

Grossman, Alan
78 year old Male

MRN: **3159570**
Date of Birth: **11/16/1946**

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 (1107997)

Submitted

Home Health Plan of Care 6/18/25

Plan ID: 309205

Effective from: 6/18/2025 Effective to: 8/16/2025

Last Updated On: 7/7/2025

Patient Information

(M0040) Name Grossman, Alan	Current Address 20 Christine Dr North Dartmouth, MA 02747-5106 508-840-0204	(M0066) Date of Birth 11/16/1946	(M0069) Sex Male	(M0063) HI Claim No. 6J67MD0WH 71
(M0030) Start of Care Date 6/18/2025	Referral Date 6/10/2025	Certification Period 6/18/2025 - 8/16/2025	MRN 3159570	(M0050- M0060) Assessment Address MA 027475106

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
amLODIPine (NorVASC) 5 MG tablet - (C) Sig: Take 0.5 tablets (2.5 mg total) by mouth every morning Route: Oral Authorizing Provider: Historical Provider, MD	6/26/2025	—
atorvastatin (LIPITOR) 40 MG tablet - (C) Sig: Take 1 tablet (40 mg total) by mouth daily At noon Route: Oral Authorizing Provider: Historical Provider, MD Discontinued: 7/6/2025 at 1855	—	7/6/2025
dapagliflozin (FARXIGA) 10 MG tablet - (C) Sig: Take 1 tablet (10 mg total) by mouth every morning Route: Oral Authorizing Provider: Historical Provider, MD	—	—
ergocalciferol (VITAMIN D2) 1.25 mg (50000 units) capsule - (C) Sig: Take 1 capsule (50,000 Units total) by mouth once a week On Wednesday Route: Oral Authorizing Provider: Historical Provider, MD	—	—
glipiZIDE 2.5 MG extended release tablet - (C) Sig: Take 1 tablet (2.5 mg total) by mouth 2 (two) times a day with meals Route: Oral Authorizing Provider: Historical Provider, MD	—	—
labetalol 300 MG tablet - (C) Sig: Take 1 tablet (300 mg total) by mouth 2 (two) times a day Route: Oral Authorizing Provider: Historical	—	—

Plan of Care (1107997) (continued)

Submitted

Provider, MD		
lisinopril 40 MG tablet - (C)	—	—
Sig: Take 1 tablet (40 mg total) by mouth every morning	Route: Oral	Authorizing Provider: Historical
Provider, MD		
metFORMIN 1000 MG tablet - (C)	—	—
Sig: Take 1 tablet (1,000 mg total) by mouth 2 (two) times a day with breakfast and dinner	Route: Oral	
Authorizing Provider: Historical	Provider, MD	
nitroglycerin (NITROSTAT) 0.4 MG sublingual tablet - (C)	—	—
Sig: Place 1 tablet (0.4 mg total) under the tongue every 5 (five) minutes as needed for chest pain	Route:	
Sublingual	Authorizing Provider: Historical	Provider, MD
† tamsulosin (FLOMAX) 0.4 MG capsule - (C)	—	—
Sig: Take 1 capsule (0.4 mg total) by mouth at bedtime	Route: Oral	Authorizing Provider: Historical
Provider, MD		
traZODone 100 MG tablet - (C)	6/26/2025	—
Sig: Take 1 tablet (100 mg total) by mouth at bedtime	Route: Oral	Authorizing Provider: Historical
MD		
venlafaxine 150 MG extended release tablet - (C)	—	—
Sig: Take 1 tablet (150 mg total) by mouth daily with breakfast	Route: Oral	Authorizing Provider: Historical
Provider, MD		

Diagnoses

(M1021) Principal Diagnosis

ICD	Description	Date	Flag
S06.5X0D	Traumatic subdural hemorrhage without loss of consciousness, subsequent encounter	6/18/2025	—

(M1023) Other Pertinent Diagnoses

ICD	Description	Date	Flag
S22.41XD	Multiple fractures of ribs, right side, subsequent encounter for fracture with routine healing	6/18/2025	—
S30.0XXD	Contusion of lower back and pelvis, subsequent encounter	6/18/2025	—
S01.01XD	Laceration without foreign body of scalp, subsequent encounter	6/18/2025	—
I10	Essential (primary) hypertension	6/18/2025	—
I25.10	Atherosclerotic heart disease of native coronary artery without angina pectoris	6/18/2025	—
F03.A3	Unspecified dementia, mild, with mood disturbance	6/18/2025	—
F39	Unspecified mood (affective) disorder	6/18/2025	—
E11.9	Type 2 diabetes mellitus without complications	6/18/2025	—
E78.5	Hyperlipidemia, unspecified	6/18/2025	—
R91.8	Other nonspecific abnormal finding of lung field	6/18/2025	—
I25.2	Old myocardial infarction	6/18/2025	—
W10.9XXD	Fall (on) (from) unspecified stairs and steps, subsequent encounter	6/18/2025	—
Z55.6	Problems related to health literacy	6/18/2025	—
Z79.84	Long term (current) use of oral hypoglycemic drugs	6/18/2025	—
Z85.46	Personal history of malignant neoplasm of prostate	6/18/2025	—
Z87.891	Personal history of nicotine dependence	6/18/2025	—

