



HW4850118FoMGVY93HA5

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.
100029807136	09/04/2014	07/08/2025 Through 09/05/2025	15538	140111

Physician Name and Address

Jordan Gularek, DO
535 Faunce Corner Rd
North Dartmouth, MA 02747
(508) 996-3991 Fax (508) 961-2513

Patient

Brooks, Darryl
217 Deane St
Apt 110
New Bedford, MA 02746

DOB

09/12/1978

Sex

M

Directives In Place/Risk of Hospitalization

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

Provider Name and Address

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

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

11. Dx Code	Principal Diagnosis	Date
F20.0	Paranoid schizophrenia [ICD10]	9/4/2014 O
12. Dx Code	Surgical Procedure	Date
N/A		
13. Dx Code	Other Pertinent Diagnoses	Date
F42.9	Obsessive-compulsive disorder, unspecified [ICD10]	9/4/2014 O
E11.65	Type 2 diabetes mellitus with hyperglycemia [ICD10]	9/4/2014 O
I12.9	Hypertensive chronic kidney disease w stg 1-4/unsp chr kidney [ICD10]	8/9/2018 O
N18.1	Chronic kidney disease, stage 1 [ICD10]	9/4/2014 O
I43	Cardiomyopathy in diseases classified elsewhere [ICD10]	9/4/2014 O
K22.2	Esophageal obstruction [ICD10]	9/4/2014 O
K20.0	Eosinophilic esophagitis [ICD10]	9/4/2014 O
G47.33	Obstructive sleep apnea (adult) (pediatric) [ICD10]	9/4/2014 O

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

Abilify 10 milligram oral once a day am for psych (C)
Advair HFA 250/50 microgram oral 2 times a day am pm (1 puff)
Prescribed By: Bell-Wynter, Emma MD, 9/25/2021
allopurinol 100 milligram oral once a day am (Give 100mg with 300mg to equal 400mg)
Prescribed By: Gularek, Jordan DO (Internal Medicine), 11/27/2020
allopurinol 300 milligram oral once a day am (Give 300mg with 100mg to equal 400mg)
atenolol 25 milligram oral once a day am
Prescribed By: Gularek, Jordan DO (Internal Medicine), 7/8/2025 (N)
Breo Ellipta 100 mcg-25 mcg/inh powder 1 puffs inhalation once a day am
Prescribed By: Rodrigues, June A NP (Nurse Practitioner), 4/8/2024
fluticasone 50 microgram inhalation once a day am PRN
Other
Prescribed By: Reimer, Richard MD (Internal Medicine), 1/27/2022
furosemide 40 mg tablet 1 tablets oral once a day am for edema
Prescribed By: Gularek, Jordan DO (Internal Medicine), 2/22/2025
metFORMIN 500 milligram oral once a day pm for Diabetes
Prescribed By: Gularek, Jordan DO (Internal Medicine), 8/9/2023
montelukast 10 milligram chewed once a day am
Prescribed By: Gularek, Jordan DO (Internal Medicine), 7/17/2018
naproxen 500 mg delayed release tablet 1 tablets oral 2 times a day am pm PRN Pain
Omeprazole 40 milligram oral once a day am (AM)

Prescribed By: Bell-Wynter, Emma MD, 7/17/2018

sertraline 50 milligram oral once a day am

Prescribed By: Czarnota Dolliver, Lucyna MD (Psychiatry), 5/6/2025

simvastatin 10 milligram oral once a day pm

Prescribed By: Lee Lewis, Dara (MD), 10/2/2023

spironolactone 50 mg tablet 1 tablets oral once a day am for edema

Prescribed By: Gularek, Jordan DO (Internal Medicine), 2/22/2025

Vitamin B12 250 microgram oral once a day am

Prescribed By: Gularek, Jordan DO (Internal Medicine), 6/10/2025 (N)

vitamin D 5000 unit oral once a day am

Prescribed By: Reimer, Richard MD (Internal Medicine), 10/1/2023

14. DME and Supplies

Gloves-unsterile, Glucometer, test strips, lancets, lock box

16. Nutritional Req.

2gm Na diet, Low cholesterol diet, Low fat diet, No salt added diet, No concentrated sweets, Limit sodium to no more than 2500mg daily.

18A. Functional Limitations

N/A, Altered thought process in which does not interfere with HB status

19. Mental Status

Oriented, Forgetful, Depressed

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

SN: 2x/da x 60 das (7/8/2025 to 9/5/2025)

_DX: HYPERTENSION:

Assess for weight gain (2 lb/day or 5 lb/week).

