

Pacheco, Geraldina
89 year old Female

MRN: **2815983**
Date of Birth: **9/25/1935**

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 (1108762)

Submitted

Home Health Plan of Care 6/22/25

Plan ID: 309944

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

Last Updated On: 7/9/2025

Patient Information

(M0040) Name Pacheco, Geraldina	Current Address 194 Rockland St Fl 2 New Bedford, MA 02740-3135 508-967-4646	(M0066) Date of Birth 9/25/1935	(M0069) Sex Female	(M0065) HI Claim No. 10002334943 2
(M0030) Start of Care Date 6/22/2025	Referral Date 6/18/2025	Certification Period 6/22/2025 - 8/20/2025	MRN 2815983	(M0050- M0060) Assessment Address MA 027403135

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 500 MG capsule - (C) Sig: Take 2 capsules (1,000 mg total) by mouth 4 (four) times a day as needed for headaches Route: Oral Authorizing Provider: Christine A. Will, MD	5/16/2023	—
alendronate 70 MG tablet - (C) Sig: Take 1 tablet (70 mg total) by mouth every 7 days Friday or Saturday Route: Oral Authorizing Provider: Historical Provider, MD	1/23/2023	—
ALPRAZolam (XANAX) 0.25 MG tablet - (C) Sig: Take 1 tablet (0.25 mg total) by mouth 2 (two) times a day Route: Oral Authorizing Provider: Historical Provider, MD	1/2/2020	—
apixaban (ELIQUIS) 5 MG tablet - (C) Sig: Take 1 tablet (5 mg total) by mouth 2 (two) times a day Route: Oral Authorizing Provider: Historical Provider, MD	9/7/2024	—
diclofenac sodium 1 % topical gel Sig: Apply 2 g topically 4 (four) times a day Route: Topical Authorizing Provider: Historical Provider, MD	9/7/2024	—
diphenhydrAMINE 12.5 MG chewable tablet - (C) Sig: Chew 12.5 mg every night as needed for sleep (cough). Route: Oral Authorizing Provider: Historical Provider, MD	7/1/2025	—

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Submitted

† DULoxetine 20 MG delayed release capsule - (C) Sig: Take 1 capsule (20 mg total) by mouth at bedtime Route: Oral Authorizing Provider: Historical Provider, MD	—	—
† furosemide 40 MG tablet - (C) Sig: Take 1 tablet (40 mg total) by mouth daily Route: Oral Authorizing Provider: Jeffrey J Bird, MD	6/19/2025	7/19/2025
gabapentin (NEURONTIN) 100 MG capsule - (C) Sig: Take 1 capsule (100 mg total) by mouth at bedtime Route: Oral Authorizing Provider: Historical Provider, MD	9/7/2024	—
† hydrocortisone 2.5 % cream - (C) Sig: Apply 1 application. topically 2 (two) times a day as needed (hemorrhoids). Route: Topical Authorizing Provider: Historical Provider, MD	5/8/2023	—
† lidocaine 5 % patch - (C) Sig: Place 2 patches on the skin daily Route: Transdermal Authorizing Provider: Historical Provider, MD	9/7/2024	—
† lisinopril 10 MG tablet - (C) Sig: Take 1 tablet (10 mg total) by mouth daily Route: Oral Authorizing Provider: Jeffrey J Bird, MD	6/19/2025	7/19/2025
† meclizine (ANTIVERT) 12.5 MG tablet - (C) Sig: Take 1 tablet (12.5 mg total) by mouth 3 (three) times a day as needed for dizziness Route: Oral Authorizing Provider: Christine A. Will, MD	7/24/2023	—
† nutritional supplement (ENSURE ACTIVE HIGH PROTEIN) oral liquid - (C) Sig: Drink 3 cans by mouth once a day (chocolate) Authorizing Provider: Historical Provider, MD	9/7/2024	—
† omeprazole (PriLOSEC) 20 MG delayed release capsule - (C) Sig: Take 1 capsule (20 mg total) by mouth daily Route: Oral Authorizing Provider: Historical Provider, MD	11/19/2019	—
polyethylene glycol 3350 17 g/Scoop powder for oral solution - (C) Sig: MIX 17G IN LIQUID AND DRINK EVERY DAY AS NEEDED FOR CONSTIPATION Authorizing Provider: Historical Provider, MD	1/22/2023	—
† pravastatin (PRAVACHOL) 20 MG tablet - (C) Sig: Take 1 tablet (20 mg total) by mouth daily Route: Oral Authorizing Provider: Historical Provider, MD	1/8/2020	—
senna (SENOKOT) 8.6 MG tablet - (C) Sig: Take 2 tablets (17.2 mg total) by mouth at bedtime Route: Oral Authorizing Provider: Historical Provider, MD	9/7/2024	—

