

Patient Information

Patient's HI Claim No. 5KE6RJ6JP43	Start of Care Date 06/03/2025	Certification Period From: 06/03/2025 To: 08/01/2025		Medical Record No. MA250602055601
Patient's Name and Address Eno, Joan Martha 330 Main St, Apt 424d Fairhaven, MA 02719		Gender Female	Date of Birth 05/16/1956	Phone Number (774) 328-1200
		Email --		Primary Language English

Patient Risk Profile

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

Additional Risk Information: Fall Risks, Multiple Comorbidities, Risks for Infection

Clinical Data

Clinical Manager AFONSO, MELISSA		Branch Name and Address Nightingale Visiting Nurses 125 County ST. Taunton, MA 02780-3561	Phone Number (508) 967-0761
Provider Number - Medicare Number 1881923936			Fax Number (508) 967-0767
Primary Diagnosis			
Code G89.29	Description Other chronic pain		Date 06/03/2025
Secondary/Other Diagnosis			
Code M54.50 M81.0 M47.9 G47.00 H90.3 E66.9 I10. D12.6 K21.00 K22.719 N32.81 F31.9 F41.9 Z68.32 Z87.440	Description Low back pain, unspecified () Age-related osteoporosis w/o current pathological fracture () Spondylosis, unspecified () Insomnia, unspecified () Sensorineural hearing loss, bilateral () Obesity, unspecified () Essential (primary) hypertension () Benign neoplasm of colon, unspecified () Gastro-esophageal reflux dis with esophagitis, without bleed () Barrett's esophagus with dysplasia, unspecified () Overactive bladder () Bipolar disorder, unspecified () Anxiety disorder, unspecified () Body mass index [BMI] 32.0-32.9, adult () Personal history of urinary (tract) infections ()		Date 06/03/2025 06/03/2025 06/03/2025 06/03/2025 06/03/2025 06/03/2025 06/03/2025 06/03/2025 06/03/2025 06/03/2025 06/03/2025 06/03/2025 06/03/2025 06/03/2025

Mental Status**Orientation:**

Person: Oriented. Time : Oriented.
Place : Oriented. Situation: Oriented.

Memory: No problems.

Neurological: No problems.

Mood: Anxious.

Behavioral: Appropriate (WNL).

Clinician: Agency, Clinician

Signature:

Date: 7/3/2025

(Continued) Mental Status

Psychosocial: Patient lives near her sister. Patient is a 69-year old female. Patient is alert and oriented x 4. Has occasional reported episodes of mood imbalance.

Additional Information: --

DME & Supplies

Elevated Toilet Seat. Grab Bars. Exam Gloves.

Prognosis

Good

Safety Measures

Keep Pathway Clear. Instructed on disaster/emergency plan. Slow Position Change. Instructed on mobility safety. Support During Transfer and Ambulation. Emergency Plan Developed. Instructed on safe utilities management. Safety in ADLs. Instructed on safety measures. Proper Position During Meals. Fall Precautions. Standard Precautions/Infection Control. , Other: 911/ED protocol, Respiratory Precautions. Cardiac precautions, Skin Breakdown Precaution , Triage/Risk Code: 2/2, Disaster Code: 2

Nutritional Requirements

No Added Salt. Heart Healthy.

Functional Limitations

Bowel/Bladder Incontinence, Dyspnea, Ambulation, Hearing

Other

--

Activities Permitted

Up as tolerated, Exercise prescribed

Other

--

Treatments**Medications**

Albuterol Sulfate Inhalation (2.5 MG/3ML) 0.083% 1 ml via inhalation as needed for shortness of breath
amLODIPine Besylate Oral 10 MG 1 Tab(s) by mouth once daily
Calcium 600 Oral 1500 (600 Ca) MG 1 Tab(s) by mouth twice daily
Effexor XR Oral 150 MG 1 Cap(s) by mouth once daily
Losartan Potassium Oral 100 MG 1 Tab(s) by mouth once daily
Melatonin Oral 3 MG 1 Tab(s) by mouth Once daily at bedtime
Naltrexone HCl Oral 50 MG 1/2 Tab(s) by mouth once daily in the morning
Omeprazole Oral 40 MG 1 Cap(s) by mouth once daily
Topamax Oral 50 MG 1 Tab(s) by mouth once daily
trazODone HCl Oral 100 MG 2 Tab(s) by mouth once daily
Trospium Chloride Oral 20 MG 1 Tab(s) by mouth twice daily
Venlafaxine HCl Oral 75 MG 1 Tab(s) by mouth once daily
Wellbutrin XL Oral 150 MG 1 Tab(s) by mouth once daily
Fluticasone Propionate Nasal 50 MCG/ACT 1 ml One spray into the nose daily

Allergies**Substance**

Bactrim

Reaction

unknown

Clinician: Agency, Clinician

Signature:

Date: 7/3/2025

Orders and Treatments

Advance Directives? No.

