

Mills, John J.
73 year old Male

MRN: **2101846**
Date of Birth: **3/31/1952**

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 (1108305)

Submitted

Home Health Plan of Care 6/19/25

Plan ID: 309485

Effective from: 6/19/2025 Effective to: 8/17/2025

Last Updated On: 7/8/2025

Patient Information

(M0040) Name Mills, John J.	Current Address 180 Adams St Apt A7 Fairhaven, MA 02719-4221 774-328-5864	(M0066) Date of Birth 3/31/1952	(M0069) Sex Male	(M0065) HI Claim No. 10020019374 4
(M0030) Start of Care Date 6/19/2025	(M0104) Referral Date 6/18/2025	Certification Period 6/19/2025 - 8/17/2025	MRN 2101846	(M0050- M0060) Assessment Address MA 027194221

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
† acetaminophen 500 MG tablet - (C) Sig: Take 2 tablets (1,000 mg total) by mouth every 8 (eight) hours Route: Oral Authorizing Provider: Kelly Reiss, PA-C Discontinued: 6/29/2025 at 1123	6/18/2025	6/29/2025
† albuterol sulfate (VENTOLIN HFA) 108 (90 Base) MCG/ACT inhalation aerosol - (C) Sig: Inhale 2 puffs every 4 (four) hours as needed for shortness of breath or wheezing Route: Inhalation Authorizing Provider: Historical Provider, MD Discontinued: 6/29/2025 at 1123	6/19/2025	6/29/2025
† fluticasone furoate-umeclidinium-vilanterol (TRELEGY ELLIPTA) 100-62.5-25 MCG/ACT inhalation powder - (C) Sig: Inhale 1 puff daily Route: Inhalation Authorizing Provider: Historical Provider, MD	6/19/2025	—
† gabapentin 100 MG capsule - (C) Sig: Take 1 capsule (100 mg total) by mouth 3 (three) times a day Route: Oral Authorizing Provider: Kelly Reiss, PA-C	6/18/2025	7/18/2025
ibuprofen 600 MG tablet - (C) Sig: Take 1 tablet (600 mg total) by mouth every 6 (six) hours as needed for mild pain (1-3) or moderate pain (4-6) Route: Oral Authorizing Provider: Kelly Reiss, PA-C	6/18/2025	7/18/2025

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† nicotine 21 MG/24HR transdermal system patch - (C)	6/19/2025	6/29/2025
Sig: Place 1 patch on the skin daily Route: Transdermal Authorizing Provider: Kelly Reiss, PA-C		
Discontinued: 6/29/2025 at 1126		
oxyCODONE (ROXICODONE) 5 mg immediate release tablet - (C)	6/18/2025	6/29/2025
Sig: Take 1 tablet (5 mg total) by mouth every 6 (six) hours as needed for severe pain (7-10) for up to 10 days Max Daily Amount: 20 mg Route: Oral Authorizing Provider: Kelly Reiss, PA-C		
Discontinued: 6/29/2025 at 1126		
polyethylene glycol 3350 17 g/Scoop powder for oral solution - (C)	6/19/2025	6/29/2025
Sig: Mix 17 g as directed and take by mouth daily Route: Oral Authorizing Provider: Kelly Reiss, PA-C		
Discontinued: 6/29/2025 at 1126		

Diagnoses

(M1021) Principal Diagnosis

ICD	Description	Date	Flag
S22.41XD	Multiple fractures of ribs, right side, subsequent encounter for fracture with routine healing	6/19/2025	—

(M1023) Other Pertinent Diagnoses

ICD	Description	Date	Flag
S01.312D	Laceration without foreign body of left ear, subsequent encounter	6/19/2025	—
J44.9	Chronic obstructive pulmonary disease, unspecified	6/19/2025	—
E78.5	Hyperlipidemia, unspecified	6/19/2025	—
E66.9	Obesity, unspecified	6/19/2025	—
Z68.33	Body mass index (BMI) 33.0-33.9, adult	6/19/2025	—
V89.2XXD	Person injured in unspecified motor-vehicle accident, traffic, subsequent encounter	6/19/2025	—

Procedures

No procedures on file.

