

Order Number:

12652551

HOME HEALTH CERTIFICATION AND PLAN OF CARE

| | | | | |
|---|------------------------------|---|---|-------------------------------|
| Patient's Medicare No. 1NM1TV1HJ25 | SOC Date 6/25/2025 | Certification Period 6/25/2025 to 8/23/2025 | Medical Record No. 28700219575501 | Provider No. 227539 |
| Patient's Name and Address: PETER M SILVA (508) 951-8383 1309 SASSAQUIN AVENUE NEW BEDFORD, MA 02745- | | Provider's Name, Address and Telephone Number: BAYADA HOME HEALTH CARE INC 227539 F: (774) 634-3121 368 FAUNCE CORNER ROAD DARTMOUTH, MA 02747- P: (508) 994-1003 | | |
| Physician's Name & Address: Dr. SHAN QIN 537 FAUNCE CORNER RD DOCTOR ALLIANCE--DO NOT NORTH DARTMOUTH, MA 02747- | | Patient's Date of Birth: 7/21/1951 Patient's Gender: MALE Order Date: 6/25/2025 7:19 PM Verbal Order: Y Verbal Date: 6/25/2025 Verbal Time: 3:32 PM | | |
| Nurse's Signature and Date of Verbal SOC Where Applicable: (deemed as electronic signature) FAITH JANULEWICZ, RN / JENNIFER PHILLIPS OT10522, CLINICAL 6/25/2025 | | | | Date HHA Received Signed POC |

Patient's Expressed Goals:

"TO BE DOING ALL I CAN DO TO IMPROVE MY HEALTH"

ICD-10**Diagnoses:**

| Order | Code | Description | Onset or Exacerbation | O/E Date |
|-------|---------|--|-----------------------|------------|
| 1 | M46.26 | OSTEOMYELITIS OF VERTEBRA, LUMBAR REGION | EXACERBATION | 06/27/2025 |
| 2 | M46.46 | DISCITIS, UNSPECIFIED, LUMBAR REGION | EXACERBATION | 06/27/2025 |
| 3 | M46.56 | OTHER INFECTIVE SPONDYLOPATHIES, LUMBAR REGION | EXACERBATION | 06/27/2025 |
| 4 | B95.62 | METHICILLIN RESIS STAPH INFCT CAUSING DISEASES CLASSD ELSWHR | ONSET | 01/01/2025 |
| 5 | E11.42 | TYPE 2 DIABETES MELLITUS WITH DIABETIC POLYNEUROPATHY | ONSET | 01/01/2025 |
| 6 | G06.1 | INTRASPINAL ABSCESS AND GRANULOMA | ONSET | 01/01/2025 |
| 7 | I12.9 | HYPERTENSIVE CHRONIC KIDNEY DISEASE W STG 1-4/UNSP CHR KDNY | ONSET | 01/01/2025 |
| 8 | E11.22 | TYPE 2 DIABETES MELLITUS W DIABETIC CHRONIC KIDNEY DISEASE | ONSET | 01/01/2025 |
| 9 | N18.31 | CHRONIC KIDNEY DISEASE, STAGE 3A | ONSET | 01/01/2025 |
| 10 | G89.29 | OTHER CHRONIC PAIN | ONSET | 01/01/2025 |
| 11 | E78.5 | HYPERLIPIDEMIA, UNSPECIFIED | ONSET | 01/01/2025 |
| 12 | M10.9 | GOUT, UNSPECIFIED | ONSET | 01/01/2025 |
| 13 | Z45.2 | ENCOUNTER FOR ADJUSTMENT AND MANAGEMENT OF VAD | ONSET | 01/01/2025 |
| 14 | Z79.2 | LONG TERM (CURRENT) USE OF ANTIBIOTICS | ONSET | 01/01/2025 |
| 15 | Z79.84 | LONG TERM (CURRENT) USE OF ORAL HYPOGLYCEMIC DRUGS | ONSET | 01/01/2025 |
| 16 | Z87.891 | PERSONAL HISTORY OF NICOTINE DEPENDENCE | ONSET | 01/01/2025 |
| 17 | Z91.81 | HISTORY OF FALLING | ONSET | 01/01/2025 |

Frequency/Duration of Visits:

SN 2WK1,1WK6

Orders of Discipline and Treatments:

SKILLED NURSE WILL ASSESS AND INSTRUCT ON ANY CHANGES IN CO-EXISTING AND/OR RECURRING CONDITIONS SUCH AS DMII, HTN, CKD3, DYSLIPIDEMIA AND DEVELOP A PLAN IN CONSULTATION WITH THE PROVIDER THAT INCLUDES INFECTION PREVENTION/CONTROL, DEPRESSION, ENVIRONMENTAL SAFETY AND FALL PREVENTION, HEALTH PROMOTION, NUTRITIONAL NEEDS, AND CONTINUOUS REVIEW OF MEDICATION REGIMEN TO FACILITATE TIMELY DISCHARGE. MAY RESUME CARE IF PATIENT IS TRANSFERRED TO AN INPATIENT FACILITY AND SUBSEQUENTLY DISCHARGED DURING THE EPISODE OF CARE. MAY D/C FROM AGENCY/SKILLED DISCIPLINE FOR GOALS MET, NO FURTHER SKILLS, NO LONGER HOMEBOUND, PER CT/PCG/MD REQUEST, UNSAFE HOME ENVIRONMENT, MOVED OUT OF SERVICE AREA OR DISCHARGED TO HOSPICE SERVICE.

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. THE PATIENT IS UNDER MY CARE AND I HAVE AUTHORIZED SERVICES ON THIS PLAN OF CARE AND WILL PERIODICALLY REVIEW THE PLAN. THE PATIENT HAD A FACE-TO-FACE ENCOUNTER RELATED TO THE PRIMARY REASON FOR HOME HEALTH CARE WITH AN ALLOWED PROVIDER TYPE ON 6/25/25.

SKILLED NURSE WILL ASSESS AND INSTRUCT ON PAIN MANAGEMENT, REPORT CHANGES TO PHYSICIAN AS NEEDED AND PROVIDE INSTRUCTION REGARDING PAIN CONTROL, INCLUDING PHARMACOLOGICAL AND NON-PHARMACOLOGICAL METHODS SUCH AS REST AND RELAXATION

SKILLED NURSE WILL ASSESS AND INSTRUCT CLIENT/CAREGIVER IN GENERAL MODIFIABLE RISKS AND SAFETY ROUTINES FOR FALLS PREVENTION.

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.

Attending Physician's Signature and Date Signed

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.

Clinician: Agency, Clinician

Page 1 of 5

Signature:

Date: 7/8/2025

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| Patient's Name PETER M SILVA | | Provider's Name BAYADA HOME HEALTH CARE INC 227539 | | |

Orders of Discipline and Treatments:

SKILLED NURSE WILL ASSESS AND INSTRUCT CLIENT/CAREGIVER ON DIABETES MANAGEMENT INCLUDING PREVENTION, DETECTION AND TREATMENT OF ACUTE AND CHRONIC COMPLICATIONS OF HYPOGLYCEMIA/HYPERGLYCEMIA, A1C, FOOT CARE AND BENEFITS OF ACTIVITY. SKILLED NURSE TO PERFORM/INSTRUCT THE CLIENT/CAREGIVER TO FOR SIGNS AND SYMPTOMS OF HYPOGLYCEMIA/HYPERGLYCEMIA. PATIENT DOES NOT CHECK BS IN THE HOME

SKILLED NURSE WILL ASSESS AND INSTRUCT CLIENT/CAREGIVER ON MANAGEMENT OF SKIN INTEGRITY AND PREVENTION OF PRESSURE ULCER WITH/WITHOUT MOIST SKIN BARRIER, POSITIONING, INSPECTION, AND OFFLOADING TECHNIQUES.

SKILLED NURSE WILL COLLECT/PERFORM BLOOD SAMPLE VIA R BASILLIC VEIN PICC LINE (OR VENIPUNCTURE IF NO BLOOD RETURN) AT A FREQUENCY OF WEEKLY FOR THE DURATION OF ABX THERAPY FOR CBC, BMP, LFTS, VANCO TROUGH (LABS MUST BE OBTAINED APPROX 30 MINUTES PRIOR TO MORNING DOSE - PATIENT TO DOSE VANCO AT 9AM), NURSE WILL USE RECOMMENDED HANDLING AND STORAGE AND REPORT AND EDUCATE ON PURPOSE OF PROCEDURE. RESULTS ARE REPORTED TO THE PROVIDERS:DR. LINSEY PHILLIP NPI: 1053304469 FAX: 508-675-494. AND AMERITA INFUSION CO OF RI FAX 401-434-2026

