

Patient Information

Patient's HI Claim No. --	Start of Care Date 11/22/2024	Certification Period From: 05/21/2025 To: 07/19/2025		Medical Record No. 101000376
Patient's Name and Address Sousa, Joao 116 Bowler St Fall River, MA 02723		Gender Male	Date of Birth 09/27/1945	Phone Number (774) 488-0333
		Email --		Primary Language 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

Clinical Manager AFONSO, MELISSA	Branch Name and Address Nightingale Visiting Nurses 125 County St. Taunton, MA 02780-3561	Phone Number (508) 967-0761
Provider Number - Medicare Number 1881923936		Fax Number (508) 967-0767
Primary Diagnosis		
Code G20.A1	Description Parkinson's dis w/o dyskinesia, w/o mention of fluctuations (E)	Date 05/02/2025
Secondary/Other Diagnosis		
Code F02.811	Description Dem in other dis classd elswr, unsp severt, with agitation (E)	Date 05/02/2025
C79.51	Secondary malignant neoplasm of bone (E)	05/02/2025
I10.	Essential (primary) hypertension (E)	05/02/2025
E87.5	Hyperkalemia (E)	05/02/2025
E83.52	Hypercalcemia (E)	05/02/2025
E78.5	Hyperlipidemia, unspecified (E)	05/02/2025
Z79.82	Long term (current) use of aspirin (E)	05/02/2025
Z85.46	Personal history of malignant neoplasm of prostate (E)	05/02/2025
Z87.891	Personal history of nicotine dependence (E)	05/02/2025

Mental Status**Orientation:**

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

Memory: Forgetful.

Neurological: Tremors.

Mood: Appropriate (WNL).

Behavioral: Impaired judgement, Poor coping skills.

Psychosocial: alert and pleasant

Additional Information: --

Physician: Dr. Mendes, Manuela M.

Clinician: Agency, Clinician

Signature:

Signature:

Date: 6/5/2025

Date: 5/30/2025

Electronically signed by Dr. Mendes, Manuela M. on 6/5/2025

DME & Supplies Wheelchair. Nebulizer. Grab Bars. Exam Gloves. Tub/Shower Bench. walker.	
Prognosis Fair	
Safety Measures Slow Position Change. Disaster Code. Emergency Plan Developed. Fall Precautions. Use of Assistive Devices. Standard Precautions/Infection Control. , Other: Dementia precaution, Respiratory precaution, Triage/Risk Code: 2, Disaster Code: 1	
Nutritional Requirements No Added Salt. Regular. Heart Healthy.	
Functional Limitations Bowel/Bladder Incontinence, Endurance, Ambulation, Hearing	
Other --	
Activities Permitted Up as tolerated, walker	Other --

Treatments

Medications QUETiapine Fumarate Oral 100 MG 1 Tab(s) At bedtime (N) QUETiapine Fumarate Oral 25 MG 1 Tab(s) In the morning (C) Sinemet CR Oral 50-200 MG 1 Tab(s) Daily At 10 pm Carbidopa-Levodopa Oral 25-100 MG 25-100 mg Tab(s) Take 3 tabs in AM, 2 tabs at 2pm, 2 tabs at 6 pm and 1 at 10 pm Centrum Silver Oral 1 Tab(s) daily Acetaminophen ER Oral 650 MG 1 Tab(s) 2x day as needed for pain Simvastatin Oral 10 MG 1 Tab(s) at bedtime Trihexyphenidyl HCl Oral 2 MG 1 Tab(s) 3x day Vitamin D3 Oral 10 MCG (400 UNIT) 1 Tab(s) daily Trospium Chloride Oral 20 MG 1 Tab(s) twice a day Aricept Oral 10 MG 1 Tab(s) daily Lactulose Encephalopathy Oral 10 GM/15ML 15ml ml 3 times a day as needed Vitamin B12 Oral 500 MCG 1 Tab(s) daily Aspirin Oral 81 MG 1 Tab(s) daily Levalbuterol HCl Inhalation 0.63 MG/3ML 1 ml every 8 hours as needed Bisacodyl Rectal 10 MG 1 Suppository(ies) every 72 hours as needed Colace Oral 100 MG 1 Cap(s) twice a day Xtandi Oral 40 MG 2 Cap(s) daily Linzess Oral 145 MCG 1 Cap(s) daily	
Allergies	
Substance NKA (Food / Drug / Latex / Environmental)	Reaction --
Orders and Treatments Advance Directives? Yes. Intent: Other: Full Code Copies on file with Agency? Yes. Surrogate: Yes (helen Sousa) Patient was provided written and verbal information on Advance Directives? Yes.	

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(Continued) Orders and Treatments

Assessment of patient with Parkinson's dis w/o dyskinesia, w/o mention of fluctuations, Dem in other dis classd elswhr, unsp severt, with agitation, Secondary malignant neoplasm of bone, Essential (primary) hypertension, Hyperkalemia, Hypercalcemia, Hyperlipidemia, unspecified, Long term (current) use of aspirin, Personal history of malignant neoplasm of prostate, Personal history of nicotine dependence.

