



Date: 05/04/2025

AlphaCare Home Health Agency, Inc.

PLAN OF CARE

Patient: Vieira, Maria N.-MR#000003969

Chart: 1 Episode: 10 Patient's HI Claim No

Start of Care Date Certification Period Medical Record No Provider No 05/04/2025 -- 07/02/2025 11/11/2023 000003969 227523

Patient's Name and Address Vieira, Maria N

24 Orchard Street Suite/Apt #3rd floor Fall River, MA 02723 Phone: 508-567-6231 **Provider's Name Address and Telephone Number** AlphaCare Home Health Agency, Inc. 1707 GAR Highway

Swansea, MĂ 02777

Phone: 617-600-4547 Fax: 855-225-2958

Date of Birth: 12/22/1958

Sex Male Female

Summary of Changes Since Last Plan of Care Update

Physician Name: Mendes, Manuela (MD (Dr. Alliance)) Date Order Received: 02/20/2025 Time Order Received: 10:31 AM

MEDICATIONS:

Active

708308

Vibegron (Gemtesa) 75 MG Tab(s) Oral 75mg Daily Start Effective Date: 02/20/2025

ELIGIBILITY

HOMEBOUND STATUS:

Patient is NOT HOMEBOUND. Please be advised, patient is not confined to place of residence. Patient goes out independently for errands, social reasons, and leisure activities, and does so routinely without any taxing effort. Services are medically necessary. Start Effective Date: 05/04/2025

RECERTIFICATION OF PATIENT ELIGIBILITY:

I estimate the duration of continued Home Health services for this patient to be 60 days Start Effective Date: 05/04/2025

Please note, as per 114.3 CMR 50.02/101 CMR 350.02 (general definitions), services provided by a professional registered nurse, licensed practical nurse, or a nursing student under the supervision of a registered nurse include giving medications ordered by the physician and are nursing services. As such, per 114.3 CMR 50.04/101 CMR 350.04, said nursing services are reimbursable by MassHealth (Medicaid) as skilled nursing services. Start Effective Date: 05/04/2025

Services are expected to end within 60 days unless goals are not met. Patient will be discharged when goals are met and patient is safe and independent with care at home or when patient is no longer in need of skilled nursing services. Start Effective Date: 05/04/2025

VERBAL ORDER FOR PLAN OF CARE:

Verbal order for this plan of care taken and read back by clinician signing this plan of care. Start Effective Date: 05/04/2025

FACE TO FACE ENCOUNTER:

NON-HOMEBOUND: I certify/recertify that this patient is under my care, I have established a plan of care, and that I, or a nurse practitioner or physician's assistant working in collaboration with me or a physician who cared for the patient in an acute or post-acute facility, had a face-to-face encounter with this patient and documentation of that face-to-face encounter is attached to the plan of care for certifying physician's acknowledgement. The face-to-face encounter occurred on (11/01/2023) and meets the physician face-to-face encounter requirements. The encounter with the patient was in whole, or in part, for the following medical condition, which is the primary reason for home health care: (Major depressive disorder). I certify/recertify that the above stated patient is NOT HOMEBOUND and that upon completion of the FTF encounter, has a medically necessary need/continued need for intermittent skilled nursing, physical therapy and/or speech or occupational therapy services in their home. These services will continue to be monitored by myself or another physician (nurse practitioner or physicians assistant working with me), who will periodically review and update the plan of care as required. Start Effective Date: 11/11/2023

DIAGNOSIS

Primary

F33.2 Major depressy disorder, recurrent severe w/o psych features Start Effective Date: 11/11/2023 0

0ther

Clinician's Signature and Date Of Verbal SOC Where Applicable (see below): Electronically Signed by: Rapoza, Kelsey (RN) RN 04/30/2025 07:43:32 AM EDT

Date HHA Received Signed POT

Physician's Name and Address Mendes, Manuela (MD (Dr. Alliance)) 289 Plesasnt St Suite/Apt #Bldg 4 Suite203

Fall River MA, 02720

Physician's Phone # (508) 679-1033 Physician's Fax # 508-675-2008 Physician's NPI # 1912904988

Attending Physician's Signature and Date Signed

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.