Plan of Care (1107997) (continued)

Submitted

Z95.1	Presence of aortocoronary bypass graft	6/18/2025	—
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Procedures

No procedures on file.

Durable Medical Equipment

Name	Start Date	End Date	Comments
Walker	6/18/2025	—	—
Tub grab bars	6/18/2025	—	—

Safety & Nutrition as of 6/18/2025 OASIS assessment

Safety Measures

Adequate lighting, Ambulate only with assistance,
Bathtub safety bars, Correct use of support devices,
Proper medication use

Nutritional Requirements

Diabetic diet, Low cholesterol diet, Low fat diet, Low
sodium diet

Allergies as of 7/7/2025

	Severity	Noted	Reaction Type	Reactions
Iodinated Contrast Media	Not Specified	07/06/2025		Dizziness

Functional Assessment as of 6/18/2025 OASIS assessment

Functional Limitations

Hearing, Endurance, Ambulation, Dyspnea
With Minimal Exertion

Activities Permitted

Up as Tolerated, Walker

Prognosis

Good (4/5)

Mental Status as of 6/18/2025 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

1. Correct

C0400A - Recall "Sock"

2. Yes, no cue required

C0400B - Recall "Blue"

2. Yes, no cue required

C0400C - Recall "Bed"

0. No - could not recall

C0500 - BIMS Summary Score

13 (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.

2 - Requires assistance and some direction in specific situations (for example: on all tasks involving shifting of attention) or consistently requires low stimulus environment due to distractibility.

M1710 - When Confused (Reported or Observed Within the Last 14 Days)

When Confused (Reported or Observed Within the Last 14 Days):

3 - During the day and evening, but not constantly

M1720 - When Anxious (Reported or Observed Within the Last 14 Days)

When Anxious (Reported or Observed Within the Last 14 Days):

1 - Less often than daily

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

A. Little interest or pleasure in doing things:

1. Symptom Presence: 0 - No
2. Symptom Frequency: 0 - Never or 1 day

B. Feeling down, depressed, or hopeless:

1. Symptom Presence: 0 - No
2. Symptom Frequency: 0 - Never or 1 day

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

0 (Minimal depression)

D0700 - Social Isolation

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

0. Never

M1740 - Cognitive, Behavioral, and Psychiatric Symptoms

Cognitive, behavioral, and psychiatric symptoms that are demonstrated at least once a week (Reported or Observed):

1 - Memory deficit: failure to recognize familiar persons/places, inability to recall events of past 24 hours, significant memory loss so that supervision is required

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.

5 - At least daily

Mental Status

Oriented, Forgetful

Visit Sets

Occupational Therapy

Visits

Visits	Dates
1 visit every 60 days for 60 days Comments: 16-A6, B6, C2, D2. Fall w/ injuries. Order Date 6/18/25.	6/18/2025 to 8/16/2025
1 visit every week for 4 weeks	6/29/2025 to 7/26/2025

Physical Therapy

Visits

Visits	Dates
1 visit every 60 days for 60 days Comments: 16-A6, B6, C2, D2. Fall w/ injuries. Order Date 6/18/25.	6/18/2025 to 8/16/2025

Skilled Nursing

Visits

Visits	Dates
1 visit every week for 9 weeks	6/18/2025 to 8/16/2025
3 visits as needed Comments: symptom management	6/18/2025 to 8/16/2025

Care Plan

Occupational Therapy

✦ Problem: Fall Prevention

Starting: 6/26/2025

At Risk for Falls - Fall Prevention

Goal: Demonstrate ability to follow strategies minimizing fall risk; verbalize fall risk awareness due to meds/sensory deficits and environmental factors.

Starting: 6/26/2025

Patient will demonstrate safe gait with or without a device and remain free of falls in 4 weeks

Intervention: Assess/Instruct Regarding Fall Risk Factors and Prevention

Starting: 6/26/2025

Frequency: Each Visit

✦ Problem: OT Plan

Starting: 6/26/2025

OT Plan

Goal: Maximize safety and functional independence with ADLs/iADLs.

