

Agency Information

Tufts Medicine Care at Home
847 Rogers St. Suite 201
Lowell, MA 01852
Phone: (978) 552-4184
Fax: (866) 869-3480 or (978) 552-4415

Provider Information
Tara Marion Jean, FNP
161 Jackson Street
LOWELL MA 01852

Mawuwa, Flavie
34 year old Female

MRN: **32335688**
Date of Birth: **10/31/1991**

Plan of Care (347162)

Sent

Home Health Plan of Care 11/21/25

Plan ID: 160388

Effective from: 11/21/2025 Effective to: 1/19/2026

Last Updated On: 12/5/2025

Participants as of Finalize on 12/5/2025

| Name | Type | Comments | Contact Info |
|---------------------------|----------------|----------|--|
| Muthulakshmi Arumugam, NP | M0018 Provider | | 161 Jackson Street LOWELL MA 01852 #978-937-9700 |

Patient Information

| | | | | |
|----------------------------------|--|--|-----------------|-----------------------------------|
| Name Mawuwa, Flavie | Current Address 309 PAWTUCKET BLVD UNIT 1 LOWELL, MA 01854 978-375-9654 | Date of Birth 10/31/1991 | Sex Female | HI Claim No. xxxxxxxxxx |
| Start of Care Date 11/21/2025 | Assessment Clinician Daniel Morin, PT (Electronically signed 11/21/2025, 8:56 PM) | Certification Period 11/21/2025 - 1/19/2026 | MRN 32335688 | Assessment Address MA 01854 |

Agency Information

| | | | |
|--|---|---|-----------------------|
| CMS Certification Number 110024339F | Name Tufts Medicine Care at Home Lowell | Address 847 Rogers St Suite 201 LOWELL, Massachusetts 01852 | Telephone Number — |
|--|---|---|-----------------------|

Medications

Prescriptions and Patient-Reported

| | |
|--|-----------------|
| Name - (N)ew/(C)hanged acetaminophen (Tylenol) 500 mg tablet - (C) Sig: Take 1,000 mg by mouth every 6 (six) hours if needed for pain score 1-3 (mild). Route: oral | Start Date — |
| diclofenac (Voltaren) 1 % topical gel - (C) Sig: Apply 4 g topically if needed in the morning, at noon, in the evening, and at bedtime for pain. Route: topical (top) | 11/15/2025 |
| folic acid (Folvite) 1 mg tablet - (C) Sig: Take 5 tablets (5 mg) by mouth once daily. Route: oral | 11/12/2024 |

Plan of Care (347162) (continued)

Sent

ibuprofen 800 mg tablet - (C)

Sig: Take 800 mg by mouth every 8 (eight) hours if needed for pain score 1-3 (mild). Route: oral

oxyCODONE (Roxicodone) 5 mg immediate release tablet - (C)

11/20/2025

Sig: Take 1 tablet (5 mg) by mouth every 4 (four) hours if needed for pain score 7-10 (severe) for up to 3 days. Route: oral

Diagnoses

Principal Diagnosis

| ICD | Description | Date | Flag |
|----------|---|------------|------|
| S93.401D | Sprain of unspecified ligament of right ankle, subsequent encounter | 11/20/2025 | — |

Other Pertinent Diagnoses

| ICD | Description | Date | Flag |
|----------|---|------------|--------------|
| D57.01 | Hb-SS disease with acute chest syndrome | 11/21/2025 | exacerbation |
| A41.9 | Sepsis, unspecified organism | 11/20/2025 | — |
| I10 | Essential (primary) hypertension | 11/20/2025 | — |
| W19.XXXD | Unspecified fall, subsequent encounter | 11/20/2025 | — |
| Z59.869 | Financial insecurity, unspecified | 11/20/2025 | — |
| Z79.891 | Long term (current) use of opiate analgesic | 11/20/2025 | — |

Procedures

No procedures on file.

Durable Medical Equipment

| Name | Start Date | End Date | Comments |
|----------------------|------------|----------|----------|
| Front wheeled walker | — | — | — |

Safety & Nutrition as of 11/21/2025 OASIS assessment

| Safety Measures | Nutritional Requirements |
|-------------------------------|--------------------------|
| Ambulate only with assistance | Regular diet |

Allergies

| Allergen | Reactions | Severity | Type | Noted | Comments |
|------------|----------------|----------|-------------|----------|----------------|
| Omeprazole | Hives, Itching | Medium | Intolerance | 6/7/2016 | Itchy Itchy |

Functional Assessment as of 11/21/2025 OASIS assessment

| Functional Limitations | Activities Permitted | Prognosis |
|------------------------|--|------------|
| Endurance, Ambulation | Up as Tolerated, Transfer Bed/Chair, Exercises Prescribed, Walker | Good (4/5) |

Mental Status as of 11/21/2025 assessment

BIMS Summary Score

15 (Cognitively intact)

Cognitive Functioning

Patient's current (day of assessment) level of alertness, orientation, comprehension, concentration, and immediate memory for simple commands.

