

HOME HEALTH CERTIFICATION AND PLAN OF CARE

Patient's Medicare No. 1AA1AA1AA11	SOC Date 7/2/2025	Certification Period 7/2/2025 to 8/30/2025	Medical Record No. C0200110432201	Provider No. 227203
Patient's Name and Address: LISA L MEDEIROS (774) 778-3780 28 HANCOCK ST, APT 1 FALL RIVER, MA 02721-		Provider's Name, Address and Telephone Number: ACCENTCARE OF MASS, INC. DBA AC HH OF MASS F: (508) 730-3436 21 FATHER DEVALLES BLVD STE 104 FALL RIVER, MA 02723- P: (508) 235-5312		
Physician's Name & Address: P: (508)996-3991 F: (508)961-2535 BING LIU, MD 531 FAUNCE CORNER ROAD HAWTHORNE MEDICAL ASSOC., NORTH DARTMOUTH, MA 02747			Patient's Date of Birth: 5/8/1966 Patient's Gender: FEMALE Order Date: 7/2/2025 11:24 AM Verbal Order: Y Verbal Date: 7/2/2025 Verbal Time: 7:15 PM	
Nurse's Signature and Date of Verbal SOC Where Applicable: (deemed as electronic signature) MELISSA CAETANO, RN / LISA COUGHLIN RN 7/2/2025				Date HHA Received Signed POC

Patient's Expressed Goals:

TO WALK INDEPENDENTLY WITHOUT ASSISTIVE DEVICES

ICD-10**Diagnoses:**

Order	Code	Description	Onset or Exacerbation	O/E Date
1	Z47.1	AFTERCARE FOLLOWING JOINT REPLACEMENT SURGERY	ONSET	07/02/2025
2	I12.9	HYPERTENSIVE CHRONIC KIDNEY DISEASE W STG 1-4/UNSP CHR KDNY	ONSET	07/02/2025
3	E11.22	TYPE 2 DIABETES MELLITUS W DIABETIC CHRONIC KIDNEY DISEASE	ONSET	07/02/2025
4	N18.30	CHRONIC KIDNEY DISEASE, STAGE 3 UNSPECIFIED	ONSET	07/02/2025
5	E11.42	TYPE 2 DIABETES MELLITUS WITH DIABETIC POLYNEUROPATHY	ONSET	07/02/2025
6	E11.43	TYPE 2 DIABETES W DIABETIC AUTONOMIC (POLY)NEUROPATHY	ONSET	07/02/2025
7	K31.84	GASTROPARESIS	ONSET	07/02/2025
8	E11.319	TYPE 2 DIABETES W UNSP DIABETIC RTNOP W/O MACULAR EDEMA	ONSET	07/02/2025
9	G20.A1	PARKINSON'S DIS W/O DYSKINESIA, W/O MENTION OF FLUCTUATIONS	ONSET	07/02/2025
10	F41.9	ANXIETY DISORDER, UNSPECIFIED	ONSET	07/02/2025
11	F31.9	BIPOLAR DISORDER, UNSPECIFIED	ONSET	07/02/2025
12	J44.9	CHRONIC OBSTRUCTIVE PULMONARY DISEASE, UNSPECIFIED	ONSET	07/02/2025
13	F09	UNSP MENTAL DISORDER DUE TO KNOWN PHYSIOLOGICAL CONDITION	ONSET	07/02/2025
14	I70.0	ATHEROSCLEROSIS OF AORTA	ONSET	07/02/2025
15	E78.5	HYPERLIPIDEMIA, UNSPECIFIED	ONSET	07/02/2025
16	K76.0	FATTY (CHANGE OF) LIVER, NOT ELSEWHERE CLASSIFIED	ONSET	07/02/2025
17	E03.9	HYPOTHYROIDISM, UNSPECIFIED	ONSET	07/02/2025
18	G89.4	CHRONIC PAIN SYNDROME	ONSET	07/02/2025
19	N31.2	FLACCID NEUROPATHIC BLADDER, NOT ELSEWHERE CLASSIFIED	ONSET	07/02/2025
20	G47.00	INSOMNIA, UNSPECIFIED	ONSET	07/02/2025
21	K59.00	CONSTIPATION, UNSPECIFIED	ONSET	07/02/2025
22	E66.3	OVERWEIGHT	ONSET	07/02/2025
23	Z79.82	LONG TERM (CURRENT) USE OF ASPIRIN	ONSET	07/02/2025
24	Z79.4	LONG TERM (CURRENT) USE OF INSULIN	ONSET	07/02/2025
25	Z79.891	LONG TERM (CURRENT) USE OF OPIATE ANALGESIC	ONSET	07/02/2025
26	Z90.49	ACQUIRED ABSENCE OF OTHER SPECIFIED PARTS OF DIGESTIVE TRACT	ONSET	07/02/2025
27	Z90.710	ACQUIRED ABSENCE OF BOTH CERVIX AND UTERUS	ONSET	07/02/2025
28	Z98.1	ARTHRODESIS STATUS	ONSET	07/02/2025
29	Z87.891	PERSONAL HISTORY OF NICOTINE DEPENDENCE	ONSET	07/02/2025
30	Z96.642	PRESENCE OF LEFT ARTIFICIAL HIP JOINT	ONSET	07/02/2025
31	Z91.81	HISTORY OF FALLING	ONSET	07/02/2025

Frequency/Duration of Visits:

SN 1WK1,1EVERY3WK3
 PT 1WK1,2WK4,1WK1
 OT 1WK7

Orders of Discipline and Treatments:

----- INITIAL COMPREHENSIVE OASIS ASSESSMENT COMPLETED ON 59 YEAR OLD FEMALE REFERRED BY DR COLM MCCARTHY FOR HOME HEALTH SKILLED SERVICES FOLLOWING DC FROM REHAB. THE PATIENT'S MEDICAL HISTORY INCLUDES LEFT HIP REPLACEMENT. THERE IS NOT A PAID CAREGIVER TO PROVIDE ASSISTANCE IN THE HOME. THE PATIENT IS TEACHABLE AND IS ABLE TO PARTICIPATE IN SELF-CARE. FAMILY OR CAREGIVER IS WILLING, ABLE, AND AVAILABLE TO ASSIST/INSTRUCT/INTERVENE ON BEHALF OF PATIENT.

I certify 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 will periodically review the plan.

Attending Physician's Signature and Date Signed

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.

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Patient's Name LISA L MEDEIROS		Provider's Name ACCENTCARE OF MASS, INC. DBA AC HH OF MASS		

Orders of Discipline and Treatments:

SKILLED NURSE TO EVALUATE AND DEVELOP PLAN OF CARE TO BE COUNTERSIGNED BY PHYSICIAN. SKILLED NURSE TO ASSESS/EVALUATE CO-MORBID CONDITIONS INCLUDING LEFT HIP REPLACEMENT AND OTHER CONDITIONS THAT PRESENT THEMSELVES DURING THE COURSE OF THIS EPISODE TO IDENTIFY CHANGES AND INTERVENE TO MINIMIZE COMPLICATIONS. MAY COMPLETE A ROC ASSESSMENT UPON HOSPITAL DISCHARGE DURING THIS EPISODE IF NEEDED. MAY SCHEDULE A BH RN EVALUATION AS NEEDED DURING THE EPISODE TO ASSESS FOR IMPACT OF BEHAVIOR, MEDICATIONS AND/OR NEED FOR FOLLOW-UP. . MAY CONSULT SOCIAL WORKER FOR ADVANCED CARE PLANNING, GOALS OF CARE, AND PATIENT ADVOCACY. MAY PERFORM O2 SATURATION LEVEL AT EVALUATION VISIT AND PRN FOR SIGNS AND/OR SYMPTOMS OF POSSIBLE RESPIRATORY COMPLICATIONS AND NOTIFY MD OF O2 LEVELS BELOW 92.

