

HOME HEALTH CERTIFICATION AND PLAN OF CARE

1. Patient's HI Claim No. 5366295651	2. Start Of Care Date 12/28/2022	3. Certification Period From: 6/15/2025 To: 8/13/2025	4. Medical Record No. NB0988	5. Provider No. 227520
6. Patient's Name and Address LEAH MIRANDA (508) 971-1761 161C OAKDALE ST NEW BEDFORD, MA 02740			7. Provider's Name, Address and Telephone Number Relief Home Health Services, Inc (508) 827-7954 35 Winter Street F (800) 508-0614 Hyannis, MA 02601 NPI: 1871748210	
8. Date of Birth 4/15/1947	9. Sex <input type="checkbox"/> M <input checked="" type="checkbox"/> F		10. Medications: Dose/Freq/Route (N)ew (E)xisting (C)hanged (D)iscont (E) insulin glargine, human recombinant analog (Basaglar KwikPen U-100 Insulin 10 100 unit/mL (3 mL) 5 units every HS subcutaneous diabetes Start Date: 3/5/2025 End Date: 5/22/2025 (E) insulin aspart (NovoLOG FlexPen) solution 100 units/mL PRE BREAKFAST SLIDING SCALE LESS THAN 100 GIVE 0 UNITS, 100-150 GIVE 6 UNITS, 151-200 GIVE 7 UNITS, 201-250 GIVE 8 UNITS, 251-300 GIVE 9 UNITS, 301-350 GIVE 10 UNITS, 351-400 GIVE 11 UNITS, 401-450 GIVE 12 UNITS, GREATER THAN 450 GIVE 13 UNITS injectable - Start Date: 3/6/2025 End Date: 5/23/2025 (E) insulin aspart (NovoLOG FlexPen) solution 100 units/mL PRE LUNCH SLIDING SCALE LESS THAN 100 GIVE 0 UNITS, 100-150 GIVE 9 UNITS, 151-200 GIVE 10 UNITS, 201-250 GIVE 11 UNITS, 251-300 GIVE 12 UNITS, 301-350 GIVE 13 UNITS, 351-400 GIVE 14 UNITS, 401-450 GIVE 15 UNITS, GREATER THAN 450 GIVE 16 UNITS injectable - Start Date: 3/6/2025 End Date: 5/23/2025 (E) insulin aspart (NovoLOG FlexPen) solution 100 units/mL PRE SUPPER SLIDING SCALE LESS THAN 150 GIVE 0 UNITS 151-200 GIVE 1 UNITS, 201-250 GIVE 2 UNITS, 251-300 GIVE 3 UNITS, 301-350 GIVE 4 UNITS, 351-400 GIVE 5 UNITS, 401-450 GIVE 6 UNITS, GREATER THAN 450 GIVE 7 UNITS injectable - Start Date: 3/5/2025 End Date: 5/22/2025 (E) nitrofurantoin macrocrystal (nitrofurantoin macrocrystal 100 mg ORAL capsule 100 mg TWICE DAILY AM/HS FOR FIVE DAYS LAST DOSE ON 2/4/2025 IN THE AM oral UTI Start Date: 1/29/2025 (E) vibegron (Gemtesa 75 mg tablet) tablet 75 mg take one tablet PO everyday oral urinary incontinence Start Date: 10/23/2024 (E) hydroxychloroquine tablet 200 mg one tablet twice daily oral - Start Date: 9/25/2023 (E) amLODIPine tablet 5 mg ONE TABLET TWICE DAILY, MORNING AND BEDTIME oral - Start Date: 9/25/2023 (E) arformoterol (Brovana) solution 15 mcg/2 mL inhale one vial twice daily. via hand held nebulizer inhalation - Start Date: 9/25/2023 (E) multivitamin with minerals (M-Vit) tablet - one tablet twice daily, morning and bedtime oral - Start Date: 9/25/2023 (E) glucagon (glucagon injection) powder for injection 1 mg inject 1mg once as needed for low blood sugar injectable - Start Date: 9/25/2023 (E) potassium chloride capsule, extended release 10 mEq one capsule daily oral - Start Date: 9/25/2023 (E) cyanocobalamin tablet 1000 mcg ONE TABLET ONCE DAILY IN THE MORNING oral - Start Date: 9/25/2023 (E) cholecalciferol (cholecalciferol (2000 intl units)) tablet 50 mcg one tablet daily oral - Start Date: 9/25/2023 (E) acetaminophen-codeine tablet 300 mg-30 mg ONE TABLET FOUR TIMES DAILY AS NEEDED FOR PAIN oral - Start Date: 9/25/2023 (E) levothyroxine tablet 125 mcg (0.125 mg) one tablet (125 mcg) 6 days weekly in the morning (Monday-Saturday) oral - Start Date: 9/25/2023	
11. Diagnosis Code E11.10	Principal Diagnosis Type 2 diabetes mellitus	Date		
12. Procedure Code	Surgical Procedure	Date		
13. Diagnosis Code I12.9 N18.2 I82.491 J45.909 M54.50 E05.80 R47.02 E87.5 E03.9 K21.9 K44.9 Z79.4 Z91.199 Z98.0 Z86.39 Z98.84	Other Pertinent Diagnosis Hypertensive chronic kid Chronic kidney disease, Acute embolism and throm Unspecified asthma, unco Low back pain, unspecifi Other thyrotoxicosis wit Dysphasia Hyperkalemia Hypothyroidism, unspecif Gastro-esophageal reflux Diaphragmatic hernia wit Long term (current) use Pt noncompl with other m Intestinal bypass and an Personal history of endo Bariatric surgery status	Date		

