

Patient Information

Patient's HI Claim No. 2F53KE8QU00	Start of Care Date 06/02/2025	Certification Period From: 06/02/2025 To: 07/31/2025	Medical Record No. MA221116116005
Patient's Name and Address Medeiros, Kelly J 7d Anderson Way North Dartmouth, MA 02747		Gender Female	Date of Birth 11/23/1960
		Phone Number (774) 206-0678	Primary Language English
Email --			

Patient Risk Profile

Risk Factors: Multiple hospitalizations (2 or more) in the past 6 months. Multiple emergency department visits (2 or more) in the past 6 months. Currently taking 5 or more medications.

Clinical Data

Clinical Manager Marshman, Dannielle	Branch Name and Address Nightingale Visiting Nurses 125 County ST. Taunton, MA 02780-3561	Phone Number (508) 967-0761
Provider Number - Medicare Number 1881923936		Fax Number (508) 967-0767
Primary Diagnosis		
Code I10.	Description Essential (primary) hypertension	Date 06/02/2025
Secondary/Other Diagnosis		
Code E78.5 F31.72 E83.00 J44.9 K21.9 K58.9 M19.90 M81.0	Description Hyperlipidemia, unspecified () Bipolar disord, in full remis, most recent episode hypomanic () Disorder of copper metabolism, unspecified () Chronic obstructive pulmonary disease, unspecified () Gastro-esophageal reflux disease without esophagitis () Irritable bowel syndrome, unspecified () Unspecified osteoarthritis, unspecified site () Age-related osteoporosis w/o current pathological fracture ()	Date 06/02/2025 06/02/2025 06/02/2025 06/02/2025 06/02/2025 06/02/2025 06/02/2025 06/02/2025
Mental Status <u>Orientation:</u> Person: Oriented. Time : Oriented. Place : Oriented. Situation: Oriented. <u>Memory:</u> No problems. <u>Neurological:</u> No problems. <u>Mood:</u> Appropriate (WNL). <u>Behavioral:</u> Appropriate (WNL). <u>Psychosocial:</u> -- <u>Additional Information:</u> --		
DME & Supplies Bedside Commode. Grab Bars. Walker.		

Clinician: Clinician, Agency

Signature:

Date: 7/3/2025

Prognosis Fair	
Safety Measures Keep Pathway Clear. Instructed on disaster/emergency plan. Slow Position Change. Instructed on mobility safety. Support During Transfer and Ambulation. Emergency Plan Developed. Safety in ADLs. Instructed on safety measures. Fall Precautions. Use of Assistive Devices. Standard Precautions/Infection Control. , Triage/Risk Code: 3, Disaster Code: 3	
Nutritional Requirements No Added Salt. Regular. Heart Healthy.	
Functional Limitations Endurance, Ambulation	
Other --	
Activities Permitted Up as tolerated, Exercise prescribed, walker	Other --

Treatments

Medications Magnesium Oxide Oral 400 MG 1 Tab(s) qd (C) Ergocalciferol Oral 1.25 MG (50000 UT) 1 Cap(s) once weekly po on Mondays Magnesium Oxide Oral 400 MG 1 Tab(s) BID Multivitamin Oral 1 Tab(s) qd (C) SUMatriptan Succinate Oral 100 MG 1 Tab(s) every 2 hours as needed for headache buPROPion HCl ER (SR) Oral 100 MG 1 Tab(s) one tab QD (C) Linzess Oral 145 MCG 1 Cap(s) qd Flonase Nasal 50 MCG/ACT 1 spray ml each nostril qd LORazepam Oral 0.5 MG 1 Tab(s) qd PRN Vitamin B12 Oral 1000 MCG 1 Tab(s) qd Docusate Sodium Oral 100 MG 1 Cap(s) TID PRN Calcium 500/D Oral 500-400 MG-UNIT see order Tab(s) Chew one Tablet by mouth twice daily. Acetaminophen Oral 500 MG 1-2 Cap(s) one -two tabs every 6 hours as needed for pain traZODone HCl Oral 150 MG 1 Tab(s) at hs Copper Gluconate Oral 2 MG 2 Tab(s) bid Folic Acid Oral 1 MG 1 Tab(s) daily Omeprazole Oral 40 MG 1 Cap(s) BID Albuterol Sulfate HFA Inhalation 108 (90 Base) MCG/ACT 2 puffs BID prn	
Allergies	
Substance Amoxicillin Erythromycin Azithromycin Biaxin Clarithromycin Prochlorperazine Trimethoprim Gabapentin Lyrica	Reaction Unknown Unknown Unknown Unknown Unknown Unknown Unknown Unknown Unknown