Starting: 6/26/2025

Pt to attend to one task for 10 mins at a time in 4 weeks

Pt to demo the ability to sequence tasks independently in 3-5 trials in 4 weeks

Pt to demo to recall events from the previous day in 3/5 attempts in 4 weeks

Intervention: Assess and Instruct in ADL/IADL Training and Management

Starting: 6/26/2025

Frequency: Each Visit

Intervention: Assess and Instruct in Cognitive Retraining and Management

Starting: 6/26/2025

Frequency: Each Visit

Intervention: Cardiopulmonary General

Starting: 6/26/2025

Frequency: Each Visit

Consistent assessment of general cardiopulmonary function with appropriate modification to treatment as needed.

Assess apical HR - Report pulse of >100 or <60 to HCP

Assess BP - Report BP > 160/85 or < 90/50 to HCP

Assess temperature - Report temp > 100.5 to HCP

Assess SPO2 - on room air and report SPO2 < 90 to HCP

Intervention: Energy Conservation/Work Simplification Training

Starting: 6/26/2025

Frequency: Each Visit

Skilled Nursing

✦ Problem: Alzheimers/Dementia

Starting: 6/18/2025

Alteration in Neuro Status- Alzheimers, Dementia

Goal: Caregiver will verbalize and demonstrate effective care giving and reporting of appropriate symptoms to MD including but not limited to changes in nutrition, hydration, skin integrity, dysphagia, medication, GI/GU and psychosocial issues.

Starting: 6/18/2025

Most recent outcome: Progressing 50%

Caregiver will verbalize symptoms to be reported to MD including issues with memory & psychosocial.

Intervention: Assess Patient For

Starting: 6/18/2025

Frequency: Each Visit

reality and orientation

thought process

Intervention: Patient/Caregiver Instruction

Starting: 6/18/2025

Frequency: Each Visit

Symptom management techniques

Disease process

✦ Problem: Cardiopulmonary General

Starting: 6/18/2025

Alteration in Cardiopulmonary status

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

Starting: 6/18/2025

Most recent outcome: Progressing 50%

Patient will be free of cardiopulmonary deficit.

Patient will report improvement in dyspnea symptoms from minimal SOB on exertion to moderate SOB on exertion by 7/8/25.

Intervention: ASSESS VS

Starting: 6/18/2025

Frequency: Each Visit

SPO2 : on room air and report SPO2 < 90 to HCP

Intervention: Assess and Instruct on Self-Management of Respiratory Symptoms

Starting: 6/18/2025

Frequency: Each Visit

management of dyspnea

signs and symptoms to report to HCP

Intervention: Cardiopulmonary Assessment Each Visit

Starting: 6/18/2025

Frequency: Each Visit

Intervention: Other

Starting: 6/18/2025

Frequency: Each Visit

Instruct CP disease process and sxs to monitor for and report to SN/MD.

Intervention: Other (2)

Starting: 6/18/2025

Frequency: Each Visit

Instruct/assess compliance with incentive spirometer.

Intervention: Skilled Assessment

Starting: 6/18/2025

Frequency: Each Visit

activity intolerance

fatigue

energy conservation

Problem: Diabetes

Starting: 6/18/2025

Diabetes Management

Goal: Compliance with Medication, Diet, Glucometer, Foot Care. Independent with

signs/symptoms to report to HCP.

Starting: 6/18/2025

Most recent outcome: Progressing 50%

Patient will be without diabetic complications.

Intervention: Assess for Complications

Starting: 6/18/2025

Frequency: Each Visit

i.e.vision changes, headaches, cardiac symptoms, weight gain or loss, open wounds

Intervention: Instruct Patient/Caregiver to Monitor for the Presence of Skin Lesions on the Lower Extremities

Starting: 6/18/2025

Resolved: 6/18/2025

Frequency: Each Visit

Instruct patient/caregiver to monitor for the presence of skin lesions on the lower extremities on a daily basis

Intervention: Instruct Proper Foot Care

Starting: 6/18/2025

Resolved: 6/18/2025

Frequency: Each Visit

Inspect feet daily. Use mirror if needed.

Wash feet daily with soap and luke warm water, rinse, pat dry, apply lotion to feet except between toes, apply socks and proper protective footwear.

Do not walk barefoot.

Problem: Fall Prevention

Starting: 6/18/2025

At Risk for Falls - Fall Prevention

Goal: Demonstrate ability to follow strategies minimizing fall risk; verbalize fall risk

awareness due to meds/sensory deficits and environmental factors.

Starting: 6/18/2025

Most recent outcome: Progressing 50%

Patient/caregiver will verbalize an awareness of the risk for falls due to sensory deficits, environmental

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Submitted

factors, or other causes (i.e. pain, instability, etc). by 7/1/25.

