

### 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
Muthulakshimi Arumugam, NP	M0018 Provider		161 Jackson Street LOWELL MA 01852 #978-937-9700

### Patient Information

Name	Current Address	Date of Birth	Sex	HI Claim No.
Mawuwa, Flavie	309 PAWTUCKET BLVD UNIT 1 LOWELL, MA 01854 978-375-9654	10/31/1991	Female	xxxxxxxxx
Start of Care Date	Assessment Clinician	Certification Period	MRN	Assessment Address
11/21/2025	Daniel Morin, PT (Electronically signed 11/21/2025, 8:56 PM)	11/21/2025 - 1/19/2026	32335688	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
<b>acetaminophen (Tylenol) 500 mg tablet - (C)</b>	—
Sig: Take 1,000 mg by mouth every 6 (six) hours if needed for pain score 1-3 (mild). Route: oral	
<b>diclofenac (Voltaren) 1 % topical gel - (C)</b>	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)	
<b>folic acid (Folvite) 1 mg tablet - (C)</b>	11/12/2024
Electronically Signed by Dr. John Smith on 01-07-2026 Sig: Take 3 tablets (3 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

Ambulate only with assistance

Nutritional Requirements

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

Endurance, Ambulation

Activities Permitted

Up as Tolerated, Transfer Bed/Chair,  
Exercises Prescribed, Walker

Prognosis

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

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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	11/21/2025 to 11/22/2025
Comments: PT admission	
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

#### Problem: Gait Deficit

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Plan of Care (347162) (continued)

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- Decreased ambulation requiring independent with device level of assist.
- Decreased quality of gait with gait deviations and/or impaired postural alignment.

⊙ **Goal: Patient improves ambulation and quality of gait**

PT Most recent outcome: Ongoing, Progressing

- Improved household ambulation as evidenced by ambulation with independent with device level of assist within 60 days.

- Improved quality of gait as evidenced by WBAT without walking boot within 60 days.

■ **Intervention: Gait Deficit**

PT

Gait training.

✖ **Problem: Home Exercise Program**

PT Starting: 11/21/2025

Requires instruction of home program for therapeutic exercise and functional mobility.

⊙ **Goal: Patient performs home exercise program**

PT

- Demonstrates good follow-through with progressive exercise and ambulation program within 60 days.
- Patient will be able to demonstrate home program within 60 days.
- Patient will be able to perform home program with independent without device level of assist in 60 days.

■ **Intervention: Home Exercise Program**

PT

- Establish home exercise program.
- Instruct Patient in home exercise program.

✖ **Problem: Knowledge Deficits**

PT Starting: 11/21/2025

- Patient demonstrates lack of understanding of weight-bearing precautions.
- Knowledge deficits regarding home exercise program, functional mobility program and fall risk.

⊙ **Goal: Patient demonstrates understanding of physical therapy precautions**

PT

- Patient demonstrates understanding of weight-bearing precautions within 60 days.
- Patient demonstrates understanding of home exercise program, functional mobility program and fall risk as evidenced by implementation of fall prevention strategies and home exercise program within 60 days.

■ **Intervention: Knowledge Deficit**

PT

- Instruct Patient in weight-bearing precautions.
- Instruct Patient in home exercise program, functional mobility program and fall risk.

**PT, OT, SLP**

✖ **Problem: Transfer Deficit**

PT, OT, SLP Starting: 11/21/2025

- Decreased transfer ability requiring stand-by level of assist related to right ankle sprain.
- Requires caregiver instruction.

⊙ **Goal: Patient improves transfer ability**

PT, OT, SLP

Most recent outcome: Met

Improved transfer ability as evidenced by independent with device level of assist in 60 days.

**Problem Interventions**

■ **Intervention: Transfer training**

PT

transfer training

**SN, PT, OT, SLP**

✖ **Problem: D- Alteration in Medication Management**

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

⊙ **Goal: Patient will maintain updated medication list**

SN, PT, OT, SLP

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■ **Intervention: Instruct maintenance of printed medication list**

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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**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)

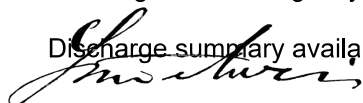
Good.  
good rehabilitation potential for stated goals

**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  
Full Code

Health Care Agent  
MALU,PATRICIA B -  
Sister - 978-876-2184

Health Care Proxy  
Received 11/8/2023

Advance Directives and  
Living Will  
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**



Electronically Signed by Dr. John Smith on 01-07-2026

**Provider Signature for Tara Marion Jean, FNP**

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Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Order ID for Mawuwa,Flavie**

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347162

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Electronically Signed by Dr. John Smith on 01-07-2026



**Additional Episode Information for Order ID 347162**

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Admission CSN

Last updated: 01/06/26 1143

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A handwritten signature in black ink, appearing to read "John Smith".

Electronically Signed by Dr. John Smith on 01-07-2026