0 - Alert/oriented, able to focus and shift attention, comprehends and recalls task directions independently.

When Confused (Reported or Observed Within the Last 14 Days)

When Confused (Reported or Observed Within the Last 14 Days):

0 - Never

Plan of Care (347162) (continued)

Sent

When Anxious (Reported or Observed Within the Last 14 Days)

When Anxious (Reported or Observed Within the Last 14 Days):

0 - None of the time

Total Severity Score

0 (Minimal depression)

Social Isolation

How often do you feel lonely or isolated from those around you?

0. Never

Cognitive, Behavioral, and Psychiatric Symptoms

Cognitive, behavioral, and psychiatric symptoms that are demonstrated at least once a week (Reported or Observed):

7 - None of the above behaviors demonstrated

Frequency of Disruptive Behavior Symptoms (Reported or Observed)

Any physical, verbal, or other disruptive/dangerous symptoms that are injurious to self or others or jeopardize personal safety.

0 - Never

Mental Status

Oriented

Visit Sets

Physical Therapy

| Visits | Dates |
|---|--------------------------|
| 1 visit every week for 1 week Comments: PT admission | 11/21/2025 to 11/22/2025 |
| 2 visits every week for 4 weeks | 11/23/2025 to 12/20/2025 |
| 1 visit every week for 2 weeks | 12/21/2025 to 1/3/2026 |

Care Plan

OT, PT

Problem: Alteration in Cardiopulmonary Status

OT, PT Starting: 11/21/2025

Alteration in cardiopulmonary status related to sickle cell anemia.

Goal: Patient demonstrates increased cardiopulmonary status through exercise

PT

Most recent outcome: Ongoing, Progressing

Patient will demonstrate increased exercise tolerance, walking distance, functional mobility and ability to navigate stairs and maintain SpO2 > 90% on room air with the least restrictive assistive device.

PT

Problem: Decreased ability to negotiate stairs as evidenced by level of assistance.

PT Starting: 11/21/2025

Decreased ability to negotiate stairs requiring CGA level of assistance.

Goal: Improved stair negotiation as evidenced by level of assistance.

PT

Improved stair negotiation as evidenced by Sup level of assistance.

Intervention: Stair Training

PT

Problem: Gait Deficit

PT Starting: 11/21/2025

Plan of Care (347162) (continued)

Sent

SN, PT, OT, SLP

● **Goal: Patient will update clinician with medication changes**

SN, PT, OT, SLP

■ **Intervention: Instruct patient to update clinicians with medication changes**

SN, PT, OT, SLP

● **Goal: Patient/Caregiver will demonstrate good understanding/execution and independence with medication regimen**

SN, PT, OT, SLP

■ **Intervention: Assess and Instruct Medication Management**

SN, PT, OT, SLP

■ **Intervention: Instruct management of adverse drug events**

SN, PT, OT, SLP

■ **Intervention: Instruct simplification of medication scheduling**

SN, PT, OT, SLP

■ **Intervention: Review meds for therapeutic duplications**

SN, PT, OT, SLP

SN, PT, OT, SLP, LPN, MSW

● **Problem: G- Patient Safety/Fall Risk**

SN, PT, OT, SLP, LPN, MSW Starting: 11/21/2025

● **Goal: Patient Demonstrates Knowledge of Emergency Plans**

SN,LPN,PT,OT,SLP,MSW Most recent outcome: Met

■ **Intervention: Instruct patient on emergency plans**

SN,LPN,PT,OT,SLP,MSW

● **Goal: Patient reduces fall injury risk and frequency**

SN, PT, OT, SLP

■ **Intervention: Falls/Fall Risk**

SN, PT, OT, SLP

SN, LPN, PT, OT, SLP, MSW

● **Problem: A- Need for Interdisciplinary Care**

SN, LPN, PT, OT, SLP, MSW Starting: 11/21/2025

● **Goal: Interdisciplinary Plan of Care, all goals and interventions apply to ordered and active disciplines only.**

SN,LPN,PT,OT,SLP,MSW

■ **Intervention: Interdisciplinary care and collaboration**

SN,LPN,PT,OT,SLP,MSW

PT only

● **Problem: C- Pain/Comfort Deficit Assessment**

SN, LPN, PT, OT, SLP, MSW Starting: 11/21/2025

Pain/comfort deficit related to right ankle (site) and sprain (cause).