Durable Medical Equipment

No DMEs on File

Safety & Nutrition as of 6/19/2025 OASIS assessment

Safety Measures	Nutritional Requirements
Adequate emergency plan	Regular diet

Allergies as of 7/8/2025

	Severity	Noted	Reaction Type	Reactions
Asa [aspirin]	Not Specified	10/23/2014		GI Intolerance

Functional Assessment as of 6/19/2025 OASIS assessment

Functional Limitations	Activities Permitted	Prognosis
Endurance, Dyspnea With Minimal Exertion, Other - pain	Up as Tolerated, Exercises Prescribed	Good (4/5)

Mental Status as of 6/19/2025 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

0. Incorrect or no answer

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

14 (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.

1 - Requires prompting (cuing, repetition, reminders) only under stressful or unfamiliar conditions.

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):

2 - Daily, but not constantly

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

A. Little interest or pleasure in doing things:

1. Symptom Presence: 1 - Yes

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2. Symptom Frequency: 1 - 2-6 days

B. Feeling down, depressed, or hopeless:

1. Symptom Presence: 1 - Yes
2. Symptom Frequency: 1 - 2-6 days

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

2 (Minimal depression)

D0700 - Social Isolation

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

2. Sometimes

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 week for 1 week	6/19/2025 to 6/21/2025

Physical Therapy

Visits

Visits	Dates
1 visit every 60 days for 60 days	6/19/2025 to 8/17/2025

Skilled Nursing

Visits

Visits	Dates
1 visit every 60 days for 60 days	6/19/2025 to 8/17/2025

Comments: Wound care to her laceration; patient currently unable to complete; patient has no caregivers, ASAP, PT and OT evaled and did not put on services

Care Plan

Occupational Therapy

Problem: Pain

Starting: 6/19/2025

Alteration in comfort- Pain

Goal: Achieve acceptable levels of pain, independence with strategies for breakthrough pain and symptoms to report to HCP.

Starting: 6/19/2025

Pt/Cg will verbalize understanding of pain management strategies.

Intervention: Instruct in Pain Management Strategies

Starting: 6/19/2025

Frequency: Each Visit

Assess and Instruct in pain mgmt strategies.

Readmission Risks/Rehab Potential/Discharge Plans

(M1033) ED/Hospital Readmission Risks

Occupational Therapy (6/19/2025)

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

Rehabilitation Potential

Occupational Therapy (6/19/2025)

Good.

Good

Physical Therapy (6/20/2025)

N/A

Discharge Plans

Occupational Therapy (6/19/2025)

DC when POC is completed

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Physical Therapy (6/20/2025)

N/A

Advance Care Planning

Code Status

Prior

Capacity to Make Own

Care Decisions

Full capacity

Power of Attorney

Not Received

MOLST

Not Received

Health Care Proxy

Not Received

Advance Directives and
Living Will

Not Received

Face to Face Details

Attestation Statement

—

Provider's Signature and Date Signed

Signed by Kelly Reiss, PA-C 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, 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 7/8/2025

Name	Type	Comments	Contact Info
Robert J Caldas, DO	M0018 Provider		531 FAUNCE CORNER RD HAWTHORN MEDICAL ASSOC. NORTH DARTMOUTH MA 02747 #508-996-3991
Signature pending Shannon P Stone, OT	Occupational Therapy		No address on file

Plan of Care Order Detail: 6/19/2025 - OT - OASIS Start of Care

Provider Details

Authorizing Provider	Last Event	Address
Robert J Caldas, DO	Submit	531 FAUNCE CORNER RD HAWTHORN MEDICAL ASSOC. NORTH DARTMOUTH MA 02747

Entered By

Leslie Hobbs, COTA at 7/8/2025 7:48 AM

Order Date

7/8/2025 7:48 AM

Plan of Care Order Detail: 6/19/2025 - OT - OASIS Start of Care (continued)

Provider Comments

Provider Signature for Robert J Caldas, DO

Signature:_____ Date:_____

Order ID for Mills,John J.

1108305