



HW485011L6J1KKH6TBH0

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.
6PJ1YU7QG91	07/01/2025	07/01/2025 Through 08/29/2025	6757015	227027

Physician Name and Address	Patient	DOB
Karina P Bautista, MD Hawthorn Medical Associates 531 Faunce Corner Rd. North Dartmouth, MA 02747 (508) 996-3991 Fax (508) 961-2982	Turner, Susan 31 Howland Road Lakeville, MA 02347	07/07/1950
		Sex
		F

Directives In Place/Risk of Hospitalization	Provider Name and Address
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Advance Care Plan Discussion - Discussion held, patient unable to provide ACP

Risk of Hospitalization

History of falls (2 or more falls - or any fall with an injury - in the past 12 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

Community Nurse Inc
62 Center Street
Fairhaven, MA 02719
(508) 992-6278
Fax (508) 997-3091

11. Dx Code	Principal Diagnosis	Date	10. Medications: Dose/Frequency/Route (N)ew (C)hanged
S72.142D	Displ intertroch fx l femur, subs for clos fx w routn heal [ICD10]	6/24/2025 E	acetaminophen 500 mg tablet 2 tablets oral 3 times a day PRN Pain (C)
12. Dx Code	Surgical Procedure	Date	albuterol 90 mcg/inh aerosol 1 - 2 inhalation inhalation 2 times a day PRN Shortness of Breath (N)
N/A			aspirin 81 mg tablet, chewable 1 tablets chewed 2 times a day (N)
13. Dx Code	Other Pertinent Diagnoses	Date	atorvastatin 10 mg tablet 1 tablets oral once a day hs (N)
I10	Essential (primary) hypertension [ICD10]	6/24/2025 E	betamethasone-clotrimazole topical 0.05%-1% cream 1 application topical 2 times a day (N)
E11.9	Type 2 diabetes mellitus without complications [ICD10]	6/24/2025 E	buPROPion 100 mg tablet 1 tablets oral once a day (N)
J45.909	Unspecified asthma, uncomplicated [ICD10]	6/24/2025 E	Calcium Carbonate and Vitamin D 600 mg-5 mcg tablet 1 tablets oral once a day (N)
E03.9	Hypothyroidism, unspecified [ICD10]	6/24/2025 E	Jardiance 25 mg tablet 1 tablets oral once a day (in the mornin (N)
F41.1	Generalized anxiety disorder [ICD10]	6/24/2025 E	Mag64 112 mg-64 mg delayed release tablet 2 tablets oral once a day (N)
K21.9	Gastro-esophageal reflux disease without esophagitis [ICD10]	6/24/2025 E	Melatonin 10 mg capsule 1 cap(s) oral once a day hs (N)
G47.00	Insomnia, unspecified [ICD10]	6/24/2025 E	Mounjaro 5 mg/0.5 mL solution 5 milligram subcutaneous once a week (N)
F39	Unspecified mood [affective] disorder [ICD10]	6/24/2025 E	naloxone 4 mg/0.1 mL spray 1 Spray nasal once PRN Other (N)
E55.9	Vitamin D deficiency, unspecified [ICD10]	6/24/2025 E	oxyCODONE 5 mg tablet 1 tablets oral every 6 hours PRN Pain (N)
E78.00	Pure hypercholesterolemia, unspecified [ICD10]	6/24/2025 E	pantoprazole 40 mg delayed release tablet 1 tablets oral once a day (N)
R01.1	Cardiac murmur, unspecified [ICD10]	6/24/2025 E	polyethylene glycol 3350 - powder for reconstitution 17 gram oral 2 times a day (N)
M85.80	Other specified disorders of bone density and structure, unspecified site [ICD10]	6/24/2025 E	senna 8.6 mg tablet 1 tablets oral 2 times a day (N)
Z91.81	History of falling [ICD10]	6/24/2025 E	Synthroid 112 mcg (0.112 mg) tablet 1 tablets oral once a day (N)
Z74.1	Need for assistance with personal care [ICD10]	6/24/2025 E	
Z79.82	Long term (current) use of aspirin [ICD10]	6/24/2025 E	
Z79.84	Long term (current) use of oral hypoglycemic drugs [ICD10]	6/24/2025 E	
Z79.85	Long-term (current) use of injectable non-insulin antidiabetic drugs [ICD10]	6/24/2025 E	

