



HW4850118FoMGVY93KAF

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. |
|------------------------|---------------|-------------------------------|--------------------|--------------|
| 100011179635 | 03/19/2024 | 07/12/2025 Through 09/09/2025 | 6844020 | 140111 |

Physician Name and Address

Theophilus Addo, MD
531 Faunce Corner Rd
North Dartmouth, MA 02747
(508) 973-1140 Fax (508) 973-1145

Patient

Hansen, Randall S
2900 Cranberry Highway
#4
Wareham, MA 02571

DOB

04/17/1966

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
Currently reports exhaustion
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 | 10. Medications: Dose/Frequency/Route (N)ew (C)hanged |
|-------------|---|-------------|--|
| F31.9 | Bipolar disorder, unspecified [ICD10] | 7/23/2024 O | acetaminophen 500 milligram oral every 6 hours PRN Pain (As needed for pain post right shoulder surgery) <i>Prescribed By: Addo, Theophilus MD (Internal Medicine), 5/10/2025</i> |
| 12. Dx Code | Surgical Procedure | Date | |
| N/A | | | CloNIDine Hydrochloride 0.1 milligram oral 3 times a day am hs PRN anxiety (Patient would like one in the a.m. and one at bedtime) cyclobenzaprine 5 mg tablet 5 milligram oral every 8 hours PRN Pain (May take every 8 hours as needed for muscles spasms) <i>Prescribed By: Addo, Theophilus MD (Internal Medicine), 5/31/2025</i> <i>DC Ordered By: Robertson, Cristopher S (MD),</i> diphenhydrAMINE 50 milligram oral every 6 hours PRN as needed <i>Prescribed By: Addo, Theophilus MD (Internal Medicine), 7/8/2025</i> |
| 13. Dx Code | Other Pertinent Diagnoses | Date | |
| F33.9 | Major depressive disorder, recurrent, unspecified [ICD10] | 1/8/2025 E | Eliquis 5 milligram oral 2 times a day am pm for Heart <i>Prescribed By: Mohammad, Shadi, 5/17/2025 (C)</i> |
| F41.9 | Anxiety disorder, unspecified [ICD10] | 7/10/2023 E | Incruse Ellipta 1 inhalation inhalation once a day am <i>Prescribed By: Gadani, Rakshith (MD) (Internal Medicine), 6/26/2025 (N)</i> |
| J44.1 | Chronic obstructive pulmonary disease with (acute) exacerbation [ICD10] | 6/25/2025 E | lamoTRIGine 50 milligram oral once a day am <i>Prescribed By: Fonta, Princewill PHMNP, 4/26/2024</i> |
| E87.1 | Hypo-osmolality and hyponatremia [ICD10] | 6/26/2025 O | lamoTRIGine 100 milligram oral once a day hs for depression <i>Prescribed By: Fonta, Princewill PHMNP, 3/22/2024</i> |
| R55 | Syncope and collapse [ICD10] | 6/26/2025 O | magnesium oxide 400 milligram oral once a day am <i>Prescribed By: Addo, Theophilus MD (Internal Medicine), 3/19/2024</i> |
| F43.10 | Post-traumatic stress disorder, unspecified [ICD10] | 7/10/2023 E | nitroglycerin 0.4 milligram oral 3 times a day PRN Chest Pain (Every 5 minutes for CP. After 3, wait 30 minutes) |
| K21.9 | Gastro-esophageal reflux disease without esophagitis [ICD10] | 7/11/2023 E | |
| Z86.718 | Personal history of other venous thrombosis and embolism [ICD10] | 7/11/2023 E | |
| E78.5 | Hyperlipidemia, unspecified [ICD10] | 7/10/2023 E | |
| M54.12 | Radiculopathy, cervical region [ICD10] | 7/11/2023 E | |
| M51.16 | Intervertebral disc disorders with radiculopathy, lumbar region | 7/11/2023 E | |

