



NURSE ON CALL - LINCOLN
640 GEORGE WASHINGTON HWY, BUILDING C
LINCOLN, RI 02865-4244
Phone: (401) 726-7744
Fax: (401) 726-7774

Discharge-Transfer Summary Report

05/30/2025 11:13:38 AM
Printed By: LAFERRIERE, LISA

Patient: SILVA, EVELYN
1215 MAIN ROAD
TIVERTON, RI 02878
MR#: RLN00420653401
Legacy MR#:
Date of Birth: 1/6/1938
Physician: JONCAS, CHRISTOPHER
191 BEDFORD ST
FALL RIVER, MA 02720

Start Of Care Date: 4/18/2025
Episode Start Date: 4/18/2025
First Visit Date: 4/18/2025
Episode Status: DISCHARGED
Episode Type: NEW ADMISSION
Episode Timing: EARLY

Branch Code: RLN

Episode End Date: 5/27/2025
Last Visit Date: 5/27/2025

Physician Phone: (508)672-4590
Physician Fax: (508)235-5594
Physician Specialty: INTERNAL MEDICINE

Referring Facility:
SAKONNET BAY AL
1215 MAIN ROAD
TIVERTON, RI 02878
Facility Phone: (401)624-1880
Facility Fax:

Case Manager: PEREZ, KRISTEL

Discharge Information: Status: 01 - DISCHARGE TO HOME OR SELF CARE / Reason: GOALS MET / Condition: INDEPENDENT IN THE COMMUNITY
Date/Time of Death:

Patient Contacts

Contact Name	Relationship	Contact Type	Contact Relationship Type
LYNN RUDOLPH	DAUGHTER	CAREGIVER	PRIMARY CAREGIVER
Home Phone	Primary Phone	Alternate Phone	Address
	(401) 225-1790		

Demographics

Gender: FEMALE
Race:
Preferred Language:

Advanced Directives

Directive: DO NOT RESUSCITATE
Location: MEDICAL RECORD/MC

ICD-10 Diagnoses/Procedures

Order	Code	Description	O/E	O/E Date	Type	Sym. Ctrl. Rtg.	OASIS Item
1	F03.B18	UNSP DEMENTIA, MODERATE, WITH OTHER BEHAVIORAL DISTURB	E	04/18/2025	D	3 - Symptoms poorly controlled, patient needs frequent adjustments in treatment and dose monitoring.	M1021
2	I73.9	PERIPHERAL VASCULAR DISEASE, UNSPECIFIED	O	04/18/2025	D	2 - Symptoms controlled with difficulty, affecting daily functioning; patient needs ongoing monitoring.	M1023
3	J45.909	UNSPECIFIED ASTHMA, UNCOMPLICATED	O	04/18/2025	D	2 - Symptoms controlled with difficulty, affecting daily functioning; patient needs ongoing monitoring.	M1023
4	M48.00	SPINAL STENOSIS, SITE UNSPECIFIED	O	04/18/2025	D	2 - Symptoms controlled with difficulty, affecting daily functioning; patient needs ongoing monitoring.	M1023
5	D50.9	IRON DEFICIENCY ANEMIA, UNSPECIFIED	O	04/18/2025	D	2 - Symptoms controlled with difficulty, affecting daily functioning; patient needs ongoing monitoring.	M1023
6	I10	ESSENTIAL (PRIMARY) HYPERTENSION	O	04/18/2025	D	2 - Symptoms controlled with difficulty, affecting daily functioning; patient needs ongoing monitoring.	M1023

Financial Responsibility: PRO = Provider, PAT = Patient, PTD = Part D, OTH = Other

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Physician: Dr. Joncas, Christopher S.

