Patient Information

Patient's HI Claim No.	Start of Care Date	Certification Period		Medical Record No.
2UP8QF1KE33	02/25/2025	From: 06/25/2025 To: 08/23/2025		MA250220064201
Patient's Name and Address		**Gender**	**Date of Birth**	**Phone Number**
Francis, Lucy 9 Utley St South Dartmouth, MA 02748		Female	06/12/1942	(508) 994-4177
		Email		**Primary Language**
		--		English

Patient Risk Profile

Risk Factors: History of falls (2 or more falls - or any fall with an injury - in the past 12 months). Multiple hospitalizations (2 or more) in the past 6 months. Multiple emergency department visits (2 or more) in the past 6 months. Decline in mental, emotional, or behavioral status in the past 3 months. 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. Other risk(s) not listed in 1-8.

Additional Risk Information: Fall Risks, Multiple Comorbidities, Risks for Infection

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		**Fax Number**
1881923936		(508) 967-0767

Primary Diagnosis

Code	Description	Date
S22.41X D	Multiple fx of ribs, right side, subs for fx w routn heal (E)	05/19/2025

Secondary/Other Diagnosis

Code	Description	Date
M47.26	Other spondylosis with radiculopathy, lumbar region ( )	06/23/2025
G89.29	Other chronic pain ( )	05/19/2025
G20.A1	Parkinson's dis w/o dyskinesia, w/o mention of fluctuations (E)	05/19/2025
F02.84	Dem in other dis classd elswhr, unsp severity, with anxiety ( )	05/19/2025
F02.83	Dem in other dis classd elswhr, unsp sev, with mood distrb ( )	06/23/2025
F32.A	Depression, unspecified ( )	06/23/2025
G60.9	Hereditary and idiopathic neuropathy, unspecified ( )	05/19/2025
E55.9	Vitamin D deficiency, unspecified ( )	05/19/2025
E53.8	Deficiency of other specified B group vitamins ( )	05/19/2025
E04.9	Nontoxic goiter, unspecified ( )	06/23/2025
M96.1	Postlaminectomy syndrome, not elsewhere classified ( )	06/23/2025
I10.	Essential (primary) hypertension ( )	05/19/2025
I25.10	Athscl heart disease of native coronary artery w/o ang pctrs ( )	06/23/2025
I48.91	Unspecified atrial fibrillation ( )	05/19/2025
G25.81	Restless legs syndrome ( )	05/19/2025
G43.909	Migraine, unsp, not intractable, without status migrainosus ( )	05/19/2025
K59.00	Constipation, unspecified ( )	06/23/2025
M50.30	Other cervical disc degeneration, unsp cervical region ( )	05/19/2025
M85.80	Oth disrd of bone density and structure, unspecified site ( )	05/19/2025
M19.90	Unspecified osteoarthritis, unspecified site ( )	05/19/2025
Z91.81	History of falling ( )	06/23/2025
Z79.1	Long term (current) use of non-steroidal non-inflam (NSAID) ( )	05/19/2025

Clinician: Clinician, Agency

Signature:

Date: 7/3/2025

Electronically Signed by [ ] on [ ]

(Continued) Secondary/Other Diagnosis

Code	Description	Date
Z79.82	Long term (current) use of aspirin ( )	05/19/2025
Z87.440	Personal history of urinary (tract) infections ( )	05/19/2025

Mental Status

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

Memory: Forgetful, Short-term loss.

Neurological: Tremors, Headaches.

Mood: Depressed, Irritable, Anxious.

Behavioral: Impaired judgement, Impulsive, Compulsive, Poor decision making.

Psychosocial: Patient is an 83-year old female. Patient is alert and oriented x 2. Has occasional reported episodes of forgetfulness and mood imbalance. Patient has very supportive spouse

Additional Information: --

DME & Supplies
Cane. Elevated Toilet Seat. Bedside Commode. Exam Gloves. Walker.

