

Maciel, Patricia A
74 year old Female

MRN: **2682827**
Date of Birth: **1/6/1951**

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 (1109010)

Submitted

Home Health Plan of Care 6/27/25

Plan ID: 310068

Effective from: 6/27/2025 Effective to: 8/25/2025

Last Updated On: 7/10/2025

Patient Information

(M0040) Name Maciel, Patricia A	Current Address 160 Monarch Dr West Wareham, MA 02576-1242 508-207-0396	(M0066) Date of Birth 1/6/1951	(M0069) Sex Female	(M0065) HI Claim No. —
(M0030) Start of Care Date 4/28/2025	Assessment Date 6/23/2025	Certification Period 6/27/2025 - 8/25/2025	MRN 2682827	(M0050- M0060) Assessment Address MA 025761242

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
apixaban (ELIQUIS) 5 MG tablet - (C) Sig: Take 5 mg by mouth 2 (two) times a day. Route: Oral Authorizing Provider: Jordan C. Gularek, DO	6/19/2025	—
cyanocobalamin (VITAMIN B-12) 500 MCG tablet Sig: Take 1 tablet (500 mcg total) by mouth every other day Route: Oral Authorizing Provider: Historical Provider, MD	5/7/2024	—
folic acid 1 MG tablet Sig: Take 1 tablet (1,000 mcg total) by mouth daily Route: Oral Authorizing Provider: Historical Provider, MD	3/5/2024	—
furosemide (LASIX) 20 MG tablet - (C) Sig: Take 20 mg by mouth daily. Take 1 to 2 tablets by mouth every day as needed for swelling. Route: Oral Authorizing Provider: Historical Provider, MD	5/17/2025	—
ibuprofen (ADVIL, MOTRIN) 800 MG tablet Sig: Take 1 tablet (800 mg total) by mouth every 8 (eight) hours as needed for mild pain (1-3) Route: Oral Authorizing Provider: Historical Provider, MD	—	—
ipratropium (ATROVENT) 0.06 % nasal spray Sig: 2 sprays into each nostril 2 (two) times a day Route: Each Nostril Authorizing Provider: Historical Provider, MD	—	—
levothyroxine (LEVOXYL) 175 MCG tablet - (C)	—	—

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Submitted

Sig: Take 1 tablet (175 mcg total) by mouth every morning before breakfast 5/23/2025 per Dr. Guralek Route: Oral Authorizing Provider: Historical Provider, MD		
† metFORMIN (GLUCOPHAGE-XR) 500 MG extended release tablet	—	—
Sig: metformin ER 500 mg tablet,extended release 24 hr Authorizing Provider: Historical Provider, MD		
NYSTOP 100000 UNIT/GM topical powder	5/7/2024	—
Sig: APPLY UNDER THE BREAST REGIONS TOPICALLY TWICE DAILY Authorizing Provider: Historical Provider, MD		
† omeprazole (PriLOSEC) 20 MG delayed release capsule	—	—
Sig: Take 1 capsule (20 mg total) by mouth daily as needed Route: Oral Authorizing Provider: Historical Provider, MD		
† OneTouch Verio Flex System with glucometer kit w/Device	3/12/2025	—
Sig: USE TO TEST BLOOD SUGAR EVERY DAY Authorizing Provider: Historical Provider, MD		
oxygen therapy (O2)	4/28/2025	—
Sig: Inhale 2 L/min continuous. Route: Inhalation Authorizing Provider: Historical Provider, MD		
† pravastatin (PRAVACHOL) 20 MG tablet	4/28/2025	—
Sig: 20mg every evening Authorizing Provider: Historical Provider, MD		
† sertraline (ZOLOFT) 50 MG tablet	—	—
Sig: Take 1 tablet (50 mg total) by mouth daily Route: Oral Authorizing Provider: Historical Provider, MD		
traMADol (ULTRAM) 50 MG tablet	4/28/2025	—
Sig: Take 50 mg by mouth every 8 (eight) hours as needed for moderate pain (4-6). (has in the house, but not taking presently) Route: Oral Authorizing Provider: Historical Provider, MD		
† traZODone 50 MG tablet	3/23/2025	—
Sig: take 2 tabs at night Authorizing Provider: Historical Provider, MD		

Diagnoses

(M1021) Principal Diagnosis

ICD	Description	Date	Flag
C34.31	Malignant neoplasm of lower lobe, right bronchus or lung	4/28/2025	—

