

HOME HEALTH CERTIFICATION AND PLAN OF CARE

Order Number:

327079

Patient's Medicare No.	SOC Date 4/26/2025	Certification Period 4/26/2025 to 6/24/2025	Medical Record No. HH100004021001	Provider No. 417000
Patient's Name and Address: CARL PELLECHIO (401) 439-2318 65 ANNETTE DRIVE PORTSMOUTH, RI 02871-		Provider's Name, Address and Telephone Number: VISITING NURSE HOME AND HOSPICE 438 EAST MAIN ROAD SUITE 100 MIDDLETOWN, RI 02842- F: (401) 293-0739 P: (401) 682-2100		
Physician's Name & Address: RAJU SINGLA, MD 289 PLEASANT STREET FALLRIVER, MA 02721		P: (508)679-5888 F: (508)679-1059	Patient's Date of Birth: 7/9/1936 Patient's Gender: MALE Order Date: 4/26/2025 1:03 PM Verbal Order: Y Verbal Date: 4/25/2025 Verbal Time: 1:31 PM	
Nurse's Signature and Date of Verbal SOC Where Applicable: (deemed as electronic signature) REBECCA SHUTTLESWORTH, RN / NANCY HOBBS RN 4/25/2025			Date HHA Received Signed POC	

Patient's Expressed Goals:

TO GET STRONGER AND BE IN LESS PAIN

ICD-10

Diagnoses:

Order	Code	Description	Onset or Exacerbation	O/E Date
1	T48.1X1D	POISONING BY SKELETAL MUSCLE RELAXANTS, ACCIDENTAL, SUBS	ONSET	04/26/2025
2	G92.8	OTHER TOXIC ENCEPHALOPATHY	EXACERBATION	04/26/2025
3	E11.9	TYPE 2 DIABETES MELLITUS WITHOUT COMPLICATIONS	EXACERBATION	04/26/2025
4	Z79.4	LONG TERM (CURRENT) USE OF INSULIN	EXACERBATION	04/26/2025
5	F32.A	DEPRESSION, UNSPECIFIED	EXACERBATION	04/26/2025
6	F41.9	ANXIETY DISORDER, UNSPECIFIED	EXACERBATION	04/26/2025
7	M51.379	Oth intvrt disc degen, lumbosacr w/o lum bck or lw extrm pn	EXACERBATION	04/26/2025
8	G89.29	OTHER CHRONIC PAIN	EXACERBATION	04/26/2025
9	E78.5	HYPERLIPIDEMIA, UNSPECIFIED	EXACERBATION	04/26/2025
10	I10	ESSENTIAL (PRIMARY) HYPERTENSION	EXACERBATION	04/26/2025
11	Z91.81	HISTORY OF FALLING	EXACERBATION	04/26/2025
12	Z79.82	LONG TERM (CURRENT) USE OF ASPIRIN	EXACERBATION	04/26/2025
13	Z79.84	LONG TERM (CURRENT) USE OF ORAL HYPOGLYCEMIC DRUGS	EXACERBATION	04/26/2025
14	Z79.891	LONG TERM (CURRENT) USE OF OPIATE ANALGESIC	EXACERBATION	04/26/2025

Frequency/Duration of Visits:

SN 1WK5

PT EFFECTIVE 04/27/2025 2WK2,1WK2

VISITS MAY BE DISCONTINUED DUE TO DR APPOINTMENTS, REHOSPITALIZATION OR FOR PATIENT REFUSAL.

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 AND OTHER CONDITIONS THAT PRESENT THEMSELVES DURING THE COURSE OF THIS EPISODE TO IDENTIFY CHANGES AND INTERVENE TO MINIMIZE COMPLICATIONS.

SKILLED NURSE TO OBSERVE AND ASSESS RESPIRATORY SYSTEM TO IDENTIFY CHANGES AND INTERVENE TO MINIMIZE COMPLICATIONS. SKILLED NURSE TO PROVIDE SKILLED TEACHING RELATED TO ALTERED RESPIRATORY STATUS INCLUDING PATHOPHYSIOLOGY, NUTRITION, MEDICATION REGIMEN, AND PERMITTED ACTIVITIES. MAY PERFORM O2 SATURATION LEVEL PRN FOR SIGNS AND/OR SYMPTOMS OF POSSIBLE RESPIRATORY COMPLICATIONS.