SKILLED NURSING IS MEDICALLY NECESSARY FOR SKILLED OBSERVATION AND ASSESSMENT OF LEFT HIP REPLACEMENT DUE TO THE REASONABLE POTENTIAL FOR HOSPITALIZATION, COMPLICATION, EXACERBATION, AND/OR CHANGE IN TREATMENT WITHIN THE NEXT THREE WEEKS. THE SKILLS OF THE NURSE ARE NECESSARY TO OBSERVE CHANGES IN THE PATIENT'S CONDITION AND REPORT CHANGES TO THE PHYSICIAN FOR POSSIBLE ALTERATION IN THE TREATMENT PLAN OR ADDITIONAL PROCEDURES UNTIL THE PATIENT'S CONDITION HAS STABILIZED.

MEDICATIONS ADDED OR CHANGED WITHIN THE PAST FOURTEEN DAYS. OBSERVATION AND ASSESSMENT IS NEEDED TO OBSERVE PATIENT'S RESPONSE TO CHANGES IN MEDICATIONS RELATED TO RISK FOR SIDE EFFECTS, SUB-THERAPEUTIC RESPONSE, TOXICITY, POOR COMPLIANCE WITH PRESCRIBED USE.

RECENT EXACERBATION, NEW OR CHANGED DIAGNOSIS OF LEFT HIP REPLACEMENT, REQUIRE SN TO ASSESS MUSCULOSKELETAL SYSTEM/VITAL SIGN(S) AND REPORT CHANGES TO PHYSICIAN.

SKILLED INSTRUCTION IS APPROPRIATE FOR THIS PATIENT'S FUNCTIONAL LOSS, ILLNESS, OR INJURY RELATED TO CONDITION, AND REQUIRES TEACHING AND TRAINING FOR KNOWLEDGE DEFICITS OF: TAKING MEDICATIONS SAFETY AND ACCURATELY, FALL PREVENTION/HOME SAFETY, CHANGED OR COMPLEX MEDICATION REGIMEN, INCISION ASSESSMENT, THERAPEUTIC DIET.

HOME HEALTH AGENCY MAY ACCEPT ORDERS FROM THE FOLLOWING PHYSICIANS: DR BING LIU AND ALL ON CONSULTING AND ON CALL PROVIDERS.

SKILLED NURSE TO ASSESS LEFT HIP INCISION AT EACH VISIT.

SN TO ASSESS FOR AND IDENTIFY PATIENT'S RISK FOR HOSPITALIZATION R/T AFTERCARE FOLLOWING JOINT REPLACEMENT SURGERY AND INSTRUCT ON MANAGING HOSPITALIZATION RISK R/T ANY CONDITION(S) OF HISTORY OF FALLS; MULTIPLE EMERGENCY DEPARTMENT VISITS IN THE PAST 6 MONTHS; DECLINE IN MENTAL, EMOTIONAL, OR BEHAVIORAL STATUS IN THE PAST 3 MONTHS; REPORTED /OBSERVED HISTORY OF DIFFICULTY COMPLYING WITH MEDICAL INSTRUCTIONS; CURRENTLY TAKING 5 OR MORE MEDICATIONS; CURRENTLY REPORTS EXHAUSTION; WOUND INFECTION/DETERIORATION; HIGH RISK MEDICATIONS.

SN FOR OBSERVATION/ASSESSMENT AND INSTRUCTION ON DIABETES TO INCLUDE: DIET, SKIN CARE, FOOT CARE, BLOOD GLUCOSE MONITORING INCLUDING CONTINUOUS GLUCOSE MONITORING, HGBA1C, MEDICATION MANAGEMENT, AND HYPOGLYCEMIC INTERVENTION.SN TO PROVIDE EDUCATION TO PATIENT/CAREGIVER REGARDING BLOOD GLUCOSE MONITORING AS INSTRUCTED BY PROVIDER. SN MAY OBTAIN BLOOD GLUCOSE PRN FOR S/S HYPO/HYPERGLYCEMIA. NOTIFY PROVIDER OF BLOOD GLUCOSE VALUES OUTSIDE OF PARAMETERS.DISCIPLINE MAY REVIEW PATIENT'S SELF MONITORING OF BLOOD GLUCOSE VALUES AND WILL REPORT S/S OF HYPER/HYPOGLYCEMIA OR ABNORMAL BG VALUES TO PROVIDER.SKILLED NURSE MAY ADMINISTER 4 OUNCES OF FRUIT JUICE OR ONE TABLESPOON OF SUGAR IF THE BLOOD SUGAR ANALYSIS IS BETWEEN 60-80 MG/DL, AND RECHECK BLOOD SUGAR IN 15-20 MINUTES.PATIENT/CAREGIVER MONITORS BLOOD GLUCOSE 4X/DAILY

SKILLED NURSE TO OBSERVE/ASSESS AND PROVIDE SKILLED TEACHING RELATED TO COPD INCLUDING: NUTRITION, BREATHING MANAGEMENT TECHNIQUES, MEDICATION MANAGEMENTSKILLED NURSE MAY PERFORM O2 SATURATION LEVEL AT EVALUATION VISIT AND PRN FOR SIGNS AND/OR SYMPTOMS OF POSSIBLE RESPIRATORY COMPLICATIONS AND NOTIFY PROVIDER OF O2 LEVELS BELOW 92.

SKILLED NURSE TO PROVIDE SKILLED TEACHING IN THE DISEASE PROCESS AND MEDICATION REGIMEN OF HYPERTENSION.

SKILLED NURSE TO OBSERVE AND ASSESS PATIENT'S NEUROLOGICAL STATUS FOR CHANGES TO COGNITIVE STATUS, SWALLOW, WEAKNESS OR NUMBNESS OR OTHER NEUROLOGICAL CHANGES.

SKILLED NURSE TO OBSERVE AND ASSESS INTEGUMENTARY STATUS TO IDENTIFY UNTOWARD CHANGES AND INTERVENE TO MINIMIZE COMPLICATIONS. SKILLED NURSE TO PROVIDE SKILLED TEACHING RELATED TO ALTERED SKIN INTEGRITY INCLUDING PATHOPHYSIOLOGY, FALLS, PAIN, HOSPITALIZATION RISK, NUTRITION, MEDICATION REGIMEN AND PRESSURE ULCER PREVENTION. SN TO REPORT SIGNIFICANT CHANGES IN STATUS TO PHYSICIAN FOR EARLY INTERVENTION. SN MAY OBTAIN URINE DIPSTICK PRN FOR S/S UTI.

