

**Patient Information**

<b>Patient's HI Claim No.</b> --	<b>Start of Care Date</b> 07/22/2024	<b>Certification Period</b> From: 05/18/2025 To: 07/16/2025		<b>Medical Record No.</b> MA220330074001
<b>Patient's Name and Address</b> Lazaro, Marcelino C 596 Aetna St, A2 Fall River, MA 02721		<b>Gender</b> Male	<b>Date of Birth</b> 07/04/1940	<b>Phone Number</b> (508) 676-8871
		<b>Email</b> --		<b>Primary Language</b> English

**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. Multiple emergency department visits (2 or more) in the past 6 months. Reported or observed history of difficulty complying with any medical instructions (for example, medications, diet, exercise) in the past 3 months. Currently taking 5 or more medications.

**Clinical Data**

<b>Clinical Manager</b> AFONSO, MELISSA		<b>Branch Name and Address</b> Nightingale Visiting Nurses 125 County ST. Taunton, MA 02780-3561	<b>Phone Number</b> (508) 967-0761
<b>Provider Number - Medicare Number</b> 1881923936			<b>Fax Number</b> (508) 967-0767
Primary Diagnosis			
<b>Code</b> J44.0	<b>Description</b> Chr obstructive pulmon disease with (acute) lower resp infct (E)		<b>Date</b> 03/14/2025
Secondary/Other Diagnosis			
<b>Code</b> I13.0	<b>Description</b> Hyp hrt & chr kdny dis w hrt fail and stg 1-4/unsp chr kdny (E)		<b>Date</b> 03/14/2025
I50.32	Chronic diastolic (congestive) heart failure (E)		03/14/2025
E11.22	Type 2 diabetes mellitus w diabetic chronic kidney disease (E)		03/14/2025
N18.30	Chronic kidney disease, stage 3 unspecified (E)		03/14/2025
D63.1	Anemia in chronic kidney disease (E)		03/14/2025
E11.40	Type 2 diabetes mellitus with diabetic neuropathy, unsp (E)		03/14/2025
G47.33	Obstructive sleep apnea (adult) (pediatric) (E)		03/14/2025
I25.10	Athsc1 heart disease of native coronary artery w/o ang pctrs (E)		03/14/2025
M51.379	Oth intvrt disc degen, lumbosacr w/o lum bck or lw extrm pn (E)		03/14/2025
F41.1	Generalized anxiety disorder (E)		03/14/2025
F32.A	Depression, unspecified (E)		03/14/2025
K21.9	Gastro-esophageal reflux disease without esophagitis (E)		03/14/2025
M19.90	Unspecified osteoarthritis, unspecified site (E)		03/14/2025
N40.0	Benign prostatic hyperplasia without lower urinry tract symp (E)		03/14/2025
E66.3	Overweight (E)		03/14/2025
Z68.27	Body mass index [BMI] 27.0-27.9, adult (E)		03/14/2025
Z79.4	Long term (current) use of insulin (E)		03/14/2025
Z79.82	Long term (current) use of aspirin (E)		03/14/2025
Z91.81	History of falling (E)		03/14/2025
Z87.891	Personal history of nicotine dependence (E)		03/14/2025

Physician: Dr. Singla, Raju

Clinician: Agency, Clinician

Signature:



Signature:

Date: 6/1/2025

Date: 5/30/2025

Electronically signed by Dr. Singla, Raju on 6/1/2025

**Mental Status**

Orientation:

Person: Oriented. Time : Oriented.  
Place : Oriented. Situation: Oriented.

Memory: Forgetful, Misplaces objects.

Neurological: No problems.

Mood: Depressed, Anxious.

Behavioral: Appropriate (WNL).

Psychosocial: Alert and oriented, pleasant

Additional Information: --

**DME & Supplies**

Diabetic Supplies. Grab Bars. Tub/Shower Bench. walker.

**Prognosis**

Fair

**Safety Measures**

Instructed on disaster/emergency plan. Emergency Plan Developed. Anticoagulant Precautions.  
Instructed on safety measures. Fall Precautions. Standard Precautions/Infection Control. ,  
Triage/Risk Code: 2, Disaster Code: 3

**Nutritional Requirements**

No Concentrated Sweets. Heart Healthy.