Patient will be without falls.

Intervention: Assess and Instruct on Physiological Fall Risk Factors and Prevention

Starting: 6/18/2025

Frequency: Each Visit

relaxation techniques

stand/wait/walk

do not rush to step

Problem: General Neuro

Starting: 6/18/2025

Alteration in Neuro Status- (General, Seizure, CVA)

Goal: Stabilization of neurological symptoms by maintaining medication levels within therapeutic range and patient/caregiver able to verbalize and demonstrate knowledge of

signs/symptoms of altered levels and emergency plan for neurological exacerbations.

Starting: 6/18/2025

Most recent outcome: Progressing 50%

Patient will be without neurological complications.

Patient/CG will understand and report back four signs and symptoms of acute neuro illness to monitor for and report to SN/MD by 7/7/25.

Intervention: Assess neuro status

Starting: 6/18/2025

Frequency: Each Visit

include pupils, strength, functional ability

Intervention: Instruct disease process and management

Starting: 6/18/2025

Frequency: Each Visit

Closed traumatic brain injury, Subdural hematoma

Problem: Medication Management and Safety

Starting: 6/18/2025

Medication Management and Safety

Goal: Patient/caregiver will verbalize and demonstrate understanding of medication management, reconciliation, schedule, purpose and side effects. Will also demonstrate

ability to take medications as prescribed and ability to re-order medications.

Starting: 6/18/2025

Most recent outcome: Progressing 50%

Patient will be without adverse effects

Patient/CG will verbalize understanding of medication management, reconciliation, schedule, purpose, side effects & symptoms to report to HCP by 7/8/25.

Intervention: Assess Medications

Starting: 6/18/2025

Frequency: Each Visit

Effectiveness

Medications - Assess new, changed and/or missing medications.

Compliance with medication schedule

Intervention: Assess and Instruct on Medications and Medication Management

Starting: 6/18/2025

Frequency: Each Visit

Pt/cg will verbalize understanding of:

Medication - one each visit until all medications taught.

Name, purpose, dose, schedule, side/adverse effects.

Medication reconciliation.

Maintain updated med list.

Problem: Mobility/Musculoskeletal

Starting: 6/18/2025

Alteration in Mobility/Musculoskeletal System

Goal: Maximize Safety and Overall Functional Mobility in the Home.

Starting: 6/18/2025

Most recent outcome: Progressing 50%

Pt/caregiver will demonstrate techniques to maximize ability to maintain mobility, safety and independence in the home

Intervention: Other

Starting: 6/18/2025

Frequency: PRN

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Submitted

Activity Instructions:

Walk with rolling walker, guard against falls and climbs stairs with rails.

No driving, no use of power equipment and avoid strenuous activity.

Problem: Pain

Starting: 6/18/2025

Alteration in comfort- Pain

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

Starting: 6/18/2025

Most recent outcome: Progressing 50%

Acceptable level of pain will be maintained

Intervention: Assess patient's level of pain

Starting: 6/18/2025

Frequency: Each Visit

Readmission Risks/Rehab Potential/Discharge Plans

(M1033) ED/Hospital Readmission Risks

Skilled Nursing (6/18/2025)

1 - History of falls (2 or more falls - or any fall with an injury - in the past 12 months)

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

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

Rehabilitation Potential

Skilled Nursing (6/26/2025)

Good to progress towards goals met

Occupational Therapy (6/26/2025)

good for stated goals

Physical Therapy (6/26/2025)

NA

Discharge Plans

Skilled Nursing (6/26/2025)

Discharge when goals met or when no longer homebound

Occupational Therapy (6/26/2025)

home with family support

Physical Therapy (6/26/2025)

NA

Advance Care Planning

Code Status

Full Code

Health Care Proxy

Received 5/28/2025

Capacity to Make Own
Care Decisions

Full capacity

Advance Directives and
Living Will

Not Received

Health Care Agent

Grossman,Karen -

Spouse - 508-717-7360

Power of Attorney

Not Received

MOLST

Not Received

Face to Face Details

Attestation Statement

—

Provider's Signature and Date Signed

Signed by John Magnotta, MD on 6/12/2025

Physician or Allowed Practitioner Certification

I certify/recertify that the above stated patient is homebound and that upon completion of the/this FTF encounter completed on 6/12/25, 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			
Christo Sakellaropoulos, RN	Skilled Nursing		No address on file

Plan of Care Order Detail: 6/18/2025 - SN - 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

Theresa Piner at 7/7/2025 9:10 AM

Order Date

7/7/2025 9:10 AM

Provider Comments

Provider Signature for Robert J Caldas, DO

Signature: _____ Date: _____

Order ID for Grossman,Alan

1107997