



HW4850118FoMGVY909oF

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.
100053258313	09/13/2024	07/10/2025 Through 09/07/2025	3057020	140111

Physician Name and Address

Nicholas J Defusco, MD
535 Faunce Corner Rd
Dartmouth, MA 02714
(508) 996-3991 Fax (508) 961-0949

Patient

Frates, Scott
850 Pleasant Street
Apt 229
New Bedford, MA 02740

DOB

02/01/1971

Sex

M

Directives In Place/Risk of Hospitalization

Additional Directives

Provider Name and Address

Innovive Health of
Massachusetts LLC
10 Cabot Rd Suite 201
Medford, MA 02155
(617) 623-3211
Fax (844) 546-7422

Risk of Hospitalization

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

11. Dx Code	Principal Diagnosis	Date	10. Medications: Dose/Frequency/Route (N)ew (C)hanged
F25.9	Schizoaffective disorder, unspecified [ICD10]	8/31/2024 E	Aristada 882 milligram intramuscular every 6 weeks for bipolar (1 syringe intramuscular every 6 weeks. Last given Next due) <i>Prescribed By: Munir, Mohammed MD (Psychiatry), 10/21/2024</i>
12. Dx Code	Surgical Procedure	Date	
N/A			
13. Dx Code	Other Pertinent Diagnoses	Date	
F43.10	Post-traumatic stress disorder, unspecified [ICD10]	1/23/2023 E	buPROPion 300 milligram oral once a day hs for bipolar. <i>Prescribed By: Munir, Qays (MD), 9/13/2024</i>
F41.1	Generalized anxiety disorder [ICD10]	9/1/2024 O	busPIRone 30 milligram oral 2 times a day am noon <i>Prescribed By: Munir, Mohammed MD (Psychiatry), 11/11/2024</i>
F31.9	Bipolar disorder, unspecified [ICD10]	1/23/2023 E	Cialis 5 - 10 milligram oral once a day PRN sexual activity <i>Prescribed By: Alcaraz, Achilles MD, 9/13/2024</i>
F90.9	Attention-deficit hyperactivity disorder, unspecified type [ICD10]	1/23/2023 E	hydrOXYzine 50 milligram oral 3 times a day am pm noon PRN anxiety <i>Prescribed By: Munir, Qays (MD), 9/13/2024</i>
F10.21	Alcohol dependence, in remission [ICD10]	1/23/2023 E	Ibuprofen 800 milligram oral every 8 hours PRN Pain <i>Prescribed By: Valcourt, Matthew., 9/13/2024</i>
E78.5	Hyperlipidemia, unspecified [ICD10]	9/1/2024 O	loratadine 10 milligram oral once a day am (Allergies) <i>Prescribed By: Defusco, Nicholas J (MD), 9/13/2024</i>
F12.10	Cannabis abuse, uncomplicated [ICD10]	1/23/2023 E	LORazepam 0.5 milligram oral 2 times a day am hs <i>Prescribed By: Munir, Mohammed MD (Psychiatry), 5/23/2025</i>
I10	Essential (primary) hypertension [ICD10]	3/13/2023 E	Melatonin 3 milligram oral once a day hs PRN Other (Take 1 tablets by mouth every night at bedtime, as needed) <i>Prescribed By: Munir, Mohammed MD (Psychiatry), 9/13/2024</i>
Z91.51	Personal history of suicidal behavior [ICD10]	11/8/2022 E	metoprolol 12.5 milligram oral once a day am <i>Prescribed By: Sagan, Heather PA, 3/26/2025</i>
T50.902D	Poisoning by unsp drug/meds/biol subst, self-harm, subs [ICD10]	1/23/2023 E	pravastatin 20 milligram oral once a day am for Anti Cholesterol (Take one tablet by mouth everyday) <i>Prescribed By: Defusco, Nicholas J (MD), 9/13/2024</i>
Z79.899	Other long term (current) drug therapy [ICD10]	3/13/2023 E	prazosin 5 milligram oral once hs for psych (Take one capsule by mouth at bedtime for ptsd) <i>Prescribed By: Munir, Mohammed MD (Psychiatry), 9/25/2024</i>
L93.2	Other local lupus erythematosus [ICD10]	6/12/2020 O	

QUetiapine 100 milligram oral once a day hs for insomnia

Prescribed By: Munir, Qays (MD), 9/13/2024

tacrolimus topical 1 application topical 2 times a day for lupus skin irritation

Prescribed By: McGinnis, Karen MD, 9/13/2024

terbinafine 250 milligram oral once a day am

Prescribed By: Hodgson, Tiffany DPM, 6/4/2025

venlafaxine 150 cap(s) oral once a day am

Prescribed By: Munir, Mohammed MD (Psychiatry), 3/21/2025

Ventolin HFA 2 puffs inhalation every 4 hours PRN asthma

Prescribed By: Martin, Daniel MD, 9/13/2024

14. DME and Supplies

Gloves-unsterile

16. Nutritional Req.

Low cholesterol diet, No salt added diet

18A. Functional Limitations

altered thought process does not affect homebound status

19. Mental Status

Oriented, Forgetful, Depressed

21. Orders for Discipline and Treatments (Specify Amount/Frequency/Duration)

SN: 1-2x/da x 60 das (7/10/2025 to 9/7/2025)

_HEAD TO TOE:

Assess Head to Toe.

_PATIENT PERSONAL PLAN:

Patient identified steps toward personal goal: stay out of hospital.

_PATIENT RISK STATUS:

Patient Risk for Emergency Room use or Hospitalization is assessed to be: Moderate and will be addressed with measures focusing on: compliance.

[HWC] MEDICATIONS:

C-Monitor the effectiveness of drug therapy, drug reactions, and side effects. Administer Aristada every Q6weeks days.

Next administration on or about Next due 7/18/25. Administer medications as per physician orders. Pre-pour all patients medications through next visit..

DEPRESSION:

C-Interventions for treatment of depression. S/O for signs/symptoms of Depression. Assess for suicidal ideation.

EMERGENCY PREPAREDNESS:

In the event of an emergency or natural disaster, the patient prefers to evacuate to: St lukes. The patient requires life saving equipment of: N/A. In the event of a power outage the patient has access to: N/A.

GENERAL:

Skilled Observation & Assessment of Vital Signs. Report findings to MD if Systolic Blood Pressure > 160 or < 90. Report findings to MD if Diastolic Blood Pressure > 100 or < 60. Report findings to MD if Heart Rate > 110 or < 60. Medication(s) secured in lockbox for safety. Lockbox in working order..

MEDICATION MANAGEMENT:

Provide patient/caregiver/family with written and/or oral education on each medication including action, dose, side effects, interactions and adverse effects..

MEDICATIONS:

Skilled Observation & Assessment of Medication Use/Effect. Teach Medication Management.

NEURO STATUS:

Skilled Observation & Assessment of Mental Status.

PAIN - R & C:

C- Assess patient pain.

PSYCHOSOCIAL/ENVTL:

Skilled Observation & Assessment of Psych/Social Needs

22. Goals/Rehabilitation Potential/Discharge Plans

SN Goals: Goal: Patient-stated personal goal: get a part time job. PT/SO Verbalize Knowledge Of CV Complications & When To Contact Physician. Patient's blood pressure will be within physician established parameters. within cert period.

Patient's heart rate will be within physician established parameters. within cert period. Medication Compliant. Patient will be compliant with medication regimen with the assistance of skilled nursing for medication administration. within cert

15. Safety Measures

Medication confusion, Universal precautions

17. Allergies

atorvastatin, Ace inhibitors

18B. Activities Permitted

No restrictions

20. Prognosis

Fair

period. PT/SO Will Verbalize Knowledge Of S/SX Change In Mental & or Sensory Deficits & Appropriate Intervention.
Patient Will Demonstrate Increased Use Of Community Resources

SN: Rehab Potential is Fair For the Above Goals

SN Discharge Plan: Patient will be discharged when independent with medication regimen and knowledgeable of disease process.

Clinical Summary SN: Patient is a 54 year old male living independently in one bedroom low income housing in New Bedford. Patient is alert and oriented x4 and independent with ADLS but continues to struggle with independent medication management and compliance with medications. Patient has no willing or able caregivers to assist with disease process and medication management. He continues to have poor judgement and insight and is unable to manage on his own. Patient continues to struggle with long history of psychiatric illness which causes patient to become overwhelmed with medication regimen and coordination of care. Patient has complicated medication regimen and without prompting has a history of non compliance with medications. Patient guarded during assessments and unable to recognize when he is decompensating and relay to nurse. Patient also has a history of taking too many medications in attempt to harm himself when left to manage medications independently. Patient also on monthly aristada injections which are given by sn. Without bid nursing visits to ensure medication compliance, patient is at high risk for rapid decompensation and hospitalization

Wound, if applicable: n/a

Hospitalizations/ER visits within cert period: none during recertification period

Homebound Status: no, patient is not homebound. Patient has active drivers license and car and transports himself to medical appointments and ADLS. Patient able to ambulate with little to no taxing effort

Medication Reconciliation Completed with Physician. Yes Dr. Defusco office-PCP Dr. Munir- Psych

Medication/Prescription Refill, Prescription Pick-up, and Controlled Substances. Yes
The client agrees with the management of prescriptions and/or controlled substances.

☒ There will be no changes to the management of medications during the upcoming certification period.
☐ The following changes will be made during the upcoming certification period.

Information updated and changes reviewed regarding:

Visit Schedule, including frequency of visits

Medication schedule/instructions that have been reconciled with the physician

Pertinent instructions related to care, treatment, and services

Name and contact information of the Clinical Manager.

The Plan of Care was reviewed with the patient/caregiver who agreed to continue the Plan of Care.

Recert Blood Pressure Range: SBP 105-158/DBP 68-107

Recert Heart Rate Range: 62-105

Recert Temperature Range: 96.8-98.0

Participants of Care

Dr. Defusco- PCP

Dr. Munir- Psych BNBA

Dr. Patvardan- cardiology hawthorn medical

Innovive health VNA

Nurse's Signature and Date of Verbal SOC

Case Manager

Date HHA Received Signed POT

Diane Daley RN *E-Signature* 07/09/2025 @ 08:01

Sarah Victorino RN

(Sent 7/10/2025)

PM/Sarah Victorino RN 7/7/2025 @ 09:19 AM

Attending Physician's Signature and Date Signed

I certify that the patient had a F2F encounter on 09/13/2024 that was related to the primary reason for home health care and was conducted by an allowed practitioner. I certify/recertify that care is medically necessary and alternative is more costly. The patient is under my care, and I have authorized the services on this plan of care and will periodically review the plan. I also acknowledge that I have received, reviewed and agree with the findings from the initial home health assessment which was attached to this plan of care. This assessment and plan of care have been added to the medical record for this patient. I certify that a face to face encounter was completed for the initial start of care

Signature **X**

Date **X**

Nicholas J Defusco, MD