

HOME HEALTH CERTIFICATION AND PLAN OF CARE

Order Number:
8139689

Patient's Medicare No. 3PY9Y64CR11	SOC Date 2/14/2024	Certification Period 12/5/2025 to 2/2/2026	Medical Record No. BWO00085548301	Provider No. 22-7475
Patient's Name and Address: JOCELYNE RICHE (508) 857-1123 245 GROVE ST APT G3 BROCKTON, MA 02302-		Provider's Name, Address and Telephone Number: ELARA CARING - WORCESTER - BH F: (508) 754-9270 100 GROVE ST STE 402 WORCESTER, MA 01605- P: (508) 754-5513		
Physician's Name & Address: SASHA K. GITTENS, MD 63 MAIN ST BROCKTON, MA 02301- P: (508)559-6699 F: (508)559-5073			Patient's Date of Birth: 6/25/1953 Patient's Gender: FEMALE Order Date: 12/1/2025 8:18 AM Verbal Order: Y Verbal Date: 12/1/2025 Verbal Time: 7:15 PM	
Nurse's Signature and Date of Verbal SOC Where Applicable: (deemed as electronic signature) SERAPHINE APONGLEN, RN / JAMIE HANLEY RN,CLINICAL 12/1/2025				Date HHA Received Signed POC
Patient's Expressed Goals: NO ANSWER FROM PT				
ICD-10 Diagnoses:				
Order	Code	Description	Onset or Exacerbation	O/E Date
1	F29	UNSP PSYCHOSIS NOT DUE TO A SUBSTANCE OR KNOWN PHYSIOL COND	EXACERBATION	02/06/2024
2	E11.9	TYPE 2 DIABETES MELLITUS WITHOUT COMPLICATIONS	EXACERBATION	02/06/2024
3	G31.84	MILD COGNITIVE IMPAIRMENT OF UNCERTAIN OR UNKNOWN ETIOLOGY	EXACERBATION	02/06/2024
4	I10	ESSENTIAL (PRIMARY) HYPERTENSION	EXACERBATION	02/06/2024
5	E78.5	HYPERLIPIDEMIA, UNSPECIFIED	EXACERBATION	02/06/2024
Frequency/Duration of Visits: SN 1WK1,5WK2,3WK1,4WK1				
Orders of Discipline and Treatments: SKILLED NURSE TO EVALUATE PATIENT, IDENTIFY PRIMARY AND CO-MORBID CONDITIONS CODED PER CODING GUIDELINES, AND DEVELOP PATIENT SPECIFIC PLAN OF CARE THAT INCLUDES PATIENT GOAL FOR HOME HEALTH. PLAN OF CARE TO INCLUDE 3 PRN VISIT (S) FOR OASIS DATA COLLECTION/COMPREHENSIVE ASSESSMENT AT TIMEPOINTS PER FEDERAL REGULATIONS. THIS INCLUDES VISITS FOR ROC, RECERT, SCIC, AND/OR DC. SKILLED NURSE WILL MAINTAIN SITUATIONAL AWARENESS FOR SAFETY AND WILL NOTIFY CLINICAL MANAGER AND PHYSICIAN/PROVIDER WITH ANY CHANGE IN CONDITION. PATIENT HAS A RISK OF HOSPITALIZATION AND ED USE. SKILLED NURSE TO ESTABLISH SUPPORT MEASURES TO MINIMIZE RISK OF HOSPITALIZATION AND ED USE, AND INSTRUCT PATIENT/CAREGIVER ON METHODS TO REDUCE AVOIDABLE HOSPITALIZATION AND ED USE. SKILLED NURSE TO O/A OF PATIENTS MENTAL/BEHAVIORAL STATUS, ASSESS VITAL SIGNS EVERY VISIT ALLOW 2 PRNS FOR MEDICATION MANAGEMENT. SKILLED NURSE TO ADMINISTER MEDICATIONS AND PRE-POUR MEDICATIONS PER MEDICATION LIST. SKILLED NURSE FOR O/A OF GENERAL HEALTH STATUS OF PAIN, CARDIAC, RESPIRATORY, GASTROINTESTINAL, GENITOURINARY, SKIN, NEUROLOGIC, ENDOCRINE SYSTEMS TO IDENTIFY CHANGES ASSOCIATED WITH EXACERBATION FOR EARLY INTERVENTION OF COMPLICATIONS EVERY VISIT SKILLED NURSE FOR O/A AND SKILLED TEACHING RELATED TO MANAGEMENT OF DEPRESSIVE SYMPTOMS AND/OR DEPRESSION. SN TO REPORT SIGNIFICANT CHANGE IN DEPRESSIVE SYMPTOMS TO CLINICAL PROVIDER FOR EARLY INTERVENTION. SKILLED NURSE TO ASSESS PATIENT'S PSYCHOSOCIAL STATUS TO IDENTIFY POTENTIAL ISSUES THAT MAY COMPLICATE THE PROVISION OF THE PLAN OF CARE INCLUDING THE PATIENT'S ABILITY TO ACCESS COMMUNITY RESOURCES AND PSYCHOSOCIAL SUPPORT SERVICES. SKILLED NURSE FOR O/A OF ALTERED THOUGHT PROCESS AND/OR DISRUPTION IN COGNITIVE OPERATIONS AND ACTIVITIES				
I 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. 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 JOCELYNE RICHE	Provider's Name ELARA CARING - WORCESTER - BH
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Orders of Discipline and Treatments:

