

HOME HEALTH CERTIFICATION AND PLAN OF CARE

Patient's Medicare No.	SOC Date 6/23/2025	Certification Period 6/23/2025 to 8/21/2025	Medical Record No. 28700218762601	Provider No. 227539
Patient's Name and Address: JEAN A GATES (508) 317-1038 9 MAPLE AVE MARION, MA 02738-		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: P: (508)996-3991 F: (508)961-2535 CHRISTINE WILL, MD 535 FAUNCE CORNER RD NORTH DARTMOUTH, MA 02747-			Patient's Date of Birth: 12/12/1951 Patient's Gender: FEMALE Order Date: 6/23/2025 12:43 PM Verbal Order: Y Verbal Date: 6/23/2025 Verbal Time: 2:13 PM	
Nurse's Signature and Date of Verbal SOC Where Applicable: (deemed as electronic signature) MAGDALIN CABAN, RN / JENNIFER PHILLIPS OT10522, CLINICAL 6/23/2025				Date HHA Received Signed POC

Patient's Expressed Goals:

GET BACK TO BASELINE

ICD-10**Diagnoses:**

Order	Code	Description	Onset or Exacerbation	O/E Date
1	Z48.3	AFTERCARE FOLLOWING SURGERY FOR NEOPLASM	EXACERBATION	06/23/2025
2	D3A.8	OTHER BENIGN NEUROENDOCRINE TUMORS	EXACERBATION	06/23/2025
3	D63.0	ANEMIA IN NEOPLASTIC DISEASE	ONSET	01/01/2025
4	I10	ESSENTIAL (PRIMARY) HYPERTENSION	ONSET	01/01/2025
5	I25.10	ATHSCL HEART DISEASE OF NATIVE CORONARY ARTERY W/O ANG PCTRS	ONSET	01/01/2025
6	E78.5	HYPERLIPIDEMIA, UNSPECIFIED	ONSET	01/01/2025
7	F31.9	BIPOLAR DISORDER, UNSPECIFIED	ONSET	01/01/2025
8	F41.1	GENERALIZED ANXIETY DISORDER	ONSET	01/01/2025
9	D50.9	IRON DEFICIENCY ANEMIA, UNSPECIFIED	ONSET	01/01/2025
10	I08.0	RHEUMATIC DISORDERS OF BOTH MITRAL AND AORTIC VALVES	ONSET	01/01/2025
11	K21.9	GASTRO-ESOPHAGEAL REFLUX DISEASE WITHOUT ESOPHAGITIS	ONSET	01/01/2025
12	E55.9	VITAMIN D DEFICIENCY, UNSPECIFIED	ONSET	01/01/2025
13	M81.0	AGE-RELATED OSTEOPOROSIS W/O CURRENT PATHOLOGICAL FRACTURE	ONSET	01/01/2025
14	J98.11	ATELECTASIS	ONSET	01/01/2025
15	H90.5	UNSPECIFIED SENSORINEURAL HEARING LOSS	ONSET	01/01/2025
16	Z87.891	PERSONAL HISTORY OF NICOTINE DEPENDENCE	ONSET	01/01/2025
17	Z95.5	PRESENCE OF CORONARY ANGIOPLASTY IMPLANT AND GRAFT	ONSET	01/01/2025
18	Z91.81	HISTORY OF FALLING	ONSET	01/01/2025

Frequency/Duration of Visits:

SN 2WK1,1WK3

Orders of Discipline and Treatments:

SKILLED NURSE WILL ASSESS AND INSTRUCT ON ANY CHANGES IN CO-EXISTING AND/OR RECURRING CONDITIONS SUCH AS SMALL BOWEL OBSTRUCTION, GERD, AORTIC STENOSIS, GI BLEED D/T AVM, HTN, HLD, BIPOLAR, ANXIETY, DEPRESSION, CAD, IRON DEFICIENCY, DIVERTICULITIS 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.

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 BALANCING ACTIVITY WITH REST, USE OF DISTRACTIONS, GUIDED MEDITATION

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

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 ASSESS NEED FOR SUPPORT SURFACES .

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.
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Patient's Name JEAN A GATES		Provider's Name BAYADA HOME HEALTH CARE INC 227539		

Orders of Discipline and Treatments:

SKILLED NURSE WILL ASSESS AND MONITOR MIDLINE ABDOMINAL INCISION COVERED IN STERI STRIPS LOTA AND ASSESS EVERY VISIT. INSTRUCT CLIENT/CAREGIVER ON IDENTIFYING SIGNS AND SYMPTOMS OF INFECTION AND INCISIONAL CARE.

SKILLED NURSE WILL PERFORM AND INSTRUCT CLIENT/CAREGIVER ON ADMINISTRATION OF LOVENOX 30MG / 0.3ML VIA SQ Q DAY. EDUCATE CLIENT/CAREGIVER ON PURPOSE OF THE MEDICATION, SIDE EFFECT AND COMPLICATION OF INJECTION SITE.

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

SKILLED NURSE WILL ASSESS AND INSTRUCT CLIENT/CAREGIVER ON MANAGEMENT OF ANTICOAGULATION THERAPY

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

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 5 WEEKS.

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 NON-PHARMACOLOGICAL TECHNIQUES TO MANAGE PAIN ADEQUATELY WITHIN 2 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 2 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 CHANGE POSITIONS EVERY 1-2 HOURS, SKIN CARE, NUTRITION TO PREVENT PRESSURE ULCER IN ORDER TO MAINTAIN SKIN INTEGRITY WITHIN 2 WEEKS.

SKILLED NURSE GOAL

CLIENT/CAREGIVER WILL VERBALIZE/DEMONSTRATE ABILITY TO SELF INSPECT INCISION AND VERBALIZE SIGNS AND SYMPTOMS OF INFECTION AS EVIDENCED BY 100 % TEACHBACK IN ORDER TO PROMOTE HEALING WITHIN 3 WEEKS.

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 4 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 5 WEEKS.

SKILLED NURSE GOAL

CLIENT/CAREGIVER WILL VERBALIZE/DEMONSTRATE STRATEGIES AND ABILITY TO MANAGE ANTICOAGULATION THERAPY REGIMEN AS EVIDENCED BY TEACH BACK METHOD OF STATING 2 PRECAUTIONS OF ANTICOAGULATION THERAPY IN 4 WEEKS

Rehab Potential:

FAIR TO MEET GOALS BY END OF EPISODE

DC Plans:

DC TO SELF CARE WITH HELP OF CAREGIVER UNDER SUPERVISION OF MD WHEN GOALS ARE MET

DME and Supplies:

DME-WALKER

Prognosis:

FAIR

Functional Limitations:

ENDURANCE; AMBULATION

Signature of Physician	Date
Optional Name/Signature Of MAGDALIN CABAN, RN / JENNIFER PHILLIPS OT10522, CLINICAL ASSOC	Date 6/23/2025

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Safety Measures:
BLEEDING PRECAUTIONS, EMERGENCY PLAN, DISPOSAL OF MEDICAL WASTE, FALL PRECAUTIONS, MED PRECAUTIONS, STANDARD PRECAUTIONS, ANTICOAGULATION PRECAUTIONS, SHARP SAFETY

Activities Permitted:
UP AS TOLERATED

Nutritional Requirements:
1350-1575 CALORIES, 54-67G PROTEIN, 1125-1350 ML FLUID

Advance Directives:
NONE

Mental Statues:
ORIENTED; FORGETFUL

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

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)
HISTORY/REFERRAL: PATIENT SEEN AT ED DUE TO SMALL BOWEL OBSTRUCTION AND UNDER WENT A CYSTOSCOPY STENT INSERTION BILATERAL ON 6/6/25. NOW REFERRED TO VNA FOR SN EVAL

PMHX:SMALL BOWEL OBSTRUCTION, GERD, AORTIC STENOSIS, GI BLEED D/T AVM, HTN, HLD, BIPOLAR, ANXIETY, DEPRESSION, CAD, IRON DEFICIENCY, DIVERTICULITIS

UNSTABLE CONDITIONS: INCISION TO ABDOMEN, PAIN, WEAKNESS, .IMJTED ROM. FRAIL 94 POUNDS

ENVIRONMENT: SINGLE FAMILY WITH SON AND HUSBAND WHO HELP CARE FOR PATIENT

DME: WALKER

PLOF/CLOF: PRIOR INDEPENDENT WITH ADLS IADLS MEDICATIONS. NOW SHE IS A 1 ASSIST WITH ADLS, SUPERVISION WALKING, 1 ASSIST WITH IADLS AND MEDICATIONS.

ADV DIRECTIVES: FULL CODE

PHYSICIANS/APPTS: 6/30/25 : LIVER BIOPSY , 7/3 WITH DR GUPTA, 7/14/25 NEW PATIENT VASCULAR SURGERY

MED DISCREPANCIES:NA

HIGH RISK MEDS: OXYCODONE, LOVENOX

PATIENT AGREED TO VNA SN EVAL. SHE PRESENTS IN THE HOME WITH SON AND HUSBAND. PATIENT PLEASANT, EASILY OVERWHELMED, FRAIL APPEARING ELDERLY WOMAN. SHE SIGNED ELECTRONIC CONSENT FORM AFTER REVIEW. HARD COPIES LEFT WITH HER ALONG WITH AGENCY FOLDER. PATIENT RIGHTS AND C,IENT ZONE TOOL REVIEWED, COPIES LEFT. EMERGENCY PLAN REVIEWED.
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)

Signature of Physician	Date
Optional Name/Signature Of MAGDALIN CABAN, RN / JENNIFER PHILLIPS OT10522, CLINICAL ASSOC	Date 6/23/2025

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VITALS OBTAINED, LSCTA, +BSX4, INCISION TO ABDOMEN ASSESSED AND MEASURED, COVERED WITH STERI STRIPS. NO SSX OF INFECTION, WELL APPROXIMATED. PATIENT HAS INTERMITTENT PAIN. SHE IS TAKING TYLENOL, DUAL MOTRIN AND TYLENOL AND OXYCODONE. MEDICATIONS WERE DELIVERED AND SHE DOES NOT HAVE OXYCODONE. SN CALLED HOSPITAL RX AND SPOKE TO LHARMACIST WHO SAID THEY ATTEMPTED TO DELIVER OXY TO PATIENT BUT SHE REFUSED IT. LATKENT SAYS SHE DOES NOT RECALL. SN THE. SPOKE TO NURSE FROM UNIT OF HOSPITAK SHE WAS DC FROM AND REQUESTED SCRIPT TO BE SENT TO HER LOCAL RX AND THE NURSE SAID SHE WILL HAVE MD SEND SCRIPT TO HER LOCAL PHARMACY AND THEY WILL CALL PATIENT ONCE IT IS SENT. PATIENT IS AWARE OF THIS AND WAS INSTRUCTED TO CALL VNA AGENCY WITH ANY QUESTIONS OR CONCERNS OR IF SHE DOES NOT HEAR BACK ABOUT HER OXY BY NEXT DA PATIENT AGREED TO DO SO. MEDICATIONS RECONCILED PER DC MD ORDERS. NO OTHER CONCERNS. SN REVIEWED VERBAL INSTRUCTIONS FOR LOVENOX INJECTIONS INCLUDING DOSE, SCHEDULE AND DC DATE AND AREAS SHE CAN INJECT DOSE. PATIENT ABLE TO DEMONSTRATE PROPER. ADMINISTRATION OF INJECTION AND PROPER DISPOSAL OF NEEDLE IN SHARPS CONTAINER. INFECTION CONTROL MEASURES REVIEWED ; KEEP INCISION CLEAN AND DRY, DO NOT SOAK, NO LOTIONS, NO SCRUBBING, LOTA. SSX OF INFECTION REQUIRING PATIENT TO CALL MD/SN AGENCY OR GO TO ED FOR FURTHER EVAL SUCH AS FEVER, CHILLS, YEL,OW GREEN DRAINAGE REDNESS WARMTH, INCREASE PAIN THAT DOES NOT GO AWAY. PATIENT VERBALIZED UNDERSTANDING. BOWEL REGIMEN REVIEWED, SSX OF CONSTIPATION, NUTRITION, HYDRATION PROTEIN INTAKE, WATER INTAKE. SN REVIEWED IMPORTANCE OF CHANGING POSITIONS SLOWLY TO MINIMIZE DIZZINESS/FALLS/ INJURY. SAFETY REVIEWED: KEEP PATHS CLEAR, WELL LIT, ASSISTIVE DEVICE, SHOES, DO NOT LIFT ANYTHING HEAVY AS PER DC PPW. UPCOMING APPTS REVIEWED AS NOTED ABOVE. PATIENT HAS TRANSPORTATION. POC REVIEWED , PATIENT IN AGREEMENT TO FOLLOW. MD AWARE AS WELL

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 PLEASANT, RECEPTIVE TO EDUCATION AND POC

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

ASSESSMENT AND EDUCATION

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

3 - MULTIPLE HOSPITALIZATIONS (2 OR MORE) IN THE PAST 6 MONTHS || 4 - MULTIPLE EMERGENCY DEPARTMENT VISITS (2 OR MORE) IN THE PAST 6 MONTHS || 5 - DECLINE IN MENTAL, EMOTIONAL, OR BEHAVIORAL STATUS IN THE PAST 3 MONTHS || 6 - REPORTED OR OBSERVED HISTORY OF DIFFICULTY COMPLYING WITH ANY MEDICAL INSTRUCTIONS (FOR EXAMPLE, MEDICATIONS, DIET, EXERCISE) IN THE PAST 3 MONTHS || 7 - CURRENTLY TAKING 5 OR MORE MEDICATIONS || 8 - CURRENTLY REPORTS EXHAUSTION

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:
A*POLLEN EXTRACTS

Medication/ Dose	Frequency	Route	Start Date/ End Date	DC Date	New/ Changed
ALLEGRA ALLERGY 180 MG TABLET <i>1 tablet</i>	<i>DAILY/PRN</i>	ORAL	02/05/2025		
Instructions: ALLERGIES					
ASPERCREME (LIDOCAINE HCL) 4 % TOPICAL <i>Per instructions</i>	<i>DAILY</i>	TOPICAL	06/23/2025 06/30/2025		New
Instructions: 1 PATCH TOPICAL TO SKIN DAILY X 7 DAYS					
FERROUS SULFATE 325 MG (65 MG IRON) TABLET <i>1 tablet</i>	<i>DAILY</i>	ORAL	02/05/2025		
Instructions:					
LAMICTAL 150 MG TABLET <i>1 tablet</i>	<i>2 TIMES DAILY</i>	ORAL	02/05/2025		
Instructions:					
LOVENOX 30 MG/0.3 ML SUBCUTANEOUS SYRINGE <i>0.3 mL</i>	<i>DAILY</i>	SUBCUTANEOUS	06/23/2025 07/06/2025		New
Instructions: X 12 DAYS					

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Medication/ Dose	Frequency	Route	Start Date/ End Date	DC Date	New/ Changed
MIRALAX 17 GRAM ORAL POWDER PACKET 17 g	DAILY/PRN	ORAL	06/23/2025		New
Instructions: CONSTIPATION					
MOTRIN DUAL ACTION WITH TYLENOL 125 MG-250 MG TABLET 2 tablet	BEDTIME/PRN	ORAL	02/05/2025		
Instructions: HS PRN FOR PAIN NOT RELIEVED BY TYLENOL					
MULTIVITAMIN WITH FOLIC ACID 400 MCG TABLET 1 tablet	DAILY	ORAL	03/04/2025		
Instructions:					
NORVASC 5 MG TABLET 1 tablet	2 TIMES DAILY	ORAL	01/01/2025		
Instructions:					
ONDANSETRON 4 MG DISINTEGRATING TABLET 1 tablet	EVERY 8 HOURS/PRN	ORAL	04/02/2025		
Instructions: NAUSEA					
OXYCODONE 5 MG TABLET 1 tablet	EVERY 4 HOURS/PRN	ORAL	06/23/2025		New
Instructions: PAIN RELIEF- SEVERE					
TOPROL XL 25 MG TABLET,EXTENDED RELEASE 0.5 tablet	DAILY	ORAL	01/08/2025		
Instructions:					
TYLENOL EXTRA STRENGTH 500 MG TABLET 2 tablet	EVERY 8 HOURS/PRN	ORAL	04/02/2025		
Instructions: PAIN- MILD					
VITAMIN C 1,000 MG TABLET 1 tablet	DAILY	ORAL	03/05/2025		
Instructions:					

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 1 ASSIST WITH ADLS, IADLS, SUPERVISION WITH AMBULATING. PATIENT ISNS/P SURGICAL PROCEDURE TO ABDOMINAL AREA WITH INCISION. UNABLE TO DRIVE OR WALK LONG DISTANCE.UNEVEN GROUND OUTSIDE OF HOME .

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
PAIN IN MID SECTION DUE TO SURGICAL PROCEDURE, WEAKNESS, LIMITED ROM, FRAIL ELDERLY WOMAN, EASILY OVERWHELMED. SOB WITH INCREASE WALKING

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, BED MOBILITY, DRESSING, GROOMING, MANAGING DYSPNEA, MANAGING EDEMA, MANAGING HYGIENE, MANAGING LAUNDRY, MANAGING MEAL PREP, MANAGING MEDICATIONS, MANAGING PAIN, MANAGING TOILETING, NAVIGATING STAIRS/STEPS, 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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