SKILLED NURSE TO PERFORM MULTIFACTOR FALL RISK ASSESSMENT AND IMPLEMENT INTERVENTIONS TO DECREASE RISK OF FALLS. SKILLED NURSE TO INSTRUCT ON HOME SAFETY, IMPACT OF POLYPHARMACY, ENVIRONMENTAL SAFETY, AND FALL PREVENTION.

SKILLED NURSE FOR OBSERVATION / ASSESSMENT OF PAIN, EFFECTIVENESS OF PAIN MANAGEMENT REGIMEN AND SKILLED TEACHING RELATED TO PAIN MANAGEMENT. SKILLED NURSE TO INTERVENE WITH INCREASED PAIN LEVEL TO MINIMIZE COMPLICATIONS.

SKILLED NURSE TO REVIEW MEDICATION PROFILE AND RECONCILE MEDICATIONS AS NEEDED. SKILLED NURSE MAY INSTRUCT AND REINFORCE MEDICATION TEACHING RELATED TO USE OF MEDICATIONS TO TREAT DISEASE PROCESSES. SKILLED NURSE MAY FILL MEDICATION PER CURRENT MEDICATION ORDERS/PROFILE

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.

Patient's Medicare No.	SOC Date 4/26/2025	Certification Period 4/26/2025 to 6/24/2025	Medical Record No. HH100004021001	Provider No. 417000
Patient's Name CARL PELLECHIO		Provider's Name VISITING NURSE HOME AND HOSPICE		

Orders of Discipline and Treatments:

PHYSICAL THERAPIST TO EVALUATE TO DETERMINE CONDITION, PHYSICAL THERAPY PLANS AND REHABILITATION POTENTIAL; EVALUATE HOME ENVIRONMENT TO ELIMINATE STRUCTURAL BARRIERS AND IMPROVE SAFETY TO INCREASE FUNCTIONAL INDEPENDENCE (RAMPS, ADAPTIVE WHEELCHAIR, BATHROOM AIDES) AND DEVELOP PHYSICAL THERAPY PLAN OF CARE TO BE SIGNED BY THE PHYSICIAN. THERAPIST MAY PERFORM O2 SATURATION LEVELS AT EVALUATION VISIT AND PRN FOR SIGNS AND/OR SYMPTOMS OF POSSIBLE RESPIRATORY COMPLICATIONS OR WITH O2 USE.

ADMISSION DATE: 4/26/25 REFERRED TO SERVICE FROM : ST. ANNE'S HOSPITAL PRIMARY DIAGNOSIS FOR FOCUS OF CARE: ENCEPHALOPATHY DUE TO POLYPHARMACY PATIENT WAS SCREENED BEFORE VISIT FOR COVID 19 SYMPTOMS. PATIENT NOT SHOWING ANY SIGNS OR SYMPTOMS OF VIRUS AT THIS TIME. PATIENT IS A 88 YEAR OLD FEMALE ADMITTED TO HOMECARE SERVICES. PAST MEDICAL HISTORY/COMORBIDITIES INCLUDE : TYPE 2 DM, DEPRESSION, ANXIETY, LUMBOSACRAL DISC DISEASE WITH CHRONIC LOW BACK PAIN. ALL DX. CONFIRMED WITH MD VITAL SIGNS: TEMP 97.8, RESP 18, HR 71, BP 140/70, SPO2 97% PRIOR LEVEL OF FUNCTIONAL ABILITY: NEEDED ASSISTANCE WITH AMBULATION, MEDICATIONS. ASSESSMENT FINDINGS: NEURO: AAOX3, FORGETFUL CARDIOPULMONARY: RRR, LSC TAINTEGUMENTARY/WOUNDS: CDIGI GU NUTRITION: DENIES ANY GI OR GU COMPLAINTS. PAIN: PAIN TO NECK AND BACK 8/10. MOBILITY/ASSISTIVE DEVICE(S): ROLLING WALKER. SPECIFIC ASSESSMENT: 88 YEAR OLD MALE. PATIENT HAD A FALL IN THE WALK IN CLINIC, LANDED ON FLOOR. WAS COMPLAINING OF SEVERE HEADACHES. WAS SEEN IN ER, CT WAS NEG. CONT WITH INTRACTABLE PAIN OF NECK AND BACK. REPORTS HEADACHES ARE SOMEWHAT BETTER. FAMILY REPORTS PRIOR TO THIS FALL, INCREASED CONFUSION, AGGITATION AND DIFFICULTY AMBULATING NOTED. PT HAS BEEN TAKING OPIOIDS CHRONICALLY FOR LUMBOSACRAL PAIN WITH RECENT NSCK PAIN AND HEADACHE. PSYCH: DELIRIUM VS UNDERLYING COGNITIVE IMPAIRMENT. POTENTIAL BARRIERS: LIM MOBILITY, PAIN. MEDICATIONS REVIEWED AND RECONCILED: MEDICATIONS RECONCILED. PATIENT REPORTS HE IS NOT TAKING THE 75MG DOSE OF WELLBUTRIN 1 TAB AT NOON. REPORTS THAT EXTRA DOSE WAS DISCONTINUED. NURSE TO CALL PCP TO VERIFY. SPOKE WITH ATTENDING MD AND REVIEWED POC. DISCHARGE PLAN: DC WHEN TEACHING TO FALL PREVENTION, MED TEACHING, DIABETIC TEACHING COMPLETE. PT COMPLETE. UPCOMING APPOINTMENTS: NEEDS TO MAKE APPTS. MEDICATIONS REVIEWED AND RECONCILED. RECONCILED MEDICATION LIST LOCATED ON THE PLAN OF CARE. MAY DISCHARGE FROM VISITING NURSE HOME AND HOSPICE FOR GOALS MET, NO FURTHER SKILLS, NO LONGER HOMEBOUND, PER CLIENT/PRIMARY CAREGIVER, MD REQUEST, UNSAFE HOME ENVIRONMENT, MOVED OUT OF SERVICE AREA, OR DISCHARGED TO HOSPICE SERVICE.