**Functional Limitations**

Endurance, Dyspnea, Ambulation, Hearing

**Other**

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**Activities Permitted**

Walker

**Other**

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**Treatments**

**Medications**

oxyBUTynin Chloride Oral 5 MG 1 Tab(s) Daily  
Prandin Oral 1 MG 1 Tab(s) 2x day  
Lantus SoloStar Subcutaneous 100 UNIT/ML 12 units Daily  
Farxiga Oral 10 MG 1 Tab(s) Daily  
hydrALAZINE HCl Oral 25 MG 1 Tab(s) 2x day  
Mucinex Oral 600 MG 1 Tab(s) Every 12 hrs as needed  
Januvia Oral 100 MG 1 Tab(s) 1 tab daily  
ALPRAZolam Oral 0.5 MG 2 Tab(s) 3x day as needed for anxiety  
Lasix Oral 20 MG 1 Tab(s) daily  
Aspir-Low Oral 81 MG 1 Tab(s) daily  
Finasteride Oral 5 MG 1 Tab(s) 1tablet daily  
Tamsulosin HCl Oral 0.4 MG 1 Cap(s) daily  
Ambien Oral 10 MG 1 Tab(s) daily at hs  
Budesonide-Formoterol Fumarate Inhalation 160-4.5 MCG/ACT 1 puff BID  
Albuterol Sulfate Inhalation 108 (90 Base) MCG/ACT 2 puffs QID prn  
Lidocaine Pain Relief External 4 % 1 patch Patch(es) apply to painful area daily, on for 12 hrs,

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**(Continued) Medications**

off for 12 hrs.  
Acetaminophen Oral 325 MG 2 Cap(s) every 6 hrs as needed for pain  
Atorvastatin Calcium Oral 20 MG 1 Tab(s) 1 tab daily  
DULoxetine HCl Oral 60 MG 1 Cap(s) 1 tab daily  
Omeprazole Oral 20 MG 1 Cap(s) 1 tab 2x daily

**Allergies**

**Substance**

NKA (Food / Drug / Latex / Environmental)

**Reaction**

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**Orders and Treatments**

Advance Directives? Yes.  
Intent: Other: full code  
Copies on file with Agency? Yes.  
Surrogate: No  
Patient was provided written and verbal information on Advance Directives? Yes.

Assessment of patient with Chr obstructive pulmon disease with (acute) lower resp infct, Hyp hrt & chr kdny dis w hrt fail and stg 1-4/unsp chr kdny, Chronic diastolic (congestive) heart failure, Type 2 diabetes mellitus w diabetic chronic kidney disease, Chronic kidney disease, stage 3 unspecified Anemia in chronic kidney disease, Type 2 diabetes mellitus with diabetic neuropathy, unsp, Obstructive sleep apnea (adult) (pediatric), Athscl heart disease of native coronary artery w/o ang pctrs, Oth intvrt disc degen, lumbosacr w/o lum bck or lw extrm pn.

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.

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

Pulse greater than (>) NA or less than (<) NA.

Respirations greater than (>) NA or less than (<) NA.

Systolic BP greater than (>) NA or less than (<) NA.

Diastolic BP greater than (>) NA or less than (<) NA.

O2 Sat less than (<) NA%.

Fasting blood sugar greater than (>) NA or less than (<) NA.

Random blood sugar greater than (>) NA or less than (<) NA.

Weight greater than (>) NA lbs or less than (<) NA lbs.

**Frequencies**

Skilled Nursing:

5/18/2025 (Sunday) - 7/16/2025 (Wednesday) 2 visits per week for 9 weeks

\* Narrative Statement/Order Details: 2x wk

**Additional Orders:**


RECERT

PMH Pneumonia, COPD exacerbation, depression, anxiety, neuropathy, OA, insomnia, Type 2 DM, Gerd, anemia.

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**(Continued) Orders and Treatments**

Marcelino is an 84 year old, Portuguese speaking male who lives with his disabled son in a second floor apartment without elevator access.

Marcelino had one hospitalization this episode. St. Anne's hospital 3/10 to 3/13 with dx pneumonia. Pt was discharged home on augmentin for 10 days. Lactobacillus also started for c diff prevention. Abnormal CT angiogram of abdomen several modules noted within the left retroperitoneum, largest measures 11 mm, this was not present on previous exam. Etiology indeterminate. If there is hx malignancy or at high risk, recommend follow up in 3 to 6 months. CT head did not show any intracranial hemorrhage.