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ICD-10 Diagnoses/Procedures

Order	Code	Description	O/E	O/E Date	Type	Sym. Ctrl. Rtg.	OASIS Item
7	K59.00	CONSTIPATION, UNSPECIFIED	O	04/18/2025	D	2 - Symptoms controlled with difficulty, affecting daily functioning; patient needs ongoing monitoring.	M1023
8	Z55.6	Problems related to health literacy	E	04/18/2025	D		M1023
9	Z91.81	HISTORY OF FALLING	E	04/18/2025	D		M1023

Allergies

Description	Date Entered
NKA	4/18/2025
* denotes Non-Visit QI Reporting Collection	

Medication List

Start Date	D/C Date	Medication	Dose	Route	Frequency	New/Changed	Financial Resp.	PRN
4/18/2025		ACETAMINOPHEN 500 MG TABLET	1 tablet	ORAL	3 TIMES DAILY	Other	OTH	N
Instructions:								
4/18/2025		ALBUTEROL SULFATE HFA 90 MCG/ACTUATION AEROSOL INHALER	Per instructions	INHALATION	AS NEEDED	Other	OTH	Y
Instructions:ONE PUFF VERY 4 HOURS AS NEEDED FOR SOB/WHEEZING								
4/18/2025		AMLODIPINE 5 MG TABLET	1 tablet	ORAL	DAILY	Other	OTH	N
Instructions:								
4/18/2025		ATORVASTATIN 10 MG TABLET	1 tablet	ORAL	BEDTIME	Other	OTH	N
Instructions:								
4/18/2025		BENEFIBER SUGAR FREE (DEXTRIN) 3 GRAM/3.8 GRAM ORAL POWDER	Per instructions	ORAL	DAILY	Other	OTH	N
Instructions:ONE TBSP DISSOLVE IN 8 OUNCES OF LIQUID DAILY								
4/18/2025		CLINDAMYCIN HCL 300 MG CAPSULE	Per instructions	ORAL	AS DIRECTED	Other	OTH	N
Instructions:GIVE 2 CAPSULES FOR DENTAL PROCEDURE ONE HOUR PRIOR TO PROCEDURE								
4/18/2025		DOCUSATE SODIUM 100 MG CAPSULE	Per instructions	ORAL	AS NEEDED	Other	OTH	Y
Instructions:ONE CAPSULE DAILY FOR CONSTIPATION IF NO BM								
4/18/2025		ESOMEPRAZOLE MAGNESIUM 20 MG CAPSULE,DELAYED RELEASE	1 capsule	ORAL	DAILY	Other	OTH	N
Instructions:								
4/18/2025		FERROUS SULFATE 325 MG (65 MG IRON) TABLET	1 tablet	ORAL	DAILY	Other	OTH	N
Instructions:								
4/18/2025		LEVOTHYROXINE 50 MCG TABLET	1 tablet	ORAL	DAILY	Other	OTH	N
Instructions:								
4/18/2025		LORATADINE 10 MG TABLET	1 tablet	ORAL	EVERY 12 HOURS	Other	OTH	N
Instructions:								
4/18/2025		MECLIZINE 25 MG TABLET	1 tablet	ORAL	AS NEEDED	Other	OTH	Y
Instructions:EVERY 8 HRS AS NEEDED FOR NAUSEA/DIZZINESS								
4/18/2025		MEMANTINE 10 MG TABLET	1 tablet	ORAL	2 TIMES DAILY	Other	OTH	N
Instructions:								
4/18/2025		POLYETHYLENE GLYCOL 3350 17 GRAM ORAL POWDER PACKET	Per instructions	ORAL	AS NEEDED	Other	OTH	Y
Instructions:GIVE 17 GM BY MOUTH EVERY 24 HRS AS NEEDED FOR CONSTIPATION								

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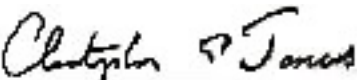
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Medication List

