

Green, Roger Lee
61 year old Male
MRN: <E147262>

3/22/2025 SN OASIS Start of Care
Provider: Katie P Culp, RN
Department: SRHS HOME HLTH AGENCY

Plan of Care Orders Update Summary

New orders have been added to the initial Home Health Plan of Care in the last 5 days:

- Plan of Care: 1

Recent Orders

Supplemental orders to the initial Plan of Care signed from 4/17/2025 to 4/22/2025

Additional Orders - Plan of Care

E Order Entered and Electronically Signed by Sheena Gwinn, RN

Entered	Order Date	Order ID	Authorizing Provider
4/21/2025 11:25 AM	4/21/2025 11:25 AM	1188871	James Glenn Botts, MD

Home Health Supplemental Plan of Care 3/22/25

Plan ID: 105650

Effective from: 3/22/2025 Effective to: 5/20/2025

Last Updated On: 4/21/2025

Participants as of Finalize on 4/21/2025

Name	Type	Comments	Contact Info
James Glenn Botts, MD	M0018 Provider		101 East Wood Street Spartanburg SC 29303 #864-560-6654
Catherine Casey, PT	Physical Therapy		No address on file

Patient Information

(M0040) Name Green, Roger Lee	Current Address 131 WISEMAN RD UNION, SC 29379-9292 864-251-3243	(M0066) Date of Birth 2/11/1964	(M0069) Sex Male	(M0065) HI Claim No. 1000195300
(M0030) Start of Care Date 3/22/2025	Assessment Date 4/10/2025	Certification Period 3/22/2025 - 5/20/2025	MRN 00069679	(M0050- M0060) Assessment Address SC 293799292

Agency Information

(M0010) CMS Certification Number 42-7024	Name HHLTH Regional Home Health	Address 120 Heywood Ave Spartanburg, South Carolina 29302-1210	Telephone Number Ph: 864-560-3900 Fax: 864-560-3910
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Medications

Prescriptions and Patient-Reported

Name - (N)ew/(C)hanged

† amLODIPine (use for NORVASC) 10 mg tablet - (C)

Sig: Take 1 tablet (10 mg total) by mouth in the morning. Indications: high blood pressure Authorizing Provider: Sarah Jane Cantrell, NP

† atorvastatin (use for LIPITOR) 40 mg tablet - (C)

Sig: Take 1 tablet (40 mg total) by mouth nightly Indications: high cholesterol Authorizing Provider: James Glenn Botts, MD

blood glucose test strips (glucose blood) - (C)

Sig: Use test strips to test blood sugar 4 times per day Indications: (DM) Authorizing Provider: Alissa M

Recent Orders (continued)

McCormack, PA

blood-glucose meter - (C)

Sig: Use blood glucose meter to test blood sugar 4 times per day Indications: (DM) Authorizing Provider: Alissa M McCormack, PA

† carvediloL (use for COREG) 3.125 mg tablet - (C)

Sig: Take 1 tablet (3.125 mg total) by mouth in the morning and 1 tablet (3.125 mg total) in the evening. Take with meals. Indications: high blood pressure Authorizing Provider: Alison Renner, DO

† dapagliflozin propanediol (FARXIGA) 5 mg tablet tablet - (C)

Sig: Take 1 tablet (5 mg total) by mouth in the morning. Indications: type 2 diabetes mellitus Authorizing Provider: Sarah Jane Cantrell, NP

FeroSuL 325 mg (65 mg iron) tablet - (C)

Sig: TAKE 1 TABLET BY MOUTH IN THE MORNING AND 1 AT NOON AND 1 IN THE EVENING WITH MEALS Indications: anemia from inadequate iron Authorizing Provider: Historical Provider, MD

† FLUoxetine (use for PROzac) 10 mg capsule - (C)

Sig: Take 1 capsule (10 mg total) by mouth in the morning. Indications: major depressive disorder Authorizing Provider: Sarah Jane Cantrell, NP

† hydrALAZINE (use for APRESOLINE) 100 mg tablet - (C)

Sig: Take 1 tablet (100 mg total) by mouth every 8 (eight) hours Indications: high blood pressure Authorizing Provider: James Glenn Botts, MD

lancets - (C)

Sig: Use lancets to test blood sugar 4 times per day Indications: (DM) Authorizing Provider: Alissa M McCormack, PA

† losartan (use for COZAAR) 50 mg tablet - (C)

Sig: Take 1 tablet (50 mg total) by mouth in the morning and 1 tablet (50 mg total) in the evening. Indications: high blood pressure Authorizing Provider: Sarah Jane Cantrell, NP

† pantoprazole (use for PROTONIX) 40 mg EC tablet - (C) (Removed: 3/27/2025)

Sig: Take 1 tablet (40 mg total) by mouth in the morning and 1 tablet (40 mg total) in the evening. Take before meals. Authorizing Provider: Sarah Jane Cantrell, NP

sucrafate (use for CARAFATE) 1 gram tablet - (C) (Removed: 3/27/2025)

Sig: Take 1 tablet (1 g total) by mouth in the morning and 1 tablet (1 g total) at noon and 1 tablet (1 g total) in the evening and 1 tablet (1 g total) before bedtime. Authorizing Provider: Warren C Doyle, MD

Diagnoses**(M1021) Principal Diagnosis**

No primary diagnosis documented.

(M1023) Other Pertinent Diagnoses

No secondary diagnoses exist for this patient.

Procedures

No procedures on file.

Durable Medical Equipment

No DMEs on File

Safety & Nutrition as of 4/10/2025 assessment

Safety Measures

—

Nutritional Requirements

—

Allergies

Allergen	Reactions	Severity	Type	Noted	Comments
Lisinopril	Swelling	—	—	3/29/2024	Oral swelling
Tramadol	—	—	—	9/30/2022	Caused shakes according to patient

Functional Assessment as of 4/10/2025 assessment

Functional Limitations

—

Activities Permitted

—

Prognosis

—

Mental Status as of 4/10/2025 assessment

Mental status not documented.

Visit Sets

Physical Therapy

Visits Dates

1 visit every week for 1 week 3/26/2025 to 3/29/2025

Comments: PT eval per referral from Dr. James Botts 3/20/25

1 visit every week for 1 week 4/10/2025 to 4/12/2025

Comments: Catherine Casey, PT received VO from Dr. Botts: ok to see patient 1wk1, 2wk2, 1wk1 effective 4/10/25 to include PT eval

2 visits every week for 2 weeks 4/13/2025 to 4/26/2025

1 visit every week for 1 week 4/27/2025 to 5/3/2025

Care Plan

Problem: 01-ACUTE HOSPITALIZATION RISK

PT

Encourage Patient / Caregiver to verbalize feelings, provide emotional support, and explore useful positive self-talk.

Goal: Acute Hospitalization Prevention

PT

Risk of patient hospitalization readmission will be reduced by 5/3/25

Intervention: : Acute Hospitalization Prevention

PT

Starting: 4/10/2025

Frequency: PRN

Refer to individualized interventions addressing risk factors for hospitalization within this care plan.

Problem: 02-BALANCE DEFICIT

PT

Impaired dynamic standing balance with potential safety problems related to transfers and ambulation

Goal: Balance Improvements

PT

Improved balance for functional transfers and ambulation by 5/3/26

Patient and caregiver will report reduced fall/balance frequency by 5/3/25

Intervention: : Balance Exercise Instructions

PT

Starting: 4/10/2025

Frequency: PRN

Instruct patient / caregiver in exercises to improve balance.

Goal: Balance Standardized Test Improvement

PT

Improve standard balance testing:

SPPB 7/10 to 9/12

Intervention: : Balance Deficit Evaluation

PT

Starting: 4/10/2025

Frequency: PRN

Evaluate patient for balance deficits using SPPB

Problem: 03-DECREASED MUSCLE STRENGTH

PT

Patient demonstrates decreased muscle strength.

Goal: Improve Muscle Strength

PT

Improve generalized LE muscle strength from fair to good for functional mobility

Intervention: : Strengthening Exercises

PT Starting: 4/10/2025 Frequency: PRN
Perform strengthening and / or muscle re-education techniques.

Problem: 04-FALL RISK DEFECIT & HOME SAFETY

PT
Home environment and/or patient status indicates that patient is at an increased risk for falls or other safety issues as evidenced by history of falls, recent falls with or without injury, lack of safety awareness, and or cognitive deficits.

Goal: Fall Risk Reduction & Home Safety Improvement

PT Most recent outcome: Progressing
Patient / Caregiver will have a reduced risk of falls and will implement strategies to improve home safety to minimize falls by 5/3/25

Intervention: : Fall Risk & Home Safety Instructions

PT Starting: 4/10/2025 Frequency: PRN
Assess home environment and instruct on modifications necessary to decrease falls as indicated and on safety measures to prevent falls (i.e. remove throw rugs, proper fitting shoes, use assistive device as ordered, maintain clear pathways, maintain adequate lighting).

Problem: 05-GAIT DEFICIT

PT
Gait evaluation and training in appropriate use of assistive devices.

Goal: Gait Improvement

PT Most recent outcome: Progressing
Patient will improve functional mobility indicated by gait distance increase from 50' to 300 feet using LRAD independently across all level surfaces

Intervention: : Gait Training

PT Starting: 4/10/2025 Frequency: PRN
Instruct patient / caregiver in gait training using LRAD

Goal: Stair Negotiations/Uneven Surfaces

PT Most recent outcome: Progressing
Patient will ascend/descend stairs with/without hand rails or uneven independently.

Intervention: : Stair Negotiations/Uneven Surfaces

PT Starting: 4/10/2025 Frequency: PRN
Instruct patient / caregiver in stair negotiations and/or uneven surfaces.

Problem: 06-HOME EXERCISE PROGRAM DEVELOPMENT

PT
Develop or modify home exercise program.

Goal: Home Exercise Program Implementation

PT Most recent outcome: Progressing
Patient / Caregiver will verbalize understanding of home exercise program and progression throughout care and by 5/3/25

Intervention: : Home Exercise Program Development

PT Starting: 4/10/2025 Frequency: PRN
Instruct patient / caregiver on home exercise program.

Problem: 07-PAIN MANAGEMENT

PT
Patient with a pain assessment of 7 or higher or interferes with movement or activity.

Goal: Reduction in Pain

PT Most recent outcome: Progressing
Patient / Caregiver verbalize understanding of pain control recommendations and pain will be controlled to patient's satisfaction by 5/3/25

Intervention: : Standardized Pain Assessment Tool and Pain Management

PT Starting: 4/10/2025 Frequency: PRN
Assess pain and instruct patient / caregiver on patient's pain identification, comfort level, and management techniques for symptom control.

Problem: 08-SKILLED ASSESSMENT & INTERVENTION

PT

Skilled interventions.

Goal: Skilled Assessment & Intervention

PT

Patient / Caregiver will have skilled assessment / interventions by 5/3/25

Intervention: : Pulse Ox Reading

PT

Starting: 4/10/2025

Frequency: PRN

Monitor pulse ox PRN for s/s of shortness of breath or hypoxia

Notify physician if pulse ox is less than 90% at rest or less than 80% with activity.

Intervention: : Vital Signs / Patient Equipment Provision

PT

Starting: 4/10/2025

Frequency: PRN

Monitor vitals signs.

Provide patient with their own vital sign equipment kit.

HR: At rest: >120 BPM & <60 BPM

With activity: >85% HR Maximum

BP: At rest: >180/110 mmHG & <90/60 mmHG

With activity: >250/115 mmHG or reduction >10 mmHG in systolic

Accompanied by other symptoms of ischemia

O2: At rest: <92% (pailor, wheezing, dyspnea)

With activity: <92% (pailor, wheezing, dyspnea)

Blood Glucose: <70 mg/dL or >250 mg/dL

Problem: 09-TRANSFER/BED MOBILITY SAFETY DEFICIT

PT

Patient / Caregiver demonstrates impaired ability to perform transfers and/or bed mobility safely.

Goal: Transfer & Bed Mobility Safety Improvement

PT

Most recent outcome: Progressing

Patient will progress from supervision to independent in all transfers / bed mobility utilizing equipment as needed by 5/3/25

Intervention: : Transfer & Bed Mobility Training

PT

Starting: 4/10/2025

Frequency: PRN

Assess/instruct patient / caregiver in safe transfers and bed mobility using appropriate body mechanics and necessary equipment to perform transfers/activities safely.

Problem: 10-VACCINATION DEFICIT

PT

Patient does not have appropriate/current vaccinations.

Goal: Vaccination Education

PT

Patient / Caregiver will demonstrate knowledge of obtaining flu and pneumonia vaccine by 5/3/25

Intervention: : Flu/Pneumonia Vaccine Education

PT

Starting: 4/10/2025

Frequency: PRN

Assess patient's vaccination status and instruct patient / caregiver on importance of obtaining flu and pneumonia vaccines.

Problem: 11-CARE PLAN MANAGEMENT

PT

Management and evaluation of non-skilled services.

Goal: Successful Care Plan Management

PT

Care Plan will be reviewed and modified as appropriate by 5/3/25

Intervention: : Management of Care Plan

PT

Starting: 4/10/2025

Frequency: PRN

Manage and evaluate of interventions and treatments, as outlined in the Plan of Care, which have been delegated to ancillary services to ensure that outcomes are being met.

Advance Care Planning

Recent Orders (continued)

Capacity to Make Own Care Decisions: Full capacity
Code Status: Full Code

Nurse's Signature and Date of Verbal SOC Where Applicable as of 4/10/2025 assessment

Clinician's signature and date of verbal order where applicable: Electronically signed by CATHERINE CASEY,PT,04/10/2025

Participants as of 4/22/2025

Name	Type	Comments	Contact Info
James Glenn Botts, MD	M0018 Provider		101 East Wood Street Spartanburg SC 29303 #864-560-6654
Electronically signed by James Glenn Botts, MD at 4/21/2025 5:47 PM EDT			
Catherine Casey, PT	Physical Therapy		No address on file