

HOSPICE CERTIFICATION AND PLAN OF CARE

Order Number:

19384

Patient's Medicare No.	Start of Care Date 12/29/2025	Certification Period 12/29/2025 to 3/28/2026	Current Election Date: 12/29/2025
Current Benefit Period/Range: 12/29/2025 to 3/28/2026		Medical Record No. PVD00001779302	Provider No. 411514
Patient's Name and Address: SHIRLEY A CHAMPLIN (401) 397-5001 557 WEAVER HILL RD COVENTRY, RI 02816-4654	Provider's Name, Address and Telephone Number: HARMONY HOSPICE 931 JEFFERSON BLVD WARWICK, RI 02886- F: (401) 400-7530 P: (401) 252-5700		
Physician's Name & Address: RALPH SANTORO, MD 725 RESERVOIR AVENUE CRANSTON, RI 02910-	P: (401)829-4446	F: (401)829-4443	Patient's Date of Birth: 9/5/1936 Patient's Gender: FEMALE Order Date: 12/29/2025 12:00 AM

Nurse's Signature and Date of Verbal SOC Where Applicable: (deemed as electronic signature) AUDREY GOULET, RN / ANDREA BORA RN	Date Provider Received Signed POC 12/29/2025
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ICD-10

Diagnoses:

Order	Code	Description	Onset or Exacerbation	O/E Date
1	I63.9	CEREBRAL INFARCTION, UNSPECIFIED	EXACERBATION	12/29/2025
2	G30.9	ALZHEIMER'S DISEASE, UNSPECIFIED	EXACERBATION	12/29/2025
3	F02.C3	DEM IN OTHER DIS CLASSD ELSWR, SEVERE, WITH MOOD DISTURB	EXACERBATION	12/29/2025
4	F41.1	GENERALIZED ANXIETY DISORDER	EXACERBATION	12/29/2025
5	F33.1	MAJOR DEPRESSIVE DISORDER, RECURRENT, MODERATE	EXACERBATION	12/29/2025
6	G89.4	CHRONIC PAIN SYNDROME	EXACERBATION	12/29/2025
7	D64.9	ANEMIA, UNSPECIFIED	EXACERBATION	12/29/2025
8	M85.89	OTH DISRD OF BONE DENSITY AND STRUCTURE, MULTIPLE SITES	EXACERBATION	12/29/2025
9	M16.12	UNILATERAL PRIMARY OSTEOARTHRITIS, LEFT HIP	EXACERBATION	12/29/2025
10	M16.11	UNILATERAL PRIMARY OSTEOARTHRITIS, RIGHT HIP	EXACERBATION	12/29/2025
11	M17.11	UNILATERAL PRIMARY OSTEOARTHRITIS, RIGHT KNEE	EXACERBATION	12/29/2025