SKILLED NURSE FOR INSTRUCTIONS ON LIVER DISEASE TO INCLUDE PATHOPHYSIOLOGY OF DISEASE, POTENTIAL COMPLICATIONS, AND MEDICATION TEACHING

Signature of Physician	Date
Optional Name/Signature Of MELISSA CAETANO, RN / LISA COUGHLIN RN	Date 7/2/2025

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Patient's Name LISA L MEDEIROS		Provider's Name ACCENTCARE OF MASS, INC. DBA AC HH OF MASS		

Orders of Discipline and Treatments:

PHYSICAL THERAPIST TO EVALUATE/ASSESS AND DEVELOP PHYSICAL THERAPY PLAN OF CARE TO BE SIGNED BY THE PHYSICIAN. MAY COMPLETE A ROC ASSESSMENT UPON HOSPITAL DISCHARGE DURING THIS EPISODE IF NEEDED. MAY SCHEDULE A BH RN EVALUATION AS NEEDED DURING THE EPISODE TO ASSESS FOR IMPACT OF BEHAVIOR, MEDICATIONS AND/OR NEED FOR FOLLOW-UP. MAY INITIATE TELEHEALTH OR REMOTE TELEMONITORING VISITS AS NEEDED, FOLLOW AGENCY PARAMETERS FOR REPORTING UNLESS OTHERWISE SPECIFIED. MAY CONSULT SOCIAL WORKER FOR ADVANCED CARE PLANNING, GOALS OF CARE, AND PATIENT ADVOCACY. MAY PERFORM O2 SATURATION LEVEL AT EVALUATION VISIT AND PRN FOR SIGNS AND/OR SYMPTOMS OF POSSIBLE RESPIRATORY COMPLICATIONS OR WITH O2 USE AND NOTIFY MD OF O2 LEVELS BELOW 92. PHYSICAL THERAPIST TO MONITOR LEFT HIP INCISION ONCE PICO DRESSING IS REMOVED. PHYSICAL THERAPY TO PROVIDE INTERVENTIONS FOR THE TREATMENT OF LEFT TOTAL HIP REPLACEMENT ACCORDING TO RIGHTPATH PROGRAM FOR JOINT REHABILITATION INCLUDING BUT NOT LIMITED TO RANGE OF MOTION, STRENGTHENING, GAIT, BALANCE, TRANSFER TRAINING. PHYSICAL THERAPY TO PROVIDE PHARMACOLOGIC AND NON-PHARMACOLOGIC PAIN MANAGEMENT INCLUDING MANUAL THERAPY AND ICE AS ORDERED BY PROVIDER, AND MEDICATION MANAGEMENT INCLUDING MONITORING EFFECTIVENESS OF DRUG THERAPY, REACTIONS, SIDE EFFECTS AND REPORTING PROBLEMS. PT TO CONTACT PHYSICIAN TO RESOLVE CLINICALLY SIGNIFICANT MEDICATION ISSUES INCLUDING RECONCILIATION. PT TO APPLY AND/OR INSTRUCT PATIENT/CG TO APPLY ICE TO LEFT HIP X 20 MIN 3X PER DAY. THE LICENSED PROFESSIONAL WHOSE SIGNATURE APPEARS BELOW ATTESTS THAT THESE ORDERS WERE RECEIVED ON 7/3/25. PHYSICAL THERAPIST MAY PERFORM O2 SATURATION LEVEL AT EVALUATION VISIT AND PRN FOR SIGNS AND/OR SYMPTOMS OF POSSIBLE RESPIRATORY COMPLICATIONS NOTIFY MD OF O2 LEVELS BELOW 92 AT REST.

OCCUPATIONAL THERAPIST TO EVALUATE PATIENT FOR OT SERVICES AND DEVELOP PLAN OF CARE TO BE SIGNED BY THE PHYSICIAN. MAY COMPLETE A ROC ASSESSMENT UPON HOSPITAL DISCHARGE DURING THIS EPISODE IF NEEDED. MAY SCHEDULE A BH RN EVALUATION AS NEEDED DURING THE EPISODE TO ASSESS FOR IMPACT OF BEHAVIOR, MEDICATIONS AND/OR NEED FOR FOLLOW-UP. MAY CONSULT SOCIAL WORKER FOR ADVANCED CARE PLANNING, GOALS OF CARE, AND PATIENT ADVOCACY. MAY PERFORM O2 SATURATION LEVEL AT EVALUATION VISIT AND PRN FOR SIGNS AND/OR SYMPTOMS OF POSSIBLE RESPIRATORY COMPLICATIONS OR WITH O2 USE AND NOTIFY MD OF O2 LEVELS BELOW 92. OCCUPATIONAL THERAPIST MAY PERFORM O2 SATURATION LEVEL AT EVALUATION VISIT AND PRN FOR SIGNS AND/OR SYMPTOMS OF POSSIBLE RESPIRATORY COMPLICATIONS AND NOTIFY MD OF O2 LEVELS BELOW 92 AT REST. THE LICENSED PROFESSIONAL WHOSE SIGNATURE APPEARS BELOW ATTESTS THAT THESE ORDERS WERE RECEIVED ON 7/3/25. OCCUPATIONAL THERAPIST TO PROVIDE PATIENT/CAREGIVER WITH ADL TRAINING TO INCREASE INDEPENDENCE AND SAFETY. OCCUPATIONAL THERAPIST TO PROVIDE INSTRUCTION IN FALL PREVENTION, PHARMACOLOGIC AND NON-PHARMACOLOGIC PAIN MANAGEMENT INCLUDING MANUAL THERAPY AND/OR MODALITIES AS ORDERED BY PHYSICIAN, AND MEDICATION MANAGEMENT INCLUDING MONITORING EFFECTIVENESS OF DRUG THERAPY, REACTIONS, SIDE EFFECTS AND REPORTING PROBLEMS. OT TO CONTACT PHYSICIAN TO RESOLVE CLINICALLY SIGNIFICANT MEDICATION ISSUES INCLUDING RECONCILIATION. OCCUPATIONAL THERAPY TO ESTABLISH/UPGRADE HOME EXERCISE PROGRAM AND PROVIDE THERAPEUTIC EXERCISES AND/OR SOFT TISSUE/JOINT MOBILIZATION DESIGNED TO RESTORE FUNCTIONAL STRENGTH AND ROM. OCCUPATIONAL THERAPIST TO PROVIDE INSTRUCTION REGARDING SAFE USE OF ADAPTIVE EQUIPMENT AND MAY ASSIST PATIENT IN ACQUIRING NEEDED ADAPTIVE EQUIPMENT OR CREATE NECESSARY ADAPTIVE EQUIPMENT. OCCUPATIONAL THERAPY TO PROVIDE INSTRUCTION IN ENERGY CONSERVATION TECHNIQUES DESIGNED TO MAXIMIZE PATIENT'S TOLERANCE DURING ADL'S/IADL'S. OCCUPATIONAL THERAPY TO MONITOR PATIENT AND PROVIDE TEACHING/REINFORCEMENT TO PROPERLY MANAGE DIABETIC FOOT CARE. OCCUPATIONAL THERAPIST MAY REVIEW PATIENT'S SELF MONITORING OF PATIENT'S BLOOD GLUCOSE VALUES AND PROVIDE EDUCATION REGARDING BLOOD GLUCOSE MONITORING AS INSTRUCTED BY PROVIDER. NOTIFY PCM OF BLOOD GLUCOSE VALUES OUTSIDE OF PARAMETERS ESTABLISHED BY PROVIDER. REPORT S/S OF HYPER/HYPOGLYCEMIA TO PROVIDER. OCCUPATIONAL THERAPY TO MONITOR PATIENT AND PROVIDE TEACHING/REINFORCEMENT TO PROPERLY MANAGE DEPRESSION.

THE LICENSED PROFESSIONAL WHOSE SIGNATURE APPEARS ON THIS POC ATTESTS THAT THE PHYSICIAN'S ORDERS WERE RECEIVED ON 7/2/2025.

