

Patient Information

Patient's HI Claim No. --	Start of Care Date 06/21/2023	Certification Period From: 06/10/2025 To: 08/08/2025		Medical Record No. 100999559
Patient's Name and Address Rodgers, Joseph 1040 Cove Rd, APT 4 New Bedford, MA 02744		Gender Male	Date of Birth 05/10/1942	Phone Number (774) 206-6316
		Email --		Primary Language English

Patient Risk Profile

Risk Factors: Multiple hospitalizations (2 or more) in the past 6 months. Multiple emergency department visits (2 or more) in the past 6 months. 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.

Clinical Data

Clinical Manager Marshman, Dannielle	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 J10.00	Description Flu due to oth ident flu virus w unsp type of pneumonia (O)	Date 02/02/2025
Secondary/Other Diagnosis		
Code J44.0	Description Chr obstructive pulmon disease with (acute) lower resp infct (O)	Date 02/02/2025
J44.1	Chronic obstructive pulmonary disease w (acute) exacerbation (O)	02/02/2025
J96.21	Acute and chronic respiratory failure with hypoxia (O)	02/02/2025
C34.10	Malignant neoplasm of upper lobe, unsp bronchus or lung (E)	02/02/2025
I25.5	Ischemic cardiomyopathy (E)	02/02/2025
I50.42	Chronic combined systolic and diastolic hrt fail (E)	02/02/2025
I12.9	Hypertensive chronic kidney disease w stg 1-4/unsp chr kidney (E)	02/02/2025
E11.22	Type 2 diabetes mellitus w diabetic chronic kidney disease (E)	02/02/2025
N18.31	Chronic kidney disease, stage 3a (E)	02/02/2025
D63.1	Anemia in chronic kidney disease (E)	02/02/2025
H54.8	Legal blindness, as defined in USA (E)	02/02/2025
I48.11	Longstanding persistent atrial fibrillation (E)	02/02/2025
I47.29	Other ventricular tachycardia (E)	02/02/2025
I25.10	Atheroscl heart disease of native coronary artery w/o ang pctrs (E)	02/02/2025
N40.0	Benign prostatic hyperplasia without lower urinary tract symp (E)	02/02/2025
G47.33	Obstructive sleep apnea (adult) (pediatric) (E)	02/02/2025
F33.9	Major depressive disorder, recurrent, unspecified (E)	02/02/2025
F41.9	Anxiety disorder, unspecified (E)	02/02/2025
E66.811	Obesity, class 1 (E)	02/02/2025
E03.8	Other specified hypothyroidism (E)	02/02/2025
D63.8	Anemia in other chronic diseases classified elsewhere (E)	02/02/2025
K59.00	Constipation, unspecified (E)	02/02/2025
E78.5	Hyperlipidemia, unspecified (E)	02/02/2025
K21.9	Gastro-esophageal reflux disease without esophagitis (E)	02/02/2025

Clinician: Clinician, Agency

Signature:

Date: 7/9/2025

Mental Status

Orientation:

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

Memory: Forgetful.

Neurological: No problems.

Mood: Appropriate (WNL).

Behavioral: Appropriate (WNL).

Psychosocial: Has PCA to assist with care/ADLs

Additional Information: --

DME & Supplies

Cane. Nebulizer. Grab Bars. Oxygen. Exam Gloves. Tub/Shower Bench.

Prognosis

Fair

Safety Measures

Instructed on disaster/emergency plan. Instructed on DME & electrical safety. Instructed on medical gas. O2 Precautions. Instructed on mobility safety. Support During Transfer and Ambulation. Emergency Plan Developed. Anticoagulant Precautions. Instructed on safety measures. Fall Precautions. Use of Assistive Devices. Standard Precautions/Infection Control. , Triage/Risk Code: 2, Disaster Code: 2

Nutritional Requirements

No Added Salt. No Concentrated Sweets. Heart Healthy.

Functional Limitations

Legally Blind, Endurance, Dyspnea, Ambulation, Other

Other

Legally blind, oxygen dependent

Activities Permitted

Up as tolerated, Cane

Other

--

Treatments

Medications

Eplerenone Oral 25 MG 0.5 Tab(s) PO DAILY
Jardiance Oral 10 MG 1 Tab(s) PO DAILY (4PM)
Cyanocobalamin Oral 1000 MCG 1 Tab(s) daily
Albuterol Sulfate Inhalation (2.5 MG/3ML) 0.083% 1 ml TID PRN
Iron Oral 325 (65 Fe) MG 1 Tab(s) PO DAILY
Vitamin D3 Oral 25 MCG (1000 UT) 1 Cap(s) PO DAILY
MiraLax Oral 17 GM/SCOOP 1 PO DAILY
Digoxin Oral 125 MCG 1 Tab(s) PO DAILY (4PM)
Amiodarone HCl Oral 100 MG 1 Tab(s) PO DAILY
Entresto Oral 24-26 MG 1 Tab(s) PO BID
Flomax Oral 0.4 MG 1 Cap(s) PO HS
Metoprolol Succinate ER Oral 50 MG 1 Tab(s) PO HS
Metoprolol Succinate ER Oral 25 MG 1 Tab(s) once daily by mouth AM
Aspirin Oral 81 MG 1 Tab(s) PO DAILY

