

## Patient Information

<b>Patient's HI Claim No.</b> --	<b>Start of Care Date</b> 03/19/2025	<b>Certification Period</b> From: 05/18/2025 To: 07/16/2025		<b>Medical Record No.</b> MA220523103403
<b>Patient's Name and Address</b> Fernandes, Maria G 111 Borden St, APT 508 Fall River, MA 02721		<b>Gender</b> Female	<b>Date of Birth</b> 10/14/1934	<b>Phone Number</b> (508) 678-6376
		<b>Email</b> --		<b>Primary Language</b> English

## Patient Risk Profile

Risk Factors: 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> I48.91	<b>Description</b> Unspecified atrial fibrillation (E)	<b>Date</b> 03/19/2025
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## Secondary/Other Diagnosis

<b>Code</b>	<b>Description</b>	<b>Date</b>
I11.0	Hypertensive heart disease with heart failure (E)	03/19/2025
I50.32	Chronic diastolic (congestive) heart failure (E)	03/19/2025
I35.0	Nonrheumatic aortic (valve) stenosis (E)	03/19/2025
E03.9	Hypothyroidism, unspecified (E)	03/19/2025
F02.80	Dem in oth dis classd elswhr, unsp sev, w/o beh/psych/mood/anx (E)	03/19/2025
M17.11	Unilateral primary osteoarthritis, right knee (E)	03/19/2025
M25.461	Effusion, right knee (E)	03/19/2025
G89.29	Other chronic pain (E)	03/19/2025
J45.909	Unspecified asthma, uncomplicated (E)	03/19/2025
M81.0	Age-related osteoporosis w/o current pathological fracture (E)	03/19/2025
Q23.0	Congenital stenosis of aortic valve (E)	03/19/2025
E78.5	Hyperlipidemia, unspecified (E)	03/19/2025
M85.80	Oth disrd of bone density and structure, unspecified site (E)	03/19/2025
N28.1	Cyst of kidney, acquired (E)	03/19/2025
K21.9	Gastro-esophageal reflux disease without esophagitis (E)	03/19/2025
R29.6	Repeated falls (E)	03/19/2025
R73.03	Prediabetes (E)	03/19/2025
Z79.01	Long term (current) use of anticoagulants (E)	03/19/2025
Z98.49	Cataract extraction status, unspecified eye (E)	03/19/2025

## Mental Status

Orientation:

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

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

Physician: Dr. Labib, Ossama W.

Clinician: Clinician, Agency

Signature: 

Signature:

Date: 6/5/2025

Date: 5/30/2025

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(Continued) Mental Status

Psychosocial: Alert and pleasant

Additional Information: --

DME & Supplies

Grab Bars. Exam Gloves. Tub/Shower Bench. Walker.

Prognosis

Good

Safety Measures

Keep Pathway Clear. Instructed on disaster/emergency plan. Instructed on DME & electrical safety. Slow Position Change. Instructed on mobility safety. Emergency Plan Developed. Instructed on safe utilities management. Anticoagulant Precautions. Instructed on safety measures. Fall Precautions. Use of Assistive Devices. Standard Precautions/Infection Control. , Triage/Risk Code: 3, Disaster Code: 2

Nutritional Requirements

No Added Salt. No Concentrated Sweets. Heart Healthy.

Functional Limitations

Bowel/Bladder Incontinence, Endurance, Hearing

Other

--

Activities Permitted

Up as tolerated, Walker

Other

--

Treatments

Medications

diltiazem HCl ER Beads Oral 240 MG 1 Cap(s) daily  
Eliquis Oral 5 MG 1 Tab(s) twice daily  
Lasix Oral 20 MG 1 Tab(s) twice daily  
Potassium Chloride ER Oral 10 MEQ 2 Tab(s) daily  
Calcium Carbonate Oral 500 MG 1 Tab(s) 2x day  
Ipratropium-Albuterol Inhalation 0.5-2.5 (3) MG/3ML 3 ml Every 6 hrs as needed for SOB  
Omeprazole Oral 20 MG 1 Cap(s) Daily  
Cyanocobalamin Oral 500 MCG 1 Tab(s) Daily  
Cholecalciferol Oral 25 MCG (1000 UT) 1 Cap(s) Daily  
Atorvastatin Calcium Oral 10 MG 1 Tab(s) Daily  
Levothyroxine Sodium Oral 50 MCG 1 Tab(s) daily  
Donepezil HCl Oral 5 MG 1 Tab(s) daily  
Acetaminophen Oral 325 MG 2 Tab(s) every 6 hours as needed  
Colace Oral 100 MG 1 Cap(s) twice a day

