Patient Information

Patient's HI Claim No.	Start of Care Date 05/19/2023	Certification Period From: 05/08/2025 To: 07/06/2025		Medical Record No. MA230518053704	
Patient's Name and Address Garcia, Maria R 790 Brock Ave, Apt 302		Gender Female	Date of Birth 05/06/1937	Phone Number (508) 996-2388	
New Bedford, MA	02744	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.

Clinical Data

Clinical Manager AFONSO, MELISSA		Branch Name and Address Nightingale Visiting Nurses		Phone Number (508) 967-0761 Fax Number (508) 967-0767	
Provider Number - Medicare Number 1881923936		125 County ST. Taunton, MA 02780-3561			
Primary Diagnosi	is				
Code J44.1	Description Chronic obstruct (E)	rive pulmonary disease w (acute)	Date 09/22/2024		
Secondary/Other	Diagnosis				
Code R78.81 B95.61 B34.8 J96.01 I11.0 I50.32 I48.91 N17.9 I25.10 M06.9 E78.00 M81.0	other viral infe Acute respirator Hypertensive hea Chronic diastoli Unspecified atri Acute kidney fai Athscl heart dis (E) Rheumatoid arthr Pure hypercholes	cep staph infct causing dis class ections of unspecified site (0) by failure with hypoxia (E) art disease with heart failure (E) c (congestive) heart failure (E) all fibrillation (E) lure, unspecified (E) dease of native coronary artery witis, unspecified (E) deterolemia, unspecified (E) deporosis w/o current pathological	E)) w/o ang pctrs	Date 09/22/2024 09/22/2024 09/22/2024 09/22/2024 09/22/2024 09/22/2024 09/22/2024 09/22/2024 09/22/2024 09/22/2024 09/22/2024	
F32.A F41.9 K55.9 E55.9 M19.90 R91.1 D12.6 N60.02 E66.9 Z45.2 Z79.2	Depression, unsp Anxiety disorder Vascular disorder Vitamin D defici Unspecified oste Solitary pulmona Benign neoplasm Solitary cyst of Obesity, unspeci Encounter for ac Long term (curre	r, unspecified (E) er of intestine, unspecified (E) ency, unspecified (E) eoarthritis, unspecified site (E) ery nodule (E) of colon, unspecified (E) Fleft breast (E)	(E)	09/22/2024 09/22/2024 09/22/2024 09/22/2024 09/22/2024 09/22/2024 09/22/2024 09/22/2024 09/22/2024 09/22/2024 09/22/2024 09/22/2024	

Mental Status

<u>Orientation:</u>

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

Clinician: Clinician, Agency

Signature:

Order Number #1283557694

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(Continued) Mental Status

Memory: Forgetful.

Neurological: No problems.

Mood: Anxious.

Behavioral: Appropriate (WNL).

Psychosocial: --

Additional Information: --

DME & Supplies

Cane. , n/a

Prognosis

__ _

Safety Measures

Instructed on disaster/emergency plan. Risk Code. Slow Position Change. Instructed on mobility safety. Support During Transfer and Ambulation. Disaster Code. Emergency Plan Developed. Anticoagulant Precautions. Safety in ADLs. Instructed on safety measures. Fall Precautions. Use of Assistive Devices. Standard Precautions/Infection Control., Other: Respiratory Precautions, Triage/Risk Code: 1, Disaster Code: 1

Nutritional Requirements

No Added Salt. Heart Healthy. Low Cholesterol.

Functional Limitations

Endurance, Dyspnea, Ambulation

Other

--

Activities Permitted

Cane

Other

Treatments

Medications ALPRAZolam Oral 0.5 MG 1 Tab(s) Max 1 tab in 24 hours for panic/anxiety PRN (N)

CeleBREX Oral 200 MG 30 Cap(s) 1 tab by mouth twice daily as needed for pain Mupirocin External 2~%~1 apply a small amount to the affected area by topical route 3x per day R great toe Toprol XL Oral 25 MG 30 Tab(s) 1 tab by mouth daily Lasix Oral 40 MG 30 Tab(s) 1 tab orally daily Cardizem CD Oral 180 MG 1 Cap(s) qd Breo Ellipta Inhalation 200-25 MCG/INH 1 one puff daily Isosorbide Mononitrate ER Oral 30 MG 30 Tab(s) 1 tablet by mouth daily Potassium Chloride tab 20meq take 1 tablet by mouth every day #30 guaiFENesin ER Oral 600 MG 1 Tab(s) BID Gabapentin Oral 100 MG 1 Cap(s) bid Orencia Intravenous 250 MG 1 ea Every 4 weeks IV Next dose due 6/5/23 @ 8:30 AM w/ Dr. Haite Sodium Chloride Nasal 0.65 % 1 ml each nostril 3 x day

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(Continued) Medications

Sertraline HCl Oral 50 MG 1 Tab(s) bedtime

Senna Oral 8.6 MG 1 Tab(s) Daily

oxyBUTYnin Chloride ER Oral 10 MG 1 Tab(s) Daily

Montelukast Sodium Oral 10 MG 1 Tab(s) Daily

Fluticasone Propionate (Inhal) Inhalation 50 MCG/BLIST 2 puffs daily

Dextromethorphan-guaiFENesin Oral 5-100 MG/5ML 5 ml every 4-6 hours PRN

Cetirizine HCl Oral 10 MG 1 Tab(s) Daily Ascorbic Acid Oral 1000 MG 1 Tab(s) Daily

Albuterol Sulfate HFA Inhalation 108 (90 Base) MCG/ACT 2 puffs Every 4 hours PRN SOB/Wheezing

Acidophilus Oral 1 Cap(s) Daily

Acetaminophen Oral 325 MG 2 Tab(s) every 6 hours PRN pain/fever

MiraLax Oral 17 GM 1 Packet(s) daily

Atorvastatin Calcium Oral 40 MG 1 Tab(s) bedtime

Apixaban Oral 5 MG 1 Tab(s) 2 x day

Allergies

Substance
Amoxicillin-Clavulanate

Amoxiciliin-Clavulanate

Reaction

diarrhea Itch/Hives

Orders and Treatments

Advance Directives? Yes. Intent: Other: full code

Copies on file with Agency? Yes.