Caregiver Signature:





Date: 05/04/2025

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DIAGNOSIS

E11.65 Type 2 diabetes mellitus with hyperglycemia Start Effective Date: 11/11/2023 0

Ilo Essential (primary) hypertension Start Effective Date: 11/11/2023 0

J44.9 Chronic obstructive pulmonary disease, unspecified Start Effective Date: 11/11/2023 0

M16.0 Bilateral primary osteoarthritis of hip Start Effective Date: 11/11/2023 0 M17.0 Bilateral primary osteoarthritis of knee Start Effective Date: 11/11/2023 0

E78.2 Mixed hyperlipidemia Start Effective Date: 11/11/2023 0

Z91.199 Pt noncompl with other med trtmt and regimen d/t unsp reason Start Effective Date: 11/11/2023 0

MEDICATIONS

Cholecalciferol 50 MCG (2000 UT) Tab(s) Oral 50mcg Daily Start Effective Date: 11/11/2023

Atorvastatin Calcium (Lipitor) 10 MG Tab(s) Oral 10mg Twice per day Start Effective Date: 11/11/2023

Albuterol Sulfate HFA (Ventolin HFA) 108 (90 Base) MCG/ACT Inhalation 2 puffs PRN/As Needed every 4 hours shortness

of breath Start Effective Date: 11/11/2023

Acetaminophen (Tylenol) 325 MG Tab(s) Oral 650mg PRN/As Needed every 8 hours pain Start Effective Date: 11/11/2023

Gabapentin 100 MG Cap(s) Oral 200mg Three times per day Start Effective Date: 12/07/2023

Cyanocobalamin 50 MCG Tab(s) Oral 50mcg Daily Start Effective Date: 11/11/2023 Vitamin A (Natural Vitamin A) 3 MG (10000 UT) Cap(s) Oral 3mg Daily Start Effective Date: 02/24/2024

Repaglinide 0.5 MG Tab(s) Oral 0.5mg Three times per day 15-30minutes before meals Start Effective Date: 03/29/2024 Sucralfate (Carafate) 1 GM Tab(s) Oral 1 GM Twice per day 20 minutes before meals on an empty stomach Change Start

Effective Date: 05/04/2024

Empagliflozin (Jardiance) 25 MG Tab(s) Oral 25mg Daily Change Start Effective Date: 05/24/2024

Citalopram Hydrobromide 20 MG Tab(s) Oral 20mg Daily Start Effective Date: 06/05/2024 Lisinopril 5 MG Tab(s) Oral 5mg Twice per day Start Effective Date: 08/20/2024

Glimepiride 1 MG Tab(s) Oral 0.5mg Every morning Start Effective Date: 08/30/2024 buPROPion HCl ER (SR) (Wellbutrin SR) 150 MG Tab(s) Oral 150mg Every morning Start Effective Date: 09/13/2024

metFORMIN HCl ER 500 MG Tab(s) Oral 500mg Twice per day Start Effective Date: 10/09/2024

Umeclidinium-Vilanterol (Anoro Ellipta) 62.5-25 MCG/ACT Inhalation 1 inhalation Daily Start Effective Date:

12/27/2024

Vibegron (Gemtesa) 75 MG Tab(s) Oral 75mg Daily Start Effective Date: 02/20/2025

DME/SUPPLIES

DIABETIC SUPPLIES:

Glucometer Start Effective Date: 05/04/2025 Lancets Start Effective Date: 05/04/2025

Sharps container Start Effective Date: 05/04/2025 Test Strips Start Effective Date: 05/04/2025

Commode Start Effective Date: 05/04/2025

Medication Lockbox Start Effective Date: 05/04/2025

Rollator Start Effective Date: 05/04/2025

Shower transfer bench Start Effective Date: 05/04/2025

SAFETY MEASURES

SAFETY MEASURES:

911 Protocol Start Effective Date: 05/04/2025 Clear Pathways Start Effective Date: 05/04/2025 Diabetic precautions Start Effective Date: 05/04/2025 Emergency Care Plan Start Effective Date: 05/04/2025

Fall Prevention Start Effective Date: 05/04/2025

Infection Control: Standard Precautions Start Effective Date: 05/04/2025

Infection Prevention Start Effective Date: 05/04/2025

Medication Safety/Storage. The Patient/ Caregiver was provided with an updated copy of the Medication list and

Instruction on the ordered Medications. Start Effective Date: 05/04/2025

Safety in ADLs Start Effective Date: 05/04/2025 Smoke Detectors Start Effective Date: 05/04/2025

NUTRITIONAL REQUIREMENTS

DIET/HYDRATION:

Diabetic Diet Start Effective Date: 05/04/2025 Low Cholesterol Start Effective Date: 05/04/2025 Low Sodium Start Effective Date: 05/04/2025

ALLERGIES

NKDA Start Effective Date: 11/11/2023

FUNCTIONAL LIMITATIONS

FUNCTIONAL LIMITATIONS:





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The patient's routine inability to follow instructions affects daily function related to medication administration. Start Effective Date: 05/04/2025

ACTIVITIES PERMITTED

ACTIVITIES PERMITTED:

No Restrictions Start Effective Date: 05/04/2025

MENTAL STATUS

MENTAL/PSYCHOSOCIAL/COGNITIVE STATUS: Alert Start Effective Date: 05/04/2025 Anxious Start Effective Date: 05/04/2025 Depressed Start Effective Date: 05/04/2025

Difficulty Coping Start Effective Date: 05/04/2025

Forgetful Start Effective Date: 05/04/2025

Impaired Judgment Start Effective Date: 05/04/2025

Inadequate Support System Start Effective Date: 05/04/2025

Oriented Start Effective Date: 05/04/2025

PROGNOSIS

PROGNOSIS:

Guarded Start Effective Date: 05/04/2025

GOALS/INTERVENTIONS

VISIT FREQUENCY: VISIT FREQUENCY:

SNV 5-7x/week for skilled assessment, medication management, and comprehensive teaching. Start Effective Date:

05/04/2025

Vital Sign Parameters

VITAL SIGN PARAMETERS Notify Physician if:

Pain Rating is greater than 8 on 0-10 scale Start Effective Date: 05/04/2025

NOTIFY MD IF:

BP less than 90/50 OR greater than 150/90

HR less than 50 OR greater than 120

TEMP greater than 100

02 less than 90%

BS less than 60 OR greater than 400 Start Effective Date: 05/04/2025

Rehospitalization/Emergency Risk

REHOSPITALIZATION/EMERGENCY RISKS & INTERVENTIONS:

Assess patient's knowledge, ability, resources, and adherence to medication regimen Start Effective Date: 05/04/2025

Establish Patient Emergency Plan and instructions for 24-hour contact Start Effective Date: 05/04/2025

Implement Fall Prevention Program Start Effective Date: 05/04/2025

Provide education content at patient's level of health literacy Start Effective Date: 05/04/2025

Provide medication education Start Effective Date: 05/04/2025 Simplify medication schedule Start Effective Date: 05/04/2025 RISK: Currently reports exhaustion Start Effective Date: 05/04/2025

RISK: Currently taking 5 or more medications Start Effective Date: 05/04/2025

RISK: Decline in mental, emotional, or behavioral status in the past 3 months Start Effective Date: 05/04/2025

RISK: other risk: impaired judgement/impaired decision making Start Effective Date: 05/04/2025

RISK: Reported or observed history of difficulty complying with any medical instructions in the past 3 months Start

Effective Date: 05/04/2025

REHOSPITALIZATION/EMERGENCY GOALS:

Patient/Caregiver will verbalize/demonstrate understanding of symptom management, resource utilization and medication management to reduce unplanned hospital or emergency department visits Start Effective Date: 05/04/2025 Progress