Allergies

Substance

tramadol  
Keflex

Reaction

uk  
uk

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**Orders and Treatments**

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

Assessment of patient with Unspecified atrial fibrillation, Hypertensive heart disease with heart failure, Chronic diastolic (congestive) heart failure, Nonrheumatic aortic (valve) stenosis  
Hypothyroidism, unspecified, Dem in oth dis classd elswhr, unsp sev, w/o beh/psych/mood/anx, Unilateral primary osteoarthritis, right knee, Effusion, right knee, Other chronic pain, Unspecified asthma, uncomplicated.

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) 1 visit per week for 9 weeks

\* Narrative Statement/Order Details: Weekly

Additional Orders:

RECERT

Pt is a 90 yr old Portuguese speaking female who continues to require weekly skilled nursing for assessment and teaching.

PMH includes: AFIB, OA, HTN, Hyperlipidemia, Asthma, Hypothyroidism, Pre-diabetes

Pt is alert and verbal, able to make needs known. Pleasant and cooperative with sn assessment, very hard of hearing. Pt lives alone in an apartment complex on the 5th floor, her cg and friend David helps with ADLs and meds. No sign of non compliance present.

Pt, has worked with physical therapy this episode but has been discharged.

Seen by vascular yesterday, no changes in medications.

SN to continue to monitor all systems, monitor compliance with meds. VSS this visit. Patient is incontinent of bladder at times, has been using pull ups, continent of bowels. Skin dry and intact, no open areas. Lungs clear, no SOB or resp distress observed or reported. Patient ambulates with RW. Pt is homebound, decreased strength and endurance, requires use of walker and assist of one to leave the home safely.

SN VFO to continue weekly to address medication compliance including teaching use, effect and dosing, skilled observation and assessment of cardiovascular system and resp system, with teaching to include cardiac and resp disease process including new dx of AFIB and anticoagulant rx, s/s to report, importance of adhering to diet. Emergency Care Plan reviewed

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(Continued) Orders and Treatments

SN Interventions

SN to assess for patient adherence to appropriate activity levels  
SN to instruct the Pt, Cg on medication regimen dose, indications, side effects, and interactions  
SN to instruct the Pt, Cg on precautions for high risk medications, such as, hypoglycemics, anticoagulants/antiplatelets, sedative hypnotics, antiarrhythmics, antineoplastics, skeletal muscle relaxants  
SN to assess if the Pt can verbalize an understanding of the indication for each medication  
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 and cg on measures to recognize cardiac dysfunction and relieve complications  
Teach AFIB disease process and management.  
SN to assess vs each visit report abnormal results to MD.  
SN to develop individualized emergency plan with patient  
sn to teach dm diet and healthy food options.

**Goals and Outcomes**

SN Goals

The patient will be free from injury during the certification period (Goal Term: long, Target Date: 7/16/25)  
Pt will be compliant with meds as ordered. (Goal Term: long, Target Date: 7/16/25)  
will verbalize understanding of symptoms of cardiac complications and when to call 911 by: (Goal Term: long, Target Date: 7/16/25)  
Patient's pulse will remain within established parameters during the episode (Goal Term: long, Target Date: 7/16/25)  
Pts vital signs will remain within normal range. (Goal Term: long, Target Date: 7/16/25)  
Pt/CG will verbalize understanding of individualized emergency plan by (Goal Term: long, Target Date: 7/16/25)  
Pt will be compliant with DM diet and make healthy food choices. (Goal Term: long, Target Date: 7/16/25)

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.  
Discharge when goals met.

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  
LABIB, OSSAMA MD

Address  
1200 ROBESON ST  
FALL RIVER, MA 02721

Phone Number  
(508) 673-7898

NPI  
1225033673

Fax Number  
(508) 673-2496

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