PHYSICAL THERAPY FOR INSTRUCTION / REINFORCEMENT OF DIABETIC CARE TO INCLUDE DIABETIC FOOT CARE AND ASSESSMENT OF LOWER EXTREMITIES FOR SKIN LESIONS UNTIL PATIENT/CAREGIVER IS PROFICIENT WITH SELF ASSESSMENT. REPORT DEVELOPMENT OF NEW/WORSENING LESIONS TO MD. PHYSICAL THERAPIST TO EVALUATE/ASSESS AND DEVELOP PHYSICAL THERAPY PLAN OF CARE TO BE SIGNED BY THE PHYSICIAN. PHYSICAL THERAPY TO ESTABLISH/UPGRADE HOME EXERCISE PROGRAM AND PROVIDE THERAPEUTIC EXERCISES AND SOFT TISSUE/JOINT MOBILIZATION DESIGNED TO RESTORE FUNCTIONAL STRENGTH AND ROM. PHYSICAL THERAPY TO INSTRUCT IN SAFE TRANSFERS WITH APPROPRIATE BODY MECHANICS AND EQUIPMENT. PHYSICAL THERAPIST TO EDUCATE PATIENT IN FALL PREVENTION AND PROVIDE BALANCE TRAINING INTERVENTIONS TO REDUCE FALL RISK AND ENHANCE FUNCTIONAL MOBILITY. PHYSICAL THERAPY TO EVALUATE GAIT AND PROVIDE GAIT TRAINING USING APPROPRIATE ASSISTIVE DEVICE TO ENSURE PATIENT SAFETY. PHYSICAL THERAPY TO PROVIDE SPINE EDUCATION IN THE AREAS OF SAFETY, BODY MECHANICS, BED MOBILITY, TRANSFER TECHNIQUES, NEUTRAL SPINE POSITIONING, BRACE APPLICATION, WALKING PROGRAM, REINFORCEMENT OF SPINE PRECAUTIONS, AND LE STRENGTHENING EXERCISES. INSTRUCTION IN PAIN CONTROL TO INCLUDE USE OF MODALITIES AS PRESCRIBED BY PHYSICIAN. PHYSICAL THERAPIST TO PROVIDE INSTRUCTION REGARDING PAIN CONTROL INCLUDING PHARMACOLOGIC AND NON-PHARMACOLOGIC METHODS. PHYSICAL THERAPY TO PROVIDE TRAINING ON SAFE NEGOTIATION OF STAIRS. THE LICENSED PROFESSIONAL WHOSE SIGNATURE APPEARS BELOW ATTESTS THAT THESE ORDERS WERE RECEIVED ON 4/28/25

THE LICENSED PROFESSIONAL WHOSE SIGNATURE APPEARS IN BLOCK 23 ATTESTS THAT THE PHYSICIAN'S ORDERS WERE RECEIVED ON 4/25/2025.