Towards Goals: 10%

Cardiovascular

CARDIOVASCULAR INTERVENTIONS

Assess for and Teach Patient to recognize Signs & Symptoms of Hypertension, explaining first that HTN can sometimes

present without any symptoms Start Effective Date: 05/04/2025

Assess: Cardiovascular status Start Effective Date: 05/04/2025 Educate patient on measures to manage Hypertension Start Effective Date: 05/04/2025

CARDIOVASCULAR GOALS

BP range will be within physician established parameters Start Effective Date: 05/04/2025 Progress Towards Goals: 10%

Endocrine

ENDOCRINE INTERVENTIONS

Assess for and Teach Patient to recognize Signs & Symptoms of Hyperglycemia/Hypoglycemia and educate on measures to

manage Start Effective Date: 05/04/2025

Assess for and Teach Patient to recognize Signs & Symptoms of Type 2 Diabetes Start Effective Date: 05/04/2025





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Assess/Instruct Pt/Pcg: Exercise, activity level/modification and sick day management Start Effective Date: 05/04/2025

Assess/Perform/Instruct Pt/Pcg: Blood glucose testing and importance of recording/monitoring for trends Start

Effective Date: 05/04/2025

Educate Patient on following a Diabetic Diet Start Effective Date: 05/04/2025 Educate Patient on long-term complications of DM Start Effective Date: 05/04/2025

Educate Patient on measures to manage DM Start Effective Date: 05/04/2025

Educate Patient on measures to manage low blood sugars Start Effective Date: 05/04/2025

Educate Patient on possible emergent complications of Diabetes Mellitus Start Effective Date: 05/04/2025

Prompt/assist pt to check CBG 1x a day at SNV Start Effective Date: 05/04/2025

ENDOCRINE GOALS

Pt/Pcg will verbalize & demonstrate understanding of diabetic self-care needs Start Effective Date: 05/04/2025

Progress Towards Goals: 20%

Gastrointestinal

GASTROINTESTINAL INTERVENTIONS

Assess: Elimination status Start Effective Date: 05/04/2025 Assess: Gastrointestinal status Start Effective Date: 05/04/2025

GENITOURINARY INTERVENTIONS

Observation and Assessment related to urinary urgency, pt recently started on vibegron Start Effective Date: 05/04/2025

Integumentary

INTEGUMENTARY INTERVENTIONS

Assess Feet and educate patient on Diabetic Foot/Skin Care Start Effective Date: 05/04/2025

Medication Management

MEDICATION MANAGEMENT INTERVENTIONS

Administer AM medications via lockbox per medication profile/MD orders Start Effective Date: 05/04/2025

Perform/Instruct Pt/Pcg: Medication management; pill box, calendar, reminders Start Effective Date: 05/04/2025 Prepour remaining medication doses (including max PRN) per medication profile/MD orders, leading up to next SNV for pt to attempt to self-administer. SN will assess for compliance with prepoured meds at following visit. Start Effective Date: 05/04/2025

Assess for S/S intoxication; hold medications if pt appears intoxicated and notify MD. Start Effective Date:

05/04/2025

Assess: Medication compliance, effectiveness, side effects Start Effective Date: 05/04/2025

Instruct Pt/Pcg: Medication actions, uses, frequency, dose, side effects, interactions of all new/change meds Start

Effective Date: 05/04/2025

To promote patient independence okay for skilled nurse to prefill/prepour medication doses per medication profile/MD orders, and reduce visits within frequency range. If patient demonstrates ability, plan of care will be re-evaluated and MD notified of requested changes. Start Effective Date: 05/04/2025

MEDICATION MANAGEMENT GOALS

Pt/Pcg will verbalize/demonstrate knowledge of and compliance with medication management: dose, route and schedule/ actions, interactions and contraindication/administration and compliance with prefilled medications/adherence to diet impacting medications/safe preparation and storage of medications/side effects and symptoms to report Start Effective Date: 05/04/2025 Progress Towards Goals: 10%