LICENSED PROFESSIONAL TO REPORT VITAL SIGNS FALLING OUTSIDE THE FOLLOWING ESTABLISHED PARAMETERS. TEMP<96>100.3 PULSE<60>110 RESP<10>26 SYSTOLICBP<90>160 DIASTOLICBP<50>100 FBS<70>250 RBS<60>300 PAIN>7 O2SAT<92

Goals/Rehabilitation Potential/Discharge Plans:

PATIENT WILL PARTICIPATE IN DEVELOPMENT AND UPDATING OF PLAN OF CARE TO MEET ALL PHYSICAL AND PSYCHOSOCIAL NEEDS. ADDITIONAL ORDERS WILL BE RECEIVED FROM ALTERNATE PHYSICIAN IN A TIMELY MANNER. PATIENT/CAREGIVER WILL DEMONSTRATE ABILITY TO PERFORM ORDERED WOUND CARE. WOUND STATUS WILL IMPROVE AS EVIDENCED BY A DECREASE IN SIZE, DRAINAGE, ABSENCE OF INFECTION, AND DECREASED PAIN BY 4 WEEKS. PATIENT/CAREGIVER WILL BE ABLE TO VERBALIZE THEIR RISK FACTORS FOR HOSPITALIZATIONS AND APPROPRIATE STEPS TO REDUCE RISKS WITHIN 8 WEEKS. PATIENT/CAREGIVER WILL DEMONSTRATE 3-5 APPROPRIATE MEASURES RELATED TO MANAGEMENT OF DIABETIC CARE. PATIENT WILL VERBALIZE TOLERANCE TO AND BE FREE OF COMPLICATIONS A/W REPEATED FINGER STICKS BY 8 WEEKS. PATIENT/CAREGIVER WILL DEMONSTRATE KNOWLEDGE OF BLOOD GLUCOSE MONITORING BY 8 WEEKS. SN WILL REPORT BLOOD GLUCOSE RESULTS OUTSIDE OF ESTABLISHED PARAMETERS TO PROVIDER BY Q VISIT. PATIENT/CAREGIVER WILL DEMONSTRATE 3-5 APPROPRIATE TECHNIQUES RELATED TO MANAGEMENT OF COPD. RESPIRATORY EXACERBATIONS WILL BE IDENTIFIED PROMPTLY AND INTERVENTIONS INITIATED TO MINIMIZE ASSOCIATED RISK WITHIN 4 WEEKS. PATIENT/CAREGIVER WILL VERBALIZE 3-5 RISK FACTORS, S/S AND CAUSES OF HYPERTENSION AND WILL DEMONSTRATE ABILITY TO TAKE/MONITOR BLOOD PRESSURE AND KNOWLEDGE OF WHEN MD INTERVENTION IS NEEDED BY 6 WEEKS. PATIENT/CAREGIVER WILL VERBALIZE/DEMONSTRATE UNDERSTANDING OF CHANGES TO NEUROLOGICAL STATUS AEB TEACHBACK WITHIN 4 WEEKS.

Signature of Physician	Date
Optional Name/Signature Of MELISSA CAETANO, RN / LISA COUGHLIN RN	Date 7/2/2025

Patient's Medicare No. 1AA1AA1AA11	SOC Date 7/2/2025	Certification Period 7/2/2025 to 8/30/2025	Medical Record No. C0200110432201	Provider No. 227203
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Patient's Name LISA L MEDEIROS	Provider's Name ACCENTCARE OF MASS, INC. DBA AC HH OF MASS
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Goals/Rehabilitation Potential/Discharge Plans:

CHANGES IN SKIN INTEGRITY STATUS WILL BE IDENTIFIED AND REPORTED TO THE PHYSICIAN FOR PROMPT INTERVENTION. PATIENT/CAREGIVER WILL VERBALIZE/DEMONSTRATE ADEQUATE KNOWLEDGE OF INTEGUMENTARY STATUS AEB VERBALIZATION/DEMONSTRATION OF 2 MEASURES TO PROMOTE SKIN INTEGRITY AND PREVENT INJURY BY 4 WEEKS. PATIENT/CAREGIVER WILL BE ABLE TO VERBALIZE UNDERSTANDING OF 3-5 APPROPRIATE TEACHING POINTS RELATED TO SPECIFIC TYPE OF LIVER DISEASE SPECIFIC TO PATIENT CONDITION AND COMPLICATIONS OF LIVER DISEASE BY 8 WEEKS.

A PHYSICAL THERAPY PLAN OF CARE WILL BE ORDERED BY PHYSICIAN AND PROVIDED BY PHYSICAL THERAPY. ALL GOALS TO BE MET BY END OF CURRENTLY APPROVED PLAN OF CARE.

PATIENT WILL DEMONSTRATE IMPROVED INCISION / SUTURE SITE STATUS AS EVIDENCED BY DECREASE IN SIZE / DRAINAGE OF WOUND, NO S/S OF INFECTION, AND DECREASED PAIN AS A RESULT OF SKILLED INTERVENTION BY 4 WEEKS.

PATIENT WILL DEMONSTRATE IMPROVEMENT IN TOLERANCE AND INDEPENDENCE TO FUNCTIONAL ACTIVITY AS OUTLINED BY THE OBJECTIVE MEASUREMENTS IN THERAPY SHORT TERM/LONG TERM GOALS BY THE DOCUMENTED GOAL DATES AS EVIDENCED BY RETURN TO FUNCTIONAL IND IN HER HOME.

PATIENT/CAREGIVER WILL VERBALIZE EFFECTIVE PAIN CONTROL AND UNDERSTAND BOTH PHARMACOLOGIC AND NON-PHARMACOLOGIC PAIN CONTROL METHODS AS EVIDENCED BY PATIENT VERBALIZING DECREASE IN PAIN TO ACCEPTABLE LEVELS IN ORDER TO COMPLETE MOBILITY AND FUNCTION BY 6 WEEKS.

PATIENT/CAREGIVER WILL RECEIVE MEDICATION MANAGEMENT AND PHYSICIAN WILL BE CONTACTED WITHIN ONE CALENDAR DAY OF THE ASSESSMENT TO RESOLVE CLINICALLY SIGNIFICANT MEDICATION ISSUES, INCLUDING RECONCILIATION.

PATIENT WILL DEMONSTRATE OXYGEN SATURATION WITHIN NORMAL LIMITS OR TO PATIENT'S OPTIMAL LEVEL AS ESTABLISHED BY THE PHYSICIAN BY END OF CERTIFICATION.

OCCUPATIONAL THERAPY EVALUATION WILL BE COMPLETED. PLAN OF CARE WILL BE ORDERED BY PHYSICIAN AND PROVIDED BY OCCUPATIONAL THERAPIST. ALL GOALS TO BE MET BY END OF CURRENTLY APPROVED PLAN OF CARE.

PATIENT WILL DEMONSTRATE OXYGEN SATURATION WITHIN NORMAL LIMITS OR TO PATIENT'S OPTIMAL LEVEL AS ESTABLISHED BY THE PHYSICIAN BY 8 WEEKS.

PATIENT WILL DEMONSTRATE INCREASED INDEPENDENCE/ SAFETY IN ADLS AS OUTLINED BY THE OBJECTIVE MEASUREMENTS IN THERAPY SHORT/LONG TERM GOALS BY THE DOCUMENTED GOAL DATES AS EVIDENCED BY DECREASED RELIANCE ON CG ASSISTANCE, MAINTAINING PROPER TECHNIQUE/BODY MECHANICS DURING ADLS AND ADHERING TO INSTRUCTED SAFETY MEASURES TO PREVENT INJURY.

PATIENT/CG WILL VERBALIZE EFFECTIVE PAIN CONTROL AND UNDERSTAND PHARMACOLOGIC/NONPHARMACOLOGIC PAIN CONTROL METHODS AS EVIDENCED BY PATIENT VERBALIZING DECREASE IN PAIN TO ACCEPTABLE LEVELS TO COMPLETE MOBILITY AND FUNCTION BY 8 WEEKS.

PT/CG WILL RECEIVE MEDICATION MANAGEMENT AND PHYSICIAN WILL BE CONTACTED WITHIN ONE CALENDAR DAY OF THE ASSESSMENT TO RESOLVE CLINICALLY SIGNIFICANT MEDICATION ISSUES INCLUDING RECONCILIATION.

