



HW485011L6J1KKH6SEJ4

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.
4XT8A26QG20	06/28/2024	06/23/2025 Through 08/21/2025	3684011	227027

Physician Name and Address	Patient	DOB
Christine A Will, MD Hawthorn Medical Associates 531 Faunce Corner Rd. North Dartmouth, MA 02747 (508) 996-3991 Fax (508) 961-2535	Levin, Frances 441 Slocum Rd North Dartmouth, MA 02747	01/16/1935
		Sex F

Directives In Place/Risk of Hospitalization	Provider Name and Address
Advance Care Plan Discussion - Discussion held, other - FULL CODE Risk of Hospitalization History of falls (2 or more falls - or any fall with an injury - in the past 12 months) Currently taking 5 or more medications Other Risk	Community Nurse Inc 62 Center Street Fairhaven, MA 02719 (508) 992-6278 Fax (508) 997-3091

11. Dx Code	Principal Diagnosis	Date	10. Medications: Dose/Frequency/Route (N)ew (C)hanged
S81.812D	Laceration without foreign body, left lower leg, subsequent encounter [ICD10]	4/21/2025 E	acetaminophen 325 mg capsule 1 - 2 cap(s) oral every 4 to 6 hours PRN pain/fever ALPRAZolam 0.25 mg tablet 1 tablets oral every 8 hours PRN insomnia amoxicillin 500 milligram oral once a day PRN Other (Take four tablets orally before each dentist visit) calcium carbonate 500 mg tablet, chewable 2 tablets chewed 3 times a day w/meals furosemide 20 mg tablet 1 tablets oral once a day PRN weight gain or LE edema (Prn for weight gain >2lbs/24 hrs or 5lbs/wk, or increase LE edema) losartan 25 milligram oral once a day Prevagen 10 microgram oral once a day prostat 30 milliliter oral 2 times a day (15 gms protein per fluid oz) pyridoxine 100 mg tablet 1 tablets oral once a day rosuvastatin 10 mg capsule 1 cap(s) oral once a day sertraline 25 mg tablet 1 tablets oral once a day TraZODone Hydrochloride 50 mg tablet 1 tablets oral once a day hs verapamil 180 mg/24 hours capsule, extended release 1 cap(s) oral once a day Vitamin D3 25 mcg tablet 1 tablets oral once a day
12. Dx Code	Surgical Procedure	Date	
N/A			
13. Dx Code	Other Pertinent Diagnoses	Date	
I08.0	Rheumatic disorders of both mitral and aortic valves [ICD10]	6/20/2024 E	
I05.1	Rheumatic mitral insufficiency [ICD10]	6/20/2024 E	
I25.10	Atherosclerotic heart disease of native coronary artery without angina pectoris [ICD10]	6/20/2024 E	
R26.89	Other abnormalities of gait and mobility [ICD10]	6/20/2024 E	
R55	Syncope and collapse [ICD10]	6/20/2024 E	
R29.6	Repeated falls [ICD10]	6/20/2024 E	
I48.0	Paroxysmal atrial fibrillation [ICD10]	6/20/2024 E	
I10	Essential (primary) hypertension [ICD10]	6/20/2024 E	
M15.9	Polyosteoarthritis, unspecified [ICD10]	6/20/2024 E	
M50.30	Other cervical disc degeneration, unspecified cervical region [ICD10]	6/20/2024 E	
H93.19	Tinnitus, unspecified ear [ICD10]	6/20/2024 E	
K21.9	Gastro-esophageal reflux disease without esophagitis [ICD10]	6/20/2024 E	
G57.30	Lesion of lateral popliteal nerve, unspecified lower limb [ICD10]	6/20/2024 E	
E78.2	Mixed hyperlipidemia [ICD10]	6/20/2024 E	
G47.00	Insomnia, unspecified [ICD10]	6/20/2024 E	
N28.1	Cyst of kidney, acquired [ICD10]	6/20/2024 E	
L57.8	Other skin changes due to chronic exposure to nonionizing radiation [ICD10]	6/20/2024 E	
L82.1	Other seborrheic keratosis [ICD10]	6/20/2024 E	
Z91.81	History of falling [ICD10]	6/20/2024 E	
Z90.710	Acquired absence of both cervix and uterus [ICD10]	6/20/2024 E	

Z90.49	Acquired absence of other specified parts of digestive tract [ICD10]	6/27/2024 E
Z87.81	Personal history of (healed) traumatic fracture [ICD10]	6/20/2024 E
Z87.820	Personal history of traumatic brain injury [ICD10]	6/20/2024 E
Z85.828	Personal history of other malignant neoplasm of skin [ICD10]	6/20/2024 E
Z95.2	Presence of prosthetic heart valve [ICD10]	6/20/2024 E
Z95.5	Presence of coronary angioplasty implant and graft [ICD10]	6/20/2024 E
Z74.1	Need for assistance with personal care [ICD10]	6/20/2024 E

14. DME and Supplies	15. Safety Measures
Normal saline, Purachol plus, optifoam bandages, xeroform gauze, cane, walker, tub seat, grab bars, handheld shower.	Evacuation plans, Fall precautions, Lifeline, Remove environmental barriers, Universal precautions, Use of safety devices in bathroom
16. Nutritional Req.	17. Allergies
Lo Na, Wound healing diet	NKA
18A. Functional Limitations	18B. Activities Permitted
Ambulation, Endurance, Hearing, Pain	Up as tolerated, Exercise prescribed, Cane, Walker
19. Mental Status	20. Prognosis
Oriented, Forgetful	Good
21. Orders for Discipline and Treatments (Specify Amount/Frequency/Duration)	

