13/2025 | —    |

**Procedures**

No procedures on file.

**Durable Medical Equipment**

| Name                 | Start Date | End Date | Comments |
|----------------------|------------|----------|----------|
| Bath stool           | 6/13/2025  | —        | —        |
| Front wheeled walker | 6/13/2025  | —        | —        |

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| Name              | Start Date | End Date | Comments  |
|-------------------|------------|----------|-----------|
| Manual wheelchair | 6/13/2025  | —        | —         |
| Tub grab bars     | 6/13/2025  | —        | —         |
| Other (specify)   | 6/13/2025  | —        | gait belt |

**Safety & Nutrition as of 6/13/2025 OASIS assessment**

Safety Measures

Adequate emergency plan

Nutritional Requirements

Regular diet

**Allergies as of 7/1/2025**

|                                 | Severity      | Noted      | Reaction Type | Reactions            |
|---------------------------------|---------------|------------|---------------|----------------------|
| <b>Ciprofloxacin</b>            | Medium        | 08/20/2014 | Allergy       | Hives, Rash          |
| <b>Pramipexole</b>              | Not Specified | 08/20/2014 |               | Other (See Comments) |
| Peripheral edema                |               |            |               |                      |
| <b>Pyridostigmine</b>           | Not Specified | 08/20/2014 | Allergy       | Diarrhea             |
| <b>Spinach - Food Allergy</b>   | Not Specified | 08/20/2014 |               |                      |
| <b>Amoxicillin</b>              | Low           | 08/20/2014 | Allergy       | Hives, Rash          |
| <b>Erythromycin</b>             | Low           | 08/20/2014 | Allergy       | Hives, Rash          |
| <b>Macrolides And Ketolides</b> | Low           | 08/25/2017 |               | Diarrhea             |
| <b>Penicillins</b>              | Low           | 08/20/2014 |               | Hives, Rash          |
| <b>Vancomycin</b>               | Low           | 01/22/2018 |               | Rash                 |

**Functional Assessment as of 6/13/2025 OASIS assessment**

Functional Limitations

Endurance, Ambulation

Activities Permitted

Transfer Bed/Chair, Exercises Prescribed,  
Wheelchair, Walker

Prognosis

Good (4/5)

**Mental Status as of 6/13/2025 assessment**

**C0100 - Should Brief Interview for Mental Status (C0200-C0500) be Conducted?**

1. Yes

**C0200 - Repetition of Three Words**

Ask patient: "I am going to say three words for you to remember. Please repeat the words after I have said all three. The words are: sock, blue and bed. Now tell me the three words." </br>Number of words repeated after first attempt

3. Three

**C0300A - Temporal Orientation to Year**

3. Correct

**C0300B - Temporal Orientation to Month**

2. Accurate within 5 days

**C0300C - Temporal Orientation to Day**

1. Correct

**C0400A - Recall "Sock"**

2. Yes, no cue required

**C0400B - Recall "Blue"**

2. Yes, no cue required

**C0400C - Recall "Bed"**

2. Yes, no cue required

**C0500 - BIMS Summary Score**

15 (Cognitively intact)

**C1310A - Acute Onset of Mental Status Change**

0. No

**C1310B - Inattention**

0. Behavior not present

**C1310C - Disorganized Thinking**

0. Behavior not present

**C1310D - Altered Level of Consciousness**

0. Behavior not present

**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.

**M1710 - When Confused (Reported or Observed Within the Last 14 Days)**

**When Confused (Reported or Observed Within the Last 14 Days):**

0 - Never

**M1720 - When Anxious (Reported or Observed Within the Last 14 Days)**

**When Anxious (Reported or Observed Within the Last 14 Days):**

2 - Daily, but not constantly

**D0150 - Patient Mood Interview (PHQ-2 to 9)**

**A. Little interest or pleasure in doing things:**

1. Symptom Presence: 0 - No
2. Symptom Frequency: 0 - Never or 1 day

**B. Feeling down, depressed, or hopeless:**

1. Symptom Presence: 0 - No
2. Symptom Frequency: 0 - Never or 1 day

**C. Trouble falling or staying asleep, or sleeping too much:**

1. Symptom Presence: ^ - Skipped
2. Symptom Frequency: ^ - Skipped

**D. Feeling tired or having little energy:**

1. Symptom Presence: ^ - Skipped
2. Symptom Frequency: ^ - Skipped

**E. Poor appetite or overeating:**

1. Symptom Presence: ^ - Skipped
2. Symptom Frequency: ^ - Skipped

**F. Feeling bad about yourself – or that you are a failure or have let yourself or your family down:**

1. Symptom Presence: ^ - Skipped
2. Symptom Frequency: ^ - Skipped

**G. Trouble concentrating on things, such as reading the newspaper or watching television:**

1. Symptom Presence: ^ - Skipped
2. Symptom Frequency: ^ - Skipped

**H. Moving or speaking so slowly that other people could have noticed. Or the opposite – being so fidgety or restless that you have been moving around a lot more than usual:**