Clinician: Clinician, Agency

Signature:

Date: 7/3/2025

Orders and Treatments

Advance Directives? No.

Intent:

Copies on file with Agency?

Surrogate: No

Patient was provided written and verbal information on Advance Directives? Yes.

Assessment of patient with Essential (primary) hypertension,Hyperlipidemia, unspecified,Bipolar disord, in full remis, most recent episode hypomaniac,Disorder of copper metabolism, unspecified Chronic obstructive pulmonary disease, unspecified,Gastro-esophageal reflux disease without esophagitis,Irritable bowel syndrome, unspecified,Unspecified osteoarthritis, unspecified site Age-related osteoporosis w/o current pathological fracture.

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 normal inability to leave home.

Leaving home requires a considerable and taxing effort for the patient.

Specify: Pt is homebound due to decreased balance/coordination, increased falls risk, dyspnea with moderate exertion, decreased safety awareness, decreased strength/endurance and requires assist of one person and a RW to safely leave the home.

Frequencies

Skilled Nursing:

6/2/2025 (Monday) - 7/31/2025 (Thursday) 1 visit per week for 9 weeks

* Narrative Statement/Order Details: SN address/teach medication management, including teaching use, effect and dosing, assess compliance

Physical Therapy:

6/2/2025 (Monday) - 6/7/2025 (Saturday) 1 visit per week for 1 week

* Narrative Statement/Order Details: PT eval

Occupational Therapy:

6/2/2025 (Monday) - 6/7/2025 (Saturday) 1 visit per week for 1 week

* Narrative Statement/Order Details: OT eval

PRN Orders:

Effective Date: 06/02/2025

Discipline: Skilled Nursing

Number of PRN Visits: 3

Narrative Statement/Order Details: SN address/teach medication management, including teaching use, effect and dosing, assess compliance

Additional Orders:

SOC 6-2-25

Pt is a 64 year old Female, Admitted to NHC post insurance change for medication education

PMH: HTN, Bipolar, Hyperlipidemia, Cooper metabolism disorder, COPD, GERD, IBS, Osteoarthritis, Osteoporosis

Medication list: Multivitamin 1 tab po qd, Sumatripan 100mg po q2hrs PRN, Magnesium oxide 400mg po

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Signature:

Date: 7/3/2025

(Continued) Orders and Treatments

qd, Wellbutrin 100mg po qd, Linzess 145mcg po qd, Flonase 50mcg- 1 spray each nostril qd, Ativan 0.5mg po qd PRN, Vitamin B12 1,000mcg po qd, Colace 100mg po TID PRN, Calcium with Vitamin D 500mg/400u- 1 tab po BID, Tylenol 500mg- 1 to 2 tabs po q6hrs PRN, Trazodone 150mg po @HS, Cooper gluconate 4mg po BID, Folic acid 1mg po qd, Omeprazole 40mg po BID, Albuterol sulfate 90mcg- 2 puffs po BID PRN

Pt a&o x3 at baseline. Pt lives alone in an elderly apartment complex located in North Dartmouth. Pt has HHA services through Coastline for homemaking, shopping and ADL's. Home appears clean and neat. HHA present throughout visit. Pt continues to smoke cigarettes daily. SN re-educated pt on overall health benefits of smoking cessation, but pt remains resistant to teaching at this time. Pt reports taking AM meds prior to SN arrival. SN re-educated pt on purpose/ dose/ frequency/ route of each medication taken, pt verbalized partial understanding but unable to teach back. SN also assessed med planner for compliance during visit today with no issues noted. SN educated pt on importance of medication compliance and possible complications r/t non-compliance, pt verbalized partial understanding but reinforcement is needed. Pt required extensive guidance from SN to fill med planner accurately a/o. Pt is unable to recall purpose or dose of each medication taken but able to accurately state to SN the next time each dose from med planner slot should be taken. Pt reports decreased balance/coordination, difficulty with ambulation as well as difficulty with ADL's and requested PT and OT evals. SN will cont to monitor for any change in condition.