LICENSED PROFESSIONAL TO REPORT VITAL SIGNS FALLING OUTSIDE THE FOLLOWING ESTABLISHED PARAMETERS. TEMP<95>101 PULSE<50>100 RESP<12>28 SYSTOLIC BP<90>150 DIASTOLIC BP<50>90

Goals/Rehabilitation Potential/Discharge Plans:

A PLAN OF CARE WILL BE ESTABLISHED THAT MEETS ALL PATIENT'S NURSING NEEDS AND COUNTERSIGNED BY PHYSICIAN. GOAL TO BE ACHIEVED BY 4 WKS
RESPIRATORY EXACERBATIONS WILL BE IDENTIFIED PROMPTLY AND INTERVENTIONS INITIATED TO MINIMIZE ASSOCIATED RISK. PATIENT / CAREGIVER WILL VERBALIZE/DEMONSTRATE AN ABILITY TO CARE FOR ALTERED RESPIRATORY STATUS BY END OF EPISODE. ABNORMAL O2 SATURATION LEVELS WILL BE REPORTED TO PHYSICIAN. GOAL TO BE ACHIEVED BY 4 WKS
PATIENT WILL DEMONSTRATE/VERBALIZE KNOWLEDGE OF INTERVENTIONS TO PREVENT FALLS AND SAFETY HAZARDS. PATIENT WILL REMAIN SAFE WITHIN HOME ENVIRONMENT. GOAL TO BE ACHIEVED BY 4 WKS
INCREASED PAIN OR PAIN CONTROL MEASURES WILL BE IDENTIFIED AND PROMPTLY REPORTED TO THE PHYSICIAN. PATIENT / CAREGIVER WILL VERBALIZE UNDERSTANDING OF PHARMACOLOGIC AND NON-PHARMACOLOGIC PAIN CONTROL MEASURES. GOAL TO BE ACHIEVED BY 6 WKS
PATIENT WILL RECEIVE MEDICATIONS AS PRESCRIBED. GOAL TO BE ACHIEVED BY 5 WKS
A PHYSICAL THERAPY EVALUATION WILL BE COMPLETED AND A PLAN OF CARE TO INCREASE FUNCTIONAL INDEPENDENCE WILL BE ESTABLISHED FOR THE PHYSICIAN'S REVIEW AND SIGNATURE. GOAL TO BE ACHIEVED BY 4 WKS

Signature of Physician	Date
Optional Name/Signature Of REBECCA SHUTTLESWORTH, RN / NANCY HOBBS RN	Date 4/25/2025

Patient's Medicare No.	SOC Date 4/26/2025	Certification Period 4/26/2025 to 6/24/2025	Medical Record No. HH100004021001	Provider No. 417000
Patient's Name CARL PELLECHIO		Provider's Name VISITING NURSE HOME AND HOSPICE		

Goals/Rehabilitation Potential/Discharge Plans:

CHANGES IN PATIENT CO-MORBID STATUS WILL BE PROMPTLY IDENTIFIED AND REPORTED TO THE PHYSICIAN. PATIENT / CAREGIVER VERBALIZE/DEMONSTRATE ABILITY TO PROPERLY MANAGE DIABETIC FOOT CARE. GOAL TO BE ACHIEVED BY 4 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 FUNCTION IN RESPONSE TO SPECIFIC EXERCISE(S) AND/OR MANUAL THERAPY TECHNIQUE(S), AS EVIDENCED BY INCREASED INDEPENDENCE IN ACTIVITIES OF DAILY LIVING. GOAL TO BE ACHIEVED BY 4 WEEKS
PATIENT / CAREGIVER WILL DEMONSTRATE SAFE TRANSFERS USING APPROPRIATE BODY MECHANICS AND EQUIPMENT.
PATIENT TO DEMONSTRATE REDUCED FALL RISK AND IMPROVED FUNCTIONAL MOBILITY/SAFETY IN THE HOME. GOAL TO BE ACHIEVED BY 4 WEEKS
PATIENT WILL DEMONSTRATE SAFE GAIT TECHNIQUE WITH ASSISTIVE DEVICES AS NEEDED TO MINIMIZE RISK OF INJURY.
PATIENT WILL DEMONSTRATE IMPROVED SPINE SAFETY DURING TRANSFERS, BED MOBILITY, AND AMBULATION AS EVIDENCED BY PATIENT'S VERBALIZATION OF KNOWLEDGE OF SAFETY TECHNIQUES/PRECAUTIONS AND DEMONSTRATED PERFORMANCE OF ADL'S WITH PROPER BODY MECHANICS.
PATIENT / CAREGIVER WILL VERBALIZE EFFECTIVE PAIN CONTROL AND UNDERSTAND BOTH PHARMACOLOGIC AND NON-PHARMACOLOGIC PAIN CONTROL METHODS. GOAL TO BE ACHIEVED BY 4 WEEKS
PATIENT WILL DEMONSTRATE SAFE NEGOTIATION OF STAIRS.