PATIENT WILL DEMONSTRATE IMPROVED FUNCTION IN RESPONSE TO SPECIFIC EXERCISE(S) AND/OR MANUAL THERAPY TECHNIQUE(S), AS OUTLINED BY THE OBJECTIVE MEASUREMENTS IN THERAPY SHORT TERM/LONG TERM GOALS AS EVIDENCED BY INCREASED INDEPENDENCE IN ACTIVITIES OF DAILY LIVING, INCREASED INDEPENDENCE WITH TRANSFERS/MOBILITY DUE TO INCREASED STRENGTH, DECREASED RELIANCE ON CAREGIVER ASSISTANCE BY 8 WEEKS/WITHIN 60 DAYS.

PATIENT WILL HAVE ALL NECESSARY ADAPTIVE EQUIPMENT AND WILL VERBALIZE UNDERSTANDING OF INSTRUCTIONS RELATED TO SAFE USE OF ADAPTIVE EQUIPMENT, AS OUTLINED BY THE OBJECTIVE MEASUREMENTS IN THERAPY SHORT TERM/LONG TERM GOALS AS EVIDENCED BY INCREASED INDEPENDENCE ACTIVITIES USING APPROPRIATE ADAPTIVE EQUIPMENT BY 8 WEEKS/WITHIN 60 DAYS.

PATIENT/CAREGIVER TO DEMONSTRATE UNDERSTANDING OF AND COMPLIANCE WITH ENERGY CONSERVATION MEASURES, AS OUTLINED BY THE OBJECTIVE MEASUREMENTS IN THERAPY SHORT TERM/LONG TERM GOALS AS EVIDENCED BY INCREASED TOLERANCE DURING ADL/IADLS, DECREASED EPISODES OF SEVERE FATIGUE/SHORTNESS OF BREATH AND PATIENT ABLE TO VERBALIZE PLAN FOR COMPLEX TASKS BY 8 WEEKS/WITHIN 60 DAYS.

CHANGES IN PATIENT CO-MORBID STATUS WILL BE PROMPTLY IDENTIFIED AND REPORTED TO THE PHYSICIAN. PATIENT/CAREGIVER WILL VERBALIZE/DEMONSTRATE KNOWLEDGE TO PROPERLY MANAGE DIABETIC CARE INCLUDING FOOT CARE AND MONITORING BLOOD GLUCOSE AS INSTRUCTED BY PROVIDER BY 8 WEEKS.

CHANGES IN PATIENT CO-MORBID STATUS WILL BE PROMPTLY IDENTIFIED AND REPORTED TO THE PHYSICIAN. PATIENT/CAREGIVER WILL VERBALIZE/DEMONSTRATE KNOWLEDGE TO PROPERLY MANAGE DEPRESSION PREVENTION BY 8 WEEKS.

Rehab Potential:

GOOD/MARKED IMPROVEMENT IN FUNCTIONAL STATUS IS EXPECTED

DC Plans:

PATIENT WILL DISCHARGE TO FAMILY/CAREGIVER OR SELF UNDER THE SUPERVISION OF PCP.

D/C SUMMARY TO BE SENT TO PCP. AGENCY MAY DISCHARGE EARLY IF GOALS MET OR PER PT REQUEST.

DME and Supplies:

ALCOHOL, GLOVES, VITAL SIGN EQUIPMENT; CLINICAL TOOLS; DME-GLUCOMETER; DME-RAILS/GRAB BARS; DME-SHOWER/TUB EQUIPMENT; DME-WALKER ; DME-WHEELCHAIR ; INFECTION CONTROL SUPPLIES; LAB, SYRINGES, INFUSION SUPPLIES; THERAPY SUPPLIES; WOUND CARE SUPPLIES

Signature of Physician	Date
Optional Name/Signature Of MELISSA CAETANO, RN / LISA COUGHLIN RN	Date 7/2/2025

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Prognosis:
GOOD

Functional Limitations:
ENDURANCE; AMBULATION; SURGICAL WOUND; IMPAIRED VISION; DYSPNEA; FALL RISK, PAIN

Safety Measures:
ALERT YOUR NURSE/THERAPIST, FALL PRECAUTIONS, EMERGENCY PREPAREDNESS PLAN DEVELOPED USING AGENCY ZONE TOOL, MEDICATION PRECAUTIONS, UNIVERSAL PRECAUTIONS, , JOINT REPLACEMENT PRECAUTIONS, CARDIOVASCULAR PRECAUTIONS, CKD PRECAUTIONS, COPD PRECAUTIONS, RESPIRATORY PRECAUTIONS, PARKINSON'S DISEASE PRECAUTIONS, FATTY LIVER PRECAUTIONS, INSULIN PRECAUTIONS, INJECTION PRECAUTIONS, BLEEDING PRECAUTIONS, OPIOID PRECAUTIONS , INCISION PRECAUTIONS, INFECTION CONTROL PRECAUTIONS, DISPOSAL OF MEDICAL WASTE, DIABETIC PRECAUTIONS, SHARPS PRECAUTIONS

Activities Permitted:
UP AS TOLERATED; WHEELCHAIR; WALKER; EXERCISES PRESCRIBED; ASSIST TO LEAVE HOME; ASSIST W/ADLS

Nutritional Requirements:
CARDIAC DIET, DIABETIC DIET

Advance Directives:
FULL CODE; NONE

Mental Statuses:
ORIENTED

Supporting Documentation for Cognitive Status:
(C1) (QM) (PRA) (M1700) COGNITIVE FUNCTIONING: PATIENT'S CURRENT (DAY OF ASSESSMENT) LEVEL OF ALERTNESS, ORIENTATION, COMPREHENSION, CONCENTRATION, AND IMMEDIATE MEMORY FOR SIMPLE COMMANDS.
0 - ALERT/ORIENTED, ABLE TO FOCUS AND SHIFT ATTENTION, COMPREHENDS AND RECALLS TASK DIRECTIONS INDEPENDENTLY.
(QM) (M1710) WHEN CONFUSED (REPORTED OR OBSERVED) WITHIN THE LAST 14 DAYS:
0 - NEVER
(QM) (M1720) WHEN ANXIOUS (REPORTED OR OBSERVED) WITHIN THE LAST 14 DAYS:
1 - LESS OFTEN THAN DAILY
(C1) (QM) (PRA) (M1740) COGNITIVE, BEHAVIORAL, AND PSYCHIATRIC SYMPTOMS THAT ARE DEMONSTRATED AT LEAST ONCE A WEEK (REPORTED OR OBSERVED): (MARK ALL THAT APPLY.)
7 - NONE OF THE ABOVE BEHAVIORS DEMONSTRATED

Supporting Documentation for Psychosocial Status:
(C1) (QM) (PRA) (M1700) COGNITIVE FUNCTIONING: PATIENT'S CURRENT (DAY OF ASSESSMENT) LEVEL OF ALERTNESS, ORIENTATION, COMPREHENSION, CONCENTRATION, AND IMMEDIATE MEMORY FOR SIMPLE COMMANDS.
0 - ALERT/ORIENTED, ABLE TO FOCUS AND SHIFT ATTENTION, COMPREHENDS AND RECALLS TASK DIRECTIONS INDEPENDENTLY.
(QM) (M1710) WHEN CONFUSED (REPORTED OR OBSERVED) WITHIN THE LAST 14 DAYS:
0 - NEVER
(QM) (M1720) WHEN ANXIOUS (REPORTED OR OBSERVED) WITHIN THE LAST 14 DAYS:
1 - LESS OFTEN THAN DAILY
(C1) (QM) (PRA) (M1740) COGNITIVE, BEHAVIORAL, AND PSYCHIATRIC SYMPTOMS THAT ARE DEMONSTRATED AT LEAST ONCE A WEEK (REPORTED OR OBSERVED): (MARK ALL THAT APPLY.)
7 - NONE OF THE ABOVE BEHAVIORS DEMONSTRATED