12	M19.011	PRIMARY OSTEOARTHRITIS, RIGHT SHOULDER	EXACERBATION	12/29/2025
13	M19.012	PRIMARY OSTEOARTHRITIS, LEFT SHOULDER	EXACERBATION	12/29/2025
14	M15.0	PRIMARY GENERALIZED (OSTEO)ARTHRITIS	EXACERBATION	12/29/2025
15	E78.5	HYPERLIPIDEMIA, UNSPECIFIED	EXACERBATION	12/29/2025
16	R13.11	DYSPHAGIA, ORAL PHASE	EXACERBATION	12/29/2025
17	R13.19	OTHER DYSPHAGIA	EXACERBATION	12/29/2025
18	R41.841	COGNITIVE COMMUNICATION DEFICIT	EXACERBATION	12/29/2025
19	E55.9	VITAMIN D DEFICIENCY, UNSPECIFIED	EXACERBATION	12/29/2025
20	H91.93	UNSPECIFIED HEARING LOSS, BILATERAL	EXACERBATION	12/29/2025
21	Z15.89	GENETIC SUSCEPTIBILITY TO OTHER DISEASE	EXACERBATION	12/29/2025
22	Z86.16	PERSONAL HISTORY OF COVID-19	EXACERBATION	12/29/2025
23	Z79.82	LONG TERM (CURRENT) USE OF ASPIRIN	EXACERBATION	12/29/2025
24	R13.12	DYSPHAGIA, OROPHARYNGEAL PHASE	EXACERBATION	12/29/2025
25	J18.9	PNEUMONIA, UNSPECIFIED ORGANISM	EXACERBATION	12/29/2025
26	K04.6	PERIAPICAL ABSCESS WITH SINUS	EXACERBATION	12/29/2025
27	U07.1	COVID-19	EXACERBATION	12/29/2025
28	R26.81	UNSTEADINESS ON FEET	EXACERBATION	12/29/2025
29	S01.502A	UNSPECIFIED OPEN WOUND OF ORAL CAVITY, INITIAL ENCOUNTER	EXACERBATION	12/29/2025
30	R41.0	DISORIENTATION, UNSPECIFIED	EXACERBATION	12/29/2025
31	R26.2	DIFFICULTY IN WALKING, NOT ELSEWHERE CLASSIFIED	EXACERBATION	12/29/2025
32	R27.9	UNSPECIFIED LACK OF COORDINATION	EXACERBATION	12/29/2025
33	R26.9	UNSPECIFIED ABNORMALITIES OF GAIT AND MOBILITY	EXACERBATION	12/29/2025
34	R27.8	OTHER LACK OF COORDINATION	EXACERBATION	12/29/2025
35	K59.00	CONSTIPATION, UNSPECIFIED	EXACERBATION	12/29/2025
36	F03.C3	UNSPECIFIED DEMENTIA, SEVERE, WITH MOOD DISTURBANCE	EXACERBATION	12/29/2025
37	F03.90	UNSP DEMENTIA, UNSP SEVERITY, WITHOUT BEH/PSYCH/MOOD/ANX	EXACERBATION	12/29/2025
38	G81.91	HEMIPLEGIA, UNSPECIFIED AFFECTING RIGHT DOMINANT SIDE	EXACERBATION	12/29/2025