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(Continued) Medications

Symbicort Inhalation 160-4.5 MCG/ACT 2 puffs two times a day.
Ondansetron HCl Oral 4 MG 1 Tab(s) every 8 hours as needed
Levothyroxine Sodium Oral 25 MCG 2 Tab(s) daily
Slow-Mag Oral 71.5-119 MG 1 Tab(s) 1 tab PO daily
Montelukast Sodium Oral 10 MG 1 Tab(s) HS
Zyrtec Allergy Oral 10 MG 1 Tab(s) Daily
Zolpidem Tartrate Oral 5 MG 1 Tab(s) PRN- HS
ProAir HFA Inhalation 108 (90 Base) MCG/ACT 2 puffs PRN- for SOB/wheeze
Sodium Chloride Nasal 0.65 % 1 spray ml PRN- Each nostril 4 times a day for congestion/dry nostrils

Naloxone HCl Nasal 4 MG/0.1ML 0.1 ml PRN- Into one nostril for opioid reversal, may repeat every 2-3 min if no response,
guaifenesin Oral 100 MG/5ML 10 ml PRN every 4 hours for cough/congestion
Colace Oral 100 MG 1 Cap(s) HS
ALPRAZOLAM Oral 1 MG 1 Tab(s) PRN HS
Protonix Oral 40 MG 1 Tab(s) daily
trazodone HCl Oral 50 MG 1/2 Tab(s) 25mg PRN q8hrs
Eye Multivitamin Oral 1 Cap(s) BID AERDS vitamin
tramadol HCl Oral 50 MG 1 Tab(s) PRN q8hrs for pain
Polyethylene Glycol 3350 Oral 17 GM/SCOOP 1 scoop PRN daily
Nitroglycerin Sublingual 0.4 MG 1 Tab(s) PRN q15min x3 for chest pain
Hydrocortisone External 1 % 1 PRN TID for hemorrhoids
Fluticasone Propionate Nasal 50 MCG/ACT 1 ml 1 spray each nostril daily
Atorvastatin Calcium Oral 40 MG 1 Tab(s) HS
Acetaminophen Oral 325 MG 2 Tab(s) PRN q4hrs for pain
Breztri Aerosphere Inhalation 160-9-4.8 MCG/ACT 2 puffs BID
Oxygen PRN 1-2LPM via nasal cannula.

Allergies

Substance	Reaction
ACE Inhibitors	UNK
Angiotensin Receptor Blockers	UNK
Captopril	UNK
Carvedilol	UNK
Cefprozil	UNK
Irbesartan	UNK
Sildenafil	UNK
Valsartan	UNK

Orders and Treatments

Advance Directives? No.
Intent:
Copies on file with Agency?
Surrogate: No
Patient was provided written and verbal information on Advance Directives? No.

Assessment of patient with Flu due to oth ident flu virus w unsp type of pneumonia,Chr obstructive pulmon disease with (acute) lower resp infct,Chronic obstructive pulmonary disease w (acute) exacerbation,Acute and chronic respiratory failure with hypoxia,Malignant neoplasm of upper lobe, unsp bronchus or lung,Ischemic cardiomyopathy,Chronic combined systolic and diastolic hrt fail
Hypertensive chronic kidney disease w stg 1-4/unsp chr kdny,Type 2 diabetes mellitus w diabetic chronic kidney disease,Chronic kidney disease, stage 3a.
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 normal inability to leave home.
Leaving home requires a considerable and taxing effort for the patient.

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(Continued) Orders and Treatments

Additional Orders:

Recert: 6/6/25

Episode: 06/10/2025 - 08/08/2025

VFO: SN daily

PCP Dr Jarequi

Patient is an alert and oriented male, legally blind. SN educated patient to importance of adhering to medical treatments and POC which he verbalized understanding. At baseline patient is a high risk for hospitalization especially at this time following a hospital stay for syncopal episodes and V-tach. SN reinforced s/s to monitor for and when to seek further medical care. At time of visit patient vitals were stable. He reported having PCA who assists with ADLs, homemaking and errands daily..SN to fill med machine once weekly and assess compliance at each visit. SN visits recently increased to daily to monitor med compliance, perform patient assessments and disease process education. Pts PCP recommends daily visits, referral received. Pt A03, pleasant & cooperative with visits. Legally blind. SN to continue monitor vitals signs, safety, safety education, med management including loading med machine. Sn to assess med compliance and proper use of med machine. Sn to perform assessments and disease process education.

Pt has hx of frequent hospitalizations for CHF and syncope with episodes of vtach. Pt with high anxiety regarding his blood pressure. Blood pressure often drops lower than baseline in afternoon. Cardiology adjusting meds. Pt daily weight. Unable to do this independently due to blindness. Sn to assess and monitor weight daily and report changes to MD

Patient now taking Entresto BID.