Intent:

Copies on file with Agency? No.

Surrogate: Yes (Carol Eno)

Patient was provided written and verbal information on Advance Directives? Yes.

Assessment of patient with Other chronic pain, Low back pain, unspecified, Age-related osteoporosis w/o current pathological fracture, Spondylosis, unspecified, Insomnia, unspecified, Sensorineural hearing loss, bilateral, Obesity, unspecified, Essential (primary) hypertension, Benign neoplasm of colon, unspecified, Gastro-esophageal reflux dis with esophagitis, without bleed.

Homebound Status: Homebound: Yes

Patient is confined because of illness, needs the aid of supportive devices such as crutches, canes, wheelchairs, and walkers; the use of special transportation; or the assistance of another person in order to leave their place of residence.

Patient has a condition such that leaving his or her home is medically contraindicated.

Specify: Patient is confined to home due to gait instability related to chronic pain, needs caregiver assistance to safely leave home.

Patient has a normal inability to leave home.

Leaving home requires a considerable and taxing effort for the patient.

Specify: Patient has ambulation difficulty and needs taxing effort to leave home due to generalized weakness, decreased endurance, limited mobility, pain, SOB with exertion

Notify physician of: Temperature greater than (>) NA or less than (<) NA.

Pulse greater than (>) NA or less than (<) NA.

Respirations greater than (>) NA or less than (<) NA.

Systolic BP greater than (>) NA or less than (<) NA.

Diastolic BP greater than (>) NA or less than (<) NA.

O2 Sat less than (<) NA%.

Frequencies

Physical Therapy:

6/3/2025 (Tuesday) - 8/1/2025 (Friday) 2 visits per week for 9 weeks

* Narrative Statement/Order Details: PT VFO

Additional Orders:

Pt is a 69 y/o female being seen today for PT SOC assessment. MD referred to skilled PT due to ongoing low back pain.

PMHX: bipolar, hypertension, GERD, osteoarthritis, PTSD,

PLOF: Pt lives in an apartment building. Patient was independent with all functional mobility without AD prior to recent decline, independent for ADLs and some assist for IADLs.

Pt alert and oriented x4. Pt reports chronic low back pain. Denies sob at rest and moderate sob with minimal exertion. Noted high risk of falling with Tinetti gait and balance score of 14/28. This visit, pt currently requires SBA for transfers, SBA for ambulation for 150ft with no AD, and did not perform stairs. Patient ambulates with a decreased cadence, short shuffling steps and forward flexed posture. Patient is noted to have tenderness to palpation over lower lumbar spine and SI joint. Patient states she has increased pain during transitional movements, and presents likely with SI joint dysfunction. Pt given edu on benefits of PT skilled services recommend skilled PT 2x/wk to address physical impairments and limitations to improve mobility with decrease risk of falling and improve quality of gait. Pt in agreement with POC. Patient decline OT and SN evaluations at this time.

The Nightingale handbook was reviewed with the patient/caregiver, discussed patient rights and responsibilities, definition of home-bound status, HIPPA, universal precautions, and washing

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Signature:

Date: 7/3/2025

(Continued) Orders and Treatments

techniques, the emergency care plan, signs and symptoms of infection, procedure for complaint resolution, and important phone numbers were pointed out. The patient was informed of all services available as well as the Nightingale phone line available 24 hours a day for non-emergency concerns. All consents were explained; completed and signed; all questions answered.

MD office notified of pt recertification to NHHC and request made for POC approval.

Pt is homebound due to decreased strength, impaired balance and decreased endurance due to back pain, increased falls risk, decreased safety awareness, decreased strength/endurance and requires assist of one person to safely leave the home.

PT Interventions

Physical therapy to provide gait training to increase patients endurance, balance, and strength for functional household mobility to address decreased independence with home ambulation

Physical Therapy to develop and implement a balance program to increase patients functional stability for transfers and ambulation to address decreased functional mobility/balance to reduce risk of falls in the home

Physical therapy to develop and implement a HEP program consisting of BLE strengthening, balance training and/or endurance training focused on increasing functional stability during mobility in order to address decrease in independence due to weakness, impaired balance and impaired endurance

Physical therapy to develop and implement stretching and strengthening routine focused on improving sacroiliac joint dysfunction for decreased pain during transitional movements and mobility

Physical therapy to perform gentle, low back muscle manipulation and stretch, stretching for improved lower back mobility, and decrease pain during functional ability

PT to perform complete physical assessment each visit with emphasis on Home exercise program and chronic pain. PT to assess other comorbidities including Low back pain and other conditions that present themselves during this episode of care. PT to recognize and intervene to minimize complications; notify physician immediately of any potential problems that impede completion of patient recovery and desired goals.