Musculoskeletal

MUSCULOSKELETAL INTERVENTIONS

Assess/Instruct Pt/Pcg: Safety measures to prevent injury Start Effective Date: 05/04/2025

Assess: Musculoskeletal status Start Effective Date: 05/04/2025

Assess; Instruct Pt/Pcq: Proper use of assistive devices Start Effective Date: 05/04/2025

Psychiatric/Neurological

PSYCHIATRIC/NEUROLOGICAL INTERVENTIONS:

Assess for and teach patient to recognize s/s anxiety Start Effective Date: 05/04/2025

Assess for and teach patient to recognize s/s of depression Start Effective Date: 05/04/2025 Assess for: Suicidal ideations and/or thoughts of self-harm Start Effective Date: 05/04/2025

Assess: mental status, mood, s/s mania/depression Start Effective Date: 05/04/2025

Assess: Neurological status Start Effective Date: 05/04/2025

Educate patient on measures to manage depressive d/o Start Effective Date: 05/04/2025

Instruct Pt/Pcg: Signs and symptoms of anxiety, agitation, ineffective coping Start Effective Date: 05/04/2025

Instruct Pt/Pcg: Stress management skills Start Effective Date: 05/04/2025

Teach measures and coping skills to manage Anxiety disorder Start Effective Date: 05/04/2025

PSYCHIATRIC/NEUROLOGICAL GOALS:

Pt will develop positive coping skills to manage feelings of anxiety/depression. Start Effective Date: 05/04/2025

Progress Towards Goals: 10%





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Pain

PAIN INTERVENTIONS

Assess/Instruct Pt/Pcg: Pain management measures; pain medication, rest, body alignment, ROM, meditation, massage

Start Effective Date: 05/04/2025

Assess: Pain level Start Effective Date: 05/04/2025

Assess: Pt response to and effectiveness of current pain management regimen Start Effective Date: 05/04/2025

PAIN GOALS

Pt/Pcg will verbalize/demonstrate measures to manage pain: medication management/alternative pain relief measures, behavior modification to avoid factors that increase pain/use of pain scale to identify intensity and determine comfort goal Start Effective Date: 05/04/2025 Progress Towards Goals: 10%

Respiratory

RESPIRATORY INTERVENTIONS

Assess: Respiratory status Start Effective Date: 05/04/2025

Assess for and Educate Patient on emergency S/S of respiratory distress/oxygen deprivation Start Effective Date:

05/04/2025

Educate Patient on measures to manage or prevent COPD Start Effective Date: 05/04/2025

Teach Patient proper use of nebulizers/inhalers and how to care for equipment Start Effective Date: 05/04/2025

RESPIRATORY GOALS

SP02 will be within physician established parameters Start Effective Date: 05/04/2025 Progress Towards Goals: 10%

Patient Centered Goal

PATIENT CENTERED GOAL

Patient-Centered Goal: Pt will improve knowledge and adherence to diabetic diet to maintain blood sugar readings within range Start Effective Date: 05/04/2025 Progress Towards Goals: 10%

Long Term Goal

SN LONG TERM GOALS:

Patient will remain safely at home and in the community with clinical management by SN and MD follow-up until independent with care Start Effective Date: 05/04/2025 Progress Towards Goals: 10%

ADVANCE DIRECTIVES

ADVANCE DIRECTIVES:

FULL CODE Start Effective Date: 05/04/2025

REHAB POTENTIAL

SN REHAB POTENTIAL:

SN Rehab Potential: Guarded Start Effective Date: 05/04/2025

DISCHARGE PLANNING

SN DISCHARGE PLAN:

Patient will be discharged when goals are met and patient is safe and independent with care at home or when patient is no longer in need of skilled nursing services. Start Effective Date: 05/04/2025

FREQUENCIES

Active

RN/LPN: 1 x day for 60 days starting 05/04/2025 (week 1) Start Date: 05/04/2025 End Date: 07/02/2025