Supporting Documentation for Risk of Hospital Readmission:
(PRA) (M1033) RISK FOR HOSPITALIZATION: WHICH OF THE FOLLOWING SIGNS OR SYMPTOMS CHARACTERIZE THIS PATIENT AS AT RISK FOR HOSPITALIZATION? (MARK ALL THAT APPLY.)
1 - HISTORY OF FALLS (2 OR MORE FALLS - OR ANY FALL WITH AN INJURY - IN THE PAST 12 MONTHS) || 4 - MULTIPLE EMERGENCY DEPARTMENT VISITS (2 OR MORE) IN THE PAST 6 MONTHS || 5 - DECLINE IN MENTAL, EMOTIONAL, OR BEHAVIORAL STATUS IN THE PAST 3 MONTHS || 6 - REPORTED OR OBSERVED HISTORY OF DIFFICULTY COMPLYING WITH ANY MEDICAL INSTRUCTIONS (FOR EXAMPLE, MEDICATIONS, DIET, EXERCISE) IN THE PAST 3 MONTHS || 7 - CURRENTLY TAKING 5 OR MORE MEDICATIONS || 8 - CURRENTLY REPORTS EXHAUSTION || 9 - OTHER RISK(S) NOT LISTED IN 1 - 8

Allergies:
CEFUROXIME; IMITREX; KETEROLAC; METOCLOPRAMIDE; MORPHINE; PROCHLOROPENAZINE; SULFA ANTIABOTICS; SULFONAMIDE; SUMATRIPTAN

Medications:

Signature of Physician	Date
Optional Name/Signature Of MELISSA CAETANO, RN / LISA COUGHLIN RN	Date 7/2/2025

Patient's Medicare No. 1AA1AA1AA11	SOC Date 7/2/2025	Certification Period 7/2/2025 to 8/30/2025	Medical Record No. C0200110432201	Provider No. 227203
Patient's Name LISA L MEDEIROS		Provider's Name ACCENTCARE OF MASS, INC. DBA AC HH OF MASS		
Medication/ Dose	Frequency	Route	Start Date/ End Date	DC Date
ACETAMINOPHEN 325 MG TABLET <i>3 tablet</i>	<i>3 TIMES DAILY/PRN</i>	ORAL		
Reason: MILD PAIN Instructions:				
ASPIRIN 325 MG TABLET <i>1 tablet</i>	<i>2 TIMES DAILY</i>	ORAL		
Reason: BLOOD CLOT PREVENTION Instructions:				
BENZTROPINE 0.5 MG TABLET <i>1 tablet</i>	<i>DAILY</i>	ORAL		
Reason: TREMORS Instructions:				
BUPRENORPHINE 8 MG-NALOXONE 2 MG SUBLINGUAL FILM <i>Per instructions</i>	<i>SUBLINGUALLY EVERY DAY</i>	SUBLINGUAL		07/02/2025
Reason: . Instructions: DISSOLVE 1 FILM UNDER THE TONGUE SUBLINGUALLY EVERY DAY				
BUPRENORPHINE 8 MG-NALOXONE 2 MG SUBLINGUAL FILM <i>Per instructions</i>	<i>EVERY DAY</i>	SUBLINGUAL		07/02/2025
Reason: . Instructions: DISSOLVE 1 FILM UNDER THE TONGUE EVERY DAY				
CARBIDOPA 25 MG-LEVODOPA 100 MG TABLET <i>1 tablet</i>	<i>THREE TIMES DAILY</i>	ORAL		
Reason: TREMORS Instructions: TAKE 1 TABLET BY MOUTH THREE TIMES DAILY				
DAILY FIBER (PSYLLIUM-ASPARTAME) 3 GRAM ORAL POWDER PACKET	<i>DAILY/PRN</i>	ORAL		
Reason: TO TREAT HARD STOOLS Instructions:				
FREESTYLE LIBRE 3 PLUS SENSOR DEVICE <i>1 each</i>	<i>EVERY OTHER WEEK</i>	MISCELLANEOUS		
Reason: BLOOD SUGAR CHECKS Instructions: PATIENT IS INDEPENDENT WITH BLOOD SUGAR CHECKS AND CHANGING OF LIBRE SENSORS				
FREESTYLE LIBRE 3 READER <i>1 each</i>	<i>4 TIMES DAILY</i>	MISCELLANEOUS		
Reason: BLOOD SUGAR CHECKS Instructions: USE AS DIRECTED				
FREESTYLE LIBRE 3 READER <i>Per instructions</i>	<i>AS DIRECTED</i>	MISCELLANEOUS		07/02/2025
Reason: . Instructions: USE AS DIRECTED				
INSULIN LISPRO (U-100) 100 UNIT/ML SUBCUTANEOUS PEN <i>Per instructions</i>	<i>THREE TIMES DAILY USING SCALE MAX DAILY</i>	SUBCUTANEOUS		
Reason: BLOOD SUGAR CONTROL Instructions: PATIENT IS INDEPENDENT WITH I SULIN ADMINISTRATION				
PLEASE INJECT 22 UNITS WITH BREAKFAST 14 UNITS WITH LUNCH 20 UNITS WITH DINNER				
SLIDING SCALE: IF CBG IS 151-199 TAKE AN EXTRA 2 UNITS OF INSULIN IF CBG IS 200-249 TAKE ADDITIONAL 4 UNITS OF INSULIN 250-299- TAKE 6 ADDITIONAL UNITS 300-349- TAKE 8 ADDITIONAL UNITS 350-399 TAKE 10 ADDITIONAL UNITS AND NOTIFY MD				
INSULIN LISPRO (U-100) 100 UNIT/ML SUBCUTANEOUS PEN		SUBCUTANEOUS		07/02/2025

Signature of Physician	Date
Optional Name/Signature Of MELISSA CAETANO, RN / LISA COUGHLIN RN	Date 7/2/2025

