Patient Information

Patient's HI Claim No.	Start of Care Date	Certification Period	Medical Record No.
6PY0PJ2QT12	03/14/2025	From: 05/13/2025 To: 07/11/2025	MA241122026006

Patient's Name and Address	Gender	Date of Birth	Phone Number
Rivera, Elba 2 Felton St New Bedford, MA 02745	Female	02/14/1960	(774) 930-5839
	Email --		**Primary Language** English

Patient Risk Profile

Risk Factors: 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	Branch Name and Address	Phone Number
Marshman, Dannielle	Nightingale Visiting Nurses 125 County ST. Taunton, MA 02780-3561	(508) 967-0761
Provider Number - Medicare Number 1881923936		**Fax Number** (508) 967-0767

Primary Diagnosis

Code	Description	Date
G89.4	Chronic pain syndrome (E)	03/14/2025

Secondary/Other Diagnosis

Code	Description	Date
M54.9	Dorsalgia, unspecified (E)	03/14/2025
J44.89	Other specified chronic obstructive pulmonary disease (E)	03/14/2025
R21.	Rash and other nonspecific skin eruption (E)	03/14/2025
M81.0	Age-related osteoporosis w/o current pathological fracture (E)	03/14/2025
I10.	Essential (primary) hypertension (E)	03/14/2025
I25.10	Athscl heart disease of native coronary artery w/o ang pctrs (E)	03/14/2025
E78.5	Hyperlipidemia, unspecified (E)	03/14/2025
K59.09	Other constipation (E)	03/14/2025
K21.9	Gastro-esophageal reflux disease without esophagitis (E)	03/14/2025
E04.9	Nontoxic goiter, unspecified (E)	03/14/2025
K44.9	Diaphragmatic hernia without obstruction or gangrene (E)	03/14/2025
F32.A	Depression, unspecified (E)	03/14/2025
F17.210	Nicotine dependence, cigarettes, uncomplicated (E)	03/14/2025
I25.2	Old myocardial infarction (E)	03/14/2025
E66.9	Obesity, unspecified (E)	03/14/2025
Z21.	Asymptomatic human immunodeficiency virus infection status (E)	03/14/2025
Z87.01	Personal history of pneumonia (recurrent) (E)	03/14/2025
Z98.51	Tubal ligation status (E)	03/14/2025

Mental Status

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

Memory: No problems.

Neurological: No problems.

Mood: Anxious.

Clinician: Clinician, Agency

Signature:

Date: 7/10/2025

(Continued) Mental Status

Behavioral: Appropriate (WNL).

Psychosocial: Patient is a 65-year old female patient. Alert and oriented x 4. Has reported occasional episodes of mood imbalance and anxiety.

Additional Information: --

DME & Supplies
Nebulizer. Grab Bars. Exam Gloves. Alcohol Pads. , pill planner

Prognosis
Fair

Safety Measures
Keep Pathway Clear. Instructed on disaster/emergency plan. Instructed on DME & electrical safety. Neutropenic Precautions. 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: Bleeding precautions, 911/ED protocol, Respiratory Precautions. Cardiac precautions
, Triage/Risk Code: 2/2, Disaster Code: 2

Nutritional Requirements
No Added Salt. Heart Healthy.