Prognosis
Good

Safety Measures
Keep Pathway Clear. Instructed on disaster/emergency plan. Instructed on DME & electrical safety. 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. Use of Assistive Devices. Standard Precautions/Infection Control. , Other: Bleeding precautions, 911/ED protocol, Respiratory Precautions. Cardiac precautions, Stroke Precautions, Skin Breakdown Precaution
, Triage/Risk Code: 2/2, Disaster Code: 2

Nutritional Requirements
No Added Salt. High Fiber. Heart Healthy.

Functional Limitations
Bowel/Bladder Incontinence, Endurance, Dyspnea, Ambulation, Hearing

Other
--

Activities Permitted	Other
Up as tolerated, Exercise prescribed, Cane, Walker	--

Treatments

Medications
Escitalopram Oxalate Oral 5 MG 1 Tab(s) by mouth once daily every morning (N)
Senna Oral 8.6 MG 1 Tab(s) by mouth once daily at bedtime as needed for constipation
Lidocaine Pain Relief External 4 % 1 Patch(es) apply patch once daily over ribs as needed for pain
Celecoxib Oral 100 MG 1 Cap(s) by mouth twice daily as needed for pain
Naloxone HCl Injection 0.4 MG/ML .4 ml One spray to one nostril as needed for opioid reversal

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Signature:

Date: 7/3/2025

(Continued) Medications
Carbidopa-Levodopa Oral 25-100 MG 1 Tab(s) by mouth four times daily
Aspirin Oral 81 MG 1 Tab(s) by mouth once daily for abnormal blood clot prevention
B12 Folate Oral 800-800 MCG 1 Cap(s) via inhalation once daily
rOPINIRole HCl Oral 1 MG 1 Tab(s) by mouth once daily at 5 PM
rOPINIRole HCl Oral 0.5 MG 1 Tab(s) by mouth once daily at bedtime
Vitamin D2 Oral 10 MCG (400 UNIT) 1 Tab(s) by mouth once weekly

Allergies

Substance	Reaction
predniSONE	confusion
amLODIPine	unknown
Lisinopril	unknown

Orders and Treatments
Advance Directives? Yes.
Intent: Other: HCP
Copies on file with Agency?
Surrogate: Yes (Bruce Francis, (508) 207-8797)
Patient was provided written and verbal information on Advance Directives? Yes.

Assessment of patient with Multiple fx of ribs, right side, subs for fx w routn heal,Other spondylosis with radiculopathy, lumbar region,Other chronic pain,Parkinson's dis w/o dyskinesia, w/o mention of fluctuations,Dem in other dis classd elswhr, unsp severity, with anxiety,Dem in other dis classd elswhr, unsp sev, with mood distrb,Depression, unspecified,Hereditary and idiopathic neuropathy, unspecified,Vitamin D deficiency, unspecified,Deficiency of other specified B group vitamins.
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 condition such that leaving his or her home is medically contraindicated.
Specify: Patient is confined to home due to right sided Multiple fractures of ribs, uses walker, cane and/or needs caregiver assistance to safely leave home.
Patient has a normal inability to leave home.
Leaving home requires a considerable and taxing effort for the patient.
Specify: Patient has ambulation difficulty and needs taxing effort to leave home due to generalized weakness, decreased endurance, limited mobility, pain, SOB with exertion

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

Frequencies

Physical Therapy:

6/25/2025 (Wednesday) - 8/23/2025 (Saturday) 2 visits per week for 9 weeks
* Narrative Statement/Order Details: PT VFO

Occupational Therapy:

6/25/2025 (Wednesday) - 6/28/2025 (Saturday) 1 visit per week for 1 week
* Narrative Statement/Order Details: OT VFO

Clinician: Clinician, Agency

Signature:

Date: 7/3/2025

(Continued) Orders and Treatments

Additional Orders:

Pt is a 83 year old female, being seen today for PT recertification assessment s/p fall with right sided rib fractures 5-8 and hemothorax.