(M1023) Other Pertinent Diagnoses

ICD	Description	Date	Flag
J91.0	Malignant pleural effusion	4/28/2025	—
Z48.03	Encounter for change or removal of drains	5/12/2025	—
J44.9	Chronic obstructive pulmonary disease, unspecified	6/23/2025	—
M48.061	Spinal stenosis, lumbar region without neurogenic claudication	6/21/2025	—
F32.A	Depression, unspecified	4/28/2025	—
F41.9	Anxiety disorder, unspecified	4/28/2025	—
E11.9	Type 2 diabetes mellitus without complications	4/21/2025	—
M79.7	Fibromyalgia	6/21/2025	—
E03.9	Hypothyroidism, unspecified	4/21/2025	—
E87.6	Hypokalemia	4/28/2025	—
E78.49	Other hyperlipidemia	4/28/2025	—
K21.9	Gastro-esophageal reflux disease without esophagitis	4/28/2025	—
Z72.0	Tobacco use	4/28/2025	—
Z99.81	Dependence on supplemental oxygen	4/28/2025	—
Z79.84	Long term (current) use of oral hypoglycemic drugs	4/28/2025	—

Procedures

No procedures on file.

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Durable Medical Equipment

Name	Start Date	End Date	Comments
Oxygen concentrator	4/28/2025	—	—
Portable oxygen	4/28/2025	—	—
Half rails	4/28/2025	—	—

Safety & Nutrition as of 6/23/2025 OASIS assessment

Safety Measures

Adequate emergency plan, Adequate lighting, Ambulate only with assistance, Bleeding precautions, Proper medication use

Nutritional Requirements

Diabetic diet, Low sodium diet

Allergies as of 7/10/2025

	Severity	Noted	Reaction Type	Reactions
Oxycodone Also had Gi intolerance	Medium	03/08/2019		Hives
Codeine	Not Specified			
Propoxyphene	Not Specified	03/08/2019		GI Intolerance
Hydrocodone-acetaminophen	Low			Itching, Rash

Functional Assessment as of 6/23/2025 OASIS assessment

Functional Limitations

Endurance, Ambulation, Dyspnea With Minimal Exertion

Activities Permitted

Up as Tolerated

Prognosis

Fair (3/5)

Mental Status as of 6/23/2025 assessment

Mental Status

Oriented

Visit Sets

Skilled Nursing

Visits

Visits	Dates
2 visits every 9 days for 9 days	6/27/2025 to 7/5/2025
1 to 3 visits as needed	6/27/2025 to 8/25/2025
Comments: for symptom management	
2 visits every week for 7 weeks	7/6/2025 to 8/23/2025
1 visit every 2 days for 2 days	8/24/2025 to 8/25/2025

Care Plan

Skilled Nursing

Problem: Cardiopulmonary General

Starting: 4/28/2025

Alteration in Cardiopulmonary status

Goal: Consistent assessment of general cardiopulmonary function with appropriate modifications to treatment as needed.

Starting: 4/28/2025

Pt/caregiver will demonstrate/verbalize appropriate steps to take with cardiopulmonary exacerbation by 5/28

Intervention: ASSESS VS

Starting: 5/12/2025

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 2 liters of oxygen prn and report SPO2 < 90 to HCP

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

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report temp > 100.5 to HCP

Respiratory Rate: assess

Intervention: Assess and Instruct on Respiratory Status Including Lung Sounds and Breathing Pattern

Starting: 5/12/2025

Frequency: Each Visit

Problem: Depression

Starting: 6/21/2025

Depression Management

Goal: Stabilization of symptoms using medication compliance, disease management, coping strategies and community resources.

Starting: 6/21/2025

Pt/Cg will verbalize understanding of management of Depression.

Intervention: Assess and Instruct on Disease Process and Management Techniques

Starting: 6/21/2025

Frequency: Each Visit

Assess and instruct in disease process and management techniques for Depression.

Problem: Drain/Tube Management

Starting: 5/12/2025

Drain management

Goal: Patient/caregiver will verbalize and demonstrate understanding of appropriate

drain/tube management.

Starting: 5/12/2025

Drain/tube will remain patent and free from complications such as discomfort, infection and blockage.

Pt/caregiver will demonstrate appropriate drain care and signs and symptoms to report to HCP.

Maintain patency and free from infection.