_HEAD TO TOE:

Assess Head to Toe.

_PATIENT PERSONAL PLAN:

Patient identified steps toward personal goal: Eat better, avoid sugar.

_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 SN visits..

[HWC] MEDICATIONS:

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

EMERGENCY PREPAREDNESS:

In the event of an emergency or natural disaster, the patient prefers to evacuate to: With mom Beverly Evacuation Location - Address 10 Jade Drive , Dartmouth MA Evacuation Location - Phone 508-728-4850. 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 Blood Sugar per home glucose monitoring. Call Physician for BS below 60 or above 350. Skilled Observation & Assessment of Endocrine Status. Teach S/SX Prevention, Treatment of Hypo/Hyperglycemia. Teach Action, Side Effects, Doseage Schedule of Oral Hypoglycemic.

FOOT CARE:

T-Teach Patient/caregiver proper foot care. S/O presence of skin lesions on lower extremities.

GENERAL:

Skilled Observation & Assessment of Vital Signs. Report findings to MD if Systolic Blood Pressure > 150 or < 100. Report findings to MD if Diastolic Blood Pressure > 90 or < 60. Report findings to MD if Heart Rate > 110 or < 60. Report findings to MD if Blood Glucose > 350 or < 60.

HEART FAILURE:

Skilled Observation & Assessment of Cardiovascular Status. Skilled Observation & Assessment of Edema. Teach Cardiac Disease Process. S/O Weight and Edema.

MEDICATION MANAGEMENT:

15. Safety Measures

Blood and body fluid prec., Fire, electric, & open flame safety, Needle disposal precautions, Universal precautions

17. Allergies

ragweed pollen allergen extract, ARIPiprazole

18B. Activities Permitted

No restrictions

20. Prognosis

Fair

Provide patient/caregiver/family with written and/or oral education on each medication including action, dose, side effects, interactions and adverse effects..

MEDICATIONS:

Prefill Medication Containers.

PAIN - R & C:

C- Assess patient pain.

PSYCHOSOCIAL/ENVTL:

Skilled Observation & Assessment of Psych/Social Needs. Teach Coping/Problem Solving Strategies. Teach Mental Disease Process.

SAFETY:

Equipment in Working Order.

TELEHEALTH:

Daily home monitoring of weights.

22. Goals/Rehabilitation Potential/Discharge Plans

SN Goals: Goal: Patient-stated personal goal: Keep blood sugars below 120. 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. Patient Will Demonstrate Optimal Glucose Control Through Diet. Medication Compliant. Patient will be compliant with medication regimen with the assistance of skilled nursing for medication administration. within cert period. Early Detection & Intervention For S/SX of Complications of Disease Process/s

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 46 year old male living independently in one bedroom, low income housing in New Bedford. Patient is alert and oriented x4 and independent with ADLS. Patient continues to struggle with IADLS and medication management. During this recertification period patient had issues with insurance and did not have HHA services. Patient resumed services 3 times a week on may 1st. Patient continues to need BID SNV for medication management and ensuring medication compliance. Patient has no willing or able caregivers, patient family is involved with care but patients mother is having health issues herself. He continues to have poor judgement and insight and is unable to manage on his own.

Wound, if applicable: n/a

Hospitalizations/ER visits within cert period: none during recertification period

Homebound Status: Patient not homebound. Patient utilizes public transportation and is transported by mom or sister to medical appointments. Patient is able to ambulate with little to no taxing effort and walks daily

Medication Reconciliation Completed with Physician. Yes

Medication/Prescription Refill, Prescription Pick-up, and Controlled Substances.

The client agrees with the management of prescriptions and/or controlled substances. Yes

☒ 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: SBP 118-156 DBP 68-108

Recert Heart Rate Range: 67-103

Recert Temperature Range: 96.8-98.2

Recert Blood Sugar Range: 65-156

Participants of Care

Dr. Gularek PCP Hawthorn Medical
Dr. Dolliver PSYCH Hawthorn Medical
Maria Morisette- cardiology Hawthorn Medical
Innovive health VNA

Nurse's Signature and Date of Verbal SOC

Case Manager

Date HHA Received Signed POT

Diane Daley RN *E-Signature* 07/09/2025 @ 07:40
PM/Sarah Victorino RN 7/8/2025 @ 08:16 AM

Sarah Victorino RN

(Sent 7/10/2025)

Attending Physician's Signature and Date Signed

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**

Jordan Gularek, DO