

Order Number:  
12222265

HOME HEALTH CERTIFICATION AND PLAN OF CARE

Patient's Medicare No.	SOC Date	Certification Period	Medical Record No.	Provider No.
1AA1AA1AA11	5/19/2025	5/19/2025 to 7/17/2025	C0200167062501	227203

Patient's Name and Address:

BARBARA POIRIER (508)441-7733  
596 SUMMER ST  
NEW BEDFORD, MA 02746-

Provider's Name, Address and Telephone Number:

ACCENTCARE OF MASS, INC. DBA AC HH OF MASS F: (508) 730-3436  
21 FATHER DEVALLES BLVD STE 104  
FALL RIVER, MA 02723- P: (508) 235-5312

Physician's Name & Address:

P: (508)996-3991 F: (508)961-2973

EARL POTTS, MD  
HAWTHORNE MEDICAL ASSOCIATES 531 FAUNCE CORNER RD  
NORTH DARTMOUTH, MA 02747

Patient's Date of Birth: 5/8/1945

Patient's Gender: FEMALE

Order Date: 5/19/2025 6:30 PM

Verbal Order: Y

Verbal Date: 5/19/2025

Verbal Time: 6:52 PM

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

NADIA PAQUETTE, RN / LISA COUGHLIN RN

5/19/2025

Date HHA Received Signed POC

Patient's Expressed Goals:

BE ABLE TO MOVE AROUND EASIER

ICD-10

Diagnoses:

Order	Code	Description	Onset or Exacerbation	O/E Date
1	I13.0	HYP HRT & CHR KDNY DIS W HRT FAIL AND STG 1-4/UNSP CHR KDNY	EXACERBATION	05/19/2025
2	I50.33	ACUTE ON CHRONIC DIASTOLIC (CONGESTIVE) HEART FAILURE	EXACERBATION	05/19/2025
3	E11.22	TYPE 2 DIABETES MELLITUS W DIABETIC CHRONIC KIDNEY DISEASE	EXACERBATION	05/19/2025
4	N18.4	CHRONIC KIDNEY DISEASE, STAGE 4 (SEVERE)	EXACERBATION	05/19/2025
5	N17.9	ACUTE KIDNEY FAILURE, UNSPECIFIED	EXACERBATION	05/19/2025
6	I48.91	UNSPECIFIED ATRIAL FIBRILLATION	EXACERBATION	05/19/2025
7	E11.40	TYPE 2 DIABETES MELLITUS WITH DIABETIC NEUROPATHY, UNSP	EXACERBATION	05/19/2025
8	L03.90	CELLULITIS, UNSPECIFIED	EXACERBATION	05/19/2025
9	J44.9	CHRONIC OBSTRUCTIVE PULMONARY DISEASE, UNSPECIFIED	EXACERBATION	05/19/2025
10	I25.10	ATHSCL HEART DISEASE OF NATIVE CORONARY ARTERY W/O ANG PCTRS	EXACERBATION	05/19/2025
11	M75.51	BURSITIS OF RIGHT SHOULDER	EXACERBATION	05/19/2025
12	E55.9	VITAMIN D DEFICIENCY, UNSPECIFIED	EXACERBATION	05/19/2025
13	E78.5	HYPERLIPIDEMIA, UNSPECIFIED	EXACERBATION	05/19/2025
14	K21.00	GASTRO-ESOPHAGEAL REFLUX DIS WITH ESOPHAGITIS, WITHOUT BLEED	EXACERBATION	05/19/2025
15	G47.33	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	EXACERBATION	05/19/2025
16	F41.9	ANXIETY DISORDER, UNSPECIFIED	EXACERBATION	05/19/2025
17	F33.1	MAJOR DEPRESSIVE DISORDER, RECURRENT, MODERATE	EXACERBATION	05/19/2025
18	F17.200	NICOTINE DEPENDENCE, UNSPECIFIED, UNCOMPLICATED	EXACERBATION	05/19/2025
19	Z79.4	LONG TERM (CURRENT) USE OF INSULIN	EXACERBATION	05/19/2025
20	Z79.01	LONG TERM (CURRENT) USE OF ANTICOAGULANTS	EXACERBATION	05/19/2025
21	R26.89	OTHER ABNORMALITIES OF GAIT AND MOBILITY	EXACERBATION	05/21/2025

