HW4850118FoMGVY8TXAM

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.
100048246291	01/18/2023	07/06/2025 Through 09/03/2025	3934020	140111

Physician Name and Address

Karmina Bautista, MD
531 Faunce Corner Rd
Dartmouth, MA 02747
(508) 996-3991 Fax (508) 961-2513

Patient

Maker, Robert
12 Ruth Street
Apt 403
New Bedford, MA 02744

DOB

03/26/1951

Sex

M

Directives In Place/Risk of Hospitalization

Advance Care Plan Discussion - Discussion held, patient unable to provide ACP

Risk of Hospitalization

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
Other Risk

Provider Name and Address

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

11. Dx Code	Principal Diagnosis	Date
E11.9	Type 2 diabetes mellitus without complications [ICD10]	1/5/2023 O

12. Dx Code	Surgical Procedure	Date
N/A		

13. Dx Code	Other Pertinent Diagnoses	Date
S01.80XA	Unspecified open wound of other part of head, initial encounter [ICD10]	1/5/2023 O
E78.5	Hyperlipidemia, unspecified [ICD10]	1/5/2023 O
E66.09	Other obesity due to excess calories [ICD10]	1/5/2023 E
R41.3	Other amnesia [ICD10]	1/5/2023 O
R03.0	Elevated blood-pressure reading, without diagnosis of hypertension [ICD10]	1/5/2023 O
Z79.84	Long term (current) use of oral hypoglycemic drugs [ICD10]	1/5/2023 E
Z91.148	Patient's other noncompl with meds regimen for other reason [ICD10]	4/1/2023 O

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

atorvastatin 10 milligram oral once a day am
Dupixent Pre-filled Pen 300 milligram subcutaneous every 2 weeks am
Prescribed By: Davies, Olivia, 5/7/2025 (C)
fluvoxaMINE 100 milligram oral once a day am for ocd
Prescribed By: Harrell, Audrey MD, 5/20/2024
folic acid 1 milligram oral once a day am
Prescribed By: Bautista, Karmina MD (Internal Medicine), 12/12/2023
gabapentin 300 milligram oral 2 times a day am pm
Prescribed By: Stone, Joshua A MD (Neurology), 3/7/2025
glipiZIDE 20 milligram oral once a day am for DM (Take 2 tablets daily)
Prescribed By: Bautista, Karmina MD (Internal Medicine), 4/1/2025
Januvia 100 milligram oral once a day am for DM
Prescribed By: Bautista, Karmina MD (Internal Medicine), 7/31/2024
Myrbetriq 25 milligram oral once a day am
Prescribed By: Bautista, Karmina MD (Internal Medicine), 4/1/2025
NAC 600 milligram oral once a day am (Take two tablets to equal dose of 1200mg)
Prescribed By: Michael Stephens, 6/3/2025
tamsulosin 0.4 milligram oral once a day am for bladder control
Prescribed By: Mccaslin, Ian R MD (Urology), 6/20/2023

14. DME and Supplies

Bacitracin ointment, Gloves-unsterile

15. Safety Measures

Fall precautions, Fire, electric, & open flame safety, Medication confusion, Needle disposal precautions

16. Nutritional Req.

No concentrated sweets

17. Allergies

NKA

18A. Functional Limitations

Altered thought process, not homebound

18B. Activities Permitted

Independent at home

19. Mental Status

Oriented, Forgetful

20. Prognosis

Fair

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

SN: 2x/da x 60 das (7/6/2025 to 9/3/2025)
PRNx3 Complications/Med Changes
_HEAD TO TOE:
Assess Head to Toe.
_PATIENT PERSONAL PLAN:
Patient identified steps toward personal goal: compliance with poc.
_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 with poc.
[HWC] MEDICATIONS:
C-Monitor the effectiveness of drug therapy, drug reactions, and side effects. Pre-pour all patients medications through next visit..
DEPRESSION:
C-Interventions for treatment of depression.
EMERGENCY PREPAREDNESS:
In the event of an emergency or natural disaster, the patient prefers to evacuate to: Hospital. The patient requires life saving equipment of: Med box. In the event of a power outage the patient has access to: N/A.
ENDOCRINE STATUS:
Skilled Observation & Assessment of Hypo/Hyperglycemic Reactions. Teach Skin & Foot Care. Teach Self Glucose Monitoring. Teach Action, Side Effects, Doseage Schedule of Oral Hypoglycemic.
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 > 90 or < 60. Report findings to MD if Heart Rate > 120 or < 60. Report findings to MD if Blood Glucose > 400 or < 70. Medication(s) secured in lockbox for safety. Lockbox in working order..
INTEGUMENT STATUS:
Skilled Observation & Assessment of S/SX Infection.
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. Administer IM or SQ Medications As Ordered. Teach Medication Side Effects. Teach Medication Management. Administer Dupixent Injection Q2 weeks
Last Given: 6/18/25
Next Due: 7/2/25.
OASIS POC SYNOPSIS:
Provide patient/caregiver/family with written and/or oral education on how to perform regular skin exams, clean and dry feet, moisturize skin regularly, diabetic appropriate footwear.
PAIN - R & C:
Teach- Interventions to monitor and mitigate pain. C- Assess patient pain.
SAFETY:
Skilled Observation & Assessment of Safety.
WOUND PROTOCOL:
Wound # 2 - Skin Tear - anterior_nose - 1. Wash with: Normal Saline
2. Pat dry gauze thoroughly
3. Cover with: Apply medi honey ointment to wound areas
4. Secure with: Gauze and Adaptic
5. Wound care dressing change on: Daily
6. Measure wound weekly and PRN.

