

## Patient Information

<b>Patient's HI Claim No.</b> 7Y78EF0DK44	<b>Start of Care Date</b> 06/04/2025	<b>Certification Period</b> From: 06/04/2025 To: 08/02/2025		<b>Medical Record No.</b> hcbr-MC-1342
<b>Patient's Name and Address</b> Korab, Kevin A 1191 Hixville Rd NORTH DARTMOUTH, MA 02747		<b>Gender</b> Male	<b>Date of Birth</b> 01/17/1962	<b>Phone Number</b> (508) 995-0020
		<b>Email</b> --		<b>Primary Language</b> English
<b>Patient's Representative</b> Smith, Beth		<b>Address</b> 4 Athens Avenue RUTLAND, MA 01543		<b>Relationship</b> Other Family Member
<b>Phone Number</b> (508) 330-6446	<b>Representative Type</b> Legally authorized			<b>Primary Language</b> English

## Patient Risk Profile

Risk Factors: Currently taking 5 or more medications. Currently reports exhaustion. Other risk(s) not listed in 1-8.

Additional Risk Information: New seizure onsets

The patient was seen by the physician, or authorized practitioner working with the physician or a practitioner who cared for the patient in an acute or post-acute facility. A face-to-face encounter was performed by J. Woo Lee, MD on 6/03/2025 at d/c from BWH.related to the primary reason the patient requires home health that meets CMS requirements.

Medical Necessity/Need for Skilled Services

Skilled Need for Physician Referral: education related to seizures and infection prevention

Primary Focus of Care, including 1\*dx:Urinary tract infection, site not specified triggered Epilepsy, unspecified, not intractable, with status epilepticus

Changes from Baseline/PLOF: Patient has had minimal change in status since hospitalization

Recent exacerbation that warrant services: new onset seizures

Any new medications or changes? New medications: BAclofen 30mg, Keppra 1000mg

By receiving SN/OT/ST, the patient will continue to reside in their own residential setting as opposed to a more restrictive, costly environment.

Homebound Status was verified with primary care provider

Risk assessment for unplanned hospitalizations/ER visits, urgent care visits, and unscheduled MD visits reviewed. Interventions added to POC.

POC and emergency plan developed in collaboration with pt/CG/guardian.

Pt/guardian has approved the POC and in agreement with the schedule.

Patient/caregiver goal this admission is to learn how to manage seizure disorder

MD confirmed medication reconciliation/treatments.

Consent to treat signed/consent to treat reviewed with guardian/patient.

Issued patient rights/reviewed patient rights with guardian/patient.

Verified pharmacy

Patient has legal guardian, which is the patient rep

Patient/caregivers declined HHA as assistance with ADLs is already in place.

Initial POC left at patient's home.

Caregivers Patient resides in group home and is available and willing for assistance with all needs.

Anticipated discharge date: 08/02/2025

## Clinical Data

<b>Clinical Manager</b> Amaral, Carrie M	<b>Branch Name and Address</b> Visiting Rehab and Nursing 125 High Street STE 204 Mansfield, MA 02048-2165	<b>Phone Number</b> (877) 242-8771
<b>Provider Number - Medicare Number</b> 1396101861		<b>Fax Number</b> (774) 244-4404

Primary Diagnosis		
Code	Description	Date
N39.0	Urinary tract infection, site not specified (O)	05/30/2025

Secondary/Other Diagnosis		
Code	Description	Date
G40.901	Epilepsy, unsp, not intractable, with status epilepticus (E)	05/30/2025
R13.10	Dysphagia, unspecified (E)	05/30/2025
G82.20	Paraplegia, unspecified (O)	01/01/2000
R25.2	Cramp and spasm (O)	01/01/2000
E22.2	Syndrome of inappropriate secretion of antidiuretic hormone (O)	01/01/2000
z87.820	Personal history of traumatic brain injury (O)	01/01/2000
Z93.3	Colostomy status (O)	01/01/2000
Z97.8	Presence of other specified devices (O)	01/01/2000
z79.899	Other long term (current) drug therapy (O)	01/01/2000

**Mental Status**  
**Orientation:**  
 Person: Oriented. Time : Disoriented.  
 Place : -- Situation: Disoriented.

**Memory:** Forgetful.

**Neurological:** Seizures.

**Mood:** Appropriate (WNL).

**Behavioral:** Appropriate (WNL).

**Psychosocial:** --

**Additional Information:** --

**DME & Supplies**  
 Wheelchair. Foley Catheter. Exam Gloves. Drainage Bag. Leg Bag. Chux/Underpads. Hospital Bed

**Prognosis**  
 Fair

**Safety Measures**  
 Keep Side Rails Up. Instructed on mobility safety. Support During Transfer and Ambulation. Emergency Plan Developed. Instructed on safe utilities management. Safety in ADLs. Seizure Precautions. Instructed on safety measures. Proper Position During Meals. Fall Precautions. Standard Precautions/Infection Control. , Triage/Risk Code: 003, Disaster Code: 003