| | | | |
|---------|--|-------------|--|
| F17.200 | [ICD10] Nicotine dependence, unspecified, uncomplicated [ICD10] | 7/11/2023 E | <i>Prescribed By: Mohammad, shadi, 3/19/2024</i> OLANZapine 15 milligram oral once a day hs for depression <i>Prescribed By: Fonta, Princewill PHMNP, 3/19/2024</i> |
| G25.81 | Restless legs syndrome [ICD10] | 1/8/2025 E | omeprazole 20 milligram oral once a day am <i>Prescribed By: Addo, Theophilus MD (Internal Medicine), 3/19/2024</i> |
| R20.2 | Paresthesia of skin [ICD10] | 7/11/2023 E | |
| N40.0 | Benign prostatic hyperplasia without lower urinary tract symptoms [ICD10] | 3/23/2017 O | OXcarbazepine 300 milligram oral 2 times a day am pm <i>Prescribed By: Park, Daniel H MD, 3/19/2024</i> |
| M54.50 | Low back pain, unspecified [ICD10] | 7/10/2023 E | prasugrel 10 milligram oral once a day am for Heart <i>Prescribed By: Mohammed, Shadi, 3/19/2024</i> |
| Z95.9 | Presence of cardiac and vascular implant and graft, unspecified [ICD10] | 7/11/2023 E | prazosin 1 milligram oral once a day hs <i>Prescribed By: Wedline, Rho RN, 5/13/2025</i> rOPINIRole 0.5 milligram oral 2 times a day am hs <i>Prescribed By: Addo, Theophilus MD (Internal Medicine), 5/13/2024</i> |
| Z91.148 | Patient's other noncompl with meds regimen for other reason [ICD10] | 7/10/2023 E | rosuvastatin 40 milligram oral once a day hs for cholesterol topiramate 100 milligram oral 2 times a day am pm <i>Prescribed By: Park, Daniel H MD, 6/6/2024</i> |
| Z79.82 | Long term (current) use of aspirin [ICD10] | 7/10/2023 E | TraZODone Hydrochloride 100 milligram oral once a day hs <i>Prescribed By: Fonta, Princewill PHMNP, 3/24/2025</i> |
| Z79.01 | Long term (current) use of anticoagulants [ICD10] | 7/10/2023 E | Ventolin HFA 90 mcg/inh aerosol 2 inhalation inhalation every 4 hours PRN Shortness of Breath <i>Prescribed By: Addo, Theophilus MD (Internal Medicine), 7/8/2025</i> |
| I25.119 | Atherosclerotic heart disease of native coronary artery with unspecified angina pectoris [ICD10] | 3/13/2024 O | Vitamin B12 1000 microgram oral once a day am for deficiency <i>Prescribed By: Addo, Theophilus MD (Internal Medicine), 3/19/2024</i> |
| E87.6 | Hypokalemia [ICD10] | 6/26/2025 O | Vitamin D3 50 microgram oral once a day am <i>Prescribed By: Addo, Theophilus MD (Internal Medicine), 6/28/2024</i> |
| N41.1 | Chronic prostatitis [ICD10] | 7/8/2025 E | |
| I21.4 | Non-ST elevation (NSTEMI) myocardial infarction [ICD10] | 12/6/2024 O | |
| I26.09 | Other pulmonary embolism with acute cor pulmonale [ICD10] | 7/8/2025 E | |

14. DME and Supplies

Gloves-unsterile, Med box

16. Nutritional Req.

Cardiac

18A. Functional Limitations

altered thought process that does not affect homebound status

19. Mental Status

Oriented, Forgetful, Depressed

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

SN: 1x/da x 60 das (7/12/2025 to 9/9/2025)

_HEAD TO TOE:

Assess Head to Toe.

_PATIENT PERSONAL PLAN:

Patient identified steps toward personal goal: stay out of hospital.

_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:

Administer medications as per physician orders. Pre-pour all patients medications through next visit..

DEPRESSION:

C-Interventions for treatment of depression. T-Teach importance of taking medications as prescribed. S/O for signs/symptoms of Depression. Assess for suicidal ideation.

