Patient Information

Patient's HI Claim No.	Start of Care Date	Certification Period	Medical Record No.
--	07/18/2023	From: 05/08/2025 To: 07/06/2025	100999889

Patient's Name and Address	Gender	Date of Birth	Phone Number
Aguiar, Jose 1008 Globe St Fall River, MA 02724	Male	04/24/1942	(508) 673-1128
	Email --		Primary Language English

Patient Risk Profile
Risk Factors: Currently taking 5 or more medications. Currently reports exhaustion.

Clinical Data

Clinical Manager	Branch Name and Address	Phone Number
AFONSO, MELISSA	Nightingale Visiting Nurses 125 County ST. Taunton, MA 02780-3561	(508) 967-0761
Provider Number - Medicare Number 1881923936		**Fax Number** (508) 967-0767

Primary Diagnosis

Code	Description	Date
I10.	Essential (primary) hypertension (E)	12/07/2023

Secondary/Other Diagnosis

Code	Description	Date
I48.0	Paroxysmal atrial fibrillation (E)	12/07/2023
E11.65	Type 2 diabetes mellitus with hyperglycemia (E)	12/07/2023
F32.9	Major depressive disorder, single episode, unspecified (E)	12/07/2023
S82.002 D	Unsp fracture of left patella, subs for clos fx w routn heal (O)	12/07/2023
F41.9	Anxiety disorder, unspecified (E)	12/07/2023
N40.0	Benign prostatic hyperplasia without lower urinry tract symp (E)	12/07/2023
D50.9	Iron deficiency anemia, unspecified (E)	12/07/2023
I69.359	Hemiplga following cerebral infarction affecting unsp side (E)	12/07/2023
M48.061	Spinal stenosis, lumbar region without neurogenic claud (E)	12/07/2023
M50.90	Cervical disc disorder, unsp, unspecified cervical region (E)	12/07/2023
M51.16	Intervertebral disc disorders w radiculopathy, lumbar region (E)	12/07/2023
D47.3	Essential (hemorrhagic) thrombocythemia (E)	12/07/2023
G47.00	Insomnia, unspecified (E)	12/07/2023
K86.1	Other chronic pancreatitis (E)	12/07/2023
E78.5	Hyperlipidemia, unspecified (E)	12/07/2023
K21.9	Gastro-esophageal reflux disease without esophagitis (E)	12/07/2023
I25.2	Old myocardial infarction (E)	12/07/2023
W19.XXX D	Unspecified fall, subsequent encounter (E)	12/07/2023
F11.20	Opioid dependence, uncomplicated (E)	12/07/2023
F10.239	Alcohol dependence with withdrawal, unspecified (E)	12/07/2023
F17.211	Nicotine dependence, cigarettes, in remission (E)	12/07/2023
Z79.01	Long term (current) use of anticoagulants (E)	12/07/2023
Z98.41	Cataract extraction status, right eye (E)	12/07/2023
Z91.81	History of falling (E)	12/07/2023

Mental Status
Orientation:
Person: Oriented. Time : Oriented.
Place : Oriented. Situation: Oriented.

Physician: Dr. Sorial, Ehab N.

Signature: 

Date: 6/6/2025

Clinician: Agency, Clinician

Signature:

Date: 5/30/2025

Electronically signed by Dr. Sorial, Ehab N. on 6/6/2025

(Continued) Mental Status
Memory: Forgetful.

Neurological: Tremors.

Mood: Appropriate (WNL).

Behavioral: Impaired judgement, Poor decision making.

Psychosocial: Alert and engaging

Additional Information: --

DME & Supplies
Grab Bars. Exam Gloves. Tub/Shower Bench.

Prognosis
Fair

Safety Measures
Emergency Plan Developed. Anticoagulant Precautions. Sharps Safety. Fall Precautions. Standard Precautions/Infection Control. , Other: DM precautions, Triage/Risk Code: 3, Disaster Code: 3

Nutritional Requirements
No Added Salt. Regular.