Diagnoses

(M1021) Principal Diagnosis

ICD	Description	Date	Flag
I11.0	Hypertensive heart disease with heart failure	6/22/2025	—

(M1023) Other Pertinent Diagnoses

ICD	Description	Date	Flag
I50.33	Acute on chronic diastolic (congestive) heart failure	6/22/2025	—
I48.92	Unspecified atrial flutter	6/22/2025	—
I44.2	Atrioventricular block, complete	6/22/2025	—
E22.2	Syndrome of inappropriate secretion of antidiuretic hormone	6/22/2025	—
M19.90	Unspecified osteoarthritis, unspecified site	6/22/2025	—
M54.9	Dorsalgia, unspecified	6/22/2025	—
G89.4	Chronic pain syndrome	6/22/2025	—
F41.9	Anxiety disorder, unspecified	6/22/2025	—
F32.A	Depression, unspecified	6/22/2025	—
E78.5	Hyperlipidemia, unspecified	6/22/2025	—
G47.09	Other insomnia	6/22/2025	—
K21.9	Gastro-esophageal reflux disease without esophagitis	6/22/2025	—
E66.9	Obesity, unspecified	6/22/2025	—

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Z68.31	Body mass index (BMI) 31.0-31.9, adult	6/22/2025	—
Z95.0	Presence of cardiac pacemaker	6/22/2025	—
Z85.118	Personal history of other malignant neoplasm of bronchus and lung	6/22/2025	—
Z79.01	Long term (current) use of anticoagulants	6/22/2025	—
Z92.3	Personal history of irradiation	6/22/2025	—
Z92.21	Personal history of antineoplastic chemotherapy	6/22/2025	—

Procedures

No procedures on file.

Durable Medical Equipment

Name	Start Date	End Date	Comments
Walker	6/22/2025	—	—
Bath chair	6/22/2025	—	—
Hand held shower	6/22/2025	—	—

Safety & Nutrition as of 6/22/2025 OASIS assessment

Safety Measures

Adequate emergency plan, Adequate lighting, Bleeding precautions, Smoke detectors

Nutritional Requirements

Low sodium diet

Allergies as of 7/9/2025

No Known Allergies

Functional Assessment as of 6/22/2025 OASIS assessment

Functional Limitations

Endurance, Ambulation, Dyspnea With Minimal Exertion

Activities Permitted

Up as Tolerated, Walker

Prognosis

Good (4/5)

Mental Status as of 6/22/2025 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."

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"

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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):

1 - Less often than daily

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

Occupational Therapy

Visits

Visits	Dates
1 visit every 60 days for 60 days	6/22/2025 to 8/20/2025
Comments: 15 a6, b6, c1, d2	

Physical Therapy

Visits

Visits	Dates
1 visit every 60 days for 60 days	6/22/2025 to 8/20/2025
Comments: 15 a6, b6, c1, d2	
2 visits every week for 4 weeks	7/6/2025 to 8/2/2025

Skilled Nursing

Visits

Plan of Care (1108762) (continued)

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Visits

2 visits every week for 1 week
1 visit every week for 3 weeks

Dates

6/22/2025 to 6/28/2025
6/29/2025 to 7/19/2025

Care Plan

Physical Therapy

Problem: Fall Prevention

Starting: 7/1/2025

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: 7/1/2025

4 week goals:

1. Patient will score 20 seconds or less on TUG for improved balance and decreased fall risk.

Intervention: Report Falls to HCP

Starting: 7/1/2025

Frequency: PRN

reported by patient

observed by staff

Problem: PT Plan

Starting: 7/1/2025

Physical Therapy Plan

Goal: Maximize Safety and Overall Functional Mobility.

Starting: 7/1/2025

4 week goals:

1. Patient will score 20 seconds or less on TUG for improved balance.
2. Patient will score >5 reps on CRT for improved LE strength.
3. Patient will be mod. I with bed/chair/toilet transfers with LRAD.
4. Patient will be mod. I with household gait 150' with LRAD.
5. Patient will be free from falls.
6. Patient will be independent with HEP.
7. Patient will be CG A on 4 entry steps.

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

Starting: 7/1/2025

Frequency: Each Visit

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

Pacing activities

Pursed lip breathing

Relaxation training

Intervention: Assess and Instruct on Functional Mobility

Starting: 7/1/2025

Frequency: Each Visit

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

Bed mobility

Transfers:

Bed <> chair

Toilet

Shower

Car

Intervention: Assess and Instruct on Methods of Pain Management

Starting: 7/1/2025

Frequency: Each Visit

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

Assess pain level

S/S to report to HCP

Intervention: Assess and Instruct on Progressive Balance Training Activities

Starting: 7/1/2025

Frequency: Each Visit

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Submitted

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: 7/1/2025 Frequency: Each Visit

Gait training to correct specific gait abnormalities (i.e. decreased step length, decreased stance time, inability to go up/down stairs) and progressing to a normalized gait pattern using the least restrictive assistive device.