I CERTIFY/RECERTIFY THE PATIENT HAS A TERMINAL DIAGNOSIS WITH A LIFE EXPECTANCY OF SIX (6) MONTHS OR LESS IF THE DISEASE PROCESS RUNS ITS NORMAL COURSE.

Attending Physician's Signature and Date Signed:
RALPH SANTORO, MD

Hospice Physician's Signature and Date Signed
VOGNAR, LIDIA 1/1/2026 (Electronically Signed)

Patient's Medicare No.	Start of Care Date 12/29/2025	Certification Period 12/29/2025 to 3/28/2026	Current Election Date: 12/29/2025
Current Benefit Period/Range: 12/29/2025 to 3/28/2026		Medical Record No. PVD00001779302	Provider No. 411514
Patient's Name: SHIRLEY A CHAMPLIN (401) 397-5001		Provider's Name: HARMONY HOSPICE	

Frequency/Duration of Visits:
 SN 2WK13, 3PRN SYMPTOM MGMT
 MSW 1M1
 HHA 3WK1,5WK12
 CH 1M1

Orders of Discipline and Treatments:
 HOSPICE RN TO EVALUATE PATIENT AND DEVELOP A NURSING PLAN OF CARE.

HOSPICE NURSE TO MONITOR PATIENT'S PAIN LEVEL AND REPORT INEFFECTIVE PAIN CONTROL TO THE PHYSICIAN. UNTIL DEATH OR DISCHARGE

HOSPICE NURSE FOR ASSESSMENT OF PATIENT SAFETY, INSTRUCT SAFETY MEASURES AS APPLICABLE. UNTIL DEATH OR DISCHARGE

HOSPICE NURSE TO PROVIDE INSTRUCTIONS/REINFORCEMENT RELATED TO URINARY INCONTINENCE. UNTIL DEATH OR DISCHARGE

HOSPICE NURSE TO INSTRUCT REGARDING CARE RELATED TO BOWEL INCONTINENCE. UNTIL DEATH OR DISCHARGE

HOSPICE NURSE TO ASSESS NUTRITION AND HYDRATION STATUS UNTIL DEATH OR DISCHARGE

HOSPICE NURSE TO ASSESS FOR SIGNS/SYMPOTOMS OF ANXIETY/TERMINAL AGITATION AND PROVIDE INSTRUCTION REGARDING ORIGIN AND MANAGEMENT. UNTIL DEATH OR DISCHARGE

HOSPICE NURSE TO PROVIDE INSTRUCTION RELATED TO PREVENTION/MANAGEMENT OF SKIN BREAKDOWN. UNTIL DEATH OR DISCHARGE

INSTRUCT CAREGIVER(S) ON HOW TO ASSIST WITH PATIENT ADLS UNTIL DEATH OR DISCHARGE

HOSPICE NURSE TO COORDINATE PLAN OF CARE WITH FACILITY STAFF. UNTIL DEATH OR DISCHARGE

MEDICAL SOCIAL WORKER TO EVALUATE SOCIAL, EMOTIONAL AND FINANCIAL FACTORS RELATED TO THE PATIENT'S ILLNESS, NEED FOR ADDITIONAL CARE/RESOURCES, ADJUSTMENT TO CARE AND DEVELOP A PLAN OF CARE.

CHAPLAIN TO EVALUATE PATIENT/FAMILY/CAREGIVER AND DEVELOP A PLAN OF CARE.

HOME HEALTH AIDE SERVICE FOR ASSISTANCE WITH PERSONAL CARE, HYGIENE AND ACTIVITIES OF DAILY LIVING.

HOSPICE NURSE TO ASSESS MEDICATION RESPONSE AND INSTRUCT ON SCHEDULE, ACTIONS, PURPOSE, SIDE EFFECTS, COMPLIANCE AND NEED TO REPORT SIDE EFFECTS TO HOSPICE STAFF. UNTIL DEATH OR DISCHARGE

SKILLED NURSE TO PROVIDE SKILLED TEACHING/REINFORCEMENT OF MANAGEMENT OF CEREBRAL VASCULAR ACCIDENT (CVA) IN THE HOME SETTING INCLUDING DIET, MEDICATION THERAPY, AND ACTIVITIES PERMITTED/RESTRICTIONS.

THE LICENSED PROFESSIONAL WHOSE SIGNATURE APPEARS IN BLOCK 23 ATTESTS THAT THE PHYSICIAN'S ORDERS WERE RECEIVED ON: 12/29/2025.

COMFORT MEDS NOT APPROVED ON ADMISSION DATE

Goals:

A NURSING PLAN OF CARE WILL BE ESTABLISHED AND MAINTAINED UNTIL DEATH OR DISCHARGE

PAIN WILL BE MANAGED AT A LEVEL ACCEPTABLE TO THE PATIENT.

PATIENT WILL HAVE SAFETY NEEDS MET.

CAREGIVER WILL VERBALIZE UNDERSTANDING OF EFFECTS OF URINARY INCONTINENCE.

PATIENT/CAREGIVER WILL VERBALIZE/DEMONSTRATE UNDERSTANDING OF CARE REQUIRED SECONDARY TO BOWEL INCONTINENCE.

PATIENT / CAREGIVER IS ABLE TO VERBALIZE REASONS FOR ALTERATION IN NUTRITIONAL STATUS IN TERMINAL PATIENT

PATIENT'S ANXIETY/AGITATION IS MINIMIZED/CONTROLLED AND CAREGIVER VERBALIZES UNDERSTANDING OF ITS EFFECTS/ORIGIN/TREATMENT.

