



HW4850118FoMGVY920XV

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.
100013157118	08/09/2019	07/08/2025 Through 09/05/2025	770008	140111

## Physician Name and Address

Elaine Wu, MD  
531 Faunce Corner Rd  
North Darmouth, MA 02747  
(508) 996-3991 Fax (508) 213-3429

## Patient

Ourique, Maria  
170 Riverside Avenue  
Apt 118  
New Bedford, MA 02745

## DOB

10/23/1952

## Sex

F

## Directives In Place/Risk of Hospitalization

## Additional Directives

Advance Care Plan Discussion - Discussion held, patient declined to provide  
ACP - Declined  
DNR  
Living Will  
Proxy - Medical - Silveira, Tammy

## 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  
Other Risk

## 11. Dx Code Principal Diagnosis

F33.3 Major depressive disorder,  
recurrent, severe with psychotic  
symptoms [ICD10]

## Date

8/6/2019 O

## 12. Dx Code Surgical Procedure

N/A

## Date

## 13. Dx Code Other Pertinent Diagnoses

F41.9 Anxiety disorder, unspecified  
[ICD10]

## Date

8/6/2019 E

I10 Essential (primary) hypertension  
[ICD10]

8/6/2019 E

K59.00 Constipation, unspecified  
[ICD10]

8/6/2019 E

E78.00 Pure hypercholesterolemia,  
unspecified [ICD10]

7/25/2019 O

I71.9 Aortic aneurysm of unspecified  
site, without rupture [ICD10]

5/7/2018 O

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

Calcium + Vitamin D 600 mg-5 mcg tablet 2 tablets oral  
once a day (Give 2 tabs in the AM totaling 1200/10  
mg/mcg)

*Prescribed By: Wu, Elaine MD (Family Practice),  
2/25/2025*

CeleXA 10 milligram oral once a day am

*Prescribed By: Wu, Elaine MD (Family Practice),  
3/30/2022*

chlorthalidone 25 milligram oral once a day am

*Prescribed By: Wu, Elaine MD (Family Practice),  
6/15/2020*

fluticasone nasal 1 Spray in each nostril once a day am

*Prescribed By: Alves, Emily PA, 10/11/2024*

omeprazole 20 milligram oral once a day pm

*Prescribed By: Wu, Elaine MD (Family Practice), 6/8/2023*

potassium chloride 20 milligram oral once a day am

*Prescribed By: Wu, Elaine MD (Family Practice),  
3/14/2024*

pravastatin 20 milligram oral once a day pm

*Prescribed By: Wu, Elaine MD (Family Practice),  
3/14/2024*

## 14. DME and Supplies

Gloves-unsterile, med box

## 15. Safety Measures

Fire, electric, & open flame safety, Medication confusion,  
Universal precautions

## 16. Nutritional Req.

Regular diet

## 17. Allergies

penicillins

## 18A. Functional Limitations

## 18B. Activities Permitted

Cognition in which does not affect HB status

No restrictions, Up as tolerated, Independent at home

19. Mental Status

20. Prognosis

Forgetful, Depressed, Anxiety, Altered thought process which does not affect homebound status.

Guarded

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

SN: 1-2x/wk x 9 wks (7/8/2025 to 9/5/2025)

PRNx3 Complications/Med Changes

\_HEAD TO TOE:

Assess Head to Toe.

\_PATIENT PERSONAL PLAN:

Patient identified steps toward personal goal: Take prepaure medications everyday and follow teachings from nurses.

\_PATIENT RISK STATUS:

Patient Risk for Emergency Room use or Hospitalization is assessed to be: Moderate and will be addressed with measures focusing on: Skilled nurse will see patient on a daily basis for assessment,teaching, coordination of care and medication management to ensure medications are being taken correctly and safely..

[HWC] MEDICATIONS:

C-Monitor the effectiveness of drug therapy, drug reactions, and side effects. Administer medications as per physician orders.