■ **Intervention: Assess and Instruct on S/S of DVT and When to Report to HCP**

Starting: 7/1/2025 Frequency: Each Visit

Patient/caregiver following prescribed medication regimen for DVT prophylaxis

Swelling in upper extremity, thigh, calf or ankle of either extremity which does not go down with elevation

Calf pain and tenderness

Shortness of breath which continues at rest

Chest pain or tightness

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

Starting: 7/1/2025 Frequency: Each Visit

Use of neuromuscular re-education techniques and therapeutic exercise to increase ROM, strength, coordination, endurance and safety.

Progressive strengthening (P/AA/A/RROM) exercise program for LE

Patient/caregiver in progressive HEP

■ **Intervention: Cardiopulmonary General**

Starting: 7/1/2025 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 and before and after activity prn and report SPO2 < 90 to HCP

Assess respiratory rate - report Respiratory rate of >22 to HCP

Skilled Nursing

✚ **Problem: Cardiopulmonary General**

Starting: 6/22/2025

Alteration in Cardiopulmonary status

Goal: Consistent assessment of general cardiopulmonary function with appropriate

⦿ **modifications to treatment as needed.**

Starting: 6/22/2025

Pt/cargiver will verbalize understanding of disease maintenance and hospitalization avoidance

■ **Intervention: ASSESS VS**

Starting: 6/22/2025

Frequency: Each Visit

Blood Pressure: report B/P >160/95 or < 90/48 to HCP

SPO2 : on room air and report SPO2 < 90 to HCP

Temperature: patient or SN assess every visit, teach appropriate method to obtain/record temp and report temp > 100.5 to HCP

Respiratory Rate: report Respiratory rate of 28 to HCP

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

■ **Breathing Pattern**

Starting: 6/22/2025

Frequency: Each Visit

✚ **Problem: Fall Prevention**

Starting: 6/22/2025

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: 6/22/2025

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Patient will demonstrate safe gait with or without a device.

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

Starting: 6/22/2025

Frequency: Each Visit

pain

orthostatic hypotension

dyspnea

✚ **Problem: Medication Management and Safety**

Starting: 6/22/2025

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: 6/22/2025

Patient/caregiver will demonstrate ability to take medications as prescribed and re order medications from the pharmacy

■ **Intervention: Assess and Instruct on Medications and Medication Management**

Starting: 6/22/2025

Frequency: Each Visit

Pt/cg will verbalize understanding of:

Medication - one each visit until all medications taught. Name, purpose, dose, schedule, side/adverse effects..

✚ **Problem: Pain**

Starting: 6/22/2025

Alteration in comfort- Pain

Goal: Achieve acceptable levels of pain, independence with strategies for breakthrough

⦿ **pain and symptoms to report to HCP.**

Starting: 6/22/2025

Acceptable level of pain will be achieved

Intervention: Assess and Instruct on Patient's Level of Pain Using Appropriate Pain

■ **Scale**

Starting: 6/22/2025

Frequency: Each Visit

Using pain scale every visit until acceptable level is achieved

Readmission Risks/Rehab Potential/Discharge Plans

(M1033) ED/Hospital Readmission Risks

Skilled Nursing (6/22/2025)

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

Rehabilitation Potential

Skilled Nursing (6/22/2025)

Good.

good

Occupational Therapy (6/30/2025)

Patient seen for OT evaluation only

Discharge Plans

Plan of Care (1108762) (continued)

Submitted

Skilled Nursing (6/22/2025)

d/c when goals met

Advance Care Planning

Code Status

Prior

Capacity to Make Own

Care Decisions

Full capacity

Health Care Proxy

Received 1/9/2023

Face to Face Details

Attestation Statement

—

Provider's Signature and Date Signed

Signed by Jeffrey J Bird, MD on 6/18/2025

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 7/10/2025

Name	Type	Comments	Contact Info
Christine A. Will, MD	M0018 Provider		535 FAUNCE CORNER ROAD NORTH DARTMOUTH MA 02747- 1242 #508-996-3991
Signature pending Barbara Ahigian, RN	Skilled Nursing		No address on file

Plan of Care Order Detail: 6/22/2025 - SN - OASIS Start of Care

Provider Details

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

Entered By

Jodi Hilty, RN at 7/9/2025 11:53 AM

Order Date

7/9/2025 11:53 AM

Provider Comments

Provider Comments (continued)

Provider Signature for Christine A. Will, MD

Signature:_____ Date:_____

Order ID for Pacheco,Geraldina

1108762