Start Date End Date	D/C Date	Medication	Dose	Route	Frequency	New/Changed Other	Financial Resp. OTH	PRN N
4/18/2025		PRESERVISION AREDS 2 PLUS MULTIVIT 200 MCG-15 MCG-5 MG-1 MG CAPSULE	1 capsule	ORAL	DAILY			N
Instructions:								
4/18/2025		SENNALAX 8.6 MG TABLET	Per instructions	ORAL	AS NEEDED	Other	OTH	Y
Instructions: 2 TABLETS EVERY 24 HRS AS NEEDED FOR CONSTIPATION								
4/18/2025		SYSTANE COMPLETE 0.6 % EYE DROPS	Per instructions	OPHTHALMIC (EYE)	4 TIMES DAILY	Other	OTH	N
Instructions: INSTILL ONE DROP EACH EYE 4 TIMES/DAY								
4/18/2025		SYSTANE GEL 0.3 % EYE GEL	Per instructions	OPHTHALMIC (EYE)	BEDTIME	Other	OTH	N
Instructions: INSTILL ONE FILM IN BOTH EYES @ BEDTIME								
4/18/2025		TAMSULOSIN 0.4 MG CAPSULE	1 capsule	ORAL	EVERY AM	Other	OTH	N
Instructions:								
4/18/2025		TRAZODONE 50 MG TABLET	0.5 tablet	ORAL	DAILY	Other	OTH	N
Instructions:								
4/18/2025		TRAZODONE 50 MG TABLET	0.5 tablet	ORAL	AS NEEDED	Other	OTH	Y
Instructions: AS NEEDED ONCE/DAY FOR AGITATION								
4/18/2025		TRAZODONE 50 MG TABLET	1 tablet	ORAL	BEDTIME	Other	OTH	N
Instructions:								
4/18/2025		VITAMIN D3 50 MCG (2,000 UNIT) TABLET	1 tablet	ORAL	DAILY	Other	OTH	N
Instructions:								

Vital Sign Statistics

Vital Sign	Low	High
Temperature	97.2	98.8
Pulse	67	80
Respirations	16	18
Blood Pressure	110 / 56	124 / 70
Ankle Circumference (cms)	22.5	25.5
Oxygen Saturation Level (%)	96	100
Pain	0	0

Disciplines and Services Provided

Discipline	No. Visits Provided	Patient Last Seen by Discipline on
PT	8	05/27/2025
Totals:	8	

Services Provided

CLINICIAN TO OBTAIN URINE AND TEST VIA REAGENT STRIP. IF RESULTS ARE POSITIVE URINE TO BE SENT TO THE LAB FOR UA WITH CULTURE AND SENSITIVITY OR OBTAIN PCR SWAB (IF CLINICALLY APPLICABLE) PRN SIGN AND SYMPTOMS OF UTI
 IF PATIENT EXHIBITS SIGNS OR SYMPTOMS OF CONSTIPATION, ENSURE PATIENT IS TAKING ANY PRESCRIBED MEDICATIONS FOR CONDITIONS IF NOT ALREADY PRESCRIBED THEN
 INSTRUCT TO INITIATE 17G OF MIRALAX PO DAILY UNTIL NORMAL BOWEL REGIME RESUMES ~AND/OR
 INSTRUCT PATIENT TO INITIATE 15 MG SENNA PO BID UNTIL NORMAL BOWEL REGIME RESUMES.
 IF NORMAL BOWEL MOVEMENTS DO NOT RESUME IN 2 DAYS, CONTACT PHYSICIAN FOR ADDITIONAL ORDERS
 PHYSICAL THERAPIST TO EVALUATE/ASSESS AND DEVELOP PHYSICAL THERAPY PLAN OF CARE TO BE SIGNED BY THE PHYSICIAN. MAY USE TELEHEALTH AND TELECOMMUNICATIONS TO PROVIDE SERVICES AS NECESSARY AND APPROPRIATE ACCORDING TO THE PATIENT'S CONDITION AND IN ACCORDANCE WITH THE PLAN OF CARE.
 PHYSICAL THERAPY - NEED FOR THERAPEUTIC EXERCISES, DEVELOPMENT OF A HOME EXERCISE PROGRAM AND/OR MANUAL THERAPY TO ADDRESS LOWER EXTREMITY DEFICITS