DEPRESSION:

S/O - use of psychotropic medications. T-Teach prescribed medication use, actions and potential side effects. S/O for signs/symptoms of Depression. Assess for suicidal ideation. Provide patient/caregiver/family with written and/or oral education about signs and symptoms of depression. Make referrals to MD, MSW and/or community resources if appropriate.

EMERGENCY PREPAREDNESS:

In the event of an emergency or natural disaster, the patient prefers to evacuate to: Tammy Silvera-daughter Evacuation Location - Address 253 query st New Bedford ma Evacuation Location - Phone 508-728-8024. The patient requires life saving equipment of: Med box. In the event of a power outage the patient has access to: N/A.

GASTROINTESTINAL:

Skilled Observation & Assessment of Elimination.

GENERAL:

Skilled Observation & Assessment of Vital Signs. Report findings to MD if Systolic Blood Pressure > 180 or < 90. Report findings to MD if Diastolic Blood Pressure > 90 or < 60. Report findings to MD if Heart Rate > 120 or < 50.

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:

Teach Medication Use.

PAIN - R & C:

Skilled Observation & Assessment of Rest.

PSYCHOSOCIAL/ENVTL:

Skilled Observation & Assessment of Psych/Social Needs. Teach Mental Disease Process.

SAFETY:

Skilled Observation & Assessment of Safety. Equipment in Working Order

22. Goals/Rehabilitation Potential/Discharge Plans

SN Goals: Goal: Patient-stated personal goal: I will take my prepaured medications. Medication Compliant

SN: Rehab Potential is Fair For the Above Goals

SN Discharge Plan: Discharge to Self Care

Clinical Summary SN: Patient is a 72 year old widowed female who lives alone in a low income housing building in New Bedford with no able or willing caregiver to assist with medication management or disease process. Patient is independent with ADL's and does not require assistive devices to ambulate. Patient has a long history of chronic mental illness and hospitalizations as a result of med non compliance. Patient continues to require skilled nursing visits for med management, assessment, coordination of care and teaching. Patient responds poorly to medication teaching and continues to need ongoing reinforcement and education and constant reminders to ensure compliance. Patient gets easily anxious and overwhelmed, unable to verbalize and teach back medication names correctly due to lack of insight and altered thought process. Patient can only be pre poured for a few days at a time as she gets anxious and is very forgetful due to her going out daily to be less depressed. Patient declines participating in medication prep at every visit as she is unable to recognize shapes of pills and unable to teach back use or correct scheduled dose. Patients primary language is Portuguese and she speaks broken English. Med labels are in English, which she cannot read or understand and relies on SN to call in medications refills and read paperwork or she throws it out. Patient is borderline diabetic, needs to exercise more and diet

and has a goal of wanting to lose ten pounds. Education on nutrition reviewed at each visit but pt with lack of insight and knowledge deficits. She continues to have poor judgement and insight and is unable to manage on her own.

Wound, if applicable: n/a

Hospitalizations/ER visits within cert period: no hospitalizations or ER visits during this recert period.

Homebound Status: patient is not considered homebound and is able to leave home for an unlimited duration.

Medication Reconciliation Completed with Physician.

Medication/Prescription Refill, Prescription Pick-up, and Controlled Substances.

The client agrees with the management of prescriptions and/or controlled substances.

  X   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: n/a

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 ranges: 113 - 150 DBP ranges: 60 - 83

Recert Heart Rate Range: 60 - 81

Recert Temperature Range: WNL

Participants of Care

PCP: Dr Wu

GI- Dr. Bellwynter

Cardiology-Dr. Duell

Eye Dr: Emily Alvis, NP

VNA- Innovive Health

Nurse's Signature and Date of Verbal SOC

Case Manager

Date HHA Received Signed POT

Diane Daley RN \*E-Signature\* 07/09/2025 @ 07:30

Ashley Dias RN

(Sent 7/10/2025)

PM/Jennifer Rogers RN 7/8/2025 @ 10:52 AM

Attending Physician's Signature and Date Signed

I certify that the patient had a F2F encounter on 07/25/2019 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**

Elaine Wu, MD