PMH: VIT B12 DEF, RESTLESS LEGS, MIGRAINE, IDIOPATHIC PERIPHERAL NEUROPATHY, CHRONIC LOW BACK PAIN, PARKINSON'S DISEASE, CONSTIPATION, URINARY INCONTINENCE, LUMBAR POST LAMINECTOMY SYNDROME, ROTATOR CUFF SHOULDER SYNDROME AND ALLIED DO, GERD, CALCIFIC TENDINITIS OF SHOULDER, OSTEOPENIA, VIT D DEF, GOITER, CORONARY ATHEROSCLEROSIS, HLD, HTN, FEMALE PROCTOCELE, DEGENERATION OF CERVICAL INTERVERTEBRAL DISC, BURSITIS OF HIP, AFIB

PSH: L4-L5 AND L5-S1 DECOMPRESSIVE LAMINECTOMIES, BLADDER SUSPENSION, CYSTOURETHROSCOPY, BACK SURGERY, CARDIAC CATH AND STENT PLACEMENT, COLONOSCOPY, HYSTERECTOMY

Pt is am 82 y/o female, a&o x2-3 at baseline. Pt lives with her husband and 3 small dogs. Home has pathways cleared, but are too narrow in places to fit a RW. Patient husband manages her mediations, is fully knowledgeable and declines SN services at this time. Pt is noted to have significant difficulty with all mobility at this time. PLOF was supervision for ambulation over even and uneven surfaces with the use of a SC or RW or no AD, independent with transfers, and received assistance from husband for ADLs and IADLs. Patient husband assists her to MD appointments. Upon PT assessment, the patient shows impairments in B LE strength, balance, endurance and pain that affects overall transfers and mobility. Patient has a history of Parkinson's Disease which results in decreased cognitive function. The patient needs skilled PT services to help improve B LE strength, balance and endurance, therefore helping the patient reach the highest potential and reduce fall risk. Per caregiver, patient has had upwards of 10-15 falls in the last 12 months. Patient caregiver states patient has had 2 falls since last hospitalization, one requiring ER visit due to hitting her head. Current status: Bed mobility at min A; Transfers min a; ambulation CGA 150ft and min A to perform stairs. Patient progress has been limited secondary to ongoing struggles with confusion, mood disturbances and significant difficulty with follow through of skilled education. Patient caregiver is highly knowledge and aware of situation. Due to deficits in strength, balance and endurance; High Fall Risk; B LE strength of 3+/5 grossly. Patient is currently limited due to significant impairment in balance. Discharge planning is in progress, plans for once the patient has reached max level of function and / or no longer requires / desires skilled PT intervention. Skilled PT POC as indicated. OT evaluation added to address patient's limitations in ADLs. ST evaluation added as patient caregiver endorses significant decline in cognitive functioning over the last month and has since been exacerbated since hospitalization, would benefit from cognitive evaluation and assistance with memory cueing.

The Nightingale handbook was reviewed with the patient/caregiver, discussed patient rights and responsibilities, definition of home-bound status, HIPPA, universal precautions, and washing techniques, the emergency care plan, signs and symptoms of infection, procedure for complaint resolution, and important phone numbers were pointed out. The patient was informed of all services available as well as the Nightingale phone line available 24 hours a day for non-emergency concerns. All consents were explained; completed and signed; all questions answered.

MD office notified of pt recert to NHHC and request made for POC approval.

Pt is homebound due to decreased strength, impaired balance and decreased endurance due to Parkinson's and multiple falls, increased falls risk, decreased safety awareness, decreased strength/endurance and requires assist of one person to safely leave the home.

OT eval VFO set in place.

PT Interventions

Physical therapy to provide gait training to increase patients endurance, balance, and strength for functional household mobility to address decreased independence with home ambulation
Physical therapy to develop and implement a strengthening program for BLE focused on increasing functional strength of all major BLE muscle groups to address decrease in independence due to weakness.
Physical Therapy to develop and implement a balance program to increase patients functional stability for transfers and ambulation to address decreased functional mobility/balance to reduce risk of falls in the home

Clinician: Clinician, Agency

Signature:

Date: 7/3/2025

(Continued) Orders and Treatments

Physical therapy to provide transfer training from various surfaces to increase BLE strength for sit <> stand from bed, chair, and couch to address decreased independence with transfers
Physical therapy to provide gait training to increase patients endurance, balance, and strength for stair negotiation to address decreased independence with ability to enter and exit home safely
Physical therapy to develop and implement a HEP program consisting of BLE strengthening, balance training and endurance training focused on increasing functional stability during mobility in order to address decrease in independence due to weakness, impaired balance and impaired endurance
Physical therapy to provide bed mobility training to increase functional balance and strength during transitional movements focused on increasing core strength and sitting unsupported balance to address decreased functional independence due to weakness
PT to instruct patient/caregiver on fall prevention and safety measures such as wearing proper footwear and using prescribed assistive device(s) when ambulating; safe transfers, removing clutter and instructing on the importance of adequate lighting in patient's area.
PT to assess patient for signs/symptoms of depression.
PT to perform complete physical assessment each visit with emphasis on Home exercise program and right sided Multiple fractures of ribs. PT to assess other comorbidities including lumbar region spondylosis with radiculopathy, and other conditions that present themselves during this episode of care. PT to recognize and intervene to minimize complications; notify physician immediately of any potential problems that impede completion of patient recovery and desired goals.
PT to assess for signs and symptoms of infection and instruct patient/caregiver on measures to prevent infection including, universal precautions, mouth care, skin care, and environmental sanitation.
OT to evaluate patient for pain and treat muscle re-education, perceptual motor training, cognitive training, fine motor coordination, home safety, and energy conservation techniques and set up HEP
PT to develop individualized emergency plan with patient.

Goals and Outcomes

PT Goals
Patient will improve ambulation from CGA 150ft with SC to supervision 200ft with LRAD or no AD by end of episode in order for patient to safely access entire home (Goal Term: long, Target Date: 8/23/25)
Patient will improve gross BLE strength to at least 4+/5 for all major muscle groups in order to increase stability during mobility (Goal Term: long, Target Date: 8/23/25)
Patient to improve standing static and dynamic balance from poor to fair+ by end of episode in order to decrease risk of falls (Goal Term: long, Target Date: 8/23/25)
Patient will improve transfers from min a to supervision with LRAD or no AD in order to increased functional independence and safety in home by end of episode (Goal Term: long, Target Date: 8/23/25)
Patient will improve stair negotiation from unable to at least SBA with LRAD to increase safety/independence with entering/exiting home by end of episode (Goal Term: long, Target Date: 8/23/25)
Patient will be independent with HEP by end of episode to increase functional strength and decrease risk of falls (Goal Term: long, Target Date: 8/23/25)
Patient will improve bed mobility from min A to supervision by end of episode to increased functional independence in the home (Goal Term: long, Target Date: 8/23/25)
Patient/PCG will verbalize understanding of instructions on fall prevention and safety measures by 07/19/2025 (Goal Term: long, Target Date: 8/23/25)
Patient will demonstrate stabilization of depression with current treatment regimen by 07/19/2025 (Goal Term: long, Target Date: 8/23/25)
Patient will understand when to notify MD with complications/concerns related to the primary diagnosis by the end of the episode. (Goal Term: long, Target Date: 8/23/25)
Patient/caregiver will demonstrate proper infection precautions and prevent the spread of infection by 07/19/2025 (Goal Term: short, Target Date: 7/19/25)
Occupational Therapy evaluation will be completed, and a plan of care will be developed for the treatment of patient deficits related to primary diagnosis for home care episode. (Goal Term: long, Target Date: 8/23/25)
Patient will verbalize understanding of emergency measures and signs and symptoms that need immediate attention by 07/19/2025. (Goal Term: short, Target Date: 7/19/25)

Clinician: Clinician, Agency

Signature:

Date: 7/3/2025

(Continued) Goals and Outcomes

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 when caregiver willing and able to manage all aspects of patient's care.
Discharge when goals met/maximum potential is reached.

Nurse Signature and Date of Verbal SOC Where Applicable	**Date**
Digitally Signed by: Sarah Crowe , PT	06/23/2025

I recertify that this patient is confined to her home and needs intermittent skilled physical therapy and 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**
COURY, PAMELA	531 Faunce Corner Rd NORTH DARTMOUTH, MA 02747	(508) 996-3991
NPI		**Fax Number**
1598703944		(508) 961-0949

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

Signature:

Date: 7/3/2025