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:

5/26/2025 (Monday) - 7/19/2025 (Saturday) 1 visit per week for 9 weeks

* Narrative Statement/Order Details: Weekly

Physical Therapy:

5/21/2025 (Wednesday) - 5/24/2025 (Saturday) 1 visit per week for 1 week

* Narrative Statement/Order Details: Eval

Occupational Therapy:

5/21/2025 (Wednesday) - 5/24/2025 (Saturday) 1 visit per week for 1 week

* Narrative Statement/Order Details: Eval

Additional Orders:

Recertification

Patient is a 79 year old male with PMH: Parkinson's Disease, Dementia, Prostate Cancer with Mets, Depression, Hyperlipidemia, Gait instability.

Pt had one hospitalization this episode at St Anne's hospital on 4/24 to 4/27/25 due to hypoxia and pneumonia. He completed antibiotic course. Pt noted to have hypercalcemia likely due to bone mets in the setting of metastatic prostate cancer. Pt followed up with Dr Paggioli for hormone replacement therapy. Pt remains a full code. Dr Boykin discontinued the Myrbetriq. No respiratory distress, lungs clear /dim this visit. Pleasant mood. His daughter and wife assist with med management, skilled nursing can now be decreased to weekly since he is at baseline. PT and OT evaluations ordered, pt has been working with both since his last hospitalization and to continue.

No falls reported recently. But pt does have a hx of assisted falls where wife sees that he loses strength in ble and she helps lower him to the floor. She usually asks her son to come by and help get him up. Teaching done that EMS can be called by pressing lifeline button if no family around.

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(Continued) Orders and Treatments

Pt wife receptive.

Patient is alert and oriented this visit, disoriented to time. Lives with his spouse. Daughter and spouse report compliance with po meds, daughter continues to manage po meds and there isn't a hx of non compliance or mismanagement. Patient continues on po chemotherapy for prostate cancer, sn continues to assess for side effects, Continues to be followed by oncology at SAH, Dr. McAndrews also for Dx penile cancer. Education on Parkinson's disease is ongoing, importance of taking medications as ordered. Pt being followed by neurology. Patient continues to report having trouble moving bowels, continues with chronic constipation and using stool softeners and laxatives as ordered. . Non pitting edema to knees , chronic condition. Skin dry and intact, no open areas. SN to continue with education on medication use and effect and disease process. Patient has frequent med changes from neurology with Parkinson's medication, patient requires continuous education on medication use and effect of Parkinson's meds. Education on Parkinson's disease, importance of taking medications as ordered.
Education in Portuguese to Facilitate understanding.

SN Interventions

SN to instruct the Pt and cg on medication regimen dose, indications, side effects, and interactions
SN to instruct the Pt and 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 and cg can verbalize an understanding of the indication for each medication

SN to assess for changes in neurological status every visit

Monitor for any increased s/s depression, anxiety , worsening insomnia , confusion and report to MD if present

SN to assess for patient adherence to appropriate activity levels

Teach fall prevention techniques

Monitor lungs, monitor o2 sat every visit as needed, report any worsening sob or s/s respiratory infection to MD

SN to instruct the Pt and cg on signs/symptoms of UTI to report to MD/SN. SN may obtain urinalysis and urine culture & sensitivity (C&S) test as needed for signs/symptoms of UTI, to include pain, foul odor, cloudy or blood-tinged urine and fever

Teach importance of complying with modified diet and thickened liquids to prevent aspiration

Speech Eval

SN to develop individualized emergency plan with patient

Goals and Outcomes

SN Goals

Pt will comply with med regimen as ordered by MD, remain free from complications related to medications this episode (Goal Term: long, Target Date: 7/19/25)

Pt/cg will demonstrate positive coping skills this episode (Goal Term: long, Target Date: 7/19/25)

The patient will be free from injury during the certification period (Goal Term: long, Target Date: 7/19/25)

Pt will not have pneumonia this episode (Goal Term: long, Target Date: 7/19/25)

No s/s UTI this episode (Goal Term: long, Target Date: 7/19/25)

Pt will be compliant with modified diet This episode (Goal Term: long, Target Date: 7/19/25)

No hospitalizations this episode (Goal Term: long, Target Date: 7/19/25)

OT eval (Goal Term: long, Target Date: 7/19/25)

PT Eval (Goal Term: long, Target Date: 7/19/25)

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 , requires ongoing skilled nursing .

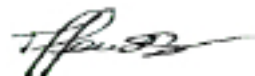
Nurse Signature and Date of Verbal SOC Where Applicable
Digitally Signed by: ANDREIA AMARAL , RN

Date
05/19/2025

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Signature:



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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 MENDES, MANUELA MD	Address 289 Pleasant St FALL RIVER, MA 02720		Phone Number (508) 679-1033
NPI 1912904988			Fax Number (508) 675-2008
Attending Physician's Signature and Date Signed --			Date --

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Signature: 

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