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14.DME and Supplies Cane, Shower Chair, Walker, medication planner/diabetic supplies		(E) BETA CAROTENE 10000 U ORAL TABLET - one tablet three times WEEKLY - - Start Date: 9/25/2023 (E) DIABETIC FOOT EXAM - WEEKLY ON MONDAY MORNINGS SN to assess patients legs and feet once weekly. Report any blisters, cracks, wounds or any other concerns to MD for early intervention - - Start Date: 9/25/2023 (E) furosemide tablet 20 mg One tablet Daily in the AM oral Loop Diuretic Start Date: 5/1/2024		
16.Nutritional Req Cardiac, Diabetic Diet		15.Safety Measures Guard Rails in Bathroom, Home Safety Assessment, Individualized emergency plan created, Uncluttered Pathway		
18.A Functional Limitations 1 <input type="checkbox"/> Amputation 5 <input type="checkbox"/> Paralysis 9 <input type="checkbox"/> Legally Blind 2 <input type="checkbox"/> Bowel/Bladder 6 <input type="checkbox"/> Endurance A <input type="checkbox"/> Dyspnea w/ME 3 <input type="checkbox"/> Contracture 7 <input type="checkbox"/> Ambulation B <input checked="" type="checkbox"/> Other (Specify) 4 <input type="checkbox"/> Hearing 8 <input type="checkbox"/> Speech Cognitive Deficits		17.Allergies Penicillin		
18.B Activities Permitted 1 <input type="checkbox"/> Complete Bedrest 6 <input type="checkbox"/> Partial Wt. Bear A <input type="checkbox"/> Wheelchair 2 <input type="checkbox"/> Bedrest BRP 7 <input type="checkbox"/> Indep at Home B <input checked="" type="checkbox"/> Walker 3 <input type="checkbox"/> Up as Tolerated 8 <input type="checkbox"/> Crutches C <input type="checkbox"/> No Restrictions 4 <input type="checkbox"/> Transfer Bed/Chair 9 <input checked="" type="checkbox"/> Cane D <input type="checkbox"/> Other (Specify) 5 <input type="checkbox"/> Exercises Prescribed		19. Mental Status 1 <input checked="" type="checkbox"/> Oriented 3 <input checked="" type="checkbox"/> Forgetful 5 <input type="checkbox"/> Disoriented 7 <input type="checkbox"/> Agitated Anxious 2 <input type="checkbox"/> Comatose 4 <input checked="" type="checkbox"/> Depressed 6 <input type="checkbox"/> Lethargic 8 <input checked="" type="checkbox"/> Other 20. Prognosis 1 <input type="checkbox"/> Poor 2 <input checked="" type="checkbox"/> Guarded 3 <input type="checkbox"/> Fair 4 <input type="checkbox"/> Good 5 <input type="checkbox"/> Excellent		

21.Orders for Discipline and Treatments (Specify Amount/Frequency/Duration)
SN - Skilled Nursing services to continue to include: medical and mental health evaluation; medication coordination, evaluation and management for safe storage, observed dosing-PRN and efficacy monitoring; patient education and skills teaching for related medical and mental health diagnoses; case management and advocacy; coordination of care between all Providers for improved quality and continuity of care as well as reduced ER/hospital utilization. Skilled Nurse will evaluate the patient for the necessity of any multidisciplinary and follow up accordingly.
SN Frequency: 12-14w9 3 PRN visits for acute health and safety concerns or for medication management requiring nursing assistance.
Nurse received verbal order from MD on 6/10/2025

****FOR MD: Please Fax Last Office Visit Note to 800-508-0614 ****

22.Goals/Rehabilitation Potential/Discharge Plans
Patient demonstrate necessary skills to self-manage disease process including wound care, when to notify physician, s/s necessitating emergent care, nutrition and activity Discharge plans discussed with patient. Rehab potential is fair.

22CN.Patient/Family Goals		Care Need	Discipline	Care Need Level
Alteration in Comfort: Pain			SN (02/11/2025)	
Goal Started 2/15/2025 -- In Process Demonstrate pain relief measures by the end of the episode		Intervention Started 10/18/2024 -- Teach pain reduction techniques		
Alteration in Glucose Metabolism			SN (02/11/2025)	
Goal Started 2/15/2025 -- In Process Maintain blood sugars within prescribed normal limits by the end of the episode Started 2/15/2025 -- In Process Minimize long term diabetic complications by the end of the episode		Intervention Started 10/18/2024 -- Teach about diabetes disease Started 10/18/2024 -- Teach blood glucose check using aseptic technique Started 10/18/2024 -- Teach diabetic foot care Started 10/18/2024 -- Perform blood glucose checks Started 10/18/2024 -- Perform insulin administration Started 10/18/2024 -- Teach hypoglycemic plan		
Alteration in Mental Status			SN (02/11/2025)	
Goal Started 2/15/2025 -- In Process Demonstrate an increase in sense of		Intervention Started 10/18/2024 -- Teach about depression		

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control by the end of the episode

Started 10/18/2024 -- Teach about anxiety
Started 10/18/2024 -- Teach positive coping skills
Started 10/18/2024 -- Teach relaxation techniques

Discharge Planning SN (02/11/2025)

Goal

Started 2/15/2025 -- In Process Patient will demonstrate understanding of discharge plan by discharge.

Intervention

Started 10/18/2024 -- SN to assess discharge readiness at each visit and review discharge plan with patient when ready.

High Risk: Medication Management SN (02/11/2025)

Goal

Started 2/15/2025 -- In Process Achieve medication compliance by the end of the episode

Intervention

Started 10/18/2024 -- Review and reconcile medications
Started 10/18/2024 -- Teach on medication knowledge deficits
Started 10/18/2024 -- Teach on high risk medications
Started 10/18/2024 -- Prefill pill organizer

High Risk: Potential for Falls SN (02/11/2025)

Goal

Started 2/15/2025 -- In Process Free of falls by the end of the episode
Started 2/15/2025 -- In Process Demonstrate proper use of assistive devices by the end of the episode

Intervention

Started 10/18/2024 -- Teach fall prevention

High Risk: Potential for Hospitalization SN (02/11/2025)

Goal

Started 2/15/2025 -- In Process No Acute Care Hospitalization by the end of the episode

Intervention

Started 10/18/2024 -- Assess psychological risk factors and provide teaching around psychological diagnosis

Disaster information

2:Moderate Priority-Phone call required:
Individual emergency plan details - to stay with daughter if needed or stay home

POC collaboration

Attending/Certifying Physician notified and VO for POC received: Yes
Care Coordination and Plan of Care Collaboration with: SN, OT, Patient/Family/CG

Strengths, goals, care preferences

Patient Strengths: cooperative
Patient Preferences to include requested schedules: consistent nursing staff; has difficulty with new staff
Patient/Family Stated Goals: n/a

Patient representative

Emergency Contact Name and Number: FELICIA KUCHARSKI (508) 718-8948 MIRANDA ROASANN (508) 353-3152

Patient risk for Hospital and ER

Risk Information: History of falls (2 or more falls - or any fall with an injury - in the past 12 months). Unintentional weight loss of a total of 10 pounds or more in the past 12 months. Multiple hospitalizations (2 or more) in the past 6 months. Multiple emergency department visits (2 or more) in the past 6 months. Decline in mental, emotional, or behavioral status in the past 3 months. Currently taking 5 or more medications.

Willingness and ability of CG

Primary Caregiver: Not capable of providing care

Advanced Directives

Full Code

Advanced Directives narrative

*Full code

Vital Sign Parameters - (Contact physician if the following is outside of parameters)

Temperature: low value 96.0 to high value 101.0
Pulse: low value 60.0 to high value 100.0
Respiratory Rate: low value 12.0 to high value 24.0
Systolic Blood Pressure: low value 90.0 to high value 160.0
Diastolic Blood Pressure: low value 60.0 to high value 90.0
O2 Saturation: low value 94.0 to high value 100.0
Pain: low value 0.0 to high value 6.0
Fasting Blood sugar: low value 70.0 to high value 400.0

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Random Blood sugar: low value 70.0 to high value 400.0

Reasons for Homebound & Medical Necessity

Homebound Status: Impaired activity tolerance, Unable to safely leave the home unassisted

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10. Medications: Dose/Frequency/Route (N)ew (C)hanged