Functional Limitations
Endurance, Dyspnea, Ambulation

Other
--

Activities Permitted
Up as tolerated

Other
--

Treatments

Medications
amLODIPine Besylate Oral 10 MG 1 Tab(s) daily
Rosuvastatin Calcium Oral 40 MG 1 Tab(s) QHS
Isosorbide Mononitrate ER Oral 60 MG 1 Tab(s) by mouth once daily
Metoprolol Succinate ER Oral 100 MG 1 Tab(s) by mouth once daily
Montelukast Sodium Oral 10 MG 1 Tab(s) by mouth once daily at bedtime
Protonix Oral 40 MG 1 Tab(s) by mouth once daily
Trulance Oral 3 MG 1 Tab(s) by mouth once daily
Raltegravir Potassium Oral 400 MG 1 Tab(s) by mouth twice daily
Ranolazine ER Oral 500 MG 1 Tab(s) by mouth twice daily
traZODone HCl Oral 100 MG 1 Tab(s) by mouth once daily at bedtime
traMADol HCl Oral 50 MG 1 Tab(s) by mouth once daily every 8 hours as needed for moderate pain
Sertraline HCl Oral 50 MG 1 Tab(s) by mouth once daily
MiraLax Oral 17 GM/SCOOP 17g by mouth twice daily as needed for constipation
Sennosides-Docusate Sodium Oral 8.6-50 MG 2 Tab(s) by mouth once daily as needed at bedtime for constipation
Tylenol Extra Strength Oral 500 MG 2 Tab(s) by mouth every 8 hours as needed for mild pain. Acetaminophen daily intake must not exceed 3g on a 24-H period in all forms.
Cetirizine HCl Oral 10 MG 1 Tab(s) by mouth once daily
Ipratropium-Albuterol Inhalation 0.5-2.5 (3) MG/3ML 3 ml via inhalation/nebulizer every 4 hours as needed for shortness of breath

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Signature:

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(Continued) Medications
Aspirin Oral 81 MG 1 Tab(s) by mouth once daily for abnormal blood clot prevention
Vitamin D3 Oral 50 MCG (2000 UT) 1 Cap(s) by mouth once daily
clonazePAM Oral 1 MG 1 Tab(s) by mouth once daily as needed
Clopidogrel Bisulfate Oral 75 MG 1 Tab(s) by mouth once daily for abnormal blood clot prevention
Descovy Oral 200-25 MG 1 Tab(s) by mouth once daily
Ezetimibe Oral 10 MG 1 Tab(s) by mouth once daily
Ventolin HFA Inhalation 108 (90 Base) MCG/ACT 2 puffs every 4 hours as needed for sob

Allergies

Substance	Reaction
Lisinopril	unknown
Iodinated Diagnostic Agents	unknown

Orders and Treatments
Advance Directives? Yes.
Intent: Other: full code
Copies on file with Agency? No.
Surrogate: No
Patient was provided written and verbal information on Advance Directives? Yes.

Assessment of patient with Chronic pain syndrome,Dorsalgia, unspecified,Other specified chronic obstructive pulmonary disease,Rash and other nonspecific skin eruption,Age-related osteoporosis w/o current pathological fracture,Essential (primary) hypertension,Athscl heart disease of native coronary artery w/o ang pctrs,Hyperlipidemia, unspecified,Other constipation,Gastro-esophageal reflux disease without esophagitis.
Homebound Status: Homebound: No

Notify physician of: Temperature greater than (>) n/a or less than (<) n/a.
Pulse greater than (>) n/a or less than (<) n/a.
Respirations greater than (>) n/a or less than (<) n/a.
Systolic BP greater than (>) n/a or less than (<) n/a.
Diastolic BP greater than (>)n/a or less than (<) n/a.
O2 Sat less than (<) n/a%.

Frequencies

Skilled Nursing:

5/13/2025 (Tuesday) - 7/11/2025 (Friday) 1 visit per week for 9 weeks
* Narrative Statement/Order Details: sn

Additional Orders:
Insur: SWH
PCP: karine maloouf- kaleshian

Patient was seen today for recertification of ongoing skilled nursing home care services.
Patient requiring SN for med management training and education and disease process management.
Patient had completed PT and OT services during last period of care. - ongoing SN required.
patient is alert and oriented x 3 with daily forgetfulness at baseline.
Patient reports she suffers with increased anxiety and confusion when participating in med management and education.
anxiety daily but not constantly, pt reports therapeutic effect from current PRN regimen.
patient is a 65 year old female who live in alone in a first floor apartment.

