

Silva, Carmen
79 year old Female

MRN: **2967403**
Date of Birth: **7/8/1946**

Agency Information

Southcoast Visiting Nurse Association Inc.
200 Mill Road
Fairhaven, MA 02719-5252
Ph: 508-973-3200
Fx: 508-973-3417

Plan of Care (1108089)

Submitted

Home Health Plan of Care 6/18/25

Plan ID: 309295

Effective from: 6/18/2025 Effective to: 8/16/2025

Last Updated On: 7/7/2025

Patient Information

(M0040) Name Silva, Carmen	Current Address 54 Irvington St Fl 1 New Bedford, MA 02745-5305 774-634-7551	(M0066) Date of Birth 7/8/1946	(M0069) Sex Female	(M0065) HI Claim No. —
(M0030) Start of Care Date 6/18/2025	Referral Date 6/13/2025	Certification Period 6/18/2025 - 8/16/2025	MRN 2967403	(M0050- M0060) Assessment Address MA 027455305

Agency Information

(M0010) CMS Certification Number 22-7101	Name Southcoast Visiting Nurse Association Inc.	Address 200 Mill Road Fairhaven, Massachusetts 02719-5252	Telephone Number Ph: 508-973-3200 Fax: 508-973-3417
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Medications

Prescriptions and Patient-Reported

Name - (N)ew/(C)hanged	Start Date	End Date
ASPIRIN 81 MG chewable tablet - (C) Sig: Chew 1 tablet (81 mg total) daily Route: Oral Authorizing Provider: Historical Provider, MD	—	—
⚡ atorvastatin 40 MG tablet - (C) Sig: Take 1 tablet (40 mg total) by mouth at bedtime Route: Oral Authorizing Provider: Historical Provider, MD	10/25/2024	—
busPIRone (BUSPAR) 10 MG tablet - (C) Sig: Take 1 tablet (10 mg total) by mouth 2 (two) times a day Route: Oral Authorizing Provider: Historical Provider, MD Discontinued: 6/26/2025 at 1256	—	6/26/2025
busPIRone (BUSPAR) 5 MG tablet - (C) Sig: Take 5 mg by mouth daily. Route: Oral Authorizing Provider: Historical Provider, MD	6/26/2025	—
⚡ denosumab (PROLIA) 60 MG/ML injection prefilled syringe - (C) Sig: Inject 60 mg under the skin every 6 (six) months. given at the md office Route: Subcutaneous Authorizing Provider: Historical Provider, MD	6/26/2025	—
⚡ DULoxetine 60 MG delayed release capsule - (C) Sig: Take 1 capsule (60 mg total) by mouth at bedtime Route: Oral Authorizing Provider: Historical Provider, MD	—	—
glipiZIDE 10 MG tablet - (C)	6/26/2025	—

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Submitted

Sig: Take 10 mg by mouth daily. Route: Oral Authorizing Provider: Historical Provider, MD			
insulin glargine (LANTUS SoloStar) 100 units/mL SoloStar injection prefilled pen - (C) (Removed: 6/19/2025)	6/15/2025	6/25/2025	
Sig: Inject 26 Units under the skin daily Route: Subcutaneous Authorizing Provider: Sandra Alua, PA Discontinued: 6/25/2025 at 1434			
insulin glargine U-300 Max SoloStar 300 units/mL (Adjusts by 2 unit) injection prefilled 3 mL pen - (C) (Removed: 6/26/2025)	6/19/2025	6/26/2025	
Sig: Inject 26 Units under the skin daily. Route: Subcutaneous Authorizing Provider: Historical Provider, MD Discontinued: 6/26/2025 at 1247			
insulin glargine U-300 SoloStar 300 units/mL (Adjusts by 1 unit) injection prefilled 1.5 mL pen - (C)	6/26/2025	—	
Sig: Inject 36 Units under the skin daily. Route: Subcutaneous Authorizing Provider: Historical Provider, MD			
† insulin lispro (ADMELOG SoloStar) 100 units/mL injection prefilled pen - (C) (Removed: 6/30/2025)	6/15/2025	—	
Sig: Inject 10 Units under the skin 3 (three) times a day with meals Take 10units SQ with meals three times a day, adjust dose accordingly with caloric intake (do not give if not eating) Route: Subcutaneous Authorizing Provider: Sandra Alua, PA			
† insulin lispro (ADMELOG SoloStar) 100 units/mL injection prefilled pen - (C)	6/26/2025	—	
Sig: Inject 16-23 Units under the skin 3 (three) times a day with meals. blood sugar- sliding scale 150-200 16 units 201-250 17 units 251-300 18 units 301-350 19 units 351-400 20 units 401-450 21 units 451-500 22 units 501-550 23 units Route: Subcutaneous Authorizing Provider: Historical Provider, MD			
† Insulin Pen Needle 31G X 5 MM - (C)	12/3/2024	—	
Sig: Use as instructed four times a day Authorizing Provider: Anastasia Maltseva, MD			
pantoprazole (PROTONIX) 40 MG delayed release EC tablet - (C)	—	—	
Sig: Take 1 tablet (40 mg total) by mouth 2 (two) times a day before breakfast and dinner Route: Oral Authorizing Provider: Historical Provider, MD			
sertraline 100 MG tablet - (C)	—	—	
Sig: Take 1 tablet (100 mg total) by mouth every morning Route: Oral Authorizing Provider: Historical Provider, MD			
traZODone 50 MG tablet - (C)	—	—	
Sig: Take 1 tablet (50 mg total) by mouth at bedtime Pt takes as needed for sleep Route: Oral Authorizing Provider: Historical Provider, MD			

Diagnoses

(M1021) Principal Diagnosis

ICD	Description	Date	Flag
E11.65	Type 2 diabetes mellitus with hyperglycemia	6/18/2025	—

(M1023) Other Pertinent Diagnoses

ICD	Description	Date	Flag
N17.9	Acute kidney failure, unspecified	6/18/2025	—
E11.22	Type 2 diabetes mellitus with diabetic chronic kidney disease	6/18/2025	—
N18.31	Chronic kidney disease, stage 3a	6/18/2025	—
G31.84	Mild cognitive impairment of uncertain or unknown etiology	6/18/2025	—
C95.11	Chronic leukemia of unspecified cell type, in remission	6/18/2025	—
E83.51	Hypocalcemia	6/18/2025	—
E78.00	Pure hypercholesterolemia,	6/18/2025	—

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Submitted

	unspecified		
F41.9	Anxiety disorder, unspecified	6/18/2025	—
F32.A	Depression, unspecified	6/18/2025	—
F39	Unspecified mood (affective) disorder	6/18/2025	—
M48.061	Spinal stenosis, lumbar region without neurogenic claudication	6/18/2025	—
R62.7	Adult failure to thrive	6/18/2025	—
Z79.82	Long term (current) use of aspirin	6/18/2025	—
Z79.4	Long term (current) use of insulin	6/18/2025	—
Z79.84	Long term (current) use of oral hypoglycemic drugs	6/18/2025	—
Z79.899	Other long term (current) drug therapy	6/18/2025	—

Procedures

No procedures on file.

Durable Medical Equipment

Name	Start Date	End Date	Comments
Other (specify)	6/18/2025	—	rollator
Bath chair	6/18/2025	—	—

Safety & Nutrition as of 6/18/2025 OASIS assessment

Safety Measures

Needle precautions, Proper medication use

Nutritional Requirements

Diabetic diet

Allergies as of 7/7/2025

	Severity	Noted	Reaction Type	Reactions
Codeine DIZZY	Not Specified	08/06/2016		GI Intolerance
Percocet [oxycodone-acetaminophen] DIZZY	Not Specified	08/06/2016		GI Intolerance
Percodan [oxycodone-aspirin] DIZZY	Not Specified	08/06/2016		GI Intolerance

Functional Assessment as of 6/18/2025 OASIS assessment

Functional Limitations

Endurance

Activities Permitted

Up as Tolerated

Prognosis

Good (4/5)

Mental Status as of 6/18/2025 assessment

C0100 - Should Brief Interview for Mental Status (C0200-C0500) be Conducted?