Frequency/Duration of Visits:

SN 1WK3,1EVERY2WK6  
PT 1WK1,2EVERY2WK2,2WK3,1WK3  
OT 1WK9

Orders of Discipline and Treatments:

----- INITIAL COMPREHENSIVE OASIS ASSESSMENT COMPLETED ON (80/F) REFERRED BY DR. EARL POTTS FOR HOME HEALTH SKILLED SERVICES TO BE FOLLOWED BY PCP/SPECIALIST, DR. EARL POTTS, FOLLOWING OFFICE VISIT. THE PATIENT'S MEDICAL HISTORY INCLUDES ACUTE ON CHRONIC DIASTOLIC (CONGESTIVE) HEART FAILURE, TYPE 2 DIABETES MELLITUS W OTH DIABETIC KIDNEY COMPLICATION, CELLULITIS, UNSPECIFIED, MAJOR DEPRESSIVE DISORDER, RECURRENT, MODERATE, UNSPECIFIED ATRIAL FIBRILLATION, CHRONIC OBSTRUCTIVE PULMONARY DISEASE, CHRONIC KIDNEY DISEASE, STAGE 4 (SEVERE), BURSITIS OF RIGHT SHOULDER, LONG TERM (CURRENT) USE OF INSULIN, LONG TERM (CURRENT) USE OF ANTICOAGULANTS, DIFFICULTY IN WALKING. THERE IS A PAID CAREGIVER TO PROVIDE ASSISTANCE IN THE HOME. THE PATIENT IS TEACHABLE AND IS ABLE TO PARTICIPATE IN SELF-CARE. FAMILY OR CAREGIVER IS NOT WILLING, ABLE, AND AVAILABLE TO ASSIST/INSTRUCT/INTERVENE ON BEHALF OF PATIENT.

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.

<b>Patient's Medicare No.</b> 1AA1AA1AA11	<b>SOC Date</b> 5/19/2025	<b>Certification Period</b> 5/19/2025 to 7/17/2025	<b>Medical Record No.</b> C0200167062501	<b>Provider No.</b> 227203
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<b>Patient's Name</b> BARBARA POIRIER	<b>Provider's Name</b> ACCENTCARE OF MASS, INC. DBA AC HH OF MASS
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**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 INCLUDING ACUTE ON CHRONIC DIASTOLIC (CONGESTIVE) HEART FAILURE, TYPE 2 DIABETES MELLITUS W OTH DIABETIC KIDNEY COMPLICATION, CELLULITIS, UNSPECIFIED, MAJOR DEPRESSIVE DISORDER, RECURRENT, MODERATE, UNSPECIFIED ATRIAL FIBRILLATION, CHRONIC OBSTRUCTIVE PULMONARY DISEASE, CHRONIC KIDNEY DISEASE, STAGE 4 (SEVERE), BURSITIS OF RIGHT SHOULDER, LONG TERM (CURRENT) USE OF INSULIN, LONG TERM (CURRENT) USE OF ANTICOAGULANTS, DIFFICULTY IN WALKING, NOT ELSEWHERE CLASSIFIED AND OTHER CONDITIONS THAT PRESENT THEMSELVES DURING THE COURSE OF THIS EPISODE TO IDENTIFY CHANGES AND INTERVENE TO MINIMIZE COMPLICATIONS. MAY COMPLETE A ROC ASSESSMENT UPON HOSPITAL DISCHARGE DURING THIS EPISODE IF NEEDED. MAY SCHEDULE A BH RN EVALUATION AS NEEDED DURING THE EPISODE TO ASSESS FOR IMPACT OF BEHAVIOR, MEDICATIONS AND/OR NEED FOR FOLLOW-UP. MAY CONSULT SOCIAL WORKER FOR ADVANCED CARE PLANNING, GOALS OF CARE, AND PATIENT ADVOCACY. MAY PERFORM O2 SATURATION LEVEL AT EVALUATION VISIT AND PRN FOR SIGNS AND/OR SYMPTOMS OF POSSIBLE RESPIRATORY COMPLICATIONS AND NOTIFY MD OF O2 LEVELS BELOW 92.