Surrogate: No

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

Assessment of patient with Chronic obstructive pulmonary disease w (acute) exacerbation,Bacteremia Methicillin suscep staph infct causing dis classd elswhr,Other viral infections of unspecified site Acute respiratory failure with hypoxia,Hypertensive heart disease with heart failure,Chronic diastolic (congestive) heart failure,Unspecified atrial fibrillation,Acute kidney failure,

unspecified, Athscl heart disease of native coronary artery w/o ang pctrs.

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.

<u>Frequencies</u>

Skilled Nursing:

5/8/2025 (Thursday) - 7/6/2025 (Sunday) 1 visit per day for 60 days

* Narrative Statement/Order Details: SNV

PRN Orders:

Effective Date: 05/12/2025 Discipline: Skilled Nursing Number of PRN Visits: 3

Narrative Statement/Order Details: PRN SNV

Clinician: Clinician, Agency

Signature:

(Continued) Orders and Treatments

<u>Additional Orders:</u>

Pt is a 87 year old Female, seen today for recertification. PMHx: MSSA bacteremia, COPD exacerbation, HTN, Hyperlipidemia, Asthma, RA, CHF, A-fib, CAD. Pt c/ on 6/10 right knee pain. Pt had some recent medication changes. Pt a&o x3 with baseline forgetfulness. Pt is mainly Portuguese speaking but does speak/understand some English. Pt lives alone in a 3rd floor apartment in elderly apartment complex located in New Bedford. Patient maintaining eye contact. Answering questions appropriately. Patient dressed appropriately for the weather conditions. Patient maintains good hygiene. Patient is currently being seen daily for SN to assess mood, mental status, vital signs, safety, coping skills, disease process teaching, medication assessment, education and monitor compliance. Patient denies any SI/HI, AH/VH, racing thoughts or paranoia at this time. Medications reviewed with patient during visit, patient presents with increased anxiety, confusion and becomes easily overwhelmed when receiving education regarding medications. Without SN intervention patient becomes at risk for decompensation/ hospitalization secondary to disease process as evidenced by poor insight and poor judgment. Patients thought process is impaired, creating a barrier for the patient to achieve optimal goal function. Patient has no available caregivers. Patient voices no other questions or concerns.

SN Interventions

SN to instruct patient on measures to detect and alleviate edema

Sn to prep AM PO medications and administer during SNV. SN to prep all remaining PO medications for the remainder of the day for patient to self administer. SN to notify MD of any abnormal findings.

Sn to assess BP every SNV. SN to notify MD of any abnormal findings.

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 develop individualized emergency plan with patient

SN to assess CV system

SN to instruct patient on pursed lip breathing techniques

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 85

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 Afib management

SN to instruct the patient on methods to recognize pulmonary dysfunction and relieve complications SN to instruct patient on energy conserving measures including frequent rest periods, small frequent meals, avoiding large meals/overeating, and controlling stress

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 85

Goals and Outcomes

<u>SN Goals</u>

Patient will verbalize understanding of edema relieving measures (Goal Term: long,

Target Date: 7/6/25)

Patient will be compliant with medication regimen (Goal Term: long, Target Date: 7/6/25) Patients BP will remain WNL during cert period (Goal Term: long, Target Date: 7/6/25)

will verbalize understanding of symptoms of cardiac complications and when to call 911 by:

(Goal Term: long, Target Date: 7/6/25)

Patient will verbalize understanding of individualized emergency plan by (Goal Term:

long, Target Date: 7/6/25)

Patient will remain free of any chest pain (Goal Term: long, Target Date: 7/6/25)

Patient will verbalize understanding of energy conserving measures by end of cert period.

(Goal Term: long, Target Date: 7/6/25)

Patient weight will be maintained between 3 lbs during the episode. (Goal Term: long,

Target Date: 7/6/25)

Patient will have no hospitalizations during certification period. (Goal Term: long,

Target Date: 7/6/25)

Patient's pulse will remain within established parameters during the episode (Goal Term:

Clinician: Clinician, Agency

Signature:

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(Continued) Goals and Outcomes

long, Target Date: 7/6/25)

Patient will understand factors that contribute to SOB by end of cert period (Goal Term:

long, Target Date: 7/6/25)

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 to caregiver.
Discharge when goals met.

Discharge when reliable caregiver available to assist with patient's medical needs.

Nurse Signature and Date of Verbal SOC Where Applicable Digitally Signed by: TARAB DASILVEIRA , RN

Date 05/07/2025

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	Address 531 Faunce Corner Rd	Phone Number (508) 996-3991	
NPI 1124084611	NORTH DARTMOUTH, MA 02747	Fax Number (508) 961-2535	
Attending Physician's Signature and Date	Date 		

Clinician: Clinician, Agency

Signature: