

Ramos, Mary R
91 year old Female

MRN: **2879507**
Date of Birth: **10/16/1933**

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 (1108486)

Submitted

Home Health Plan of Care 6/20/25

Plan ID: 309717

Effective from: 6/20/2025 Effective to: 8/18/2025

Last Updated On: 7/8/2025

Patient Information

(M0040) Name Ramos, Mary R	Current Address 228 Mill St New Bedford, MA 02740-3955 774-628-9910	(M0066) Date of Birth 10/16/1933	(M0069) Sex Female	(M0063) HI Claim No. 1T96YE0AW8 4
(M0030) Start of Care Date 6/20/2025	(M0104) Referral Date 6/18/2025	Certification Period 6/20/2025 - 8/18/2025	MRN 2879507	(M0050- M0060) Assessment Address MA 027403955

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
famotidine 20 MG tablet - (N) Sig: Take 1 tablet (20 mg total) by mouth daily Route: Oral Authorizing Provider: Historical Provider, MD	—	—
† levothyroxine (SYNTHROID) 50 MCG tablet - (C) Sig: Take 1 tablet (50 mcg total) by mouth daily AT NIGHT BEFORE MIDNIGHT Route: Oral Authorizing Provider: Historical Provider, MD	8/10/2017	—
† olmesartan (BENICAR) 20 MG tablet - (C) Sig: Take 1 tablet (20 mg total) by mouth daily as needed (hypertension) Admin Olmesartan 20mg PO daily PRN SBP > 140 Route: Oral Authorizing Provider: Douglas A Romney, MD	9/16/2023	—
† Sennosides 8.6 MG CAPS - (C) Sig: Take 1 capsule (8.6 mg total) by mouth daily as needed (constipation) Route: Oral Authorizing Provider: Historical Provider, MD	9/15/2022	—
† sodium chloride 0.65 % nasal spray - (C) Sig: 1 spray into each nostril 3 (three) times a day as needed for congestion Route: Each Nostril Authorizing Provider: Historical Provider, MD	4/18/2022	—
† VENTOLIN HFA 108 (90 BASE) MCG/ACT inhalation aerosol - (C) Sig: inhale 2 puffs by mouth every 4 to 6 hours if needed Authorizing Provider: Thembi Ranuga, NP	12/23/2016	—

Diagnoses

(M1021) Principal Diagnosis

Plan of Care (1108486) (continued)

Submitted

ICD	Description	Date	Flag
I12.9	Hypertensive chronic kidney disease with stage 1 through stage 4 chronic kidney disease, or unspecified chronic kidney disease	6/20/2025	—

(M1023) Other Pertinent Diagnoses

ICD	Description	Date	Flag
N18.30	Chronic kidney disease, stage 3 unspecified	6/20/2025	—
D63.1	Anemia in chronic kidney disease	6/20/2025	—
M19.011	Primary osteoarthritis, right shoulder	6/20/2025	—
I25.10	Atherosclerotic heart disease of native coronary artery without angina pectoris	6/20/2025	—
J44.89	Other specified chronic obstructive pulmonary disease	6/20/2025	—
R41.3	Other amnesia	6/20/2025	—
E03.9	Hypothyroidism, unspecified	6/20/2025	—
M81.0	Age-related osteoporosis without current pathological fracture	6/20/2025	—
K21.9	Gastro-esophageal reflux disease without esophagitis	6/20/2025	—
Z86.16	Personal history of COVID-19	6/20/2025	—
Z86.73	Personal history of transient ischemic attack (TIA), and cerebral infarction without residual deficits	6/20/2025	—
Z91.81	History of falling	6/20/2025	—

Procedures

No procedures on file.

Durable Medical Equipment

Name	Start Date	End Date	Comments
Cane	—	—	—
Walker	—	—	—
Commode	—	—	—
Hand held shower	—	—	—
Grab bars	—	—	—
Raised toilet seat	—	—	—
Other (specify)	—	—	Life line

Safety & Nutrition as of 6/20/2025 OASIS assessment

Safety Measures

Adequate emergency plan, Ambulate only with assistance, Bathtub safety bars, Proper medication use

Nutritional Requirements

Regular diet

Allergies as of 7/8/2025

	Severity	Noted	Reaction Type	Reactions
Seafood (not Shellfish) - Food Allergy	High	01/21/2019		Anaphylaxis
Codeine	Not Specified	09/07/2008		GI Intolerance, Unable to Recall
Vomiting				
Pholcodine	Not Specified	02/08/2020		GI Intolerance
Prilosec [omeprazole]	Not Specified	11/24/2015		Other (See Comments)
Joint pain				

Plan of Care (1108486) (continued)

Submitted

	Severity	Noted	Reaction Type	Reactions
Sulfa Antibiotics	Not Specified	09/07/2008		GI Intolerance, Unable to Recall

Functional Assessment as of 6/20/2025 OASIS assessment

Functional Limitations
Ambulation

Activities Permitted
Up as Tolerated, Transfer Bed/Chair,
Exercises Prescribed

Prognosis
Fair (3/5)

Mental Status as of 6/20/2025 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."

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"

2. Yes, no cue required

C0400B - Recall "Blue"

2. Yes, no cue required

C0400C - Recall "Bed"

2. Yes, no cue required

C0500 - BIMS Summary Score

15 (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.

0 - Alert/oriented, able to focus and shift attention, comprehends and recalls task directions independently.

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

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

0 - Never

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

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

0 - None 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):

7 - None of the above behaviors demonstrated

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.

0 - Never

Mental Status

Oriented

Visit Sets

Occupational Therapy

Visits

Visits	Dates
1 visit every 60 days for 60 days	6/20/2025 to 8/18/2025 (discontinued as of 6/27/2025)
2 visits every week for 2 weeks	6/22/2025 to 7/5/2025 (discontinued as of 6/27/2025)

Physical Therapy

Visits

Visits	Dates
1 visit every 60 days for 60 days	6/20/2025 to 8/18/2025
1 visit every week for 2 weeks	6/29/2025 to 7/12/2025
1 visit every week for 4 weeks	6/30/2025 to 7/26/2025 (discontinued as of 6/23/2025)
2 visits every week for 1 week	7/13/2025 to 7/19/2025

Care Plan

Occupational Therapy

Problem: Fall Prevention

Starting: 6/20/2025 Resolved: 6/27/2025

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: 6/20/2025 Resolved: 6/27/2025

Patient/caregiver will demonstrate strategies to prevent falls including modification of environment in 2 weeks

Problem: General Home Safety

Starting: 6/20/2025 Resolved: 6/27/2025

Alteration in Safety

Goal: Demonstrate safe use of medical/assistive equipment, strategies for reducing home hazards i.e. smoke detectors, evacuation plan; ability to access community services.

Starting: 6/20/2025 Resolved: 6/27/2025

HH SH Gen Home Safety Goals: Patient/caregiver will demonstrate strategies reducing home hazards in 2 weeks

Problem: Nutritional Concerns

Starting: 6/20/2025

Alt in Nutrition/Diet

- Goal: Patient/caregiver will verbalize understanding of diet, including adequate caloric intake, rationale and health benefits of maintaining a normal BMI.

Starting: 6/20/2025

Pt/caregiver will be knowledgeable regarding prescribed diet, including health benefits and rationale in 2 weeks

Intervention: Assess and Instruct on S/S of Dehydration

Starting: 6/20/2025

Frequency: Each Visit

Problem: OT Plan

Starting: 6/20/2025

Resolved: 6/27/2025

OT Plan

- Goal: Maximize safety and functional independence with ADLs/IADLs.

Starting: 6/20/2025

Resolved: 6/27/2025

Patient will perform toilet txfer and skills independently in 2 weeks

Patient will perform lower body dressing independently in 2 weeks

Patient will perform shower txfer and task with sba and use of appropriate DME in 2 weeks

Intervention: Assess and Instruct in ADL/IADL Training and Management

Starting: 6/20/2025

Resolved: 6/27/2025

Frequency: Each Visit

Pt/cg will demonstrate appropriate and safe ADL performance

Intervention: Assess and Instruct in Adaptive Equipment/DME Training

Starting: 6/20/2025

Resolved: 6/27/2025

Frequency: Each Visit

Patient/Caregiver in safe use of DME equipment.

Intervention: Assess and Instruct in Functional Mobility and Home Safety Training

Starting: 6/20/2025

Resolved: 6/27/2025

Frequency: Each Visit

Instruct patient/caregiver in safe functional mobility including bed mobility and transfers from multiple surfaces

Intervention: Assess and Instruct on Methods of Pain Management

Starting: 6/20/2025

Resolved: 6/27/2025

Frequency: Each Visit

Achieve acceptable pain levels using a multimodal approach which may include meds, heat, ice, positioning or other modalities

Intervention: Assess and Instruct on Progressive Balance Training Activities

Starting: 6/20/2025

Resolved: 6/27/2025

Frequency: Each Visit

Instruct patient/caregiver in safe activities to promote improved sitting and standing balance

Intervention: Cardiopulmonary General

Starting: 6/20/2025

Resolved: 6/27/2025

Frequency: Each Visit

Consistent assessment of general cardiopulmonary function with appropriate modification to treatment as needed.

Intervention: Energy Conservation/Work Simplification Training

Starting: 6/20/2025

Resolved: 6/27/2025

Frequency: Each Visit

Pt/cg will demonstrate improved activity endurance utilizing energy conservation/work simplification techniques

Physical Therapy

Problem: Fall Prevention

Starting: 6/23/2025

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: 6/23/2025

Mary will demonstrate improved balance for fall reduction as evidenced by a tinetti score of 23/28-4 WEEKS

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

Starting: 6/23/2025

Frequency: Each Visit

cane

Problem: PT Plan

Starting: 6/23/2025

Physical Therapy Plan

⊙ **Goal: Maximize Safety and Overall Functional Mobility.**

Starting: 6/23/2025

4 WEEKS:

1. mod i xfers to bed, chair and toilet with least restrictive device
2. mod I household gait with least restrictive device to access all necessary room in the home
3. mod i standing balance in order to be able to transport tray with meals from kitchen to den
4. S stair negotiation for home egress
5. improved balance for fall prevention as evidenced by a TUG score of < 18 seconds
6. Independent performance of HEP in order to continue LE strengthening after D/C from home PT

Intervention: Assess and Instruct on Functional Mobility

Starting: 6/23/2025

Frequency: PRN

Instruct patient/caregiver in safe functional mobility including bed mobility and transfers from multiple surfaces Transfers:

Bed <> chair

Toilet

Car

Intervention: Assess and Instruct on Methods of Pain Management

Starting: 6/23/2025

Frequency: Each Visit

Achieve acceptable pain levels using a multimodal approach which may include meds, heat, ice, positioning or other modalities Assess pain level

Intervention: Assess and Instruct on Progressive Balance Training Activities

Starting: 6/23/2025

Frequency: PRN

Instruct patient/caregiver in safe activities to promote improved sitting and standing balance

Standing

static

dynamic

Intervention: Assess and Instruct on Progressive Gait Training

Starting: 6/23/2025

Frequency: Each Visit

Gait training to correct specific gait abnormalities (i.e. decreased step length, decreased stance time, inability to go up/down stairs) and progressing to a normalized gait pattern using the least restrictive assistive device.

Intervention: Assess and Instruct on Therapeutic Exercise/HEP

Starting: 6/23/2025

Frequency: PRN

Use of neuromuscular re-education techniques and therapeutic exercise to increase ROM, strength, coordination, endurance and safety. Patient/caregiver in progressive HEP

Intervention: Cardiopulmonary General

Starting: 6/23/2025

Frequency: Each Visit

Consistent assessment of general cardiopulmonary function with appropriate modification to treatment as needed.

Assess apical HR - Report pulse of >100 or <60 to HCP

Assess BP - Report BP > 160/85 or < 90/50 to HCP

Assess temperature - Report temp > 100.5 to HCP

Assess SPO2 - on room air prn and report SPO2 < 90 to HCP

Readmission Risks/Rehab Potential/Discharge Plans

(M1033) ED/Hospital Readmission Risks

Occupational Therapy (6/20/2025)

- 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
- 7 - Currently taking 5 or more medications

Plan of Care (1108486) (continued)

Submitted

Rehabilitation Potential

Physical Therapy (6/23/2025)

good

Occupational Therapy (6/25/2025)

good potential for goals stated

Discharge Plans

Occupational Therapy (6/20/2025)

when goals are met

Physical Therapy (6/23/2025)

transition to HEP

Advance Care Planning

Code Status
Prior

Capacity to Make Own
Care Decisions
Full capacity

Health Care Proxy
Received 8/26/2022

Face to Face Details

Attestation Statement

—

Provider's Signature and Date Signed

Signed by Susan L Miller, MD on 6/18/2025

Physician or Allowed Practitioner Certification

I certify/recertify that the above stated patient is homebound and that upon completion of the/this FTF encounter completed on 6/18/25, 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.

Participants as of 7/9/2025

Name	Type	Comments	Contact Info
Karmina Elma P. Bautista, MD	M0018 Provider		535 FAUNCE CORNER RD NORTH DARTMOUTH MA 02747-1242 #508-996-3991
Signature pending Joshua N Reis, OT	Occupational Therapy		No address on file

Plan of Care Order Detail: 6/20/2025 - OT - OASIS Start of Care

Provider Details

Authorizing Provider	Last Event	Address
Karmina Elma P. Bautista, MD	Submit	535 FAUNCE CORNER RD NORTH DARTMOUTH MA 02747-

Plan of Care Order Detail: 6/20/2025 - OT - OASIS Start of Care (continued)

1242

Entered By

Theresa Piner at 7/8/2025 2:14 PM

Order Date

7/8/2025 2:14 PM

Provider Comments

Provider Signature for Karmina Elma P. Bautista, MD

Signature: _____ Date: _____

Order ID for Ramos, Mary R

1108486