SKILLED NURSE WILL ASSESS AND INSTRUCT CLIENT/CAREGIVER ON MANAGEMENT OF IV SITE AND INDICATIONS FOR IV MEDICATION AND/OR THERAPY. OBTAIN IV ACCESS VIA RUE DOUBLE LUMEN PICC LINE AND ASEPTIC TECHNIQUE. INFUSE CEFTRIAXONE 20 ML VIA IV PUSH OVER 5-10 MINUTES DAILY AND VANCOMYCIN 1.25 GM OVER 90 MINUTES VIA PUMP AND INSTRUCT CLIENT/CAREGIVER. PERFORM IV SITE CARE SCRUBBING PORTS USING ALCOHOL SWABS VIGOROUSLY FOR 30 SECONDS USING ASEPTIC TECHNIQUE AND FLUSH IV ACCESS WITH NS AND HEPARIN USING SASH METHOD AS ORDERED. SN TO PERFORM DRESSING CHANGE, CLAVE CHANGE, EXTENSION SET CHANGE (IF PATIENT DESIRES) WEEKLY USING SUPPLIES PROVIDED BY AMERITA AND MAY CHANGE PRN SOILAGE/DISLODGEEMENT.

SKILLED NURSE WILL PERFORM AND INSTRUCT PATIENT AND CAREGIVER ON ADMINISTRATION OF IV ABX VIA R BASILLIC VEIN DOUBLE LUMEN PICC LINE EVERY DAY. EDUCATE CLIENT/CAREGIVER ON PURPOSE OF THE MEDICATION, SIDE EFFECT AND COMPLICATION OF INJECTION SITE. SN TO OBTAIN ORDER FROM MD FOR PICC LINE REMOVAL WHEN ANTIBIOTIC COURSE HAS COMPLETED

SKILLED NURSE WILL ASSESS AND INSTRUCT CLIENT/CAREGIVER ON MEDICATION MANAGEMENT INCLUDING RECONCILIATION, PURPOSE AND SIDE EFFECTS, MEDICATION SCHEDULE/INSTRUCTIONS AND STORAGE/HANDLING.

THE LICENSED PROFESSIONAL WHOSE SIGNATURE APPEARS IN BLOCK 23 ATTESTS THAT THE PHYSICIAN'S VERBAL ORDERS FOR SOC WERE RECEIVED ON 6/25/2025.

LICENSED PROFESSIONAL TO REPORT VITAL SIGNS FALLING OUTSIDE THE FOLLOWING ESTABLISHED PARAMETERS. PULSE<60>100 SYSTOLICBP>140 DIASTOLICBP>89 PAIN>7 O2SAT<92

Goals/Rehabilitation Potential/Discharge Plans:

SKILLED NURSE GOAL
CLIENT/CAREGIVER WILL VERBALIZE/DEMONSTRATE UNDERSTANDING OF CHANGES IN CO-EXISTING AND/OR RECURRING CONDITIONS THAT MAY IMPACT PLAN OF CARE, INFECTION PREVENTION/CONTROL, DEPRESSION, ENVIRONMENTAL SAFETY AND FALL PREVENTION, HEALTH PROMOTION, NUTRITIONAL NEEDS, AND CONTINUOUS REVIEW OF MEDICATION AS EVIDENCED BY 100%
TEACHBACK/DEMONSTRATION OF STRATEGIES IN ORDER TO REDUCE POTENTIALLY AVOIDABLE HOSPITALIZATION WITHIN 6 WEEKS.

SKILLED NURSE GOAL
FACE-TO-FACE TO BE COMPLETED TIMELY

SKILLED NURSE GOAL
CLIENT/CAREGIVER WILL VERBALIZE/DEMONSTRATE ABILITY TO SELF ASSESS AND MANAGE PAIN ADEQUATELY AS MEASURED BY NUMERICAL PAIN SCALE WITH THE USE OF APPROPRIATE THERMAL MODALITIES AS ORDERED, OTHER NON-PHARMOCOLOGICAL TECHNIQUES TO MANAGE PAIN ADEQUATELY AS EVIDENCED BY ABILITY TO REGAIN PREVIOUS FUNCTIONAL ABILITY WITHIN 6 WKS.
SKILLED NURSING GOAL