Z86.19	Personal history of other infectious and parasitic diseases [ICD10]	6/24/2025 E
Z90.49	Acquired absence of other specified parts of digestive tract [ICD10]	6/24/2025 E
Z86.0100	Personal history of colon polyps, unspecified [ICD10]	6/24/2025 E
Z87.891	Personal history of nicotine dependence [ICD10]	6/24/2025 E

14. DME and Supplies	15. Safety Measures
Rolling walker, cane	Bleeding precautions, Evacuation plans, Fall precautions, Fire, electric, & open flame safety, Night light, No ambulation w/o assist, Universal precautions, Use of safety devices in bathroom
16. Nutritional Req.	17. Allergies
No concentrated sweets	meloxicam, oxaprozin, lisinopril, oxyBUTYnin, metoclopramide
18A. Functional Limitations	18B. Activities Permitted
Ambulation, Endurance	Up as tolerated, Exercise prescribed, Cane, Walker
19. Mental Status	20. Prognosis
Oriented	Good
21. Orders for Discipline and Treatments (Specify Amount/Frequency/Duration)	

PT: 1-2x/wk x 1 wk, 1-2x/wk x 3 wks, 1x/wk x 5 wks, PRNx4 Change in Functional Stat
 Patient Risk for Emergency Room use or Hospitalization is assessed to be: Moderate and will be addressed with measures focusing on: Fall prevention, gait training, balance training, strengthening and pain management. Assess L Hip at each visit for signs and symptoms of infection to ensure proper healing.. 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. C-Monitor the effectiveness of drug therapy, drug reactions, and side effects. Fall Prevention Instruction. Instruction and Progression of HEP. Monitor Incision. S/O - evaluation of skin integrity and risk of pressure ulcer. T-Teach Interventions to reduce pressure on areas at risk for skin breakdown. Teach Functional Mobility. Teach ROM Exercises. Teach- Interventions to monitor and mitigate pain. Therapeutic Exercises/Muscle Re-education. Transfer Training. Teach Activities to Enhance Balance, Activities to Enhance Endurance, Gait Training, Home Exercise Program, Home Safety, Positioning to Prevent Injury, PT/SO Safe Bed Mobility, Signs/Symptoms of Infection, Stair Training. WBAT L LE

22. Goals/Rehabilitation Potential/Discharge Plans

PT Goals: Patient Stated Personal Goal: Long Term Goal: "I want to get stronger and be able to walk around on my own again with less pain" within cert period. Pt will ambulate with a SC Independently 2x35 feet to safely access all the rooms of her home with improved balance within cert period. Pt will ambulate outdoors with a SC Independently x200 feet or greater in order to improve access to the community within cert period. Short Term Goal: Independent Pacing Skills With Good Technique within cert period. Short Term Goal: Independent Pain Management within cert period. Short Term Goal: Independent Safe Bed Mobility within cert period. Long Term Goal: Independent With Home Exercise Program within cert period. Long Term Goal: Patient will be free from falls for 3+ weeks within cert period. Short Term Goal: Patient/SO will be knowledgeable with edema management techniques within cert period. Short Term Goal: The patient will demonstrate improved functional lower extremity strength by improving 30 second sit to stand score to 8 to allow patient to decrease fall risk within cert period. Patient Stated Personal Goal- Short Term Goal: Pt agrees to complete daily HEP and ambulation program x2 weeks to improve LE strength and return to an independent level in the home setting within cert period. Pt to remain safe at home as evidenced by no reported falls.. Pt will demonstrate improved L LE strength for hip flexors/extensors to 3+/5 or greater to improve transfers to an independent level. within cert period. Pt will ascend/descend stairs with a rail and non recip pattern Independently in order to safely enter/exit their home with BORG scale of 1-2 /10 for improved endurance/pacing with strenuous activity within cert period