SKILLED NURSE FOR O/A AND TEACHING OF DIABETIC MANAGEMENT INCLUDING BLOOD SUGAR MONITORING/USE OF GLUCOMETER, DIABETIC DIET, LOWER EXTREMITY SKIN INSPECTION, PROPER SKIN/FOOT CARE, AND SIGNS AND SYMPTOMS HYPO/HYPERGLYCEMIA TO REPORT.

SKILLED NURSE TO OBTAIN BLOOD SUGAR PRN FOR SIGNS AND SYMPTOMS OF HYPO/HYPERGLYCEMIA. IF OBTAINED BY PATIENT/CAREGIVER PRIOR TO VISIT AND PATIENT IS NOT SYMPTOMATIC, SKILLED NURSE TO RECORD READING FROM PATIENT LOG.

3 PRN VISIT(S) FOR OASIS DATA COLLECTION/COMPREHENSIVE ASSESSMENT AT TIMEPOINTS PER FEDERAL REGULATIONS. THIS INCLUDES VISITS FOR SOC, ROC, RECERT, SCIC, AND/OR DC. THE LICENSED PROFESSIONAL WHOSE SIGNATURE APPEARS ON POC ATTESTS THAT THE VERBAL ORDER WAS RECEIVED ON 12/1/2025.

LICENSED PROFESSIONAL TO REPORT VITAL SIGNS FALLING OUTSIDE THE FOLLOWING ESTABLISHED PARAMETERS. TEMP<96.6>100 PULSE<50>120 RESP<12>24 SYSTOLICBP<80>180 DIASTOLICBP<50>100 FBS<60>300 RBS<60>350 PAIN<0>7 O2SAT<95>100

Goals/Rehabilitation Potential/Discharge Plans:

A PLAN OF CARE WILL BE ESTABLISHED THAT MEETS PATIENT'S SKILLED NURSING NEEDS AND INCLUDES PATIENT GOAL FOR HOME HEALTH.

PATIENT WILL REMAIN SAFE IN THE COMMUNITY AND WILL BE FREE OF DANGER TO SELF AND OTHERS THROUGHOUT THE CERTIFICATION PERIOD.

PATIENT WILL HAVE SUPPORT MEASURES ESTABLISHED TO PREVENT HOSPITALIZATION AND ED USE AND PATIENT/CAREGIVER WILL VERBALIZE/DEMONSTRATE METHODS TO REDUCE AVOIDABLE HOSPITALIZATION AND ED USE BY END OF EPISODE.

ALTERED MENTAL/BEHAVIORAL STATUS WILL BE IDENTIFIED PROMPTLY AND INTERVENTION INITIATED QUICKLY TO MINIMIZE ASSOCIATED RISKS THROUGHOUT CERTIFICATION PERIOD.

PATIENT WILL COMPLY WITH MEDICATION WHEN SKILLED NURSE ADMINISTERS AND PRE-POURS MEDICATION THROUGHOUT CERTIFICATION PERIOD.

CHANGE IN GENERAL HEALTH STATUS WILL BE IDENTIFIED AND REPORTED TO PHYSICIAN FOR PROMPT INTERVENTION TO MINIMIZE ASSOCIATED RISKS THROUGHOUT CERTIFICATION PERIOD.

PATIENT WILL REMAIN SAFE WITHOUT DECOMPENSATION IN DEPRESSIVE CONDITION, WHILE MAINTAINING OPTIMAL LEVEL OF MENTAL HEALTH AND WELL BEING THROUGHOUT CERTIFICATION PERIOD.

PSYCHOSOCIAL NEEDS WILL BE IDENTIFIED AND PLAN IMPLEMENTED TO MINIMIZE RISK THROUGHOUT CERTIFICATION PERIOD.

PATIENT WILL BE ABLE TO PERFORM DAILY FUNCTIONS AND HAVE OPTIMAL IMPROVEMENT IN THOUGHT PROCESS THROUGHOUT CERTIFICATION PERIOD.

PATIENT/CAREGIVER WILL VERBALIZE/DEMONSTRATE KNOWLEDGE OF DIABETIC MANAGEMENT. CHANGES IN DIABETIC STATUS WILL BE IDENTIFIED AND REPORTED TO PHYSICIAN FOR PROMPT INTERVENTION THROUGHOUT THE CERTIFICATION PERIOD.

BLOOD SUGAR READING WILL BE OBTAINED AS ORDERED THROUGHOUT CERTIFICATION PERIOD.