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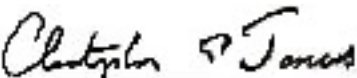
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Services Provided

PHYSICAL THERAPY TO INSTRUCT ON NEW AND CHANGED MEDICATIONS, THOSE WITH ASSESSED KNOWLEDGE DEFICIT, HIGH RISK MEDICATIONS AND ANY APPLICABLE DRUG INTERACTIONS.
 PHYSICAL THERAPY TO PROVIDE BALANCE TRAINING EXERCISE.
 PHYSICAL THERAPY TO PROVIDE GAIT TRAINING FOR FUNCTIONAL AMBULATION
 SOC CLINICAL SUMMARY
 THE PATIENT'S PRIMARY FOCUS OF CARE IS FALL W/DECLINE IN MOBILITY REPORTED BY STAFF
 CURRENT PROCEDURES/TREATMENT WHICH CANNOT BE PERFORMED BY PATIENT /CAREGIVER DUE TO DOCUMENTED LACK OF KNOWLEDGE & OR, SKILL - PATIENT WILL REQUIRE SKILLED THERAPY TO REGAIN STRENGTH AND MOBILITY
 PATIENT LIVING SITUATION/CAREGIVER STATUS: THIS PATIENT LIVES IN MC UNIT WITH 24/7 CAREGIVERS THAT DOES NOT HAVE STEPS FOR ENTRY. NO HOUSING CONCERNS, FOOD OR MEDICATION INSECURITIES IDENTIFIED PATIENT'S EDUCATION/LITERACY LEVEL DOES NOT IMPACT THE PLAN OF CARE - PATIENT DOES HAVE DX OF DEMENTIA. THE PATIENT DOES HAVE AN AVAILABLE, ABLE, AND WILLING CAREGIVER. PATIENT'S HOME DOES NOT HAVE INDICATORS OF ABUSE/NEGLECT.
 THIS PATIENT IS FURTHER CONSIDERED UNSTABLE AS EVIDENCED BY: AGE, INTERACTION OF CONDITIONS, COGNITIVE DEFICITS, HIGH FALL RISK
 PATIENT IS AN 87 YO MC RESIDENT REFERRED FOR HOME HEALTH ADMISSION W/PT EVALUATION FOLLOWING UNWITNESSED FALL WITH STAFF REPORTING DECLINE IN MOBILITY/ACTIVITY TOLERANCE
 MED HX INCLUDES DEMENTIA, HTN, HLD, PVD, GERD, SPINAL STENOSIS, BREAST CA - S/P RADIATION RX, (R) RTC TEAR, ANXIETY
 RECEIVES ASSISTANCE W/MEDICATIONS AND ADLS FROM STAFF. NO PAIN REPORTS/BEHAVIORS NOTED DURING VISIT
 PRESENTS WITH B/L LE STRENGTH @ 3/5, CGA FOR SAFE MOBILITY UP TO 75 FEET W/CUES FOR USE OF AD. TINETTI = 12/28 INDICATING INCREASED RISK FOR FALLS

Distinct Outcomes

Goal Description	Discipline	Met/ Not Met	Exception Code	Excluded From Stats
DOCUMENTATION WILL BE COMPLETED IN THERAPY ASSESSMENT/PLAN	PT	MET		
PATIENT'S ADVANCE DIRECTIVE, AS APPLICABLE, WILL BE PART OF THE MEDICAL RECORD	PT	MET		
ALL DOCUMENTATION COMPLETED IN THERAPY ASSESSMENT/PLAN	PT	MET		

Number of Distinct Goals Met:	3	Percentage (%) of Distinct Goals Met:	Goals met (Total Goals - Excluded Goals)	= 100.00%
Number of Distinct Goals Not Met:	0			
Total Distinct Goals:	3			

Patient Goals

Effective From: 04/18/2025 Established By: ROBERTS,JULIE ANN
 Effective To: 05/27/2025 Established In: PT00