Rehab Potential:

GOOD TO MEET GOALS BY END OF CERTIFICATION

DC Plans:

DC TO CARE OF FAMILY UNDER SUPERVISION OF MD WHEN GOALS ARE MET

DME and Supplies:

BETADINE-LIKE PRODUCTS; GAUZES / DRESSINGS; GLOVES ; OSTOMY; PERSONAL CARE; SPECIALTY DRESSINGS; TAPE

Prognosis:

FAIR

Functional Limitations:

ENDURANCE; AMBULATION; ASSIST TO LEAVE HOME; ASSISTIVE DEVICE TO AMBULATE; ANXIETY; ACTIVITIES OF DAILY LIVING; BALANCE UNSTEADY ; DECREASED STRENGTH; ASSIST FOR DRESSING; ASSIST WITH ADL'S; FALL RISK; DECREASED ACTIVITY TOLERANCE; PAIN

Safety Measures:

CLEAR PATHWAYS, FALL PRECAUTIONS, MED PRECAUTIONS, OPIOID USE SAFETY, RISK FOR RE-HOSPITALIZATION, UNIVERSAL PRECAUTIONS

Activities Permitted:

UP AS TOLERATED; EXERCISES PRESCRIBED; WALKER; 24 HR SUPERVISION; ACTIVITY RESTRICTED; ASSIST TO LEAVE HOME; ASSIST W/ALL ACTIVITIES; FREQUENT REST PERIODS; FALL PRECAUTIONS; ASSIST WITH SHOWERS; AMBULATE AS TOLERATED ; 1 ASSIST TRANSFER

Nutritional Requirements:

DIABETIC

Advance Directives:

DO NOT RESUSCITATE

Mental Statuses:

ORIENTED; FORGETFUL; ALERT

Allergies:

NKDA

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Patient's Name CARL PELLECHIO	Provider's Name VISITING NURSE HOME AND HOSPICE
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Medications:

Medication/ Dose	Frequency	Route	Start Date/ End Date	DC Date	New/ Changed
ACETAMINOPHEN ER 650 MG TABLET, EXTENDED RELEASE <i>1 tablet</i>	EVERY 6 HOURS/PRN	ORAL			New
Reason: PAIN					
Instructions:					
ASPIRIN 81 MG TABLET, DELAYED RELEASE <i>1 tablet</i>	DAILY	ORAL			
Reason: CARDIAC					
Instructions:					
ATORVASTATIN 20 MG TABLET <i>1 tablet</i>	DAILY	ORAL			
Reason: HIGH CHOLESTEROL					
Instructions: TAKE 1 TABLET BY MOUTH EVERY DAY					
BUPROPION HCL XL 300 MG 24 HR TABLET, EXTENDED RELEASE <i>1 tablet</i>	DAILY	ORAL			
Reason: DEPRESSION					
Instructions: TAKE 1 TABLET BY MOUTH EVERY DAY IN THE MORNING					
CARVEDILOL 3.125 MG TABLET <i>1 tablet</i>	DAILY	ORAL			
Reason: HTN					
Instructions: 1 TABLET DAILY					
FREESTYLE LIBRE 3 READER <i>Per instructions</i>	CHECK BLOOD SUGAR THROUGHOUT THE DAY 30 DAYS	MISCELLANEOUS			
Reason: IDDM					
Instructions: CHECK BLOOD SUGAR THROUGHOUT THE DAY					
HUMALOG KWIKPEN (U-100) INSULIN 100 UNIT/ML SUBCUTANEOUS <i>6-8 unit</i>	3 TIMES DAILY	SUBCUTANEOUS			
Reason: IDDM					
Instructions: 6 UNITS BEFORE BREAKFAST AND SUPPER, 8 UNITS BEFORE LUNCH					
JARDIANCE 10 MG TABLET <i>1 tablet</i>	DAILY	ORAL			
Reason: CARDIAC					
Instructions: TAKE 1 TABLET BY MOUTH EVERY DAY					
LOSARTAN 25 MG TABLET <i>1 tablet</i>	EVERY DAY	ORAL			
Reason: HTN					
Instructions: TAKE 1 TABLET BY MOUTH EVERY DAY					
OXYCODONE 20 MG TABLET <i>1 tablet</i>	EVERY 6 HOURS	ORAL			
Reason: PAIN					
Instructions: TAKE 1 TABLET BY MOUTH EVERY 6 HOURS					
SENNA LAXATIVE 8.6 MG TABLET <i>2 tablet</i>	BEDTIME/PRN	ORAL			
Reason: CONSTIPATION					
Instructions:					
TAMSULOSIN 0.4 MG CAPSULE <i>1 capsule</i>	DAILY	ORAL			
Reason: URINARY					
Instructions: TAKE 2 CAPSULES BY MOUTH DAILY					
TOUJEO MAX U-300 SOLOSTAR 300 UNIT/ML (3 ML) SUBCUTANEOUS <i>30 unit</i>	BEDTIME	SUBCUTANEOUS			
Reason: IDDM					
Instructions: AS DIRECTED SUBCUTANEOUS 40 UNITS 30 DAYS					