1. Yes

C0200 - Repetition of Three Words

Ask patient: "I am going to say three words for you to remember. Please repeat the words after I have said all three. The words are: sock, blue and bed. Now tell me the three words."

Number of words repeated after first attempt

3. Three

C0300A - Temporal Orientation to Year

3. Correct

C0300B - Temporal Orientation to Month

2. Accurate within 5 days

C0300C - Temporal Orientation to Day

1. Correct

C0400A - Recall "Sock"

1. Yes, after cueing ("something to wear")

C0400B - Recall "Blue"

1. Yes, after cueing ("a color")

C0400C - Recall "Bed"

2. Yes, no cue required

C0500 - BIMS Summary Score

13 (Cognitively intact)

C1310A - Acute Onset of Mental Status Change

0. No

C1310B - Inattention

0. Behavior not present

C1310C - Disorganized Thinking

0. Behavior not present

C1310D - Altered Level of Consciousness

0. Behavior not present

M1700 - Cognitive Functioning

Patient's current (day of assessment) level of alertness, orientation, comprehension, concentration, and immediate memory for simple commands.

2 - Requires assistance and some direction in specific situations (for example: on all tasks involving shifting of attention) or consistently requires low stimulus environment due to distractibility.

M1710 - When Confused (Reported or Observed Within the Last 14 Days)

When Confused (Reported or Observed Within the Last 14 Days):

3 - During the day and evening, but not constantly

M1720 - When Anxious (Reported or Observed Within the Last 14 Days)

When Anxious (Reported or Observed Within the Last 14 Days):

3 - All of the time

D0150 - Patient Mood Interview (PHQ-2 to 9)

A. Little interest or pleasure in doing things:

1. Symptom Presence: 0 - No

2. Symptom Frequency: 0 - Never or 1 day

B. Feeling down, depressed, or hopeless:

1. Symptom Presence: 0 - No

2. Symptom Frequency: 0 - Never or 1 day

C. Trouble falling or staying asleep, or sleeping too much:

1. Symptom Presence: ^ - Skipped

2. Symptom Frequency: ^ - Skipped

D. Feeling tired or having little energy:

1. Symptom Presence: ^ - Skipped
2. Symptom Frequency: ^ - Skipped

E. Poor appetite or overeating:

1. Symptom Presence: ^ - Skipped
2. Symptom Frequency: ^ - Skipped

F. Feeling bad about yourself – or that you are a failure or have let yourself or your family down:

1. Symptom Presence: ^ - Skipped
2. Symptom Frequency: ^ - Skipped

G. Trouble concentrating on things, such as reading the newspaper or watching television:

1. Symptom Presence: ^ - Skipped
2. Symptom Frequency: ^ - Skipped

H. Moving or speaking so slowly that other people could have noticed. Or the opposite – being so fidgety or restless that you have been moving around a lot more than usual:

1. Symptom Presence: ^ - Skipped
2. Symptom Frequency: ^ - Skipped

I. Thoughts that you would be better off dead, or of hurting yourself in some way:

1. Symptom Presence: ^ - Skipped
2. Symptom Frequency: ^ - Skipped

D0160 - Total Severity Score

0 (Minimal depression)

D0700 - Social Isolation

How often do you feel lonely or isolated from those around you?

0. Never

M1740 - Cognitive, Behavioral, and Psychiatric Symptoms

Cognitive, behavioral, and psychiatric symptoms that are demonstrated at least once a week (Reported or Observed):

1 - Memory deficit: failure to recognize familiar persons/places, inability to recall events of past 24 hours, significant memory loss so that supervision is required, 2 - Impaired decision-making: failure to perform usual ADLs or IADLs, inability to appropriately stop activities, jeopardizes safety through actions

M1745 - Frequency of Disruptive Behavior Symptoms (Reported or Observed)

Any physical, verbal, or other disruptive/dangerous symptoms that are injurious to self or others or jeopardize personal safety.