Patient's Medicare No. 1AA1AA1AA11	SOC Date 7/2/2025	Certification Period 7/2/2025 to 8/30/2025	Medical Record No. C0200110432201	Provider No. 227203
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Patient's Name LISA L MEDEIROS	Provider's Name ACCENTCARE OF MASS, INC. DBA AC HH OF MASS
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Medication/ Dose	Frequency	Route	Start Date/ End Date	DC Date	New/ Changed
<i>Per instructions</i>	<i>THREE TIMES DAILY USING SCALE MAX DAILY</i>				
Reason: Instructions: INJECT UP TO 50 UNITS THREE TIMES DAILY USING SCALE. MAX DAILY DSE OF 150 UNITS					
LAMOTRIGINE 200 MG TABLET		ORAL			
<i>1 tablet</i>	<i>DAILY</i>				
Reason: PREVENT MOOD SWINGS					
Instructions:					
LANTUS SOLOSTAR U-100 INSULIN 100 UNIT/ML (3 ML)		SUBCUTANEOUS			
SUBCUTANEOUS PEN					
<i>28 unit</i>	<i>DAILY</i>				
Reason: TO CONTROL BLOOD SUGARS					
Instructions: AT BEDTIME					
PATIENT IS INDEPENDENT WITH INSULIN ADMINISTRATION					
LANTUS SOLOSTAR U-100 INSULIN 100 UNIT/ML (3 ML)		SUBCUTANEOUS		07/02/2025	
SUBCUTANEOUS PEN					
<i>Per instructions</i>	<i>DAILY</i>				
Reason:					
Instructions: ADMINISTER UP TO 40 UNITS UNDER THE SKIN DAILY					
LEVOTHYROXINE 112 MCG TABLET		ORAL			
<i>1 tablet</i>	<i>DAILY</i>				
Reason: FOR UNDER ACTIVE THYROID					
Instructions:					
LORAZEPAM 0.5 MG TABLET		ORAL			
<i>1 tablet</i>	<i>3 TIMES DAILY</i>				
Reason: ANXIETY					
Instructions:					
LORAZEPAM 0.5 MG TABLET		ORAL		07/02/2025	
<i>Per instructions</i>	<i>THREE TIMES DAILY AS DIRECTED</i>				
Reason:					
Instructions: TAKE 1 TABLET BY MOUTH THREE TIMES DAILY AS DIRECTED					
LURASIDONE 80 MG TABLET		ORAL		07/02/2025	
<i>Per instructions</i>	<i>DAILY AS DIRECTED</i>				
Reason:					
Instructions: TAKE 1 TABLET BY MOUTH DAILY AS DIRECTED					
LURASIDONE 80 MG TABLET		ORAL		07/02/2025	
<i>Per instructions</i>	<i>DAILY AS DIRECTED</i>				
Reason:					
Instructions: TAKE 1 TABLET BY MOUTH DAILY AS DIRECTED					
MAGNESIUM OXIDE 400 MG (241.3 MG MAGNESIUM) TABLET		ORAL		07/02/2025	
<i>Per instructions</i>	<i>DAILY</i>				
Reason: UNAVAILABLE					
Instructions: TAKE 1 TABLET BY MOUTH DAILY					
METOPROLOL TARTRATE 25 MG TABLET		ORAL			
<i>1 tablet</i>	<i>TWICE DAILY</i>				
Reason: HIGH BLOOD PRESSURE					
Instructions:					
METOPROLOL TARTRATE 25 MG TABLET		ORAL		07/02/2025	
<i>Per instructions</i>	<i>TWICE DAILY</i>				
Reason: UNAVAILABLE					
Instructions: TAKE 1 TABLET BY MOUTH TWICE DAILY					
MUPIROCIN 2 % TOPICAL OINTMENT		TOPICAL		07/02/2025	
<i>Per instructions</i>	<i>THREE TIMES DAILY FOR 7 DAYS</i>				
Reason: UNAVAILABLE					
Instructions: APPLY A SMALL AMOUNT TO THE BILATERAL NOSTRILS THREE TIMES DAILY FOR 7 DAYS BEFORE SURGERY					

Signature of Physician	Date
Optional Name/Signature Of MELISSA CAETANO, RN / LISA COUGHLIN RN	Date 7/2/2025

Patient's Medicare No. 1AA1AA1AA11	SOC Date 7/2/2025	Certification Period 7/2/2025 to 8/30/2025	Medical Record No. C0200110432201	Provider No. 227203
Patient's Name LISA L MEDEIROS		Provider's Name ACCENTCARE OF MASS, INC. DBA AC HH OF MASS		

Medication/ Dose	Frequency	Route	Start Date/ End Date	DC Date	New/ Changed
NITROFURANTOIN MONOHYDRATE/MACROCRYSTALS 100 MG CAPSULE <i>Per instructions</i>	<i>DAILY</i>	ORAL		07/02/2025	
Reason: UNAVAILABLE Instructions:					
OMEPRAZOLE 20 MG CAPSULE,DELAYED RELEASE <i>1 capsule</i>	<i>DAILY</i>	ORAL			
Reason: HEARTBURN Instructions:					
OMEPRAZOLE 20 MG CAPSULE,DELAYED RELEASE <i>Per instructions</i>	<i>EVERY DAY</i>	ORAL		07/02/2025	
Reason: UNAVAILABLE Instructions: TAKE 1 CAPSULE BY MOUTH EVERY DAY					
OXYCODONE 5 MG TABLET <i>1-2 tablet</i>	<i>EVERY 4 HOURS</i>	ORAL			
Reason: MODERATE TO SEVERE PAIN Instructions: TAKE 1 TAB FOR PAIN 5-7/10 2 TABLETS FOR PAIN 8-10/10					
POLYVINYL ALCOHOL 1.4 % EYE DROPS <i>Per instructions</i>	<i>FOUR TIMES DAILY AS DIRECTED</i>	OPHTHALMIC (EYE)		07/02/2025	
Reason: UNAVAILABLE Instructions: INSTILL 1 DROP INTO BOTH EYES FOUR TIMES DAILY AS DIRECTED					
PREGABALIN 200 MG CAPSULE <i>1 capsule</i>	<i>THREE TIMES DAILY</i>	ORAL			
Reason: NERVE PAIN Instructions:					
PREGABALIN 200 MG CAPSULE <i>Per instructions</i>	<i>THREE TIMES DAILY</i>	ORAL		07/02/2025	
Reason: . Instructions: TAKE 1 CAPSULE BY MOUTH THREE TIMES DAILY					
ROSUVASTATIN 10 MG TABLET <i>Per instructions</i>	<i>EVERY DAY</i>	ORAL		07/02/2025	
Reason: UNAVAILABLE Instructions: TAKE 1 TABLET BY MOUTH EVERY DAY					
ROSUVASTATIN 10 MG TABLET <i>Per instructions</i>	<i>EVERY DAY</i>	ORAL		07/02/2025	
Reason: UNAVAILABLE Instructions: TAKE 1 TABLET BY MOUTH EVERY DAY					
SENNA 8.6 MG TABLET <i>1 tablet</i>	<i>2 TIMES DAILY</i>	ORAL			
Reason: STOOL SOFTENER Instructions:					
TAMSULOSIN 0.4 MG CAPSULE <i>1 capsule</i>	<i>DAILY</i>	ORAL			
Reason: URINARY RETENTION Instructions:					
TIZANIDINE 4 MG TABLET <i>1 tablet</i>	<i>DAILY/PRN</i>	ORAL			
Reason: MUSCLE SPASMS Instructions:					

Signature of Physician	Date
Optional Name/Signature Of MELISSA CAETANO, RN / LISA COUGHLIN RN	Date 7/2/2025

Patient's Medicare No. 1AA1AA1AA11	SOC Date 7/2/2025	Certification Period 7/2/2025 to 8/30/2025	Medical Record No. C0200110432201	Provider No. 227203
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Patient's Name LISA L MEDEIROS	Provider's Name ACCENTCARE OF MASS, INC. DBA AC HH OF MASS
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Supporting Documentation for Home Health Eligibility:

THE FOLLOWING BODY STRUCTURES EITHER REQUIRE HOME HEALTH INTERVENTION OR WILL IMPACT THE HOME HEALTH PLAN OF CARE:

SKIN AND RELATED STRUCTURES, STRUCTURES RELATED TO MOVEMENT, STRUCTURES RELATED TO THE METABOLIC AND ENDOCRINE SYSTEMS

THE FOLLOWING BODY SYSTEM FUNCTIONS EITHER REQUIRE HOME HEALTH INTERVENTION OR WILL IMPACT THE HOME HEALTH PLAN OF CARE:

FUNCTIONS OF THE METABOLIC AND ENDOCRINE SYSTEMS, FUNCTIONS OF THE SKIN AND RELATED STRUCTURES, NEUROMUSCULOSKELETAL AND MOVEMENT-RELATED FUNCTIONS, SENSORY FUNCTIONS AND PAIN