SKILLED NURSING IS MEDICALLY NECESSARY FOR SKILLED OBSERVATION AND ASSESSMENT OF ACUTE ON CHRONIC DIASTOLIC (CONGESTIVE) HEART FAILURE, TYPE 2 DIABETES MELLITUS W OTH DIABETIC KIDNEY COMPLICATION, CELLULITIS, UNSPECIFIED, MAJOR DEPRESSIVE DISORDER, RECURRENT, MODERATE, UNSPECIFIED ATRIAL FIBRILLATION, CHRONIC OBSTRUCTIVE PULMONARY DISEASE, CHRONIC KIDNEY DISEASE, STAGE 4 (SEVERE), BURSITIS OF RIGHT SHOULDER, LONG TERM (CURRENT) USE OF INSULIN, LONG TERM (CURRENT) USE OF ANTICOAGULANTS, DIFFICULTY IN WALKING, DUE TO THE REASONABLE POTENTIAL FOR HOSPITALIZATION, COMPLICATION, EXACERBATION, AND/OR CHANGE IN TREATMENT WITHIN THE NEXT THREE WEEKS. THE SKILLS OF THE NURSE ARE NECESSARY TO OBSERVE CHANGES IN THE PATIENT'S CONDITION AND REPORT CHANGES TO THE PHYSICIAN FOR POSSIBLE ALTERATION IN THE TREATMENT PLAN OR ADDITIONAL PROCEDURES UNTIL THE PATIENT'S CONDITION HAS STABILIZED.

RECENT EXACERBATION, NEW OR CHANGED DIAGNOSIS OF CHF, REQUIRE SN TO ASSESS CARDIOPULMONARY, CARDIOVASCULAR, INTEGUMENTARY, ENDOCRINE, MUSCULOSKELETAL, GASTROINTESTINAL, GENITOURINARY, PSYCHOLOGICAL SYSTEMS/VITAL SIGN(S) AND REPORT CHANGES TO PHYSICIAN.

SKILLED INSTRUCTION IS APPROPRIATE FOR THIS PATIENT'S FUNCTIONAL LOSS, ILLNESS, OR INJURY RELATED TO ACUTE ON CHRONIC DIASTOLIC (CONGESTIVE) HEART FAILURE, TYPE 2 DIABETES MELLITUS W OTH DIABETIC KIDNEY COMPLICATION, CELLULITIS, UNSPECIFIED, MAJOR DEPRESSIVE DISORDER, RECURRENT, MODERATE, UNSPECIFIED ATRIAL FIBRILLATION, CHRONIC OBSTRUCTIVE PULMONARY DISEASE, CHRONIC KIDNEY DISEASE, STAGE 4 (SEVERE), BURSITIS OF RIGHT SHOULDER, LONG TERM (CURRENT) USE OF INSULIN, LONG TERM (CURRENT) USE OF ANTICOAGULANTS, DIFFICULTY IN WALKING CONDITIONS, AND REQUIRES TEACHING AND TRAINING FOR KNOWLEDGE DEFICITS OF: TAKING MEDICATIONS SAFETY AND ACCURATELY, FALL PREVENTION/HOME SAFETY, CHANGED OR COMPLEX MEDICATION REGIMEN, CARE OF THE IMMOBILE OR PARTIALLY IMMOBILE PATIENT, PATIENT'S TREATMENT REGIMEN: DISEASE PROCESS MANAGEMENT AND SELF-CARE MANAGEMENT STRATEGIES, SYMPTOM MANAGEMENT, THERAPEUTIC DIET.

HOME HEALTH AGENCY MAY ACCEPT ORDERS FROM THE FOLLOWING PHYSICIANS: DR POTTS AND OTHER CONSULTING PROVIDERS

SKILLED NURSE TO OBSERVE AND ASSESS INTEGUMENTARY STATUS TO IDENTIFY UNTOWARD CHANGES AND INTERVENE TO MINIMIZE COMPLICATIONS. SKILLED NURSE TO PROVIDE SKILLED TEACHING RELATED TO ALTERED SKIN INTEGRITY INCLUDING PATHOPHYSIOLOGY, NUTRITION, MEDICATION REGIMEN, INFECTION CONTROL MEASURES, AND PRESSURE ULCER PREVENTION. SN TO REPORT SIGNIFICANT CHANGES IN STATUS TO PHYSICIAN FOR EARLY INTERVENTION

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 FOR EDUCATION RELATED TO ANTICOAGULATION MANAGEMENT INCLUDING USES, INTERACTIONS, SIDE EFFECTS, PRECAUTIONS, AND APPROPRIATE SAFETY MEASURES.