5 - At least daily

Mental Status

Oriented, Forgetful

Visit Sets

Medical Social Work

Visits

Visits

1 visit every 60 days for 60 days

Dates

6/18/2025 to 8/16/2025

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Submitted

Comments: please assist with transportation issues so pt can get to her medical appts

? if pt eligible for mass health

? eligible for low income med programs for insulin and meds

community resources in the home for food shopping ? laundry

1 to 3 visits as needed

7/3/2025 to 8/31/2025

Comments: Community Resources and transportation

Skilled Nursing

Visits

Visits	Dates
1 visit every day for 3 days	6/18/2025 to 6/20/2025
1 to 3 visits as needed	6/18/2025 to 8/16/2025
Comments: symptom management	
2 visits every 8 days for 8 days	6/21/2025 to 6/28/2025
2 visits every week for 7 weeks	6/29/2025 to 8/16/2025

Care Plan

Medical Social Work

Problem: Psychosocial Needs

Starting: 7/3/2025

Psychosocial Needs.

Goal: Patient/caregiver will verbalize and demonstrate methods/strategies of decreasing stress, anxiety and depressed mood. Patient will be safe at home with community

resources.

Starting: 7/3/2025

Assess for and assist with pt/family needs.

Intervention: Assess Need for Caregiver support

Starting: 7/3/2025

Frequency: Each Visit

Intervention: Assess for Altered Mental Status

Starting: 7/3/2025

Frequency: Each Visit

Intervention: Assist Patient/Caregiver with Community Based Support

Starting: 7/3/2025

Frequency: Each Visit

Intervention: Educate in Availability of Community Resources

Starting: 7/3/2025

Frequency: Each Visit

Skilled Nursing

Problem: Cardiopulmonary General

Starting: 6/18/2025

Alteration in Cardiopulmonary status

Goal: Consistent assessment of general cardiopulmonary function with appropriate

modifications to treatment as needed.

Starting: 6/18/2025

Pt/cargiver will verbalize understanding of disease maintenance and hospitalization avoidance by 8/16

Intervention: ASSESS VS

Starting: 6/18/2025

Frequency: Each Visit

Apical Heart Rate: report pulse of >105 or <55 to HCP

Blood Pressure: report B/P >160/95 or < 90/48 to HCP

SPO2 : on room air and report SPO2 < 90 to HCP

Temperature: patient or SN assess every visit, teach appropriate method to obtain/record temp and report temp > 100.5 to HCP

Problem: Diabetes

Starting: 6/18/2025

Diabetes Management

Goal: Compliance with Medication, Diet, Glucometer, Foot Care. Independent with

signs/symptoms to report to HCP.

Starting: 6/18/2025

The patient/caregiver will be instructed in the following and verbalize s/s to report to HCP: by 8/16/

Diabetic footcare including proper footwear
Daily inspection and identification of LE lesions
S/s of hyper/hypoglycemia
S/s of infection
Compliance with diabetic med regimen, use of glucometer and diabetic diet

■ **Intervention: Assess and Instruct in Ability/Willingness to Participate in Care**

Starting: 6/18/2025 Frequency: Each Visit
S/s of hyper and hypoglycemia (including emergency plan) steps to take and when to contact HCP

■ **Intervention: Assess for Complications**

Starting: 6/18/2025 Frequency: Each Visit
i.e.vision changes, headaches, cardiac symptoms, weight gain or loss, open wounds

■ **Intervention: Instruct Patient/Caregiver to Monitor for the Presence of Skin Lesions on the Lower Extremities**

Starting: 6/18/2025 Frequency: Each Visit
Instruct patient/caregiver to monitor for the presence of skin lesions on the lower extremities on a daily basis

■ **Intervention: Instruct Proper Foot Care**

Starting: 6/18/2025 Frequency: Each Visit
Inspect feet daily. Use mirror if needed.
Wash feet daily with soap and luke warm water, rinse, pat dry, apply lotion to feet except between toes, apply socks and proper protective footwear.
Do not walk barefoot.

✚ **Problem: Fall Prevention**

Starting: 6/18/2025
At Risk for Falls - Fall Prevention

● **Goal: Demonstrate ability to follow strategies minimizing fall risk; verbalize fall risk awareness due to meds/sensory deficits and environmental factors.**

Starting: 6/18/2025
Patient will demonstrate safe gait with or without a device. by 8/16

■ **Intervention: Assess and Instruct on Appropriate Use of Devices/Equipment**

Starting: 6/18/2025 Frequency: Each Visit
assess for need for assistive device.