S/s to report to HCP.

Intervention: Pleurex Draining

Starting: 5/12/2025

Frequency: Each Visit

Pleurx- drain pleurx per protocol daily. When drainage is less than 250ml / day decrease frequency by 24hrs- if drainage increases > 500ml increase back to daily. Do not exceed more 1,000ml at any one time Monitor o2 sats closely during procedure

Intervention: Pleurex Dressing Change

Starting: 5/12/2025

Frequency: Each Visit

Change dressing with every pleurex drainage and as needed for leakage or soilage as per manufacturers directions.

Problem: Pain

Starting: 4/28/2025

Alteration in comfort- Pain

Goal: Achieve acceptable levels of pain, independence with strategies for breakthrough

pain and symptoms to report to HCP.

Starting: 4/28/2025

Pt. will reports a tolerable level of pain at rest

Intervention: Assess and Instruct on Patient's Level of Pain Using Appropriate Pain Scale

Starting: 5/12/2025

Frequency: Each Visit

Using pain scale every visit until acceptable level is achieved

Intervention: Instruct in Pain Management Strategies

Starting: 5/12/2025

Frequency: Each Visit

Non-pharmacological strategies, such as rest/ repositioning to achieve acceptable level of pain

Problem: Respiratory

Starting: 4/28/2025

OT Plan

Goal: Demonstrate correct use of: inhalers/nebulizers with mouth care post-use; signs/symptoms of exacerbation; exacerbation avoidance strategies; respiratory crisis strategies.

Starting: 4/28/2025

Pt will verbalize/demonstrate appropriate use of inhalers/nebulizers with need for mouth care post inhaled

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medication by 5/10- resolved

Pt will verbalize steps to take in a respiratory crisis when medication is ineffective by 5/10- resolved

Pt will verbalize s/s of early respiratory exacerbation, steps to take with exacerbation and interventions to avoid exacerbations by 5/10- resolved

Pt. will remain free from resp distress

Intervention: Assess and Instruct on PNA Including:

Starting: 5/12/2025

Frequency: Each Visit

signs and symptoms

cause and prevention

signs and symptoms to report to HCP

Intervention: Instruct Patient/Caregiver on Use of Home Oxygen Safety Including:

Starting: 5/12/2025

Frequency: Each Visit

No smoking and posting 'No Smoking' signage in home

No oxygen use within 10-feet of open flames (including fireplaces, wood-burning/gas stoves and candles)

Proper storage of tanks/concentrators in open, well ventilated areas away from heat and direct sunlight

Safe use of tubing

Avoiding application of petroleum based lip products (Blistex, Chapstik, vaseline) to your nose, lips or lower face

Avoiding use of electric razors, hair dryers and heating pads

Avoiding nylon or woolen clothing/blankets which can cause static electricity

Use of humidifier in winter to add moisture to dry air

Readmission Risks/Rehab Potential/Discharge Plans

(M1033) ED/Hospital Readmission Risks

Skilled Nursing (6/23/2025)

7 - Currently taking 5 or more medications

8 - Currently reports exhaustion

9 - Other risk(s) not listed in 1 - 8

Rehabilitation Potential

Skilled Nursing (6/23/2025)

Fair.

Fair to achieve goals

Discharge Plans

Skilled Nursing (7/7/2025)

when goals are met

Advance Care Planning

Code Status
Prior

Capacity to Make Own
Care Decisions
Full capacity

Health Care Proxy
Received 4/30/2025

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 (1109010) (continued)

Submitted

Participants as of 7/10/2025

Name	Type	Comments	Contact Info
Jordan C. Gularek, DO	M0018 Provider		535 FAUNCE CORNER RD NORTH DARTMOUTH MA 02747-1242 #508-996-3991
Signature pending Pamela Swansey, RN	Case Manager, Skilled Nursing		No address on file

Plan of Care Order Detail: 6/23/2025 - SN - OASIS Recertification

Provider Details

Authorizing Provider	Last Event	Address
Jordan C. Gularek, DO	Submit	535 FAUNCE CORNER RD NORTH DARTMOUTH MA 02747- 1242

Entered By

Leslie Hobbs, COTA at 7/10/2025 7:16 AM

Order Date

7/10/2025 7:15 AM

Provider Comments

Provider Signature for Jordan C. Gularek, DO

Signature: _____ Date: _____

Order ID for Maciel,Patricia A

1109010