

Patient Information

Patient's HI Claim No. --	Start of Care Date 05/19/2023	Certification Period From: 07/07/2025 To: 09/04/2025		Medical Record No. MA230518053704
Patient's Name and Address Garcia, Maria R 790 Brock Ave, Apt 302 New Bedford, MA 02744		Gender Female	Date of Birth 05/06/1937	Phone Number (508) 996-2388
		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 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 J44.1	Description Chronic obstructive pulmonary disease w (acute) exacerbation (E)	Date 09/22/2024
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Secondary/Other Diagnosis

Code	Description	Date
R78.81	Bacteremia (O)	09/22/2024
B95.61	Methicillin suscep staph infct causing dis classd elswhr (O)	09/22/2024
B34.8	Other viral infections of unspecified site (O)	09/22/2024
J96.01	Acute respiratory failure with hypoxia (E)	09/22/2024
I11.0	Hypertensive heart disease with heart failure (E)	09/22/2024
I50.32	Chronic diastolic (congestive) heart failure (E)	09/22/2024
I48.91	Unspecified atrial fibrillation (E)	09/22/2024
N17.9	Acute kidney failure, unspecified (E)	09/22/2024
I25.10	Athsc1 heart disease of native coronary artery w/o ang pctrs (E)	09/22/2024
M06.9	Rheumatoid arthritis, unspecified (E)	09/22/2024
E78.00	Pure hypercholesterolemia, unspecified (E)	09/22/2024
M81.0	Age-related osteoporosis w/o current pathological fracture (E)	09/22/2024
F32.A	Depression, unspecified (E)	09/22/2024
F41.9	Anxiety disorder, unspecified (E)	09/22/2024
K55.9	Vascular disorder of intestine, unspecified (E)	09/22/2024
E55.9	Vitamin D deficiency, unspecified (E)	09/22/2024
M19.90	Unspecified osteoarthritis, unspecified site (E)	09/22/2024
R91.1	Solitary pulmonary nodule (E)	09/22/2024
D12.6	Benign neoplasm of colon, unspecified (E)	09/22/2024
N60.02	Solitary cyst of left breast (E)	09/22/2024
E66.9	Obesity, unspecified (E)	09/22/2024
Z45.2	Encounter for adjustment and management of VAD (E)	09/22/2024
Z79.2	Long term (current) use of antibiotics (E)	09/22/2024
Z79.52	Long term (current) use of systemic steroids (E)	09/22/2024

Mental Status**Orientation:**

Person: Oriented. Time : Oriented.

Place : Oriented. Situation: --

Clinician: Clinician, Agency

Signature:

Date: 7/9/2025

(Continued) Mental Status

Memory: Forgetful.

Neurological: No problems.

Mood: Anxious.

Behavioral: Appropriate (WNL).

Psychosocial: --

Additional Information: --

DME & Supplies

Cane. , n/a

Prognosis

Fair

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
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

Clinician: Clinician, Agency

Signature:

Date: 7/9/2025

(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
Latex

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.

Frequencies

Skilled Nursing:

7/7/2025 (Monday) - 9/4/2025 (Thursday) 1 visit per day for 60 days

* Narrative Statement/Order Details: sn

PRN Orders:

Effective Date: 07/07/2025

Discipline: Skilled Nursing

Number of PRN Visits: 3

Narrative Statement/Order Details: prn

Clinician: Clinician, Agency

Signature:

Date: 7/9/2025

(Continued) Orders and Treatments

Additional Orders:

PMHx: MSSA bacteremia, COPD exacerbation, HTN, Hyperlipidemia, Asthma, RA, CHF, A-fib, CAD.

- Patient seen today for recertification of ongoing daily nursing.
- Patient requires daily nursing for med management and med admin d/t h/o noncompliance and mismanagement of medications.
- patient on high risk medications including anxiety medications requiring skilled nursing management for patient safety.
- patient had no hospitalizations during period of care.
- patient had no med changes during last period of care.
- patient complaint with prepped meds during last period of care.
- Pt is a 87 year old Female, . 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 with good hygiene.
- home is clean and tidy.
- . 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 assess BP every SNV. SN to notify MD of any abnormal findings.
SN to develop individualized emergency plan with patient
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
Afib management
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 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 assess CV system
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 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 instruct patient on measures to detect and alleviate edema

Goals and Outcomes

SN Goals

Patients BP will remain WNL during cert period (Goal Term: long, Target Date: 9/4/25)
Patient will have no hospitalizations during certification period. (Goal Term: long, Target Date: 9/4/25)
Patient will understand factors that contribute to SOB by end of cert period (Goal Term: long, Target Date: 9/4/25)

Clinician: Clinician, Agency

Signature:

Date: 7/9/2025

(Continued) Goals and Outcomes

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

Term: long, Target Date: 9/4/25)

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

Target Date: 9/4/25)

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

(Goal Term: long, Target Date: 9/4/25)

Patient will remain free of any chest pain (Goal Term: long, Target Date: 9/4/25)

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

long, Target Date: 9/4/25)

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

(Goal Term: long, Target Date: 9/4/25)

Patient will be compliant with medication regimen (Goal Term: long, Target Date: 9/4/25)

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

Target Date: 9/4/25)

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: TONIM DEMELLO , RN

Date
07/03/2025

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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NPI
1124084611

Fax Number
(508) 961-2535

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

Signature:

Date: 7/9/2025