1. Symptom Presence: ^ - Skipped
2. Symptom Frequency: ^ - Skipped

**I. Thoughts that you would be better off dead, or of hurting yourself in some way:**

1. Symptom Presence: ^ - Skipped
2. Symptom Frequency: ^ - Skipped

**D0160 - Total Severity Score**

0 (Minimal depression)

**D0700 - Social Isolation**

**How often do you feel lonely or isolated from those around you?**

0. Never

**M1740 - Cognitive, Behavioral, and Psychiatric Symptoms**

**Cognitive, behavioral, and psychiatric symptoms that are demonstrated at least once a week (Reported or Observed):**

7 - None of the above behaviors demonstrated

**M1745 - Frequency of Disruptive Behavior Symptoms (Reported or Observed)**

**Any physical, verbal, or other disruptive/dangerous symptoms that are injurious to self or others or jeopardize personal safety.**

0 - Never

**Mental Status**

Oriented

**Visit Sets**

**Physical Therapy**

**Visits**

| Visits                          | Dates  |
|---------------------------------|--|
| 1 visit every week for 1 week   | 6/13/2025 to 6/14/2025                                   |
| 2 visits every week for 4 weeks | 6/15/2025 to 7/12/2025<br>(discontinued as of 6/25/2025) |
| 2 visits every week for 4 weeks | 6/22/2025 to 7/19/2025<br>(discontinued as of 6/13/2025) |

**Care Plan**

**Physical Therapy**

**Problem: Bipolar Management**

Starting: 6/13/2025

Resolved: 6/25/2025

Bipolar Management

**Goal: Stabilization of symptoms using medication compliance, disease management, coping strategies and community resources.**

Starting: 6/13/2025

Resolved: 6/25/2025

Mary will independently manage her bipolar symptoms through compliance with medication regime and employing alternative coping mechanisms to manage stress in order for her to be able to actively engage

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in PT POC-4 WEEKS(not met 6/25/25)

■ **Intervention: Assess and Instruct on Symptoms and Symptom Management**

Starting: 6/13/2025

Resolved: 6/25/2025

Frequency: Each Visit

✚ **Problem: Fall Prevention**

Starting: 6/13/2025

Resolved: 6/25/2025

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: 6/13/2025

Resolved: 6/25/2025

Mary will demonstrate improved balance for fall prevention as evidenced by a Tinetti score of >10/28- 4 WEEKS(not met 6/25/25)

■ **Intervention: Assess and Instruct on Appropriate Use of Devices/Equipment**

Starting: 6/13/2025

Resolved: 6/25/2025

Frequency: Each Visit

walker

✚ **Problem: PT Plan**

Starting: 6/13/2025

Resolved: 6/25/2025

Physical Therapy Plan

○ **Goal: Maximize Safety and Overall Functional Mobility.**

Starting: 6/13/2025

Resolved: 6/25/2025

4 WEEKS GOALS(goals NOT met as pt refused further care)

1. increased activity tolerance as evidenced by sustained ambulation for intervals of 50'
2. Mod I xfers to chair and toilet with RW to maximize independence/prevent falls
3. Mod I household gait with RW to access all relevant areas of home
4. Improved balance for fall prevention as evidenced by a 4 SBT score of 1/4
5. CG negotiation of 2 entry stairs for home Egress in order to access appointments
6. independent pain management through use of prescribed medications and alternative non-pharmacological strategies
7. independent performance of HEP in order to continue to increase strength/AROM of affected extremity after D/C from home services

■ **Intervention: Assess and Instruct on Energy Conservation/Work Simplification Training**

Starting: 6/13/2025

Resolved: 6/25/2025

Frequency: PRN

Patient/caregiver will demonstrate improved activity endurance utilizing energy conservation/work simplification techniques