CLIENT/CAREGIVER WILL VERBALIZE/DEMONSTRATE UNDERSTANDING OF ENVIRONMENTAL HAZARDS, COMMUNICATION DEVICES, STRATEGIES TO REDUCE INCONTINENCE/NOCTURIA INSTANCES, EDUCATION FOR HIGH-RISK MEDS, DISCUSS POLYPHARMACY WITH PHYSICIAN AND RISK FACTORS RELATED TO COGNITIVE AND BEHAVIORAL DEFICITS RESULTING IN FALLS AS EVIDENCED BY 100%
TEACHBACK/DEMONSTRATION IN ORDER TO REDUCE FALLS WITH INJURY WITHIN 4WEEKS.

SKILLED NURSE GOAL
CLIENT/CAREGIVER WILL VERBALIZE/DEMONSTRATE STRATEGIES AND ABILITY TO MANAGE DIABETES, RECOGNIZE EARLY SIGNS AND SYMPTOMS OF HYPOGLYCEMIA/HYPERGLYCEMIA AND DEMONSTRATE PROPER FOOT CARE INCLUDING PREVENTION AND FOLLOW-UP CARE AS EVIDENCED BY 100% TEACHBACK/DEMONSTRATION OF WEARING PROPER FOOTWARE IN ORDER TO MAINTAIN SKIN INTEGRITY TO FEET WITHIN 8 WEEKS.

SKILLED NURSE GOAL
CLIENT/CAREGIVER WILL VERBALIZE/DEMONSTRATE ABILITY TO MANAGE SKIN INTEGRITY AND PREVENTION OF PRESSURE ULCERS AS EVIDENCED BY 100% TEACHBACK/DEMONSTRATION OF STRATEGIES SUCH AS FREQUENT REPOSITIONING AND OFFLOADING TO PREVENT PRESSURE ULCER IN ORDER TO MAINTAIN SKIN INTEGRITY WITHIN 8 WEEKS.

SKILLED NURSE GOAL
CLIENT WILL VERBALIZE/DEMONSTRATE TOLERANCE AND UNDERSTANDING OF COLLECTION OF LABORATORY TEST AS EVIDENCED BY 95% VERBALIZATION/DEMONSTRATION OF TOLERANCE WITHIN 8 WEEKS.

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| Signature of Physician | Date |
| Optional Name/Signature Of FAITH JANULEWICZ, RN / JENNIFER PHILLIPS OT10522, CLINICAL ASSOC | Date 6/25/2025 |

Clinician: Agency, Clinician

Signature:

Date: 7/8/2025

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| Patient's Name PETER M SILVA | | Provider's Name BAYADA HOME HEALTH CARE INC 227539 | | |

Goals/Rehabilitation Potential/Discharge Plans:
 SKILLED NURSE GOAL
 CLIENT/CAREGIVER WILL VERBALIZE/DEMONSTRATE MANAGEMENT OF IV SITE AND TOLERANCE TO IV MEDICATION AS EVIDENCED BY 100% TEACHBACK/DEMONSTRATION OF PREPARATION, ADMINISTRATION, CARE OF SITE, EQUIPMENT OF IV MEDICATION/PARENTERAL NUTRITION AND SIGNS AND SYMPTOMS OF COMPLICATIONS IN ORDER TO COMPLETE TREATMENT AND REMAIN FREE OF INFECTION WITHIN 8 WEEKS.
 SKILLED NURSE GOAL
 CLIENT/CAREGIVER WILL VERBALIZE/DEMONSTRATE MANAGEMENT AND TOLERANCE TO INJECTION ADMINISTRATION AS EVIDENCED BY 100% TEACHBACK/DEMONSTRATION OF ABILITY TO PERFORM INJECTION ADMINISTRATION, IDENTIFY SIGNS AND SYMPTOMS OF COMPLICATION TO INJECTION SITE AND REPORT SIDE EFFECTS IN ORDER TO COMPLY WITH THE TREATMENT REGIMEN WITHIN 6 WEEKS.
 SKILLED NURSE GOAL
 CLIENT/CAREGIVER WILL VERBALIZE/DEMONSTRATE STRATEGIES RELATED TO MEDICATION MANAGEMENT AS EVIDENCED BY 100% TEACHBACK/DEMONSTRATION OF MEDICATION ADMINISTRATION, UNDERSTANDING PURPOSE AND SIDE EFFECTS, MEDICATION SCHEDULE/INSTRUCTIONS AND STORAGE/HANDLING IN ORDER TO PROMOTE THE ABILITY FOR EFFECTIVE MEDICATION ADHERENCE WITHIN 8 WEEKS.

Rehab Potential:
 GOOD TO MEET GOALS BY END OF CERT

DC Plans:
 DISCHARGE TO CARE OF FAMILY WITH MD FOLLOWUP

DME and Supplies:
 DME-CANE; IV SUPPLIES; SYRINGE/NEEDLE/LAB SUPPLIES

Prognosis:
 GOOD

Functional Limitations:
 ENDURANCE; AMBULATION

Safety Measures:
 24 HOUR SUPERVISION, CLEAR PATHWAYS, DISPOSAL OF MEDICAL WASTE, EMERGENCY PLAN, STANDARD PRECAUTIONS, SHARP SAFETY

Activities Permitted:
 UP AS TOLERATED

Nutritional Requirements:
 DIABETIC

Advance Directives:
 NONE

Mental Statuses:
 ORIENTED

Supporting Documentation for Psychosocial Status:
 INDICATE ISSUES WITH CLIENT RELATIONSHIPS AND LIVING ENVIRONMENT THAT IMPACT THE DELIVERY OF SERVICES AND CLIENT'S ABILITY TO PARTICIPATE IN HIS OR HER OWN CARE: (SELECT ALL THAT APPLY)
 NO ISSUES IDENTIFIED

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|--|-------------------|
| Signature of Physician | Date |
| Optional Name/Signature Of FAITH JANULEWICZ, RN / JENNIFER PHILLIPS OT10522, CLINICAL ASSOC | Date 6/25/2025 |

Clinician: Agency, Clinician

Signature:

Date: 7/8/2025

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Supporting Documentation for Risk of Hospital Readmission:

NARRATIVE OF SKILLED SERVICES WITH SUPPORTING DETAILS: (INCLUDE HISTORY, REASON FOR REFERRAL, UNSTABLE CONDITIONS, LIMITATIONS AND/OR DEFICITS THAT WILL NOT IMPROVE WITHOUT SKILLED INTERVENTIONS AND ADDITIONAL RECOMMENDATIONS FOR CARE TEAM)

PATIENT SEEN FOR START OF CARE VISIT S/P HOSPITALIZATION AT ST. ANNES FROM 6/20-6/25 DUE TO INCREASED BACK PAIN, WEAKNESS, INCREASED BLE EDEMA AND INCREASED NEUROPATHY DUE TO LUMBAR OSTEOMYELITIS AND DISCITIS AT THE L4-L5 LEVEL. PATIENT GREETED AT DOOR WITH WIFE AND CAREGIVER JOYCYLYNN. BAYADA ADMISSION FOLDER REVIEWED, EMERGENCY PREPAREDNESS REVIEWED AND DOCUMENTED, AND CONSENTS SIGNED. PATIENT REPORTS HE IS D/D BUT COULD NOT PRODUCE ADVANCED DIRECTIVES MAKING PATIENT A FULL CODE IN ABSENCE OF REQUIRED DOCUMENTS. THERE ARE 3 STEPS TO GET INTO THE HOME VIA THE FRONT DOOR AND STEPS GOING OUT SIDE DOOR. HOME IS NEAT, TIDY AND CLUTTER FREE. NO ANIMALS IN HOME. NO THROW RUGS OBSERVED ON FLOOR. PATIENT REPORTS AMBULATING WITH A CANE FOR LARGE DISTANCES OUTSIDE OF HOME AND ON UNEVEN SURFACES DUE TO UNSTEADY GAIT. PATINET DOES NOT USE CANE INSIDE HOME. PATIENT DENIES CURRENT PAIN TO BACK AND REPORTS IMPROVED NUEROPATHY SINCE ADMISSION TO ST ANNES. SPOUSE REVIEWING IV MEDICATION PROTOCOL DURING ADMISSION VISIT NEARBY. IV MEDICATIONS AND SUPPLIES DELIVERED TO HOME VIA AMENTA SERVICES 401-431-9020 ALONG WITH INSTRUCTIONAL PRINTED INFORMATION AND ACCESS TO INSTRUCTIONAL VIDEOS, WIFE OBSERVED WATCHING VIDEOS AND REFERRING TO PRINTED MATERIAL. PATIENT REPORTS INTACT HEARING, WEARS GLASSES, HAS UPPER AND LOWER DENTURES. PATIENT REPORTS RECIEVING AND BEING UP TO DATE WITH COVID, PNA, SHINGLES VACCINES. PATIENT REPORTS NO OTHER HOSPITALIZATIONS OTHER THAN ST ANNES FOR SYMPTOM MANAGEMENT. PATIENT DENIES HISTORY OF FALLS. DENIES DIZZINESS OR LIGHTHEADEDNESS.DENIES CHEST PAIN OR PALPITATIONS. PAITIENT REPROTS HE MAINTAINS A DIABETIC DIET BUT DOES NOT MONITOR BLOOD SUGARS. MOST RECENT A1C 7.8, DATE UNKNOWN, PATIENT DENIES PRESENCE OF ULCERATIONS OR WOUNDS

SPECIFIC INTERVENTION DETAILS FOR EDUCATION OR ACTIVITY PROVIDED. (SPECIFY CHANGES TO PROGRAM INCLUDING VERBAL/AUDITORY AND MANUAL/TACTILE CUES USED, SAFETY EDUCATION TO CAREGIVER/CLIENT, BODY MECHANICS EDUCATION, EXERCISES OR ACTIVITIES ADDED/MODIFIED/REMOVED, POSITIONING INSTRUCTION, EQUIPMENT TRAINING, MOBILITY TRAINING) MEDICATIONS RECONCILED WITH PATIENT AND CAREGIVER, DISCREPENCY RELATED TO MISSING ATORVASTATIN ON DISCHARGE MED LIST. PATIENT AND CAREGIVER UNABLE TO PICK UP NEW PRESCRIPTION MEDICATIONS LAST NIGHT RESULTING IN MISSED DOSES OF COLCHICINE AND FLAGYL. REPORTED TO DR. PHILIP. ORDER CLARIFICATION BY DR. PHILIP REGARDING LABS DUE AND FREQUENCY OF VANCOMYCIN. ORDERS CONFIRMED AND UPDATED. CALL PLACED TO DR.SHAN QIN FOR MEDICATION RECONCILIATION AND START OF CARE. NO CALL BACK AS OF THIS NOTE, SPOKE TO HEATHER . NO EDEMA NOTED. TUG TEST PERFORMED AND RESULTED AT 9 SECONDS, PATIENT AOX4. BIMS OF 15 ASSESSED AND RECORDED. 4 FR DOUBLE LUMEN PICC LINE VISUALIZED, PLACED ON 6/23 AT ST. ANNES, DRESSING CLEAN, DRY, INTACT, NO REDNESS, NO DRAINAGE, CATHETER IS 46 CM LONG AND MEASURES 0 CM TO INSERTION SITE PER DISCHARGE PAPERWORK REVIEW. MONOFILAMENT TEST PERFORMED, SOME AREAS OF NEUROPATHY PRESENT, PATIENT REPORTS NEUROPATHY SYMPTOMS ARE IMPROVING WITH DOSES OF IV MEDICATIONS. LUNGS ARE CLEAR, APICAL HR IS REGULAR, FEET ASSESSED, NO WOUNDS PRESENT, PATIENT WEARING BOAT SHOES WITH NO SOCKS, EDUCATION PROVIDED ON ALWAYS WEARING APPROPRIATE FOOTWEAR WHEN AMBULATING, NO BARE FEET, AND CHECK SKIN INTEGRITY TO FEET REGULARLY. MAINTAINING REGULAR BOWEL MOVEMENTS. LAST BM WAS TODAY. PATIENT REPORTS DAILY BMS AT BASELINE. NO ISSUES URINATING. PATIENT STATES HE DOES NOT MONITOR BLOOD SUGARS AND WAS UNAWARE WHAT MOST CURRENT A1C WAS. PATIENT STATES HE MAINTAINS A DIABETIC DIET WITH FEW CARBS AND SUGARS, DIABETIC ZONE TOOL REVIEWED, EDUCATED PATIENT AND CAREGIVER ON MAINTAINING STERILITY OF PICC LINE, WASHING HANDS PRIOR TO USE, AND VIGOROUSLY SCRUBBING HUB PRIOR TO FLUSHES OR MEDICATION ADMININSTRATIONS.

