

Patient Information

Patient's HI Claim No. 7VE5EG3PV58	Start of Care Date 06/03/2025	Certification Period From: 06/03/2025 To: 08/01/2025	Medical Record No. hcbr-MC-0602
Patient's Name and Address Touhey, Maryann A 36 Azalea Dr North Dartmouth, MA 02747	Gender Female	Date of Birth 09/14/1962	Phone Number (774) 202-7769
	Email --	Primary Language --	

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. Currently taking 5 or more medications.

The patient was seen by the physician, or authorized practitioner working with the physician or a practitioner who cared for the patient in an acute or post-acute facility. A face-to-face encounter was performed by Ashely Palva NP, on 05/22/2025 (date), related to the primary reason the patient requires home health that meets CMS requirements.

Medical Necessity/Need for Skilled Services

Skilled Need for Physician Referral:

Primary Focus of Care, including 1*dx:Q9382 williams Syndrome

Changes from Baseline/PLOF: Decline from (I) ambulation and (I) performance of ADLs

Recent exacerbation that warrant services: OT and PT

Any new medications or changes? New medications: No New Meds

By receiving PT/OT, the patient will continue to reside in their own residential setting as opposed to a more restrictive, costly environment.

Homebound Status was verified with primary care provider

Risk assessment for unplanned hospitalizations/ER visits, urgent care visits, and unscheduled MD visits reviewed. Interventions added to POC.

POC and emergency plan developed in collaboration with pt/CG/guardian.

Pt/guardian has approved the POC and in agreement with the schedule.

Patient/caregiver goal this admission is (I) ADLs and mobility to return to PLOF

MD confirmed medication reconciliation/treatments.

Consent to treat signed/consent to treat reviewed with guardian/patient.

Issued patient rights/reviewed patient rights with guardian/patient.

Note any DME and who is the vendor. Have adequate supply for x amount of days. (If running, low, called and ordered)

Verified pharmacy

Patient/caregivers declined HHA as assistance with ADLs is already in place.

Initial POC left at patients home.

Caregivers (availability, schedule, ability, willing capable)

Anticipated discharge date: 8/1/2025

Clinical Data

Clinical Manager Amaral, Carrie M	Branch Name and Address Visiting Rehab and Nursing 125 High Street STE 204 Mansfield, MA 02048-2165	Phone Number (877) 242-8771
Provider Number - Medicare Number 1396101861		Fax Number (774) 244-4404
Primary Diagnosis		
Code Q93.82	Description williams syndrome (O)	Date 01/01/2000
Secondary/Other Diagnosis		
Code K57.20 K35.200 I11.0	Description Dvtrcli of lg int w perforation and abscess w/o bleeding (E) Acute appendicitis with gen peritonitis, w/o perf or abscess (O) Hypertensive heart disease with heart failure (O)	Date 05/16/2025 05/16/2025 01/01/2000

(Continued) Secondary/Other Diagnosis

Code	Description	Date
I50.32	Chronic diastolic (congestive) heart failure (O)	01/01/2000
Z99.3	Dependence on wheelchair (O)	01/10/2000
Z79.899	Other long term (current) drug therapy (O)	01/01/2000

Mental StatusOrientation:

Person: Oriented. Time : Oriented.

Place : Oriented. Situation: Oriented.

Memory: No problems.Neurological: No problems.Mood: Appropriate (WNL).Behavioral: Appropriate (WNL).

Psychosocial: Pt reports she is pleased with new living environment and willing to participation in OT services. She has 24 hours support from GH staff however is motivated to be more (I) with ADL tasks.

Additional Information: --**DME & Supplies**

Wheelchair. walker. , Shower Chair, Bed Rail

Prognosis

Good

Safety Measures

Keep Pathway Clear. Instructed on disaster/emergency plan. Instructed on DME & electrical safety. Support During Transfer and Ambulation. Emergency Plan Developed. Safety in ADLs. Fall Precautions. Use of Assistive Devices. , Triage/Risk Code: 003, Disaster Code: 003, Comments: Low Risk