Rehab Potential:

POOR

DC Plans:

DC TO CARE OF FAMILY UNDER SUPERVISION OF PHYSICIAN/NPP WHEN GOALS ARE MET, MAXIMUM FUNCTION IS MET, SKILLED CARE NO LONGER REASONABLE/MEDICALLY NECESSARY, PATIENT NO LONGER HOMEBOUND, &/OR UPON REQUEST BY THE PHYSICIAN OR PATIENT/CAREGIVER.

DME and Supplies:

DME - GLUCOMETER; SYRINGES

Prognosis:

FAIR

Functional Limitations:

ENDURANCE

Safety Measures:

UNIVERSAL PRECAUTIONS

Activities Permitted:

UP AS TOLERATED

Nutritional Requirements:

REGULAR DIET

Advance Directives:

NONE

Mental Statuses:

ORIENTED; DEPRESSED

Signature of Physician	Date
Optional Name/Signature Of SERAPHINE APONGLEN, RN / JAMIE HANLEY RN,CLINICAL NAVIGATOR	Date 12/1/2025

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Supporting Documentation for Psychosocial Status:
INDICATE PATIENT LIVING ARRANGEMENTS:
LIVES WITH OTHER FAMILY MEMBER
COMMUNITY SERVICES/ASSISTANCE RECEIVED FROM PERSONS/ENTITIES OTHER THAN HOME HEALTH STAFF (MARK ALL THAT APPLY):
N/A - NO COMMUNITY RESOURCES RECEIVED

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.)
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
IS THE PATIENT AT RISK FOR ED USE?
YES
NUTRITION - USUAL FOOD INTAKE PATTERN
3. ADEQUATE - EATS OVER HALF OF MOST MEALS. EATS A TOTAL OF 4 SERVINGS OF PROTEIN (MEAT, DAIRY PRODUCTS) PER DAY. OCCASIONALLY WILL REFUSE A MEAL, BUT WILL USUALLY TAKE A SUPPLEMENT WHEN OFFERED, OR IS ON A TUBE FEEDING OR TPN REGIMEN, WHICH PROBABLY MEETS MOST OF NUTRITIONAL NEEDS

Allergies:
NKA

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Medications:					
Medication/ Dose	Frequency	Route	Start Date/ End Date	DC Date	New/ Changed
AMLODIPINE 10 MG TABLET 1 tablet	EVERY AM	ORAL	12/05/2025		
Instructions:					
ATORVASTATIN 20 MG TABLET 1 tablet	BEDTIME	ORAL	10/06/2025		
Instructions:					
CITALOPRAM 20 MG TABLET 1 tablet	EVERY AM	ORAL	05/27/2025		
Instructions:					
GABAPENTIN 100 MG CAPSULE 1 capsule	BEDTIME	ORAL	10/06/2025		
Instructions:					
GLIPIZIDE 10 MG TABLET 1 tablet	2 TIMES DAILY	ORAL	10/06/2025		
Instructions: AM, BEDTIME					
HYDROCHLOROTHIAZIDE 25 MG TABLET 1 tablet	EVERY AM	ORAL	10/06/2025		
Instructions:					
JANUVIA 50 MG TABLET 1 tablet	EVERY AM	ORAL	10/06/2025		
Instructions:					
JARDIANCE 10 MG TABLET 1 tablet	EVERY AM	ORAL	12/05/2025		
Instructions:					
LOSARTAN 100 MG TABLET 1 tablet	EVERY AM	ORAL	10/06/2025		
Instructions:					
OLANZAPINE 7.5 MG TABLET 1 tablet	BEDTIME	ORAL	10/06/2025		
Instructions:					
TRAZODONE 50 MG TABLET 0.5 tablet	BEDTIME	ORAL	06/05/2025		
Instructions: TOTAL DOSE 25MG					

Supporting Documentation for Home Health Eligibility:
CRITERIA 1 - THE PATIENT IS HOMEBOUND BECAUSE AN ILLNESS OR INJURY RENDERS HIM/HER CONFINED TO THE HOME EXCEPT:
WITH THE ASSISTANCE OF ANOTHER INDIVIDUAL
CRITERIA 2 - PATIENT HAS A NORMAL INABILITY TO LEAVE HOME AND LEAVING HOME REQUIRES A CONSIDERABLE AND TAXING EFFORT.
FURTHERMORE, THE PATIENT MEETS THE MEDICARE DEFINITION OF HOMEBOUND BECAUSE OF THE FOLLOWING STRUCTURAL AND/OR
FUNCTIONAL IMPAIRMENT(S) AND/OR ACTIVITY LIMITATIONS:
COGNITIVE DEFICITS IMPACT JUDGEMENT, IMPAIR ABILITY TO SAFELY NAVIGATE AND PREVENT SOUND DECISION MAKING FOR SAFETY,
FLUCTUATIONS OF BLOOD PRESSURE, PSYCHIATRIC ILLNESS/REFUSAL TO LEAVE HOME OR NOT SAFE FOR PATIENT TO LEAVE HOME
UNATTENDED, UNSTABLE BLOOD SUGAR LEVELS, EXPERIENCES SEVERE FLUCTUATIONS

Signature of Physician	Date
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