OUTCOME OF INTERVENTIONS/EDUCATION TODAY (INDICATE LEVEL OF KNOWLEDGE/SKILL BY CLIENT AND SPECIFY ANY ABILITIES OR LIMITATIONS TO LEARN OR DEMONSTRATE ACTIVITY - SPECIFY IF ADDITIONAL TEACHING/TRAINING IS REQUIRED OR IF SOME KNOWLEDGE/SKILL WAS OBTAINED BUT FURTHER TEACHING OR TRAINING NEEDED FOR ACCURACY AND CARRYOVER)

PATIENT AND CAREGIVER ABLE TO ACKNOWLEDGE IMPORTANCE OF MAINTAINING STERILITY OF PICC LINE DRESSING AND REPORTING TO NURSING ANY DISLODGEEMENT OR LIFTING OF DRESSING, CAREGIVER VISUALIZED WASHING HANDS PRIOR TO HANDLING PICC LIINE AND VIGOROUSLY SCRUBBING HUB FOR 30 SECONDS. PATIENT ABLE TO ACKNOWLEDGE IMPORTANCE OF MONITORING SKIN INTEGRITY OF FEET AND WEARING SUPPORTIVE AND PROTECTIVE SHOES AT ALL TIMES. PATIENT STATES COMPLIANCE WITH AVIODING CARBOHYDRATES AND SUGARS. PATIENT AND CAREGIVER STATE UNDERSTANDING OF MEDICATION SCHEDULED, PURPOSE OF MEDICATIONS, DOSES AND ROUTES, FURTHER EDUCATION AND REINFORCEMENT NEEDED. PATIENT AWARE OF SAFETY MEASURES STATING HE IS HESITANT TO AMBULATE ON UNEVEN SERVICES DUE TO UNSTEADY GAIT. PATIENT REPORTS IMPROVING PAIN, EDEMA AND NEUROPATHY SINCE DISCHARGE AND STATES HE WILL CONTINUE TO MONITOR PROGRESS. DIABETIC ZONE TOOL REVIEWED AND ACCEPTED BY PATIENT. PATIENT AND CAREGIVER ABLE TO ACKNOWLEDGE WHEN TO CALL BAYADA OFFICE NUMBER FOR NONEMERGENT QUESTIONS OR CONCERNS AND 911 FOR EMERGENCIES SUCH AS FALLS WITH OR WITHOUT INJURY, CHEST PAIN OR TIGHTNESS

NEXT STEPS IN PLAN (INCLUDE NEW AND NEXT PROGRESSIVE STEPS IN TEACHING/ACTIVITY OR COMPONENT OF NEW ACTIVITY, ANY NEW OR MODIFIED STRATEGIES OR ABANDONED GOALS

NEXT SN VISIT 6/27 PRIOR TO VANCO DOSE GIVEN. DOSE DUE AT 0900. LABS TO BE DRAWN OFF PICC LINE INCLUDE CBC, BMP, LFTS AND VANCO TROUGH. REPORT RESULTS TO DR. LINSEY PHILIP FAX 508-675-4942

(PRA) (M1033) RISK FOR HOSPITALIZATION: WHICH OF THE FOLLOWING SIGNS OR SYMPTOMS CHARACTERIZE THIS PATIENT AS AT RISK FOR HOSPITALIZATION? (MARK ALL THAT APPLY.)

7 - CURRENTLY TAKING 5 OR MORE MEDICATIONS || 9 - OTHER RISK(S) NOT LISTED IN 1 - 8

ARE THERE ANY FACTORS THAT PUT THIS CLIENT AT ADDITIONAL RISK FOR EMERGENCY DEPARTMENT VISITS, BEYOND THOSE CAPTURED WITHIN RISK FOR HOSPITALIZATION?