EMERGENCY PREPAREDNESS:

15. Safety Measures

Bleeding precautions, Evacuation plans, Fall precautions, Medication confusion, Universal precautions

17. Allergies

atorvastatin, gabapentin, simvastatin

18B. Activities Permitted

Independent at home

20. Prognosis

Fair

In the event of an emergency or natural disaster, the patient prefers to evacuate to: Shelter. The patient requires life saving equipment of: Medbox. In the event of a power outage the patient has access to: N/A.

ENT:

Teach Diet.

FALL PREVENTION:

Assess client/patient for fall risk.. Provide patient/caregiver/family with written and/or oral education about fall prevention..

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 > 100 or < 60. Report findings to MD if Heart Rate > 120 or < 60.

HEART FAILURE:

Skilled Observation & Assessment of Cardiovascular Status. Skilled Observation & Assessment of Edema. Skilled Observation & Assessment of CP Status. S/O heart failure symptoms including dyspnea, orthopnea, edema and/or weight gain. S/O Dyspnea and/or Orthopnea. T-Teach patient/caregiver symptoms of significant heart failure to be reported immediately.

HIGH RISK MEDICATIONS:

Provide patient/caregiver/family with written and/or oral education about high risk medications which may include meds that thin blood..

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. Teach Medication Management.

NUTRITION/HYDRATION:

Skilled Observation & Assessment of Nutrition/Hydration.

PAIN - R & C:

Teach- Interventions to monitor and mitigate pain. C- Assess patient pain.

PSYCHOSOCIAL/ENVTL:

Skilled Observation & Assessment of Psych/Social Needs.

RESPIRATORY STATUS:

Skilled Observation & Assessment of Dyspnea.

SAFETY:

Equipment in Working Order

22. Goals/Rehabilitation Potential/Discharge Plans

SN Goals: Long Term Goal: Patient-stated personal goal: Comply with medication regimen and medical appointments.

Goal: Patient-stated personal goal: stay out of hospital. 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.

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: Patient will be discharged when independent with medication regimen and knowledgeable of disease process.

Clinical Summary SN: Patient is a 59 year old man. Patient has long history of Bipolar Disorder, Major depression, Anxiety, and Post-traumatic stress disorder which causes patient to have poor judgement, poor insight, and poor coping skills. Patient has long history of mental illness and med non compliance leading to decompensation and rehospitalizations. Patient has been attending ongoing court cases due to indecent exposure where police was involved due to being naked outside. Patient has voiced getting very stressed and anxious due to these events. He is to continue to see his therapist weekly and psych MD once a month. Patient gets anxious and overwhelmed with his medication regimen due to the amount of medications he takes. Patient is unable to verbalize or teach back medication names due to altered thought process and being very forgetful. Patient has an extensive cardiac history and is on multiple cardiac medications that he needs to be monitored on. Patient is dependent on skilled nurse to refill prescriptions or else patient will go without. Patient is at a high risk for decompensation without nursing services daily, due to his inability to safely manage medications and symptoms of depression and cardiac exacerbation.

Wound, if applicable: n/a

Hospitalizations/ER visits within cert period: Client had one er visit after a fall at home. He was subsequently hospitalized for approx 24 hours with dx of syncope, hyponatremia, and pna.

Homebound Status: Patient is not home bound. He is able to walk to nearby places and utilizes public transportation or Gatra transportation to get to medical appointments without a taxing effort. Patient also has a private car to use at times. He

lives with his girlfriend who drives as well.

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.

☒ 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:
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: systolic 91-162 diastolic 57-103
Recert Heart Rate Range: 53-120
Recert Temperature Range: 97.4-98.4

Participants of Care
Dr. Addo-MD
Charles Beale-cardiology
Vivienne Gomes - psychiatrist c&f
Dr. Park - pain management
Dr. Pothier - pulmonologist
Child & Family- Christian-therapist
Innovive VNA services

Nurse's Signature and Date of Verbal SOC

Diane Daley RN *E-Signature* 07/09/2025 @ 08:51
PM/Tara Gaskins RN 6/29/2025 @ 11:01 PM

Case Manager

Stacey Showers RN

Date HHA Received Signed POT

(Sent 7/10/2025)

Attending Physician's Signature and Date Signed

I certify that the patient had a F2F encounter on 03/15/2024 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**

Theophilus Addo, MD