SN: 1x/wk x 9 wks, PRNx4 Complications/Med Changes
 Patient Risk for Emergency Room use or Hospitalization is assessed to be: Moderate and will be addressed with measures focusing on: Vital signs assess, safety assess and fall prevention teaching, medication teaching, pain assess and teaching, integumentary assess and wound care. Skilled Observation & Assessment of Heart Sounds, Medication Use/Effect, Nutrition/Hydration, S/SX Infection, Safety. Assess oxygen saturation as needed and report to physician if less than 88%. Assess vital signs and report the following to the physician: Temperature over 101.5, Systolic Blood Pressure over 160, or less than 90, Diastolic Blood Pressure over 90, Heart Rate less than 50, or greater than 120, Respirations greater than 26. C- Assess patient pain. T-Teach patient/caregiver falls risk associated with medical conditions and medications. Teach- Interventions to monitor and mitigate pain. Teach S/SX Of Fluid Retention, Weight Monitoring. Wound # 27 - Traumatic - anterior_left_pretibial - Wound #27- Anterior Left pretibial:
 Cleanse with NS, pat dry, apply xeroform to wound bed f/b DBD, change 2x/week and PRN if saturated or dressing becomes compromised

22. Goals/Rehabilitation Potential/Discharge Plans
 SN Goals: Patient Stated Personal Goal: Long Term Goal: "Stronger" within cert period. Improvement in selfmanagement of chronic disease. within cert period. Patient will weigh self daily to monitor for symptoms fluid overload. Will be able to teach back reportable weight gain - 2lbs in 24hrs or 5lbs in a week, to be able to identify early signs of CHF exacerbation and will notify MD or SN appropriately.. Patients Cardiac Output Is Adequate To Meet Patients Needs. Patients Pain Will Be Controlled. Pt to remain safe at home as evidenced by no reported falls.. PT/SO Verbalize Knowledge Of CV Complications & When To Contact Physician. Safety In Home within cert period. Skin Integrity Restored & Maintained within cert period

Rehab Potential is Good For the Above Goals
 Discharge Plan: Discharge to Self Care With Family Community Support
Clinical Summary SN: Recertification for 90 year old widowed female on service with CNHC for SN for treatment to skin tears left lower leg.

Primary DX for recertification: Traumatic skin tears

PMH: PMH: Essential HTN, Hyperlipidemia, Afib, Mitral Valve Prolapse, Aortic Valve Stenosis, Subarachnoid Hemorrhage 9/28/21, OA of multiple joints, Carpal Tunnel Syndrome, Common Peroneal Neuropathy at Fibular Head, Hyperlipidemia, Neoplasm of uncertain behavior skin

COGNITION: Patient alert and oriented x 3.

CARDIOVASCULAR: Hearttrate regular, denies chest pain or pressure, blood pressure normotensive

PULMONARY: Lungs clear diminished at bass, observed shortness of breath with minimal exertion, patient denies cough or congestion. O2 sat 98% room air.

BORG: 0

MOBILITY: Patient ambulates in home without device, uses straight cane on uneven terrain and walker at night. Patient has private pay assistance for personal care, showers, meal prep.

SKIN: left lower leg traumatic wound clean, no slough. No erythema. Patient reports her PCA is able to change the dressing

and requests once a week nursing visit going forward.

PAIN: Patient has overall chronic joint pain. Patient states, "My arthritis more obvious." Taking tylenol prn. Seeing new physician Dr. Chen/HMA for pain consult.

GI/GU: Patient continent of bowels, reports regular movement. Occasional stress incontinence, denies any burning or pain with urination

ENDOCRINE: no issues

DIET/NUTRITION: low sodium diet. Typically take out meals and PCA prepared meals. Has lost about 5 pounds, declined dietitian eval.

WEIGHT/ MEASUREMENTS: declines weight, reports weight to be around 120

SAFETY: high risk of fall due to history of falls with injury, advanced age, medical comorbidity and poly pharmacy.

MEDS: verbal review of medlist with patient declining to review pillbottles. No changes to medication regimen upon verbal review.

DEPRESSION: denies depression at this time. Taking Sertraline daily

LIVING SITUATION: Patient lives alone in single family home, has PCA assistance daily and house cleaning weekly.

HOMEBOUND: Household distances with walker or cane related to decreased endurance, unsteady gait due to pain due to musculoskeletal, metabolic and cardiovascular changes of advanced age and chronic comorbid disease requiring poly pharmacy

GOALS(Short Term and Long Term): wound healing

BARRIERS/CHALLENGES: Advanced age, unsteady gait.

ADJUSTMENT TO THE POC: encourage nutrition, wound healing, patient declines more than once a week nursing visits

HEALTH LITERACY: mod

EMERGENCY PREPAREDNESS PLAN: discussed and in place

CODE STATUS/ADVANCED DIRECTIVES: full code

COMMUNITY RESOURCES: Patient has PCA from Attentive Home Care, 7 days weekly.

UPCOMING APPOINTMENTS: Dr. CHen.

SKILL/REASON FOR RECERTIFICATION: Patient will require ongoing SN for teaching and assessment of Cardiopulmonary disease management, wound care, med management, nutrition and home safety

Nurse's Signature and Date of Verbal SOC	Case Manager	Date HHA Received Signed POT
Christine O'Donnell RN *E-Signature* 06/30/2025 @ 03:53 PM/Tara Danley RN 6/20/2025 @ 02:03 PM	Nikoline Frade RN	(Sent 7/1/2025)

Attending Physician's Signature and Date Signed

I certify that the patient had a F2F encounter on 06/26/2024 that was related to the primary reason for home health care and was conducted by an allowed practitioner. 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. The patient is under my care, and I have authorized the services on this plan of care and will periodically review the plan. 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. My signature indicates review and incorporation of this plan of care and supporting documentation into this patient's medical record.

SignatureX	DateX
Christine A Will, MD	