Functional Limitations
Endurance, Ambulation

Other
--

Activities Permitted
Up as tolerated, Cane, Walker

Other
--

Treatments

Medications
Allopurinol Oral 100 MG 1 Tab(s) Daily (N)
Furosemide Oral 20 MG 1 Tab(s) daily in am
Baclofen Oral 5 MG 1 Tab(s) twice daily
Eliquis Oral 5 MG 1 Tab(s) Twice a day
Ferretts Oral 325 (106 Fe) MG 1 Tab(s) every other day
Metoprolol Tartrate Oral 25 MG 1/2 Tab(s) 12.5 mg daily
Melatonin Oral 3 MG 2 Tab(s) at bedtime
Thiamine HCl Oral 100 MG 1 Tab(s) daily
Pantoprazole Sodium Oral 40 MG 1 Tab(s) Qam
Creon Oral 24000-76000 UNIT 48,000 Cap(s) Three times per day
Vitamin B12 Oral 1000 MCG 1 Tab(s) Daily in AM
Zinc Sulfate Oral 220 (50 Zn) MG 1 Cap(s) daily
Tamsulosin HCl Oral 0.4 MG 1 Cap(s) at bedtime
Loratadine Oral 10 MG 1 Tab(s) daily
Folic Acid Oral 1 MG 1 Tab(s) daily
Ergocalciferol Oral 1.25 MG (50000 UT) 1 Cap(s) weekly
Meclizine HCl Oral 25 MG 1 Tab(s) daily as needed
Senna-Lax Oral 8.6 MG 2 Tab(s) at bedtime as needed
Colace Oral 100 MG 1 Cap(s) twice a day
Refresh Tears Ophthalmic 0.5 % 1 ml 3 times a day as needed
Voltaren External 1 % 4gm 4 times a day

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(Continued) Medications
SEROquel Oral 200 MG 1 Tab(s) daily
Proctozone-HC External 2.5 % 1 twice a day as needed
Multivitamin Oral 1 Tab(s) daily
Lidoderm External 5 % 1 Patch(es) on for 12 hours, off for 12 hours
Lac-Hydrin External 12 % 1 ml twice a day
Gabapentin Oral 400 MG 1 Cap(s) 3 times a day
Acetaminophen Oral 325 MG 2 Tab(s) every 8 hours as needed

Allergies

Substance	Reaction
NKA (Food / Drug / Latex / Environmental)	--

Orders and Treatments
Advance Directives? Yes.
Intent: Other: Full Code
Copies on file with Agency? Yes.
Surrogate: Yes
Patient was provided written and verbal information on Advance Directives? Yes.

Assessment of patient with Essential (primary) hypertension,Paroxysmal atrial fibrillation,Type 2 diabetes mellitus with hyperglycemia,Major depressive disorder, single episode, unspecified,Unsp fracture of left patella, subs for clos fx w routn heal,Anxiety disorder, unspecified,Benign prostatic hyperplasia without lower urinry tract symp,Iron deficiency anemia, unspecified,Hemiplga following cerebral infarction affecting unsp side,Spinal stenosis, lumbar region without neurogenic claud.
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 (>) N/A or less than (<) N/A.
Pulse greater than (>) N/A or less than (<) N/A.
Respirations greater than (>) N/A or less than (<) N/A.
Systolic BP greater than (>) N/A or less than (<) N/A.
Diastolic BP greater than (>)N/A or less than (<) N/A.
O2 Sat less than (<) N/A%.
Fasting blood sugar greater than (>) N/A or less than (<) N/A.
Random blood sugar greater than (>) N/A or less than (<) N/A.
Weight greater than (>) N/A lbs or less than (<) N/A lbs.

Frequencies

Skilled Nursing:

5/8/2025 (Thursday) - 7/6/2025 (Sunday) 1 visit per day for 60 days
* Narrative Statement/Order Details: 1x daily

Additional Orders:
Pt is an 82 yr old Portuguese speaking male seen today for recertification of services to NGHHC agency. Pt requires daily SN visits as he has a hx of non-compliance, not taking meds as directed, missing doses or not taking at all, pt has no able or willing caregiver to assist.