Patient is 63 y.o. male with traumatic brain injury/SCI and secondary chronic comorbidities including severe dysarthria, neurogenic bladder, severe fecal impaction requiring prior colectomy and ostomy, prior DVT Patient now presenting with status epilepticus, s/p intubation for airway protection at this most recent hospitalization. Patient resides in a group home with 24 hour care. patient has a POA that is his sister, Beth.

Sn arrived at patients home, review of dc ppwk reveals that Baclofen pump previously being used for neurogenic bladder is no longer working, patient has been placed on PO baclofen. staff educated to contact Pentec per dc instructions from BW to set up outpatient appt. Staff in agreement. Staff educated on s/s of seizure activity to watch for and call EMS if presents. Eye staring, tremors, change in mental status, unresponsive. Staff in verbalized understanding. Patient has been started on Keppra 1000mg daily, for new seizures, education done on medication dosing, indications, side effects and when to contact MD, importance of keeping follow ups for blood work and monitoring. Staff verbalizes understanding. Nursing services will be required for education and assessment related to new onset seizures. OT/PT/ST to eval and tx as necessary. Discharge planning will be ongoing when goals are met,

<b>Nutritional Requirements</b> Mechanical Soft.	
<b>Functional Limitations</b> Ambulation, Speech	
<b>Other</b> --	
<b>Activities Permitted</b> Up as tolerated, Transfer bed-chair, wheelchair	<b>Other</b> --

**Treatments**

<b>Medications</b> levoFLOXacin Oral 750 MG 1 Tab(s) PO daily for 3 days Ocean Nasal Spray Nasal 0.65 % 2 sprays ml inhale into each nostril daily Docusate Sodium Oral 100 MG 1 Cap(s) PO BID (C) Vitamin D3 Oral 50 MCG (2000 UT) 1 Tab(s) PO BID (C) PROzac Oral 20 MG 1 Cap(s) PO daily amLODIPine Besylate Oral 5 MG 1 Tab(s) PO daily (C) Biofreeze External 4 % thin layer apply topically to anterior right thigh twice daily (C) Ferrous Sulfate Oral 325 (65 Fe) MG 1 Tab(s) PO TID (C) Nystatin light coat Apply topically needed twice a day for rash on groin/scrotum. (C) Finasteride Oral 5 MG 1 Tab(s) PO daily (C) Acetaminophen Oral 325 MG 2 Tab(s) PO every 6 hours as needed for headache, back pain, or temperature >100.3. (C) Multivitamin Oral 1 Tab(s) PO daily (C) Tamsulosin HCl Oral 0.4 MG 1 Cap(s) PO daily PM Baclofen Oral 10 MG 1 Tab(s) PO TID Baza Antifungal External 2 % 1 applicat apply topically two times a day to groin Ferrous Sulfate Oral 325 (65 Fe) MG 1 Tab(s) PO TID Ensure Plus Oral 1 can PO TID levETIRAcetam Oral 1000 MG 1 Tab(s) PO BID Omeprazole Oral 20 MG 1 Cap(s) PO daily	
<b>Allergies</b>	
<b>Substance</b> Macrodantin Augmentin Bactrim Trimethoprim Penicillin Nitrofurantoin Aspirin Sulfa Antibiotics	<b>Reaction</b> unknown unknown unknown unknown unknown unknown unknown unknown

<b>Orders and Treatments</b> Advance Directives? Yes. Intent: Medical Power of Attorney (Beth) Copies on file with Agency? Surrogate: No Patient was provided written and verbal information on Advance Directives?  SN: one time per week for four weeks, . OT: OT: (tbd) to evaluate week of (06/08/2025), . ST: one time a week of 6/4/25 for evaluation, . Assessment of patient with Urinary tract infection, site not specified,Epilepsy, unsp, not intractable, with status epilepticus,Dysphagia, unspecified,Paraplegia, unspecified,Cramp and spasm
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**(Continued) Orders and Treatments**

Syndrome of inappropriate secretion of antidiuretic hormone, Personal history of traumatic brain injury, Colostomy status, Presence of other specified devices, Other long term (current) drug therapy.

