



HW485011L6J1KKH6L1FG

Form CMS-485

HOME HEALTH CERTIFICATION AND PLAN OF CARE

Patient's HI Claim No.	Start of Care	Certification Period	Medical Record No.	Provider No.
100026820785	04/05/2025	06/04/2025 Through 08/02/2025	898015	227027

Physician Name and Address	Patient	DOB
Shan Qin, MD Hawthorn Medical Associates 531 Faunce Corner Rd Dartmouth, MA 02747 (508) 996-3991 Fax (508) 961-0876	Dossantos, Antonio 213 Ryan Street New Bedford, MA 02740	09/19/1935
		Sex
		M

Directives In Place/Risk of Hospitalization	Provider Name and Address
Proxy - Medical - Faustino, Dalia	Community Nurse Inc 62 Center Street Fairhaven, MA 02719 (508) 992-6278 Fax (508) 997-3091

Risk of Hospitalization

Multiple hospitalizations (2 or more) in the past 6 months
Decline in mental, emotional, or behavioral status in the past 3 months
Reported or observed history of difficulty complying with any medical instructions (for example, medications, diet, exercise) in the past 3 months
Currently taking 5 or more medications
Currently reports exhaustion
Other Risk

11. Dx Code	Principal Diagnosis	Date	10. Medications: Dose/Frequency/Route (N)ew (C)hanged
Z48.812	Encounter for surgical aftercare following surgery on the circulatory system [ICD10]	6/3/2025 E	acetaminophen 325 mg tablet 2 tablets oral every 4 hours PRN Pain (PRN fever or pain) albuterol-budesonide 90 mcg-80 mcg/inh aerosol 2 inhalation inhalation 4 times a day PRN Shortness of Breath (Inhaler) (N) alfuzosin 10 mg tablet, extended release 1 tablets oral once a day pm w/meals Allopurinol 100 mg tablet 2 tablets oral once a day (C) budesonide-formoterol 160 mcg-4.5 mcg/inh aerosol 2 inhalation inhalation 2 times a day (N) Centrum 1 tablets oral once a day cholecalciferol 25 mcg capsule 1 cap(s) oral once a day Eliquis 2.5 mg tablet 1 tablets oral 2 times a day finasteride 5 mg tablet 1 tablets oral once a day furosemide 40 milligram oral once a day gabapentin 100 mg capsule 2 cap(s) oral 3 times a day Jardiance 10 milligram oral once a day metoprolol 150 milligram oral once a day (Awaiting clarification) (C) omeprazole 20 mg delayed release tablet 1 tablets oral once a day PRN heartburn (N) ondansetron 4 mg tablet, disintegrating 1 tablets oral 3 times a day PRN Nausea (PRN nausea / vomiting) simvastatin 20 mg tablet 1 tablets oral once a day hs traMADol 50 mg tablet 1 tablets oral once a day PRN Pain valsartan 160 mg tablet 1 tablets oral 2 times a day (N) Vitamin B6 100 milligram oral once a day
12. Dx Code	Surgical Procedure	Date	
N/A			
13. Dx Code	Other Pertinent Diagnoses	Date	
I44.2	Atrioventricular block, complete [ICD10]	4/17/2025 E	
I48.0	Paroxysmal atrial fibrillation [ICD10]	4/17/2025 E	
Z95.810	Presence of automatic (implantable) cardiac defibrillator [ICD10]	6/3/2025 E	
I13.0	Hyp hrt & chr kidney dis w hrt fail and stg 1-4/unsp chr kidney [ICD10]	4/17/2025 E	
I50.43	Acute on chronic combined systolic (congestive) and diastolic (congestive) heart failure [ICD10]	4/16/2025 E	
N18.31	Chronic kidney disease, stage 3a [ICD10]	4/5/2025 E	
K21.9	Gastro-esophageal reflux disease without esophagitis [ICD10]	4/5/2025 E	
J45.909	Unspecified asthma, uncomplicated [ICD10]	4/5/2025 E	
M06.9	Rheumatoid arthritis, unspecified [ICD10]	4/5/2025 E	
N40.0	Benign prostatic hyperplasia without lower urinary tract symptoms [ICD10]	4/17/2025 E	
E78.00	Pure hypercholesterolemia, unspecified [ICD10]	4/5/2025 E	
M10.9	Gout, unspecified [ICD10]	4/5/2025 E	
H91.90	Unspecified hearing loss, unspecified ear [ICD10]	4/5/2025 E	
H54.7	Unspecified visual loss [ICD10]	4/5/2025 E	
Z85.820	Personal history of malignant melanoma of skin [ICD10]	4/5/2025 E	
Z79.84	Long term (current) use of oral hypoglycemic drugs [ICD10]	4/17/2025 E	

14. DME and Supplies	15. Safety Measures
Walk in shower shower chair grab bars shower toilet hand rails adjustable bed RW cane	Fall precautions, Universal precautions, Use of safety devices in bathroom
16. Nutritional Req.	17. Allergies
No salt added diet	NKA
18A. Functional Limitations	18B. Activities Permitted
Ambulation, Bowel/Bladder (Incontinence), Dyspnea w/minimal exertion, Endurance, Hearing, LUE restriction x1 month - has paperwork in home with all restrictions	Up as tolerated, Cane, Walker
19. Mental Status	20. Prognosis
Oriented	Guarded
21. Orders for Discipline and Treatments (Specify Amount/Frequency/Duration)	
SN: 1x/wk x 9 wks, PRNx4 Exacerbation of Disease P Patient Risk for Emergency Room use or Hospitalization is assessed to be: Moderate and will be addressed with measures focusing on: Education on med management pain management safety GI disease process nutrition. Skilled Observation & Assessment of GI Status, GU Status, Heart Sounds, Medication Use/Effect, Nutrition/Hydration, Respiratory Status. Assess oxygen saturation as needed and report to physician if less than 88%. Assess vital signs and report the following to the physician: Temperature over 101.5, Systolic Blood Pressure over 160, or less than 90, Diastolic Blood Pressure over 90, Heart Rate less than 50, or greater than 120, Respirations greater than 26. C- Assess patient pain. S/O for signs/symptoms of Depression. S/O heart failure symptoms including dyspnea, orthopnea, edema and/or weight gain. T-Teach Interventions to prevent pressure ulcers. T-Teach patient/caregiver falls risk associated with medical conditions and medications. T-Teach Patient/caregiver proper foot care. Teach- Interventions to monitor and mitigate pain. Teach Energy Conservation With Activity, Gastrointestinal Disease Process, Inhalation Treatment, Management of Diarrhea, Medication Management, Medication Side Effects, S/SX of GI Bleed. Wound # 1 - Surgical - anterior_left_chest - Wound #1 - Anterior left chest - Surgical: -non removable surgical dressing -assess each SNV -dressing to be removed during MD appt 6/9. 1 month restrictions LUE: -do not pull elbow away from body or reach above head -do not lift arm above shoulder -no lifting >5lbs -no pushing or twisting -no MRI x6 weeks. OT eval pending PT: Start on 06/05/2025: 1x/da x 1 da Assess vital signs and report the following to the physician: Temperature over 101.5, Systolic Blood Pressure over 160, or less than 90, Diastolic Blood Pressure over 90, Heart Rate less than 50, or greater than 120, Respirations greater than 26. Fall Prevention Instruction. Home Safety Evaluation. Teach Home Safety. PT home safety eval and safety teaching	
22. Goals/Rehabilitation Potential/Discharge Plans	
SN Goals: Patient will be able to teach back 3 signs/symptoms of wound infection within 3 weeks within 3 wks. Patient will be able to teach back 3 symptoms associated with CHF exacerbation/fluid overload, within 3 weeks within 3 wks. Patient will be compliant with the use of pain meds. within 4 wks. Patient Will Establish Regular Elimination Pattern within 4 wks. Patient will verbalize adequate relief of pain with the use of current pain medications. within 4 wks. Patient will verbalize understanding of alternative pain relief measures. within 4 wks. Patient will weigh self daily to monitor for symptoms fluid overload. Will be able to teach back reportable weight gain - 2lbs in 24hrs or 5lbs in a week, to be able to identify early signs of CHF exacerbation and will notify MD or SN appropriately. within cert period. Patients Pain Will Be Controlled within 4 wks. Pt to remain safe at home as evidenced by no reported falls. within cert period. Stable CVP Status within cert period. Surgical incision will heal without S/SX of infection within cert period PT Goals: d/c home PT following home safety eval and safety teaching per pt request Rehab Potential is Guarded For the Above Goals Discharge Plan: Discharge to Self Care With Family Community Support Clinical Summary SN: Recertification Narrative: elective upgrade of permanent pacemaker to a BiV Boston Scientific device performed on 6/2, scheduled to stay obs overnight and d/c 6/3, recert pushed one day d/t procedure Primary DX for recertification: afib left bundle branch block PMH: enterocolitis GERD CHF BPH CKD GOUT HTN HLD asthma COGNITION: A&Ox3, Portuguese speaking but understands some English, daughter present for translation CARDIOVASCULAR: HR WNL, HRR, LCW pacemaker, BP elevated at 160/60 - asymptomatic, PCP made aware, denies dizziness chest pain or palpitations, no edema PULMONARY: O2 WNL, DOE but reports is "less tired," lungs clear, denies cough BORG: n/a MOBILITY: unsteady gait, requires AD, LUE restrictions x1 month, has CG to assist with adls, no showers x1 week, denies falls SKIN: surgical dressing CDI, to be removed at MD appt 6/9 PAIN: denies surgical/LUE pain, has chronic pain to back/knee, being f/b Dr Rivera GI/GU: denies UTI s/s, denies GI upset, +bs x4, LBM today	

ENDOCRINE: n/a

DIET/NUTRITION: low na, good appetite, family and CGs assist with meals

WEIGHT/ MEASUREMENTS: 152lbs, prior to procedure 150lbs

SAFETY: fall risk bleeding precautions risk for infection LUE restrictions

MEDS: med rec performed and the following noted:

- med list states 2 different orders for metoprolol, one to continue and one to d/c, family reports there were no changes so patient is to be taking metoprolol, t/c placed to PCP to report, has appt tomorrow and will discuss

- manages with assistance of family

DEPRESSION: denies

LIVING SITUATION: lives alone, supportive family nearby, HHA/homemaking 2x/week

HOMEBOUND: taxing effort unsteady gait pain recent pacer surgery

GOALS(Short Term and Long Term): feel better

BARRIERS/CHALLENGES: multiple comorbidities recent hospitalizations advanced age LUE restrictions

ADJUSTMENT TO THE POC: cardiac disease process, s/s infection

HEALTH LITERACY: family mod

EMERGENCY PREPAREDNESS PLAN: discussed

CODE STATUS/ADVANCED DIRECTIVES: Full Code, no HCP

COMMUNITY RESOURCES: HHA/homemaking

UPCOMING APPOINTMENTS:

- 6/5 PCP

- 6/9 dressing removal with NP

- 6/30 Dr Rivera back injection

- 7/2 Dr Duell post op f/u

- 7/21 Dr Rivera back injection f/u

SKILL/REASON FOR RECERTIFICATION(show medical necessity of your care. discuss continued deficits and the underlying impairments): education on med management pain management safety s/s infection LUE restriction cardiac disease process nutrition

R. Pelicas, RN

PT: REASON FOR REFERRAL: Pt is an 89 yo male with history of severe OS and CHF who is referred to home PT following hospitalization for upgrade of pacemaker to a BiV Boston Scientific pacemaker. Pt with precautions of no lifting above the shoulder, no reaching overhead, no moving elbow away from the body, no pushing or twisting with LUE, and no lifting greater than 5 lbs for 1 month. Pt had injection to right knee which has significantly decreased pain, and is awaiting injection for lumbar spine on 6/30/25. Pt has returned home and referred to home PT for home safety eval at this time.

Primary DX: pacemaker placement/revision

PMH: Complete heart block and pacemaker in 2022, Afib, BPH, CKD, GERD, CHF, OA.

Soc HX/PLOF: Pt lives alone in a single family home with 4 stairs to enter with rail. Pt has all living quarters on first floor. Pt owns rollator walker, transport w/c, cane, walk in shower w/ grab bars and shower seat, versa frame over the toilet, lift/recliner chair, adjustable bed, commode in bedroom, and a bed transfer bar. Pt was previously IND with cane in home, and had HHA 2x/week to assist with shower. Pt was able to go out with family. Pt has daughter and son who live locally and assist.

COGNITION: Alert and oriented x3. Portuguese speaking, pt declined interpreter patient's daughter Dalia is present to interpret.

CODE STATUS/ADVANCED DIRECTIVES: Full code. Healthcare proxy is his daughter. Dalia

CURRENT LEVEL OF FUNCTION: Pt performs supine to sit and sit to supine IND with slow movement and HOB elevated. Pt transfers with cane with IND/SUP with WBOS, pushing up with RUE, slow movement, and min fatigue.

Pt amb level surfaces 50' with cane with IND/SUP with flex posture, slow pace, decreased stance time RLE, min leaning on cane with RUE, and WBOS. Pt able to amb up/down 4 outdoor stairs with holding rail with RUE with CGA/MIN A with non reciprocal pattern at this time with assist from family. Pt amb up/ down 1 step with cane to living room/den with IND/SUP.

Pt demonstrates strength LLE with hip flex 4-/5, knee ext 4-/5, DF 4/5 BLEs.

SKILL/REASON FOR HOMECARE: Pt is an 89 yo male with history of severe OS and CHF who is referred to home PT following hospitalization for upgrade of pacemaker to a BiV Boston Scientific pacemaker. Pt has had injection to right knee with good effect and is awaiting injection to lumbar spine. Pt feels he is unable to fully participate in home PT at this time due to pain in lumbar spine and restrictions to LUE due to pacemaker precautions. Pt participated in PT home safety eval with safety teaching and fall prevention education this date. Pt declines further home PT at this time. D/C home PT following home safety eval and safety teaching per pt request.

HOMEBOUND: Pt is homebound secondary to increased pain with attempts to leave home, increased unsteadiness with transfers and ambulation and requires cane and assist of 1 to leave home, unable to perform stairs safely without assist, and increased risk for falls with uneven surfaces related to recent hospitalization.

ESTIMATED # VISITS: eval only

24/7 CNHC availability and red flags reviewed

POC REVIEW: Plan of care reviewed with patient and daughter, who verbalizes understanding and agrees to home safety eval. MD was informed of patients POC.

Consent form/s reviewed with patient. Pt verbalized understanding. This writer witnessed patient signing the consent and ABN and form scanned to office.

Reviewed SOC assessment

Nurse's Signature and Date of Verbal SOC	Case Manager	Date HHA Received Signed POT
Christine O'Donnell RN *E-Signature* 06/27/2025 @ 03:28 PM/Rebecca A Pelicas RN 5/30/2025 @ 10:42 AM	Rebecca A Pelicas RN	(Sent 7/1/2025)

Attending Physician's Signature and Date Signed

I certify that the patient had a F2F encounter on 04/04/2025 that was related to the primary reason for home health care and was conducted by an allowed practitioner. I certify/recertify 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 the services on this plan of care and will periodically review the plan. 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. My signature indicates review and incorporation of this plan of care and supporting documentation into this patient's medical record.

Signature **X**

Date **X**

Shan Qin, MD