Pt is alert and verbal, oriented but can be forgetful at times. Able to make needs known, pleasant and cooperative with sn assessment. Patient is unable to manage meds on his own due to confusion, does not know what they are all for, therefore high risk for mismanagement and non compliance that could lead to injury and frequent hospitalizations. Pt is on insulin, self administers and reports compliance. Cbg levels have improved since on insulin. Skilled nursing ongoing for med education and management and assess compliance. Medications reviewed one by one this visit, reviewed uses, side effects. Sn required for prefilling planner, no willing or capable caregiver at this time. Vfo to remain 2x wk for closer monitoring and ensure compliance with po meds and insulin as ordered. VSS, afebrile, LS dim this visit. Denies chest pain, no edema. BS+4q, denied s/s uti, moving bowels regularly.

Pt receives MOW and a homemaker through BES.

Pt is homebound, decreased strenght and endurance, high fall risk, requires use of walker and assist of one to leave the home safely.

SN to assist with med management, wkly med planner fill, assess compliance. teach and assess respiratory status, disease process and med management in order to prevent rehospitalization. Pt at high risk for injury/death without skilled nursing to closely assess and monitor pt. All teaching / communication in portuguese language to facilitate understanding.

**SN Interventions**

Recent admission with dx pneumonia, monitor respiratory status, ensure compliance with antibiotic as ordered

Sn may monitor oxygen saturation every visit as needed

SN to assess for patient adherence to appropriate activity levels

SN to instruct the pt on precautions for high risk medications, such as, hypoglycemics, anticoagulants/antiplatelets, sedative hypnotics, antiarrhythmics, antineoplastics, skeletal muscle relaxants

Sn to prefill pill box weekly Sn to manage med refills Sn to teach med uses, side effects, assess for compliance with taking meds as ordered

Diabetes disease management teaching, sn to assess for compliance with checking cbg, teach carb controlled diet, avoid concentrated sweets

Monitor compliance with self administration of insulin as ordered

SN to assess pain level and effectiveness of pain medications and current pain management therapy every visit

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 on measures to detect and alleviate edema

SN to instruct the Pt on measures to recognize cardiac dysfunction and relieve complications

Monitor Blood pressure, teach s/s HTN, importance of following heart healthy diet

SN to assess for changes in neurological status every visit

SN to assess patient's communication skills every visit

SN to develop individualized emergency plan with patient

**Goals and Outcomes**

**SN Goals**

Respiratory status will improve this episode (Goal Term: long, Target Date: 7/16/25)

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**(Continued) Goals and Outcomes**

The patient will be free from injury during the certification period (Goal Term: long, Target Date: 7/16/25)

Pt will comply with med regimen as ordered by MD, remain free from complications related to medications this episode (Goal Term: long, Target Date: 7/16/25)

CBG will be within normal limits by the end of this episode (Goal Term: long, Target Date: 7/16/25)

Pt will verbalize understanding of pain medication management this episode (Goal Term: long, Target Date: 7/16/25)

Monitor cardiac system this episode (Goal Term: long, Target Date: 7/16/25)

Pt will demonstrate positive coping mechanisms this episode (Goal Term: long, Target Date: 7/16/25)

No hospitalizations this episode (Goal Term: long, Target Date: 7/16/25)

Rehab potential: Fair to achieve stated goals with skilled intervention and patient's compliance with the plan of care.

Discharge plans: Additional discharge plans: No plan to dc .

**Nurse Signature and Date of Verbal SOC Where Applicable**

Digitally Signed by: ANDREIA AMARAL , RN

**Date**

05/16/2025

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**  
SINGLA, RAJU MD

**Address**  
289 Pleasant St  
FALL RIVER, MA 02721

**Phone Number**  
(508) 679-5888

**NPI**  
1043204407

**Fax Number**  
(508) 679-1059

**Attending Physician's Signature and Date Signed**

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**Date**

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Physician: Dr. Singla, Raju

Clinician: Agency, Clinician

Signature:



Signature:

Date: 6/1/2025

Date: 5/30/2025

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