Homebound Status: Homebound: Yes

Patient is confined because of illness, needs the aid of supportive devices such as crutches, canes, wheelchairs, and walkers; the use of special transportation; or the assistance of another person in order to leave their place of residence.

Specify: 2 assist at all times for leaving the home. patient is wheelchair bound

Patient has a normal inability to leave home.

Leaving home requires a considerable and taxing effort for the patient.

Specify: patient requires a 2 person assist for all transfers and can not self propel

Notify physician of: Temperature greater than (>) 100.1 or less than (<) 95.

Pulse greater than (>) 120 or less than (<) 50.

Respirations greater than (>) 24 or less than (<) 12.

Systolic BP greater than (>) 180 or less than (<) 90.

Diastolic BP greater than (>) 100 or less than (<) 60.

O2 Sat less than (<) 88%.

Weight greater than (>) 220 lbs or less than (<) 200 lbs.

SN to develop individualized emergency plan with patient.

SN to instruct Patient/Caregiver on turning/repositioning every 2 hours.

SN to instruct the Patient/Caregiver to float heels .

SN to instruct the Patient/Caregiver on methods to reduce friction and shear.

SN to assess skin for breakdown every visit.

SN to instruct the Patient/Caregiver on signs/symptoms of UTI to report to MD/SN. SN may obtain urinalysis and urine culture & sensitivity (C&S) test as needed for signs/symptoms of UTI, to include pain, foul odor, cloudy or blood-tinged urine and fever.

SN to instruct the Patient/Caregiver on proper foley care.

SN to instruct Patient/Caregiver on Puree/Honey thick liquids. diet.

SN to assess patient for diet compliance.

SN to instruct the Patient/Caregiver on methods to promote oral intake.

SN to assess for changes in neurological status every visit.

SN to assess patient's communication skills every visit.

SN to instruct the Patient/Caregiver on seizure precautions.

SN to instruct caregiver on orientation techniques to use when patient becomes disoriented.

Occupational therapy tbd to evaluate week of 06/08/2025.

SN to report to physician if drug therapy appears to be ineffective.

SN to instruct the Patient/Caregiver on precautions for high risk medications, such as, hypoglycemics, anticoagulants/antiplatelets, sedative hypnotics, narcotics, antiarrhythmics, antineoplastics, skeletal muscle relaxants.

SN to instruct the Patient/Caregiver on signs and symptoms of ineffective drug therapy to report to SN or physician.

SN to instruct the Patient/Caregiver on medication side effects to report to SN or physician.

SN to instruct the Patient/Caregiver on medication reactions to report to SN or physician.

**Goals and Outcomes**

The patient will have no hospitalizations during the certification period.

The Patient/Caregiver will verbalize understanding of individualized emergency plan by: 07/04/2025.

Patient skin integrity will remain intact during this episode.

Foley will remain patent during this episode and patient will be free of signs and symptoms of UTI.

Patient will be without signs/symptoms of UTI (pain, foul odor, cloudy or blood-tinged urine and fever) during this episode.

Patient will maintain Puree/Honey thick diet compliance during the episode.

Patient will remain free from increased confusion during the episode.

The Patient/Caregiver will verbalize understanding of seizure precautions.

Caregiver will verbalize understanding of proper orientation techniques to use when patient becomes

<b>(Continued) Goals and Outcomes</b> disoriented. The patient will be free from falls during the certification period. The patient will be free from injury during the certification period. Patient will remain free of adverse medication reactions during the episode. Rehab potential: Fair to achieve stated goals with skilled intervention and patient's compliance with the plan of care. Discharge plans: Discharge when medical condition is stable and patient is no longer in need of skilled services. Discharge to caregiver. Discharge when goals met.			
<b>Nurse Signature and Date of Verbal SOC Where Applicable</b> Digitally Signed by: Karen Dion , RN2361021			<b>Date</b> 06/04/2025
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. This patient is under my care, and I have authorized the services on this plan of care and I or another physician will periodically review this plan. I attest that a valid face-to-face encounter occurred (or will occur) within timeframe requirements and it is related to the primary reason the patient requires home health services.		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.	
<b>Primary Physician</b> Bautista, Karmina MD	<b>Address</b> 531 Faunce Corner Rd NORTH DARTMOUTH, MA 02747	<b>Phone Number</b> (508) 996-3991	
<b>NPI</b> 1033131008		<b>Fax Number</b> (508) 961-2982	
<b>Attending Physician's Signature and Date Signed</b> --		<i>Physician Signature</i>	<b>Date</b> --