Signature of Physician	Date
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Supporting Documentation for Home Health Eligibility:

THE PATIENT IS HOMEBOUND BECAUSE OF THESE ENVIRONMENTAL AND/OR PHYSICAL CONDITIONS:

WEAKNESS DECONDITIONED

IMPAIRED BODY FUNCTIONS/STRUCTURES THAT REQUIRE HOME HEALTH INTERVENTION AND IMPACT THE PATIENT'S ABILITY TO LEAVE THE HOME SAFELY:

FALL RISK, GAIT DEFICIT, UNSTEADY GAIT/DECREASED BALANCE

THE FOLLOWING SKILLED DISCIPLINES ARE REASONABLE AND NECESSARY AT THIS TIME:

PHYSICAL THERAPY, SKILLED NURSING

DUE TO ILLNESS OR INJURY, THE PATIENT IS RESTRICTED FROM LEAVING HOME EXCEPT WITH:

THE AID OF SUPPORTIVE DEVICES SUCH AS CRUTCHES, WHEELCHAIRS, OR WALKERS, THE ASSISTANCE OF ANOTHER PERSON

DOES THE PATIENT HAVE A NORMAL INABILITY TO LEAVE HOME SUCH THAT LEAVING HOME REQUIRES CONSIDERABLE AND TAXING EFFORT?

YES

Therapy Short Term/Long Term Goals:

Discipline: PT

BALANCE (PT)

TINETTI

STG: 17

TARGET DATE: 5/13/2025

LTG: 19

TARGET DATE: 5/27/2025

GAIT (DEVIATIONS)

HEAD DOWN POSTURE

STG: MINIMAL DYSFUNCTION

TARGET DATE: 5/13/2025

LTG: WNL

TARGET DATE: 5/27/2025

FLEXED TRUNK POSTURE

STG: MINIMAL DYSFUNCTION

TARGET DATE: 5/13/2025

LTG: WNL

TARGET DATE: 5/27/2025

GAIT (DISTANCE/ASSISTANCE)

LEVEL SURFACE ASSISTANCE

STG: STANDBY ASSIST

TARGET DATE: 5/13/2025

LTG: MODIFIED INDEPENDENT

TARGET DATE: 5/27/2025

UNELEVEL SURFACE ASSISTANCE

STG: CONTACT GUARD ASSIST

TARGET DATE: 5/13/2025

LTG: STANDBY ASSIST

TARGET DATE: 5/27/2025

STAIRS ASCEND/DESCEND ASSISTANCE

STG: CONTACT GUARD ASSIST

TARGET DATE: 5/13/2025

LTG: STANDBY ASSIST

TARGET DATE: 5/27/2025

ROM (PT)

CERVICAL EXTENSION

STG: 50%

TARGET DATE: 5/27/2025

LTG: 50%

TARGET DATE: 5/27/2025

PAIN (PT)

PAIN

STG: 5

TARGET DATE: 5/13/2025

LTG: 3

TARGET DATE: 5/27/2025

PATIENT/CAREGIVER EDUCATION (PT)

PATIENT/CAREGIVER INDEPENDENT WITH HEP

STG: MINIMAL ASSIST

LTG: STANDBY ASSIST

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Therapy Short Term/Long Term Goals:

Discipline: PT

PATIENT/CAREGIVER EDUCATION (PT)

PATIENT/CAREGIVER INDEPENDENT WITH HEP

TARGET DATE: 5/13/2025

TARGET DATE: 5/27/2025

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