

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	Current Address	Date of Birth	Sex	HICN
Mawuwa, Flavie	309 PAWTUCKET BLVD UNIT 1 LOWELL, MA 01854 978-375-9654	10/31/1991	Female	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	Name	Address	Telephone Number
110024339F	Tufts Medicine Care at Home Lowell	847 Rogers St Suite 201 LOWELL, Massachusetts 01852	—

Medications

Prescriptions and Patient-Reported

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

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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.

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

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

0 - Never

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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

Gait Deficit

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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

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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 Living Will
Full Code	MALU, PATRICIA B - Sister - 978-876-2184	Received 11/8/2023	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

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Provider Signature for Tara Marion Jean, FNP

Signature: _____ Date: _____

Order ID for Mawuwa, Flavie

347162



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Additional Episode Information for Order ID 347162

Admission CSN

Last updated: 01/06/26 1143



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