(E) VITAL SIGN PARAMETERS - Vital Signs Twice Daily, and as needed Notify Physician of vital sign parameters out of range: Heart Rate: Greater Than(>) 120 Less Than (<) 60; Temp: Greater Than (>) 101.5 Less Than (<) 95.9; Respirations: Greater Than (>) 24 Less Than (<) 12; Pain Level: Greater Than (>) 7; O2 Saturation: Less Than (<) 90; Systolic BP: Greater Than (>) 160 Less Than (<) 90; Diastolic BP: Greater Than (>) 90 Less Than (<) 60; Blood Sugar, Fasting: Greater Than (>) 400 Less Than (<) 60; Blood Sugar, Random: Greater Than (>) 400 Less Than (<) 60. - - Start Date: 9/25/2023

(E) colchicine tablet 0.6 mg one tablet daily at bedtime oral - Start Date: 10/14/2023

(E) metFORMIN tablet, extended release 500 mg FOUR TABLETS (2000g) WITH LUNCH DAILY oral - Start Date: 10/11/2023

(E) niacinamide tablet 500 mg one tablet daily oral - Start Date: 9/25/2023

(E) omeprazole delayed release capsule 20 mg one capsule daily oral - Start Date: 9/25/2023

(E) donepezil tablet 5 mg one tablet daily at bedtime oral - Start Date: 9/25/2023

(E) ferrous sulfate(ferrous sulfate (65 mg elemental iron)) tablet 325 mg one tablet three times daily oral - Start Date: 9/25/2023

(E) gabapentin capsule 300 mg one capsule three times daily oral - Start Date: 9/25/2023

(E) menthol topical(Biofreeze) gel 4% twice daily as needed for shoulder pain topical - Start Date: 9/25/2023

(E) traZODone tablet 50 mg one tablet daily at bedtime oral - Start Date: 9/25/2023

(C) insulin aspart(NovoLOG FlexPen) solution 100 units/mL PRE BREAKFAST SLIDING SCALE LESS THAN 100 GIVE 0 UNITS, 100-150 GIVE 8 UNITS, 151-200 GIVE 9 UNITS, 201-250 GIVE 10 UNITS, 251-300 GIVE 11 UNITS, 301-350 GIVE 12 UNITS, 351-400 GIVE 13 UNITS, 401-450 GIVE 14 UNITS, GREATER THAN 450 GIVE 15 UNITS injectable - Start Date: 5/24/2025

(C) insulin aspart(NovoLOG FlexPen) solution 100 units/mL PRE LUNCH SLIDING SCALE LESS THAN 100 GIVE 0 UNITS, 100-150 GIVE 9 UNITS, 151-200 GIVE 10 UNITS, 201-250 GIVE 10 UNITS, 251-300 GIVE 11 UNITS, 301-350 GIVE 11 UNITS, 351-400 GIVE 12 UNITS, 401-450 GIVE 12 UNITS, GREATER THAN 450 GIVE 13 UNITS injectable - Start Date: 5/24/2025

(C) insulin aspart(NovoLOG FlexPen) solution 100 units/mL PRE SUPPER SLIDING SCALE 100-151 GIVE 2 UNITS, 151-200 GIVE 3 UNITS, 201-250 GIVE 3 UNITS, 251-300 GIVE 4 UNITS, 301-350 GIVE 4 UNITS, 351-400 GIVE 5 UNITS, 401-450 GIVE 5 UNITS, GREATER THAN 450 GIVE 6 UNITS injectable - Start Date: 5/23/2025

(C) insulin glargine,human recombinant analog(Basaglar KwikPen U-100 Insulin 10 100 unit/mL (3 mL) 6 units every HS subcutaneous diabetes Start Date: 5/23/2025

23.Nurse's Signature and Date of Verbal SOC Where Applicable

JENNIFER PAYETTE (RN)

6/10/2025 11:00 AM

Electronically signed by: JENNIFER PAYETTE, RN

6/10/2025

25.Date of HHA Received Signed POT

24.Physician or other approved provider name and address

MICHAEL HAIT, MD W: 508-996-3991
535 Faunce Corner Road
N Dartmouth, MA 02747 NPI: 1326028085

26.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 services on this plan of care and will periodically review the plan.

27.Physician or other approved provider Signature and Date Signed

28.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 Attestation

I certify that this medical record entry for Physician's orders accurately reflects the most recent assessment of the patient's condition as well as a verbal conversation with the physician to provide these services. I understand that signing this document electronically is the legal equivalent of having placed my handwritten signature on this document. I do hereby attest that this information is true, accurate and complete to the best of my knowledge and I understand that any falsification, omission or concealment of material fact may be subject me to administrative, civil or criminal liability.

Electronically signed and dated by:

JENNIFER PAYETTE RN	JENNIFER PAYETTE, RN	125	7/1/2025	6:53 PM	Central Standard Time
Signature	Associate Name	User ID	Date	Time	Time Zone

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Approval Attestation

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Electronically signed and dated by:

<i>Shayna Oliveira RN</i>	SHAYNA OLIVEIRA	23	7/2/2025	10:08 AM	Central Standard Time
Signature	Associate Name	User ID	Date	Time	Time Zone

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