(HOMEBOUND STATUS CRITERIA 1A AND 1B) BECAUSE OF ILLNESS OR INJURY, THE PATIENT NEEDS SUPPORTIVE DEVICES, SPECIAL TRANSPORTATION, ASSISTANCE OF ANOTHER PERSON AND/OR LEAVING THE HOME IS MEDICALLY CONTRAINDICATED DUE TO: RISK OF INFECTION OR IMMUNOCOMPROMISED STATUS, THE PATIENT REQUIRES ASSISTANCE AND/OR SUPERVISION OF ANOTHER PERSON(S) TO PERFORM ADL/IADL AND SELF-CARE TASKS SAFELY., THE PATIENT REQUIRES ASSISTANCE AND/OR SUPERVISION OF ANOTHER PERSON(S) TO PERFORM SAFE AMBULATION/LOCOMOTION ON EVEN AND UNEVEN SURFACES., THE PATIENT REQUIRES ASSISTANCE AND/OR SUPERVISION OF ANOTHER PERSON(S) TO PERFORM SAFE BED MOBILITY AND TRANSFERS., THE PATIENT REQUIRES ASSISTANCE AND/OR SUPERVISION OF ANOTHER PERSON(S) TO PERFORM SAFE TRANSFER FROM SIT TO STAND., THE PATIENT REQUIRES ASSISTANCE OF A WALKER TO SAFELY LEAVE THE HOME

(HOMEBOUND STATUS CRITERIA 2A AND 2B) THE PATIENT HAS A NORMAL INABILITY TO LEAVE THE HOME AND LEAVING THE HOME REQUIRES A CONSIDERABLE AND TAXING EFFORT DEMONSTRATED BY:

PATIENT HAS CONSIDERABLE WEAKNESS THAT LIMITS SAFE TRANSFER AND/OR AMBULATION OUTSIDE THE HOME, PATIENT HAS INCREASED FALL RISK BECAUSE OF POOR BALANCE AND/OR FUNCTIONAL MOBILITY WHEN LEAVING THE HOME ENVIRONMENT, PATIENT IS SHORT OF BREATH WITH MINIMAL EXERTION FROM ADL/IADLs AND TRANSFERS, PATIENT IS UNABLE TO NEGOTIATE STAIRS AND/OR UNEVEN SURFACES IN AND OUT OF HOME SAFELY DUE TO WEIGHT BEARING RESTRICTION, WEAKNESS OR BALANCE IMPAIRMENTS, PATIENT REQUIRES FREQUENT REST PERIODS WHEN AMBULATING DUE TO ENDURANCE LIMITATION AND DECREASED SAFETY, POOR BALANCE WITH WEIGHT BEARING ACTIVITIES AND IS A FALL RISK FOR TRANSFER AND/OR AMBULATION OUTSIDE THE HOME

THE PHYSICIAN CERTIFIES BY SIGNING BELOW THAT THIS DOCUMENT AND ITS CONTENTS HAVE BEEN INCORPORATED INTO THE PHYSICIAN'S MEDICAL RECORD AND MAY BE USED TO SUPPORT HOMEBOUND STATUS AND MEDICAL NECESSITY FOR CARE.

A DISCHARGE SUMMARY WILL BE PROVIDED.

PRIOR TO THIS SPELL OF ILLNESS, THE PATIENT'S OVERALL FUNCTION AND/OR COGNITIVE ABILITIES REQUIRED: MODERATE ASSISTANCE WITH ADL/IADL AND SELF-CARE TASKS.

Therapy Short Term/Long Term Goals:

Discipline: PT

GAIT (PT)

STAIRS ASCENDING ASSISTANCE

STG: CONTACT GUARD ASSIST

TARGET DATE: 7/18/2025

LTG: SUPERVISION

TARGET DATE: 8/29/2025

STAIRS DESCENDING ASSISTANCE

STG: CONTACT GUARD ASSIST

TARGET DATE: 7/18/2025

LTG: SUPERVISION

TARGET DATE: 8/29/2025

HOME PROGRAM (PT)

HOME PROGRAM (PT)

STG: FINAL HOME PROGRAM PROVIDED

TARGET DATE: 8/29/2025

LTG: FINAL HOME PROGRAM PROVIDED

TARGET DATE: 8/29/2025

RIGHTPATH PROGRAM FOR JOINT REPLACEMENT (LEFT HIP) (PT)

ROM - LEFT HIP FLEXION

STG: 90

TARGET DATE: 8/29/2025

LTG: 90

TARGET DATE: 8/29/2025

ROM - LEFT HIP ABDUCTION

STG: 15

LTG: 20

Signature of Physician	Date
Optional Name/Signature Of MELISSA CAETANO, RN / LISA COUGHLIN RN	Date 7/2/2025

Patient's Medicare No. 1AA1AA1AA11	SOC Date 7/2/2025	Certification Period 7/2/2025 to 8/30/2025	Medical Record No. C0200110432201	Provider No. 227203
Patient's Name LISA L MEDEIROS		Provider's Name ACCENTCARE OF MASS, INC. DBA AC HH OF MASS		

Therapy Short Term/Long Term Goals:

Discipline: PT

RIGHTPATH PROGRAM FOR JOINT REPLACEMENT (LEFT HIP) (PT)

ROM - LEFT HIP ABDUCTION

TARGET DATE: 7/18/2025

TARGET DATE: 8/29/2025

STRENGTH - LEFT HIP FLEXION

STG: 3/FAIR

LTG: 3+/FAIR+

TARGET DATE: 7/18/2025

TARGET DATE: 8/29/2025

STRENGTH - LEFT HIP ABDUCTION

STG: 2/POOR

LTG: 2+/POOR+

TARGET DATE: 7/18/2025

TARGET DATE: 8/29/2025

PAIN (WORST IN PREVIOUS 24 HOUR PERIOD) - LEFT HIP

STG: 4

LTG: 2

TARGET DATE: 7/18/2025

TARGET DATE: 8/29/2025

ASSISTIVE DEVICE

STG: CANE/SINGLE SUPPORT

LTG: CANE/SINGLE SUPPORT

TARGET DATE: 8/29/2025

TARGET DATE: 8/29/2025

DISTANCE AMBULATED (FEET)

STG: 126-150 FT

LTG: 226-250 FT

TARGET DATE: 7/18/2025

TARGET DATE: 8/29/2025

Discipline: OT

SELF CARE (OT)

DRESS LOWER BODY ABILITY

STG: MODERATE ASSIST

LTG: MODIFIED INDEPENDENT

TARGET DATE: 7/3/2025

TARGET DATE: 8/13/2025

TOILETING

STG: STANDBY ASSIST

LTG: MODIFIED INDEPENDENT

TARGET DATE: 7/3/2025

TARGET DATE: 8/13/2025

TRANSFERS (OT)

TUB/SHOWER (OT)

STG: MINIMAL ASSIST

LTG: SUPERVISION

TARGET DATE: 7/23/2025

TARGET DATE: 8/13/2025

HOME PROGRAM (OT)

HOME PROGRAM (OT)

STG: INITIAL HOME PROGRAM PROVIDED

LTG: FINAL HOME PROGRAM PROVIDED

TARGET DATE: 7/16/2025

TARGET DATE: 8/6/2025

STRENGTH (OT)

LEFT UPPER EXTREMITY

STG: 3+/FAIR+

LTG: 4/GOOD

TARGET DATE: 7/3/2025

TARGET DATE: 8/13/2025

LEFT GRIP

STG: 3+/FAIR+

LTG: 4/GOOD

TARGET DATE: 7/3/2025

TARGET DATE: 8/13/2025

Signature of Physician	Date
Optional Name/Signature Of MELISSA CAETANO, RN / LISA COUGHLIN RN	Date 7/2/2025