Physician: Dr. Sorial, Ehab N.

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(Continued) Orders and Treatments

Pt presents alert and oriented, able to make needs known, forgetful at times. Pt pleasant and cooperative with sn assessment. He lives with his wife in a single family home. Pt does have a hx of ETOH use, education continues on side effects, sn to continue to monitor. He ambulates without the device and has a cane if needed. Cont to receive Homemaker 2x week from BES. Home is clean and tidy. VSS, afebrile, ls cl/dim, denied sob or resp distress. Denied chest pain, no edema, bs+4q, reported bm today, denied s/s uti. Pt has chronic pain, cont to be seen by the pain clinic once a month. Skin warm and dry, intact, no open areas. Denied any dizziness, chest pain or feeling faint. SN cont to fill med planner sleeve for the day, adm am meds without diff this visit, SN left remaining meds in sleeve for the day, SN to assess compliance at next visit. Pt appears compliant with yesterday's meds, as evident by empty sleeve. Emergency plan of care reviewed.
No falls or ER visits, pt has been compliant with MD appts.Pt started on allopurinol for management of Gout, no s/s at this time.
SN VFO 1x daily, SN required for medication admin. Pt has a history of noncompliance with po meds, requires sn to administer in am and prep noon and HS meds, sn to assess compliance at the next visit, patient has no able or willing caregiver to assist. Sn to assess medication compliance, assess vital signs, monitor anxiety/depression symptoms, provide chronic disease education, DM teaching, and encouragement and teaching of positive coping skills. Education in Portuguese to facilitate understanding. Patient at risk for hospitalization without sn intervention daily.

SN Interventions
Monitor Blood Pressure Vital Signs O2 Sat at each visit
SN to assess cardiovascular status, identify any signs and symptoms of impaired cardiovascular function. SN to instruct patient on disease process, including who to contact if signs and symptoms persist or worsen as well as dietary measures, medication management, activities permitted. May obtain O2 saturation as needed for shortness of breath or s/s of complications.
SN to develop individualized emergency plan with patient
SN to assess pain level and effectiveness of pain medications and current pain management therapy every visit
SN to perform medication review each skilled nursing visit and reconcile medications as indicated.
SN to instruct on all new and changed medications and reinforce teaching related to use of medications as part of disease process or demonstration of knowledge deficit.
DAILY SN VISIT- ADMIN AM MEDS AND PREP NOON/HS MEDS FOR SELF ADMIN. SN IS TO ASSESS FOR COMPLIANCE AT NEXT VISIT.

Goals and Outcomes

SN Goals
Blood pressure Assessment (Goal Term: long, Target Date: 7/6/25)
No hospital visits (Goal Term: long, Target Date: 7/6/25)
Patient will verbalize understanding of pain medications during episode. (Goal Term: long, Target Date: 7/6/25)
Patient Understanding of medication regimen (Goal Term: long, Target Date: 7/6/25)

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 plans for discharge; the patient has no able or willing caregiver to assist with medications..
Discharge when patient is independent in management of medical needs.

Nurse Signature and Date of Verbal SOC Where Applicable	**Date**
Digitally Signed by: DEBORAM CORDEIRO , RN	05/06/2025

Physician: Dr. Sorial, Ehab N. Clinician: Agency, Clinician

Signature:  Signature:

Date: 6/6/2025 Date: 5/30/2025

Electronically signed by Dr. Sorial, Ehab N. on 6/6/2025

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 SORIAL, EHAB MD	**Address** 277 Pleasant St FALL RIVER, MA 02721	**Phone Number** (508) 235-5434
NPI 1083608442		**Fax Number** (508) 235-5436

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

Physician: Dr. Sorial, Ehab N.

Signature: 

Date: 6/6/2025

Clinician: Agency, Clinician

Signature:

Date: 5/30/2025

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