CAREGIVER WILL VERBALIZE/DEMONSTRATE MEASURES TO PREVENT/MANAGE SKIN BREAKDOWN.

CAREGIVER WILL DEMONSTRATE ABILITY TO ASSIST PATIENT WITH ADLS

FACILITY STAFF IS KNOWLEDGEABLE AND INVOLVED IN HOSPICE PLAN OF CARE FOR PATIENT.

A MEDICAL SOCIAL WORKER PLAN OF CARE WILL BE ESTABLISHED. AND MAINTAINED UNTIL DEATH OR DISCHARGE

A CHAPLAIN PLAN OF CARE WILL BE ESTABLISHED AND MAINTAINED UNTIL DEATH OR DISCHARGE

PATIENT WILL RECEIVE ASSISTANCE WITH PERSONAL CARE AND HYGIENE AND OTHER ACTIVITIES OF DAILY LIVING AS NEEDED.

Nurse's Signature and Date of Verbal SOC Where Applicable: (deemed as electronic signature)

AUDREY GOULET, RN / ANDREA DORA RN 12/29/2025

Attending Physician's Signature and Date Signed:
RALPH SANTORO, MD

Hospice Physician's Signature and Date Signed
VOGNAR, LIDIA 1/1/2026 (Electronically Signed)

Electronically Signed by Dr. John Smith on 01-07-2026

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Current Benefit Period/Range: 12/29/2025 to 3/28/2026	Medical Record No. PVD00001779302	Provider No. 411514	
Patient's Name: SHIRLEY A CHAMPLIN (401) 397-5001	Provider's Name: HARMONY HOSPICE		

Goals:
 MEDICATIONS WILL BE MANAGED APPROPRIATELY AS EVIDENCED BY STEADY SYMPTOM CONTROL. PATIENT/CAREGIVER WILL VERBALIZE/DEMONSTRATE COMPLIANCE WITH MEDICATION REGIMEN.
 PATIENT / CAREGIVER VERBALIZE/DEMONSTRATE ABILITY TO CARE FOR CEREBRAL VASCULAR ACCIDENT (CVA) BY END OF EPISODE.

DME and Supplies:
 BRIEFS/BLADDER CONTROL PADS; DME-GERI/CARDIAC CHAIR; DME-HOSPITAL BED ; DME-HOYER LIFT; DME-OVER THE BED TABLE;
 SUCTION

Functional Limitations:
 BOWEL/BLADDER (INCONTINENCE); PARALYSIS; ENDURANCE; AMBULATION

Safety Measures:
 ASPIRATION PRECAUTIONS, MED PRECAUTIONS, UNIVERSAL PRECAUTIONS

Activities Permitted:
 UP AS TOLERATED; TRANSFER BED/CHAIR; HOYER LIFT BED TO CHAIR; FALL PRECAUTIONS; HOYER LIFT FOR TRANSFERS; GERI CHAIR;
 RIGHT SIDED HEMIPARESIS; HOYER

Nutritional Requirements:
 HOUSE, PUREED, PROSOURCE 30 ML DAILY COVERED CUPS WITH STRAWS 4 OZ HOUSE SUPPLEMENT LUNCH AND DINNER

Advance Directives:

MOLST

Mental Statuses:
 LETHARGIC

Allergies:

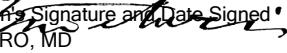
NKA

Medications:

Medication/ Dose	Instructions	Frequency	Route	Start Date/ End Date	DC Date	New/ Changed
ACETAMINOPHEN 500 MG TABLET <i>2 tablet</i>		<i>3 TIMES DAILY/PRN</i>	ORAL			New
Reason: PAIN/TEMP Instructions: NTE 3 G IN 24 HOURS						
Financial Responsibility:	PROVIDER					
ARICEPT 10 MG TABLET <i>1 tablet</i>		<i>DAILY</i>	ORAL			New
Reason: DEMENTIA Instructions:						
Financial Responsibility:	PATIENT					
ASPIRIN 81 MG CHEWABLE TABLET <i>1 tablet</i>		<i>DAILY</i>	ORAL			New
Reason: ANTICOAGULATION Instructions:						
Financial Responsibility:	PROVIDER					
CHOLECALCIFEROL (VITAMIN D3) 1,250 MCG (50,000 UNIT) CAPSULE <i>1 capsule</i>		<i>DAILY</i>	ORAL			New
Reason: SUPPLEMENT Instructions:						
Financial Responsibility:	PATIENT					
CRANBERRY 450 MG TABLET <i>1 tablet</i>		<i>DAILY</i>	ORAL			New
Reason: SUPPLEMENT Instructions:						
Financial Responsibility:	PATIENT					

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Medication/ Dose	Instructions	Frequency	Route	Start Date/ End Date
ERTAPENEM 1 GRAM SOLUTION FOR INJECTION 1 g		DAILY	INJECTION	01/03/2026
Reason: UTI Instructions: MIX WITH 3.2 ML OF LIDOCAINE Financial Responsibility: PROVIDER				New
ESCITALOPRAM 10 MG TABLET 1 tablet		DAILY	ORAL	New
Reason: DEPRESSION Instructions: Financial Responsibility: PROVIDER				
LACTOBACILLUS ACIDOPHILUS 0.5 MG (100 MILLION CELL) TABLET 1 tablet		2 TIMES DAILY	ORAL	New
Reason: PROPHYLACTIC Instructions: Financial Responsibility: PATIENT				
LIDOCAINE (PF) 10 MG/ML (1 %) INJECTION SOLUTION 3.2 mL		DAILY	INJECTION	01/03/2026
Reason: UTI Instructions: MIXED WITH ERTAPENEM FOR IM INJECTION Financial Responsibility: PATIENT				New
LORATADINE 10 MG TABLET 1 tablet		BEDTIME	ORAL	New
Reason: SEASONAL ALLERGIES Instructions: Financial Responsibility: PATIENT				
MIRALAX 17 GRAM/DOSE ORAL POWDER 17 gram		EVERY OTHER DAY	ORAL	New
Reason: CONSTIPATION Instructions: Financial Responsibility: PROVIDER				
MIRTAZAPINE 15 MG TABLET 0.5 tablet		BEDTIME	ORAL	New
Reason: INSOMNIA Instructions: Financial Responsibility: PROVIDER				
OXYGEN GAS FOR INHALATION 2-4 Liter		AS NEEDED/PRN	INHALATION	New
Reason: SOB Instructions: Financial Responsibility: PROVIDER				
PROSOURCE 10 GRAM-100 KCAL/30 ML ORAL LIQUID 30 mL		DAILY	ORAL	New
Reason: SUPPLEMENT Instructions: Financial Responsibility: PATIENT				
SENNNA LAXATIVE 8.6 MG TABLET 1 tablet		BEDTIME	ORAL	New
Reason: CONSTIPATION Instructions: Financial Responsibility: PROVIDER				
SYSTANE (PROPYLENE GLYCOL) 0.4 %-0.3 % EYE DROPS 1 drops		4 TIMES DAILY/Y/PRN	OPHTHALMIC (EYE)	New

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Medication/ Dose	Instructions	Frequency	Route	Start Date/ End Date	DC Date	New/ Changed
Reason: Instructions:	DRY EYE					
Financial Responsibility:	PATIENT					
VOLTAREN ARTHRITIS PAIN 1 % TOPICAL GEL 1 inch	TOPICAL 2 TIMES DAILY/PRN					New
Reason: Instructions:	ARTHRITIS APPLY TO RIGHT HIP AND RIGHT KNEE FOR ARTHRITIC PAIN					
Financial Responsibility:	PATIENT					
ZOLOFT 100 MG TABLET 1 tablet	ORAL BEDTIME					New
Reason: Instructions:	DEPRESSION					
Financial Responsibility:	PROVIDER					

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