PT to assess and monitor vital signs every visit and report to MD any deviations from parameters.

PT to develop individualized emergency plan with patient.

PT to assess for signs and symptoms of infection and instruct patient/caregiver on measures to prevent infection including, universal precautions, mouth care, skin care, and environmental sanitation.

PT to instruct patient/caregiver on fall prevention and safety measures such as wearing proper footwear and using prescribed assistive device(s) when ambulating; safe transfers, removing clutter and instructing on the importance of adequate lighting in patient's area.

PT to report to physician increasing pain of >7 in a 0-10 pain scale which cannot be relieved by rest.

Patient identified to be at risk for pressure ulcer development. PT to provide skilled assessment, identify and mitigate risk factors, provide instruction and reinforcement of teaching to prevent pressure ulcer development.

PT to assess patient for signs/symptoms of depression.v

PT to instruct the patient and caregiver on factors that contribute to SOB, including avoiding outdoors on poor air quality days. Avoid leaving windows open when outside temperature is above 105 F.

Goals and Outcomes

PT Goals

Patient will improve ambulation from SBA 150ft with no AD to independent 2-300ft with LRAD or no AD by end of episode in order for patient to safely access entire home (Goal Term: long, Target Date: 8/1/25)

Patient to improve standing static and dynamic balance from fair to good by end of episode in order to decrease risk of falls (Goal Term: long, Target Date: 8/1/25)

Patient will be independent with HEP by end of episode to increase functional strength and decrease risk of falls (Goal Term: long, Target Date: 8/1/25)

Patient low back pain will reduce to 0-2/10 during all functional mobility by end of episode for improved mobility and increased quality of life (Goal Term: long, Target Date: 8/1/25)

Clinician: Agency, Clinician

Signature:

Date: 7/3/2025

(Continued) Goals and Outcomes

Patient will tolerate gentle manual massage for up to five minutes for improved low back mobility and decreased pain (Goal Term: long, Target Date: 8/1/25)

Patient will understand when to notify MD with complications/concerns related to the primary diagnosis by the end of the episode. (Goal Term: long, Target Date: 8/1/25)

Patient's vital signs will remain within parameters throughout the certification period. (Goal Term: long, Target Date: 8/1/25)

Patient will verbalize understanding of emergency measures and signs and symptoms that need immediate attention by 06/28/2025. (Goal Term: short, Target Date: 6/28/25)

Patient/caregiver will demonstrate proper infection precautions and prevent the spread of infection by 06/28/2025 (Goal Term: short, Target Date: 6/28/25)

Patient/PCG will verbalize understanding of instructions on fall prevention and safety measures by end of episode (Goal Term: long, Target Date: 8/1/25)

Patient's pain will be controlled within an acceptable scale of 0-2/10 throughout the episode. (Goal Term: long, Target Date: 8/1/25)

Patient/caregiver will demonstrate measures to prevent skin breakdown. Skin integrity will be maintained throughout the episode of care. (Goal Term: long, Target Date: 8/1/25)

Patient will demonstrate stabilization of depression with current treatment regimen by 06/28/2025 (Goal Term: short, Target Date: 6/28/25)

Patient and caregiver will verbalize an understanding of factors that contribute to shortness of breath by 06/28/2025 (Goal Term: short, Target Date: 6/28/25)

Rehab potential: Good to achieve stated goals with skilled intervention and patient's compliance with the plan of care.

Discharge plans: Discharge when medical condition is stable and patient is no longer in need of skilled services.

Discharge when patient independent with help.

Discharge to caregiver.

Discharge patient to self care.

Discharge when goals met/maximum potential is reached.

Nurse Signature and Date of Verbal SOC Where Applicable

Digitally Signed by: Sarah Crowe , PT

Date

06/03/2025

I certify that this patient is confined to her home and needs intermittent skilled physical therapy. The patient is under my care, and I have authorized the services on this plan of care and will periodically review the plan. I further certify this patient had a face-face encounter that was performed on 06/02/2025 by a physician or Medicare allowed non-physician practitioner that was related to the primary reason the patient requires home health services.

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.

Primary Physician
WILL, CHRISTINE MD

Address
535 Faunce Corner Rd
NORTH DARTMOUTH, MA 02747

Phone Number
(508) 996-3991

NPI
1760458632

Fax Number
(508) 961-2535

Attending Physician's Signature and Date Signed

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Date

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Clinician: Agency, Clinician

Signature:

Date: 7/3/2025