Maryann was seen today for SOC for skilled OT services. She has a significant PMHx of: Aortic Stenosis, CHF with preserved EF, HTN, Diverticulitis, B LE Chronic Lymphedema, Williams Syndrome, Hiatal Hernia, Schatzki's ring, Gastritis. She has a complex hx of Hospitalizations since Jan 2025 for diverticulitis and increasing B LE edema however was d/ced from SNF on 6/2/2025. Upon d/c she transitioned to Life Stream GH from previously living with her Mother in New Bedford. Prior to Hosp She was (I) with functional mobility with use of walker, (I) ADLs and was able to complete some IADLs. She has significant B LE Edema and weakness which has limited her functional performance with ADLs. She currently scores a 2/6 on Katz Index. w/c, Shower chair and walker ordered by ENOS and delivered with GH. Discussed CLOF with staff who state that Pt has accepted assistance however is very motivated to maintain her (I). TUG score of 78 seconds with significant slowed pace completed with CGA with use of gait belt. No significant cognitive deficits noted with Pt reporting mild memory deficits associated with age (2 on GDS). Discussed POC with Pt with her in agreement with discussed Goals. Pt presents with decreased balance, coordination, activity tolerance and strength and would benefit from OT services to allow Resident to function at optimal level in group home. Without skilled OT Pt is at risk for falls, hospitalizations and increased dependency on caregivers. POC discussed and verified with MD.

Nutritional Requirements

Mechanical Soft.

Functional Limitations

Endurance, Ambulation

Other --	
Activities Permitted Up as tolerated, walker, wheelchair	Other --

Treatments**Medications**

Polyethylene Glycol 3350 17 grams Mix 17 grams (1 Packet) in 8 oz of water and drink by mouth twice daily as needed for constipation if no bowel movement on day 2 (C)
Ondansetron HCl Oral 4 MG 1 Tab(s) Every 8 hours as needed for c/o of nausea (C)
Ketoconazole External 2 % Dime size Apply a dime size amount topically to the face every 12 hours as needed for c/o of skin irritation (C)
Potassium Chloride ER 20meq 2 tablets PO BID
Probiotic Product Oral 1 Tab(s) PO daily
Pantoprazole 40 mg PO BID (C)
Polyethylene Glycol 3350 Oral 17 GM/SCOOP 1 scoop PO daily as needed for constipation if no bowel movement on day 2
Ondansetron HCl Oral 4 MG 1 Tab(s) PO every 8 hours as needed for nausea
Milk of Magnesia Oral 1200 MG/15ML 30 ml PO daily as needed in the evening for constipation if no bowel movement on day 3
Bisacodyl Rectal 10 MG 1 Suppository(ies) insert rectally daily PRN for constipation
Enema Ready-To-Use Rectal 7-19 GM/118ML 118 ml in rectally once daily PRN for constipation
Albuterol-Budesonide Inhalation 90-80 MCG/ACT 2 puffs by inhalation daily PRN for SOB
Acetaminophen Oral 325 MG 2 Tab(s) PO every 6 hours PRN for pain/fever
Vitamin C Oral 500 MG 1 Tab(s) PO daily in the morning
Rosuvastatin Calcium Oral 20 MG 1 Tab(s) PO daily at bedtime
Multivitamin Adult Oral 1 Tab(s) PO daily AM
Mirtazapine Oral 7.5 MG 0.5 Tab(s) PO daily at bedtime
hydrALAZINE HCl Oral 100 MG 1 Tab(s) PO TID
Furosemide Oral 20 MG 1 Tab(s) PO daily AM
Folic Acid Oral 1 MG 1 Tab(s) PO daily
Carvedilol Oral 12.5 MG 1 Tab(s) PO daily
Calcium+D3 Oral 600-20 MG-MCG 1 Tab(s) PO daily
B Complex Vitamins Oral 1 Cap(s) PO daily
amLODIPine Besylate Oral 10 MG 1 Tab(s) PO daily
Acidophilus Oral 1 Tab(s) PO daily
Sucralfate Oral 1 GM 1 Tab(s) PO QID before meals and bedtime
Polyethylene Glycol 3350 17 grams Mix 17 grams (1 Packet) in 8 oz of water and drink by mouth twice daily as needed for constipation if no bowel movement on day 2
Ondansetron HCl Oral 4 MG 1 Tab(s) Every 8 hours as needed for c/o of nausea
Ketoconazole External 2 % Dime size Apply a dime size amount topically to the face every 12 hours as needed for c/o of skin irritation
Eliquis Oral 5 MG 2 Tab(s) Take 2 tablets by mouth daily for a total of 5 doses

Allergies

Substance	Reaction
Cashews	Itch
Sulfa Antibiotics	Unknown

Orders and Treatments

Advance Directives? Yes.
Intent: Other: Full Code
Copies on file with Agency? Yes.
Surrogate:
Patient was provided written and verbal information on Advance Directives? Yes.