Rehab Potential is Good For the Above Goals

Discharge Plan: Discharge to Self Care

Clinical Summary PT: REASON FOR ADMISSION: Pt is a 74 y/o female who has been referred to skilled PT services at CNHC for strengthening and functional mobility training. Pt is s/p hospitalization at SLH 6/24/25 - 6/30/25. Pt is s/p fall with L Hip Fx with gamma nail ORIF with Dr. Vranos on 6/25/25, and will f/u with Synergy for orthopedic follow up. Pt is WBAT L LE with no precautions. Sutures/staples to be removed at the office, with Pt f/u with Orthopedic 7/8/25. Incision is covered by an occlusive dressing, to remain in place until MD f/u or changed with like bandage if bandage becomes saturated.

Primary Dx: s/p L intertrochanteric hip Fx with gamma nail

PMH: Hyperlipidemia, Hypothyroidism, DM, HTN, Mood disorder, GERD, Asthma, Insomnia, Lyme disease, Obesity, Osteopenia, Appendectomy

Soc HX: Pt lives with her daughter and her family in a 2 level home, raised ranch with 3 steps +6 to enter with rail. Pt was ambulating at an independent level without AD. She was independent with bed mobility and transfers. Pt was independent with self ADL's, ADL's, driving and working as a nurse.

CODE STATUS: FULL CODE

COGNITION: A+Ox3

HEALTH LITERACY: Pt has the potential for High Health Literacy

MEDICATION: reconciliation completed, no issues. UR Nurse notified of current medication list which matches up with MD list.

CURRENT LEVEL OF FUNCTION: Pt performs bed mobility and transfers with Supervision, with vc's for safety and hand placement and decreased WBing on the L LE due to increased pain. Pt ambulates in the home with a RW and CL Supervision, with decreased step length/height and a step too gait pattern, with increased UE WBing on the RW. Pt is fatigued with short distances at this time. Pt demonstrates decreased strength, balance, endurance and increased pain.

REFERRALS: None at this time; pt declines need for OT at this time

SAFETY: Pt is at an increased risk of falls due to current physical limitations/impairments.

SKILL/REASON FOR HOMECARE: Skilled PT services are necessary in order to address the endurance, strength, balance, gait and safety deficits, in order for pt to return to PLOF. Without PT services, the patient is at a significant risk for falls with injury, decreased quality of life and increased dependence on caregivers for mobility. This would result in a decreased quality of life. PT services are expected to improve the patients mobility to return to PLOF and decrease risk of falls.

HOMEBOUND: Pt is currently homebound at this time as it is a taxing effort for pt to safely leave their home due to the above impairments, placing them at an increased risk of falls.

ESTIMATED # VISITS: 9

24/7 CNHC availability and red flags reviewed

EMERGENCY PREPAREDNESS PLAN: Plan reviewed with Patient, written copy left in pt home as well as electronic copy filed in MR

POC REVIEW: Plan of care reviewed with Patient who verbalizes understanding and agrees to participate. Witnessed pt signing admission consent to treatment, which was scanned into the record, with all other SOC documents signed electronically this day. MD was informed of patients POC. A list of local federal and state funded resources was provided. Red flag document reviewed.

ASSESSMENT STANDARD PRECAUTIONS

Richard C Landis, PT

Nurse's Signature and Date of Verbal SOC	Case Manager	Date HHA Received Signed POT
Jill Ott RN *E-Signature* 07/02/2025 @ 12:51 PM/Richard Landis PT-MA Lic# 17803 7/1/2025 @ 05:01 PM	Maureen E Graca PT-MA Lic# 8407	(Sent 7/2/2025)

Attending Physician's Signature and Date Signed

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.

SignatureX

DateX

Karmina P Bautista, MD