MD office notified of pt SOC to NHHC and request made for medication reconciliation and POC approval.

Homecare services initiated for SN, PT and OT referral requested

Pt is homebound due to decreased balance/coordination, increased falls risk, dyspnea with moderate exertion, decreased safety awareness, decreased strength/endurance and requires assist of one person and a RW to safely leave the home.

Skilled nursing required weekly to address/teach medication management d/t hx med mismanagement r/t med confusion, including teaching use, effect and dosing, assess compliance, skilled observation and assessment of cardiovascular system with teaching to include cardiac disease process, s/sx's to report, importance of adhering to diet and management of weight/edema, skilled observation and assessment of musculoskeletal system with teaching to include proper use of assistive devices, measures to decrease fall risk, safety with ADL's, teach overall health benefits of smoking cessation, skilled observation and assessment of psychological/ emotional state with teaching to include s/sx's to report, importance of adhering to medication regiment

SN Interventions

SN to develop individualized emergency plan with patient

Occupational therapist to address difficulty with ADL's -

Physical Therapy to develop and manage a balance program focused on strengthening to address decreased balance/coordination

SN to instruct the patient the following symptoms could be signs of a heart attack: chest discomfort, discomfort in one or both arms, back, neck, jaw, stomach, shortness of breath, cold sweat, nausea, or dizziness. Instruct patient on signs and symptoms that necessitate calling 911

SN to instruct patient to wear proper footwear when ambulating

SN to instruct patient to use prescribed assistive device when ambulating

SN to instruct the [dropdownnm] on importance of adequate lighting in patient area

SN to instruct the [dropdownnm] Patient to remove clutter from patient's path such as clothes, books, shoes, electrical cords, or other items that may cause patient to trip

SN to assess patient filling medication box to determine if patient is preparing correctly

SN to establish reminders to alert patient to take medications at correct times

SN to instruct Patient on medication side effects to report to SN or physician

Clinician: Clinician, Agency

Signature:

Date: 7/3/2025

Goals and Outcomes

SN Goals

Patient will have no hospitalization within recert period (Goal Term: long, Target Date: 7/31/25)
OT eval (Goal Term: long, Target Date: 7/31/25)
PT eval (Goal Term: long, Target Date: 7/31/25)
will verbalize understanding of symptoms of cardiac complications and when to call 911 by: (Goal Term: long, Target Date: 7/31/25)
Patient will verbalize understanding of individualized emergency plan by (Goal Term: long, Target Date: 7/31/25)
Patient will remove clutter from patient pathway such as clothes, electrical cords and other items that may cause patient to trip by end of episode (Goal Term: long, Target Date: 7/31/25)
Patient will be able to verbalize an understanding of the indications for each medication by the end of the recert period (Goal Term: long, Target Date: 7/31/25)

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.

Discharge when reliable caregiver available to assist with patient's medical needs.

Nurse Signature and Date of Verbal SOC Where Applicable

Digitally Signed by: BELINDAM BLANCHARD , RN

Date

06/02/2025

I certify/ recertify that this patient is confined to his/her home and needs intermittent skilled nursing care, physical therapy and/or speech therapy or continues to need 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

WILL, CHRISTINE MD

Address

535 Faunce Corner Rd
NORTH DARTMOUTH, MA 02747

Phone Number

(508) 996-3991

NPI

1760458632

Fax Number

(508) 961-2535

Attending Physician's Signature and Date Signed

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Date

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Clinician: Clinician, Agency

Signature:

Date: 7/3/2025