Metoprolol dose adjusted to 25mg PO AM, 50mg PO PM.

Torsemide decreased to 20 mg PO, Spirinolactone 12.5mg PO daily added.

Jardiance 10mg discontinued

Pt has PMHx significant for CHF, CAD with prior CABG, cardiomyopathy, s/p Bi V ICD, A-fib with watchman device. VSS during visit. LSD at bases. O2 sat 96% on 2 LPM via NC.

Pt recently dx with lung cancer. Poor candidate for chemo due to fragility. Pt developing plan for treatment with oncologist. Completed radiation, pt will have follow up imaging

Pt high risk for injury and fall due to blindness. Pt continues to require SN oversight for blood pressure monitoring and management of cardiac medications. Pt continues to require SN respiratory assessment and monitoring, currently oxygen dependent. Often with wheezing, requiring daily neb treatments. Without SN oversight pt is high risk for hospitalization.

Patient has had multiple hospitalization over the last few months. Pt is high risk for re-hospitalization without SN oversight and assessment. Pt to receive daily SN services until more medically stable. SN to assist with medication management, pt has frequent med changes. Sn oversight and education required for diuretic management and assessment. Pt is daily weight, requires SN assistance. Pt newly diagnosed with lung CA, medically fragile, SN to assess and monitor respiratory status. Sn to continue CHF assessment, monitoring and management. Patient is completely blind which is a barrier for him, considering his blindness pt would greatly benefit from daily SN oversight.

* I Sara Lewis, RN spoke with PCP UGO JAUREGUI, MD on 6/6/25 at approx 11am and received verbal order to continue services through cert period 06/10/2025 - 08/08/2025

SN Interventions

SN to instruct patient on daily weight self-monitoring program where the patient utilizes the same scales on a hard, flat surface each morning prior to breakfast and after urination

SN to assess for patient adherence to appropriate activity levels

SN to instruct patient on energy conserving measures including frequent rest periods, small frequent meals, avoiding large meals/overeating, and controlling stress

monitor BP every visit Assess for s/sx fluid overload Nutritional assessment s/sx chest pain

afib management

SN to instruct the patient on methods to recognize pulmonary dysfunction and relieve complications

SN to instruct the patient on factors that contribute to SOB, including avoiding outdoors on poor air quality days. Avoid leaving windows open when outside temperature is above 80

SN to fill medication machine weekly

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(Continued) Orders and Treatments

SN to assess medication compliance with each visit
SN to instruct patient on pursed lip breathing techniques
SN to instruct the patient proper use of nebulizer/inhaler, and assess return demonstration
SN to develop individualized emergency plan with patient

Goals and Outcomes

SN Goals

Patient weight will be maintained between 195-205 lbs during the episode. (Goal Term: long, Target Date: 8/8/25)
The patient will be free from injury during the certification period (Goal Term: long, Target Date: 8/8/25)
Pt will verbalize an understanding of factors that contribute to SOB End of certification period (Goal Term: long, Target Date: 8/8/25)
Pts blood pressure will remain WNL during certification period (Goal Term: long, Target Date: 8/8/25)
patient will remove all clutter from pathways (Goal Term: long, Target Date: 8/8/25)
Patient's pulse will remain within established parameters during the episode (Goal Term: long, Target Date: 8/8/25)
patient will verbalize safe management of oxygen (Goal Term: long, Target Date: 8/8/25)
patient will verbalize understanding of medication regimen including use, dose, route & time (Goal Term: long, Target Date: 8/8/25)
Patient will verbalize measures to conserve energy by End of certification period (Goal Term: long, Target Date: 8/8/25)
patient will show proper use of nebulizer equipment End of certification period (Goal Term: long, Target Date: 8/8/25)
the patient will have no hospitalizations during cert period (Goal Term: long, Target Date: 8/8/25)
patient will remain free of s/s hypoglycemia & hyperglycemia (Goal Term: long, Target Date: 8/8/25)
patient will demonstrate proper use of oxygen tubing, oxygen concentrator (Goal Term: long, Target Date: 8/8/25)

Rehab potential: Fair 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.

Nurse Signature and Date of Verbal SOC Where Applicable
Digitally Signed by: Sara Lewis , RN

Date
06/06/2025

I certify/ recertify that this patient is confined to his/her home and needs intermittent skilled nursing care, physical therapy and/or speech therapy or continues to need occupational therapy. This patient is under my care, and I have authorized the services on this plan of care and I or another physician will periodically review this plan. I attest that a valid face-to-face encounter occurred (or will occur) within timeframe requirements and it is 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
JAUREGUI, HUGO MD

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531 Faunce Corner Rd
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(508) 996-3991

NPI
1124084611

Fax Number
(508) 961-2535

Clinician: Clinician, Agency

Signature:

Date: 7/9/2025

Attending Physician's Signature and Date Signed --	Date --
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Signature:

Date: 7/9/2025