PT: 1 time per week for 1 week effective 6/3/2025, .
OT: 1 time per week, 2 times per 3 weeks, 1 time per 3 weeks. , .

(Continued) Orders and Treatments

Assessment of patient with Williams syndrome, Diverticuli of large intestine with perforation and abscess without bleeding, Acute appendicitis with generalized peritonitis, without perforation or abscess, Hypertensive heart disease with heart failure, Chronic diastolic (congestive) heart failure, Dependence on wheelchair, Other long term (current) drug therapy.

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.

Specify: Unable to leave house without assistance of another due to weakness

Patient has a normal inability to leave home.

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

Specify: Requires assistance from other to leave home.

Notify physician of: Temperature greater than (>) 100.1 or less than (<) 95.

Pulse greater than (>) 120 or less than (<) 50.

Respirations greater than (>) 24 or less than (<) 12.

Systolic BP greater than (>) 160 or less than (<) 90.

Diastolic BP greater than (>) 100 or less than (<) 60.

O2 Sat less than (<) 90%.

OT to address activity tolerance and functional mobility during ADLs.

Monitor Edema and educate on positional changes to reduce the risk of further Edema.

Therapist to report to physician if patient experiences pain level not acceptable to patient, pain level greater than 7, pain medications not effective, patient unable to tolerate pain medications, pain affecting ability to perform patient's normal activities.

HHA (Freq) 24 hour assistance with ADLs/IADLs.

Notify SN or Physician that this patient was screened for depression using the PHQ-2 scale and meets criteria for further evaluation for depression.

Therapist to instruct the patient to wear proper footwear when ambulating.

Therapist to instruct the patient to use prescribed assistive device when ambulating.

Therapist to instruct the patient to change positions slowly.

Therapist to instruct the Patient/Caregiver on importance of adequate lighting in patient area.

Therapist to instruct the Patient/Caregiver to contact agency to report any fall with or without minor injury and to call 911 for fall resulting in serious injury or causing severe pain or immobility.

Therapist to request Physical Therapy Evaluation order from physician.

Treatment Plan information: Thera Ex, Transfer Training, Balance Training, Home Safety Training, Independent Living / ADL Training, Assistive Device Training (specify): Walker, Adaptive Equipment Fabrication and/or Training (specify): AE recs pending.

Goals and Outcomes

Patient's ADL/IADL needs will be met with assistance of HHA.

Goal is to be (I) with ADLs and toileting.

(I) with toileting and ADLs.

The patient will be free from falls during the certification period.

The patient will be free from injury during the certification period.

Treatment Goals information: Pt will complete UB/LB ADLs with SUP (7 weeks), Pt will (I) complete B UE HEP to increase strength for ADL (2 weeks), Pt will complete functional mobility during ADLs with use of LRAD with SBA (6 weeks), Pt will score 3+/6 on Katz Index (6 weeks), Pt will be able to access all parts of GH with use of LRAD with SUP (6 weeks), Pt will complete toileting with SUP with use of LRAD (7 weeks), Caregivers will be educated and demonstrate proper level of assistance with ADLs and mobility to maximize (I) in GH (7 weeks).

Rehab potential: Good 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 when caregiver willing and able to manage all aspects of patient's care.

Nurse Signature and Date of Verbal SOC Where Applicable Digitally Signed by: Rachel Caswell , OTL15636		Date 06/03/2025	
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 Martin, Daniel MD	Address 535 Faunce Corner Road NORTH DARTMOUTH, MA 02747	Phone Number (508) 996-3991	
NPI 1720058803		Fax Number (508) 961-0801	
Attending Physician's Signature and Date Signed --		Date --	