■ **Intervention: Assess and Instruct on Functional Mobility**

Starting: 6/13/2025

Resolved: 6/25/2025

Frequency: PRN

Instruct patient/caregiver in safe functional mobility including bed mobility and transfers from multiple surfaces Transfers:

Bed <> chair

Toilet

Car

■ **Intervention: Assess and Instruct on Methods of Pain Management**

Starting: 6/13/2025

Resolved: 6/25/2025

Frequency: Each Visit

Achieve acceptable pain levels using a multimodal approach which may include meds, heat, ice, positioning or other modalities

Assess pain level

Instruct in use of pain scale. Mild pain (1-3). Moderate pain (4-6). Severe pain (7-10).

■ **Intervention: Assess and Instruct on Progressive Balance Training Activities**

Starting: 6/13/2025

Resolved: 6/25/2025

Frequency: PRN

Instruct patient/caregiver in safe activities to promote improved sitting and standing balance

Standing

static

dynamic

■ **Intervention: Assess and Instruct on Progressive Gait Training**

Starting: 6/13/2025

Resolved: 6/25/2025

Frequency: Each Visit

Gait training to correct specific gait abnormalities (i.e. decreased step length, decreased stance time,

**Plan of Care (1106826) (continued)**

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inability to go up/down stairs) and progressing to a normalized gait pattern using the least restrictive assistive device.

■ **Intervention: Assess and Instruct on Therapeutic Exercise/HEP**

Starting: 6/13/2025

Resolved: 6/25/2025

Frequency: PRN

Use of neuromuscular re-education techniques and therapeutic exercise to increase ROM, strength, coordination, endurance and safety. Patient/caregiver in progressive HEP

■ **Intervention: Cardiopulmonary General**

Starting: 6/13/2025

Resolved: 6/25/2025

Frequency: Each Visit

Consistent assessment of general cardiopulmonary function with appropriate modification to treatment as needed.

Assess apical HR - Report pulse of >100 or <60 to HCP

Assess BP - Report BP > 160/85 or < 90/50 to HCP

Assess temperature - Report temp > 100.5 to HCP

Assess SPO2 - on room air prn and report SPO2 < 90 to HCP

**Readmission Risks/Rehab Potential/Discharge Plans**

**(M1033) ED/Hospital Readmission Risks**

Physical Therapy (6/13/2025)

- 1 - History of falls (2 or more falls - or any fall with an injury - in the past 12 months)
  - 3 - Multiple hospitalizations (2 or more) in the past 6 months
  - 4 - Multiple emergency department visits (2 or more) in the past 6 months
  - 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
- low

**Rehabilitation Potential**

Physical Therapy (6/13/2025)

Good.  
good

**Discharge Plans**

Physical Therapy (6/13/2025)

transition to HEP with caregiver support

**Advance Care Planning**

Code Status  
Prior

Capacity to Make Own  
Care Decisions  
Full capacity

DNR  
Received 11/1/2016

Health Care Proxy  
Received 1/22/2018

**Face to Face Details**

**Attestation Statement**

—

**Provider's Signature and Date Signed**

Signed by Anuradha Shunmugam Veluswamy, MD on 5/8/2025

**Physician or Allowed Practitioner Certification**

**Plan of Care (1106826) (continued)**

Submitted

I certify/recertify that the above stated patient is homebound and that upon completion of the/this FTF encounter completed on 5/8/25, 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 7/2/2025

| Name   | Type                              | Comments | Contact Info  |
|--|-----------------------------------|----------|---|
| Christine A. Will, MD                          | M0018 Provider                    |          | 535 FAUNCE CORNER<br>ROAD NORTH<br>DARTMOUTH MA 02747-<br>1242<br>#508-996-3991 |
| Signature pending<br>Colleen L Fitzsimmons, PT | Physical Therapy,<br>Case Manager |          | No address on file  |

**Plan of Care Order Detail: 6/13/2025 - PT - OASIS Start of Care**

Provider Details

| Authorizing Provider  | Last Event | Address   |
|-----------------------|------------|---|
| Christine A. Will, MD | Submit     | 535 FAUNCE CORNER ROAD<br>NORTH DARTMOUTH MA 02747-<br>1242 |

Entered By

Ericka Powers at 7/1/2025 12:54 PM

Order Date

7/1/2025 12:54 PM

**Provider Comments**

**Provider Signature for Christine A. Will, MD**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Order ID for Bourassa, Mary A**

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