● **Goal: Patient reports that pain has been reduced or controlled through verbal or nonverbal means and that measures to promote comfort are effective**

SN,LPN,PT,OT,SLP,MSW

■ **Intervention: Skilled Pain Assessment**

SN,LPN,PT,OT,SLP,MSW

● **Problem: E- Patient Care and Rehospitalization Risk Management**

SN, LPN, PT, OT, SLP, MSW Starting: 11/21/2025

● **Goal: Minimize risk for rehospitalization**

SN,LPN,PT,OT,SLP,MSW

■ **Intervention: Assess Rehospitalization Risk**

SN,LPN,PT,OT,SLP,MSW

■ **Intervention: Next Visit Planning**

SN,LPN,PT,OT,SLP,MSW

Problem: H- Discharge Needs

SN, LPN, PT, OT, SLP, MSW Starting: 11/21/2025

Goal: Discharge needs addressed

SN,LPN,PT,OT,SLP,MSW

Intervention: Discharge planning and referrals

SN,LPN,PT,OT,SLP,MSW

SN, PT, OT, LPN

Problem: B- Infection Risk

SN, PT, OT, LPN Starting: 11/21/2025

Goal: Patient will verbalize understanding of infection prevention measures.

SN,PT,OT,LPN Most recent outcome: Ongoing, Progressing

Intervention: Instruct patient/caregiver on proper hand hygiene

SN,PT,OT,LPN

Intervention: Instruct patient/caregiver on vaccine recommendations as indicated

SN,PT,OT,LPN

Intervention: Instruct patient/caregiver on how to recognize signs and symptoms of infection

SN,PT,OT,LPN

Intervention: Instruct strategies to prevent infection

SN,PT,OT,LPN

Problem: Weight Bearing Precautions

SN, PT, OT, LPN Starting: 11/21/2025

Weight Bearing Precautions

Goal: Patient will maintain weight bearing precautions

SN,PT,OT,LPN Most recent outcome: Ongoing, Progressing

Patient safely adheres to WBAT with boot(Weight Bearing as Tolerated) precautions of RLE (Right Lower Extremity) during all functional tasks, in the timeframe of, 2 weeks.

Intervention: INSTRUCT WEIGHT BEARING PRECAUTIONS

SN,PT,OT,LPN

Instruct Patient WB restriction of WBAT , to right leg with use of walker and boot.

Readmission Risks/Rehab Potential/Discharge Plans

ED/Hospital Readmission Risks

Physical Therapy (11/21/2025)

7 - Currently taking 5 or more medications

low risk

Rehabilitation Potential

Physical Therapy (11/21/2025)

Good.

good rehabilitation potential for stated goals

Discharge Plans

Physical Therapy (11/21/2025)

discharge from the agency when functional goals are met

Discharge summary available upon request.

Plan of Care (347162) (continued)

Sent

Advance Care Planning

| | | | |
|-------------|-----------------------|--------------------|------------------------|
| Code Status | Health Care Agent | Health Care Proxy | Advance Directives and |
| Full Code | MALU,PATRICIA B - | Received 11/8/2023 | Living Will |
| | Sister - 978-876-2184 | | Not Received |

Power of Attorney
Not Received

Additional Information

Verbal SOC was obtained.

Physician or Allowed Practitioner Certification

I certify 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 will periodically review the plan.

Participants as of 1/6/2026

| Name | Type | Comments | Contact Info |
|-----------------------|----------------|----------|--|
| Tara Marion Jean, FNP | M0018 Provider | | 161 Jackson Street LOWELL MA 01852 #978-937-9700 |

Signature pending

Plan of Care Order Detail: 11/21/2025 - PT OASIS Start of Care

Provider Details

| Authorizing Provider | Last Event | Address |
|-----------------------|------------|---------------------------------------|
| Tara Marion Jean, FNP | Sent | 161 Jackson Street LOWELL MA 01852 |

Order Entered and Electronically Signed By

Vickie Seal, RN at 12/5/2025 2:31 PM

Order Date

12/5/2025 2:31 PM

Provider Comments

Provider Signature for Tara Marion Jean, FNP

Signature: _____ Date: _____

Order ID for Mawuwa, Flavie

347162

Additional Episode Information for Order ID 347162

Admission CSN

Last updated: 01/06/26 1143