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Signature:

Date: 7/10/2025

(Continued) Orders and Treatments

patient has history of multiple hospitalization for COPD exacerbation and pneumonia.
patient reports compliance with respiratory med regimen.
denies sob at time of visit.
chronic dry cough noted.
Patient reports smoking half a pack of cigarettes daily.
SN provides education on importance of smoking cessation and risks related non ongoing smoking- ongoing education required.
patient reports family stress and anxiety cause her to smoke cigarettes.
SN reviews non pharmacological techniques to relief stress and anxiety, ongoing education required.
SN preps med planner x 1 week according to MD orders.
patient unable to focus throughout medication review and becomes easily distracted with her phone.
patient reports she often forgets to take HS medications.
SN instructs patient to set an evening alarm as a reminder. Patient verbalizes understanding and agreement to set alarm on her cell phone.
Patient has had no hospitalizations during last 60 days according to PCP.
SN required for medication management and education, and disease process monitoring and education.
patient verbalizes understanding and agreement to plan of care. SN to fill planner at next visit with patient while providing education and training. SN VFO weekly to assess compliance with prepped meds, and dc when goals are met. Patient denies sob or resp distress at this time. lung sounds clear. no cough/congestion noted. Patient ambulates independently without assist device but will be safer if using AD. She is able to prep meals in feed self safer with assistance. noncompliance with assistive device. patient in agreement with PT/OT services at this time. PCP and patient in agreement to POC at this time.

SN Interventions
SN to establish reminders to alert patient to take medications at correct times
SN to refill pill planner, assess med compliance, reconcile meds and manage refills at each visit.
SN to instruct the patient the following symptoms could be signs of a heart attack: chest discomfort, discomfort in one or both arms, back, neck, jaw, stomach, shortness of breath, cold sweat, nausea, or dizziness. Instruct patient on signs and symptoms that necessitate calling 911
SN to instruct patient when (s)he starts feeling chest pain, tightness, or squeezing in the chest to take nitroglycerin. Patient may take nitroglycerin one time every 5 minutes. If no relief after 3 doses, call 911
SN to instruct the patient on foods that contribute to acid reflux/indigestion
SN to instruct the patient on foods that contribute to HTN / cardiac dysfunction during this period of care.
SN to develop individualized emergency plan with patient
SN to instruct patient on pursed lip breathing techniques
SN to educate patient on the importance of med compliance of high risk cardiac medications and risks related to noncompliance at each visit.
SN to assess cardiovascular system at each visit.
monitor blood pressure, nutrition assessment, mee compliance at each visit.
SN to instruct patient to increase activity to alleviate constipation
SN to instruct the patient on signs and symptoms of constipation to report to SN or physician
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 comfort levels .
SN to instruct the patient proper use of nebulizer/inhaler, and assess return demonstration

Goals and Outcomes

SN Goals
patient will be compliant with med regimen as ordered by MD. (Goal Term: long, Target Date: 7/11/25)
patient will maintain cardiac diet compliance during episode of care. (Goal Term: long, Target Date: 7/11/25)
patients blood pressure will remain within normal limits during episode of care. (Goal Term: long, Target Date: 7/11/25)
patient will remain free from chest pain, or have relief from nitroglycerine, during episode of care. (Goal Term: long, Target Date: 7/11/25)

Clinician: Clinician, Agency

Signature:

Date: 7/10/2025

(Continued) Goals and Outcomes

will verbalize understanding of symptoms of cardiac complications and when to call 911 by: (Goal Term: long, Target Date: 7/11/25)
patient will be free from s/s constipation during the period of care. (Goal Term: long, Target Date: 7/11/25)
patient will verbalize understanding of individualized emergency plan by end of period of care. will verbalize understanding of individualized emergency plan by (Goal Term: long, Target Date: 7/11/25)
the patient will have no hospitalizations during period of care. (Goal Term: long, Target Date: 7/11/25)
patient will verbalize and understanding of energy conserving measures by end of recert period. (Goal Term: long, Target Date: 7/11/25)
patient will return demonstration of proper use of nebulizer treatment by end of recert period. (Goal Term: long, Target Date: 7/11/25)

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.
Discharge to caregiver.
Discharge patient to self care.
Discharge when goals met.
Discharge when patient is independent in management of medical needs.

Nurse Signature and Date of Verbal SOC Where Applicable	**Date**
Digitally Signed by: TONIM DEMELLO , RN	05/10/2025

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	**Address**	**Phone Number**
MAALOUF-KALESHIAN, KARINE MD	531 FAUNCE CORNER RD NORTH DARTMOUTH, MA 02747	(508) 996-3991
NPI		**Fax Number**
1114903663		(508) 961-0949

Attending Physician's Signature and Date Signed	**Date**
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Clinician: Clinician, Agency

Signature:

Date: 7/10/2025