NO, THE RISK FOR EMERGENCY DEPARTMENT VISITS IS INCLUSIVE OF THE RISK FOR HOSPITALIZATION

Allergies:

NKA

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| Signature of Physician | Date |
| Optional Name/Signature Of FAITH JANULEWICZ, RN / JENNIFER PHILLIPS OT10522, CLINICAL ASSOC | Date 6/25/2025 |

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| Medications: | | | | |
| Medication/ Dose | Frequency | Route | Start Date/ End Date | DC Date New/ Changed |
| ALLOPURINOL 100 MG TABLET 1 tablet | DAILY | ORAL | 06/13/2023 | |
| Instructions: | | | | |
| AMLODIPINE 5 MG TABLET 1 tablet | DAILY | ORAL | 06/13/2023 | |
| Instructions: | | | | |
| ATORVASTATIN 20 MG TABLET 1 tablet | DAILY | ORAL | 06/11/2024 | |
| Instructions: | | | | |
| CEFTRIAXONE 2 GRAM SOLUTION FOR INJECTION Per instructions | DAILY | INJECTION | 06/25/2025 | |
| Instructions: INFUSE 20 ML BY SLOW IV PUSH OVER 5-10 MINUTES EVERY 24 HOURS | | | | |
| COLCHICINE 0.6 MG TABLET 1 tablet | 2 TIMES DAILY | ORAL | 06/11/2024 | |
| Instructions: | | | | |
| LISINOPRIL 40 MG TABLET 1 tablet | DAILY | ORAL | 06/12/2024 | |
| Instructions: | | | | |
| METFORMIN 500 MG TABLET 1 tablet | 2 TIMES DAILY | ORAL | 06/07/2023 | |
| Instructions: | | | | |
| METRONIDAZOLE 500 MG TABLET 1 tablet | 3 TIMES DAILY | ORAL | 06/25/2025 | |
| Instructions: | | | | |
| VANCOMYCIN 1.25 GRAM/250 ML IN 0.9 % SODIUM CHLORIDE INTRAVENOUS Per instructions | DAILY | INTRAVENOUS | 06/25/2025 | |
| Instructions: INFUSE OVER 90 MINUTES VIA PUMP EVERY 24 HOURS | | | | |

Supporting Documentation for Home Health Eligibility:

CRITERIA 1 - DESCRIBE AMOUNT AND TYPE OF SUPERVISION NEEDED, ASSISTIVE DEVICE OR SPECIAL TRANSPORTATION NEEDED TO LEAVE THE HOME OR CURRENT CONDITION MAKES LEAVING HOME MEDICALLY CONTRAINDICATED AND INCLUDE ENVIRONMENTAL CONDITIONS THAT IMPACT HOMEBOUND STATUS
 PATIENT REQUIRES A CANE WHILE AMBULATING DISTANCES GREATER THAN 25 FEET AND ON UNEVEN SURFACES DUE TO UNSTEADY GAIT, PATIENT HAS A NEWLY PLACED PICC LIKE WHICH CAUSES PATIENT TO BE AT AN INCREASED RISK OF INFECTION

CRITERIA 2 - DESCRIBE EXACTLY WHAT SYMPTOMS OR IMPAIRMENTS ARE CAUSING THE INABILITY TO LEAVE THE HOME AND CONSIDERABLE AND TAXING EFFORT WHEN LEAVING THE HOME THAT WERE NOT PRESENT PRIOR TO THE ACUTE ILLNESS OR INJURY
 PATIENT IS A HIGH FALL RISK DUE TO USE OF A CANE WITH AMBULATION, PRESENCE OF NEUROPATHY, AND IS AT AN INCREASED RISK OF INFECTION DUE TO NEWLY PLACED PICC LINE MAKING IT A CONSIDERABLE AND TAXING EFFORT TO LEAVE HOME

SKILLED SERVICES ARE NEEDED DUE TO SELF-CARE DEFICIT FROM PRIOR LEVEL OF FUNCTION THAT RESULTS IN DIFFICULTY IN ABILITY TO ACCESS TUB/SHOWER, BATHING SAFETY, DRESSING, MANAGING EDEMA, MANAGING HYGIENE, MANAGING MEDICATIONS, MANAGING PAIN, ORGANIZING OR SEQUENCING FOR SAFE ADL/IADL, SAFETY AWARENESS IN ALL ENVIRONMENTS, SELF-MANAGEMENT OF CONDITIONS/ILLNESS, TRANSFERRING FROM VARIABLE SEATING SURFACES, WALKING ROOM TO ROOM

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| Signature of Physician | Date |
| Optional Name/Signature Of FAITH JANULEWICZ, RN / JENNIFER PHILLIPS OT10522, CLINICAL ASSOC | Date 6/25/2025 |

Clinician: Agency, Clinician

Signature:

Date: 7/8/2025