22. Goals/Rehabilitation Potential/Discharge Plans

SN Goals: Long Term Goal: Patient-stated personal goal: Maintain medication compliance. 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. PT/SO Understand & Are Able To Comply With Prescribed Diabetic Regimen. Patient's blood sugars will be within physician established parameters. within cert period. Wounds Will Heal Without Complication. Medication Compliant. Patient will be compliant with medication regimen with the assistance of skilled nursing for medication administration. within cert period

SN: Rehab Potential is Fair For the Above Goals
SN Discharge Plan: Discharge to Self Care

Clinical Summary SN: Patient is a 74 year old male who lives alone in a low income housing building authority in New Bedford. Patient presents as disheveled almost daily but appropriate. Apartment with some clutter at times but patient allows home maker to assist with housekeeping once weekly for two hours from Anodyne services. Although apartment does get cluttered again few days later. Patient has STM loss, poor memory focus and impaired judgment related to Alzheimers Patient is independent with ADLs, walks with no assistive devices and has no willing or able caregiver to assist him. He continues to have poor judgement and insight and is unable to manage on his own.

Patient continues to need BID visits as he has poor insight, STM loss, and Alzheimer's. Patient is very forgetful and unfocused and easily distracted. Needs lots of redirecting and prompting at each visit. Patient continues to need extensive education and assessment regarding diabetes management. Pt likes to eat high carbs and sugary foods. A1C continues to be high and patient managed on oral agents. Patient is partially receptive with teaching but unable to retain information for long periods of time due to cognitive impairment and short attention span and forgetfulness. SN often has to repeat herself during visit as patient forgets what was just said after a couple of minutes. He needs lots of edu and reinforcements to ensure compliance. Patient is unable to teach back signs or symptoms of hypo and hyperglycemia. Unable to assess blood sugars as he can not coordinate lancet and gets overwhelmed and anxious. Patient does not know medications names, unable to verbalize back due to altered thought process and knowledge deficits. Patient continues with wounds to his face, slowly healing with current treatment order and dupixent skin injection bi weekly per dermatology. Unable to self admin due to fear of needles and looks away from sn when administered. Last given today (7/2) and next due (7/16/25) Pt keeps getting periorbital edema in R lower eyelid due to his picking his skin and scalp and rubbing eye due to his anxiety and ocd symptoms. Wound care is performed daily by SN at each visit, but patient cont to pick at wounds unconsciously and does not keep bandage's intact. Without nursing services patient is at high risk for decompensation and hospitalization due to hypoglycemic events, infection due to wounds and med non compliance as he can not safely manage or remember to take his medications.

Wounds: patient has wounds on his right side of face, above R eye, below his R side of nose and on top of his head in his scalp that SN performs wound care daily to promote healing. Visits BID to make sure wounds are clean and for patient to take meds as ordered to prevent eye infections that keeps reoccurring. Needs ongoing reinforcements and edu on his diabetic regimen. Some improved wound healing this Recert period as patient has been receiving Dupixent injections biweekly for the last two months. S/sx of infection reviewed at each visit but patient does not stop touching face/skin due to ocd and his anxiety symptoms.

Hospitalizations/ER visits within cert period: No hospitalizations or ER visits within cert period

Homebound Status: Pt is not home bound and is able to leave home without a taxing effort.

Recent Hospitalizations/ER visits: None in the past 60 days

Medication Reconciliation Completed with Physician. No medication changes. Last appt on 6/30/25 and next on 12/30/25@2:30

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 made 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 Ranges: SBP: 104-146 DBP: 66-88
Recert Heart Rate Ranges: 73-119
Recert Temp ranges: WNL
Recert Blood Sugar Ranges: 131-373

Participants of Care:
MD-karmina Bautista
Dermatology-Dr Davies/ Dr Stephan
Audrey Harrel-psych
Joshua Stone-neurology
Ian McCaslin-urology
Innovive VNA services (RN case manager)

Nurse's Signature and Date of Verbal SOC	Case Manager	Date HHA Received Signed POT
Diane Daley RN *E-Signature* 07/02/2025 @ 08:05 PM/Ronica Resendes RN 7/2/2025 @ 02:55 PM	Ronica Resendes RN	(Sent 7/3/2025)

Attending Physician's Signature and Date Signed

I certify that the patient had a F2F encounter on 01/05/2023 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** Electronically Signed by [ ] on [ ] Date**X**

Karmina Bautista, MD