■ **Intervention: Assess and Instruct on Physiological Fall Risk Factors and Prevention**

Starting: 6/18/2025 Frequency: Each Visit
pain

✚ **Problem: General Psychosocial**

Starting: 6/18/2025
Alteration and/or at risk for alteration in psychosocial status.

● **Goal: Patient/caregiver will verbalize and demonstrate understanding of personal coping strategies and methods of decreasing anxiety/stress; patient/caregiver will also identify signs/symptoms to report to HCP.**

Starting: 6/18/2025
Patient/caregiver will verbalize/demonstrate understanding of:
Personal coping methods to decrease anxiety/stress and increase mood. by 8/16

■ **Intervention: Assess and Instruct on Symptoms and Symptom Management**

Starting: 6/18/2025 Frequency: Each Visit
Pt/cg will verbalize understanding of:

Importance of compliance with medication, treatment plan and health appointments.

✚ **Problem: Medication Management and Safety**

Starting: 6/18/2025
Medication Management and Safety

● **Goal: Patient/caregiver will verbalize and demonstrate understanding of medication management, reconciliation, schedule, purpose and side effects. Will also demonstrate**

Plan of Care (1108089) (continued)

Submitted

ability to take medications as prescribed and ability to re-order medications.

Starting: 6/18/2025

Patient/caregiver will demonstrate ability to take medications as prescribed and re order medications from the pharmacy by 8/16

■ Intervention: Assess and Instruct on Medications and Medication Management

Starting: 6/18/2025

Frequency: Each Visit

Pt/cg will verbalize understanding of:

Medication - one each visit until all medications taught. Medication reconciliation..

Readmission Risks/Rehab Potential/Discharge Plans

(M1033) ED/Hospital Readmission Risks

Skilled Nursing (6/18/2025)

- 3 - Multiple hospitalizations (2 or more) in the past 6 months
- 4 - Multiple emergency department visits (2 or more) in the past 6 months
- 5 - Decline in mental, emotional, or behavioral status in the past 3 months
- 6 - Reported or observed history of difficulty complying with any medical instructions (for example, medications, diet, exercise) in the past 3 months
- 7 - Currently taking 5 or more medications
- 8 - Currently reports exhaustion
- 9 - Other risk(s) not listed in 1 - 8

Rehabilitation Potential

Skilled Nursing (7/3/2025)

fair

Discharge Plans

Skilled Nursing (7/3/2025)

when goals met

Advance Care Planning

Code Status
Prior

Capacity to Make Own
Care Decisions
Full capacity

Health Care Proxy
Received 2/24/2024

Face to Face Details

Attestation Statement

—

Provider's Signature and Date Signed

Signed by Sandra Alua, PA on 6/15/2025

Physician or Allowed Practitioner Certification

I certify/recertify that the above stated patient is homebound and that upon completion of the/this FTF encounter, has a need/continued need for intermittent skilled nursing, physical therapy and/or speech or occupational therapy services in their home for their current diagnosis as outlined in their initial plan of care. These services will continue to be monitored by myself or another physician who will periodically review and update the plan of care as required.

Plan of Care (1108089) (continued)

Submitted

Participants as of 7/8/2025

Name	Type	Comments	Contact Info
Michael A. Hait	M0018 Provider		535 Faunce Corner Road No. Dartmouth MA 02747 #508-996-3991
Signature pending Shelley A Coelho, RN	Case Manager, Skilled Nursing		No address on file

Plan of Care Order Detail: 6/18/2025 - SN - OASIS Start of Care

Provider Details

Authorizing Provider	Last Event	Address
Michael A. Hait	Submit	535 Faunce Corner Road No. Dartmouth MA 02747

Entered By

Jodi Hilty, RN at 7/7/2025 1:03 PM

Order Date

7/7/2025 1:02 PM

Provider Comments

Provider Signature for Michael A. Hait

Signature:_____ Date:_____

Order ID for Silva,Carmen

1108089