Patient Goals:

FAMILY/CAREGIVER GOALS ARE TO DECREASE FALLS, IMPROVE SAFETY/MOBILITY

Patient Disposition

Status	Date	Discharge Reason
DISCHARGED	5/27/2025	DISCHARGE TO HOME OR SELF CARE

Discharge Planning

(QM) (M2410) TO WHICH INPATIENT FACILITY HAS THE PATIENT BEEN ADMITTED?	NA - NO INPATIENT FACILITY ADMISSION
(M0906) DISCHARGE/TRANSFER/DEATH DATE: ENTER THE DATE OF THE DISCHARGE, TRANSFER OR DEATH (AT HOME) OF THE PATIENT.	5/27/2025
THE PATIENT HAS MET THE FOLLOWING GOALS ACCORDING TO THE PLAN OF CARE TYPE	ALL GOALS MET
THE FOLLOWING GOALS ON THE PLAN OF CARE WERE NOT MET:	NA
PATIENT'S FUNCTIONAL STATUS	IMPROVED
PATIENT'S STATUS CONDITION	EXPIRED
PATIENT'S POST DISCHARGE GOALS OF CARE	TO BE AS INDEPENDENT AS POSSIBLE AND REDUCE RISKS FOR FALLS

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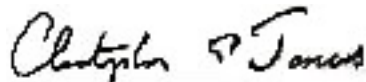
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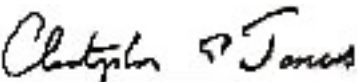
Entered By	Note Date	DC Coordination Note
KRISTEL PEREZ, PT	5/27/2025	<p><input checked="" type="checkbox"/> PATIENT DISCHARGED - DISCHARGE DATE 5 /27/25</p> <p>REASON FOR DISCHARGE: <input type="checkbox"/> PHYSICIAN REQUEST <input type="checkbox"/> PATIENT/CG REQUEST <input checked="" type="checkbox"/> GOALS MET <input type="checkbox"/> NO LONGER HOMEBOUND <input type="checkbox"/> NONCOMPLIANT <input type="checkbox"/> OTHER</p> <p>STATUS/CONDITION: <input type="checkbox"/> INDEPENDENT <input type="checkbox"/> DEPENDENT <input type="checkbox"/> NEEDS ASSIST <input checked="" type="checkbox"/> NEEDS SUPERVISION <input type="checkbox"/> OTHER:</p> <p>SUMMARY OF CARE PROVIDED AND RESPONSE: DURING DC ASSESSMENT, PT ALERT AND ORIENTED TO PERSON AND PLACE . VS WNL. MMT OF 4-/5 ON B L.E. PT CURRENTLY MI WITH BED MOB, TRANSFERS, PATIENT AMBULATED FOR >300 FT USING RW WITH MI TO SUPERVISION WITHIN ALF MEMORY CARE UNIT ON EVEN AND UNEVEN SURFACES, WITH GOOD PACING , PROPER USE OF AD, SAFETY, INCORPORATING REST BREAKS AS NEEDED. TINETTI SCORE OF 20/28 INDICATING MODERATE RISKS FOR FALLS. PT NOW AT PLOF AND HAS MET GOALS. DC FROM SKILLED PT SERVICES AND AGENCY COMPLETED THIS VISIT. PATIENT AWARE AND AGREEABLE. REVIEWED PATIENT/CAREGIVER INSTRUCTIONS ON THE FOLLOWING: FALL PRECAUTIONS, EMERGENCY PROCEDURES, SAFETY WITH BED MOB, TRANSFERS AND AMB, CALL US FIRST POLICY AND PT VERBALIZED UNDERSTANDING VIA TEACH BACK</p> <p>OUTCOMES: <input checked="" type="checkbox"/> GOALS MET <input type="checkbox"/> GOALS NOT MET (LIST) <input type="checkbox"/> OTHER</p>

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