INHALATION THERAPY- ALBUTEROL. INSTRUCT PATIENT/CAREGIVER AS INDICATED.

SKILLED NURSE FOR INSTRUCTION ON HEART FAILURE INCLUDING DISEASE PROCESS, SELF MONITORING TECHNIQUES, DIET, PAIN, MEDICATIONS, HOSPITALIZATION RISK, PHYSICAL ACTIVITY, HOME SAFETY PRECAUTIONS AND TO EVALUATE COMPLIANCE WITH SELF-MONITORING ACTIVITIES AND APPROPRIATE FOLLOW-UP FOR ABNORMAL FINDINGS. SN TO PERFORM/RECORD WEIGHTS Q VISIT . PATIENT/CG TO WEIGH DAILY AND RECORD WEIGHT . IF PT UNABLE TO SAFELY WEIGH SN TO MEASURE CALF, ANKLE OR ABDOMINAL GIRTH. NOTIFY PROVIDER OF 2 CM INCREASE FROM BASELINE AT EACH VISIT OR WEIGHTS OUTSIDE OF ESTABLISHED PARAMETERS. SN MAY OBTAIN URINE DIPSTICK PRN FOR S/S UTI. ALLOW 3 PRN VISITS FOR REPORTS OF WEIGHT GAIN MORE THAN 2-3 POUND IN 1 DAY OR 5 POUND IN 1 WEEK, INCREASE IN SWELLING, SOB, OR ANY OTHER ABNORMAL CARDIOVASCULAR SYMPTOMS.

SN TO ASSESS FOR AND IDENTIFY PATIENT'S RISK FOR HOSPITALIZATION R/T HTN, HF AND INSTRUCT ON MANAGING HOSPITALIZATION RISK R/T ANY CONDITION(S) OF HISTORY OF FALLS; CURRENTLY TAKING 5 OR MORE MEDICATIONS; CURRENTLY REPORTS EXHAUSTION; HIGH RISK MEDICATIONS.

Signature of Physician	Date
Optional Name/Signature Of NADIA PAQUETTE, RN / LISA COUGHLIN RN	Date 5/19/2025

<b>Patient's Medicare No.</b> 1AA1AA1AA11	<b>SOC Date</b> 5/19/2025	<b>Certification Period</b> 5/19/2025 to 7/17/2025	<b>Medical Record No.</b> C0200167062501	<b>Provider No.</b> 227203
<b>Patient's Name</b> BARBARA POIRIER		<b>Provider's Name</b> ACCENTCARE OF MASS, INC. DBA AC HH OF MASS		

**Orders of Discipline and Treatments:**

SN FOR OBSERVATION/ASSESSMENT AND INSTRUCTION ON DIABETES TO INCLUDE: DIET, SKIN CARE, FOOT CARE, BLOOD GLUCOSE MONITORING INCLUDING HGBA1C, MEDICATION MANAGEMENT, AND HYPOGLYCEMIC INTERVENTION. SN TO PROVIDE EDUCATION TO PATIENT/CAREGIVER REGARDING BLOOD GLUCOSE MONITORING AS INSTRUCTED BY PROVIDER. SN MAY OBTAIN BLOOD GLUCOSE PRN FOR S/S HYPO/HYPERGLYCEMIA. NOTIFY PROVIDER OF BLOOD GLUCOSE VALUES OUTSIDE OF PARAMETERS. DISCIPLINE MAY REVIEW PATIENT'S SELF MONITORING OF BLOOD GLUCOSE VALUES AND WILL REPORT S/S OF HYPER/HYPOGLYCEMIA OR ABNORMAL BG VALUES TO PROVIDER. SKILLED NURSE MAY ADMINISTER 4 OUNCES OF FRUIT JUICE OR ONE TABLESPOON OF SUGAR IF THE BLOOD SUGAR ANALYSIS IS BETWEEN 60-80 MG/DL, AND RECHECK BLOOD SUGAR IN 15-20 MINUTES. PATIENT IS RESPONSIBLE FOR BS CHECKS 4 TIMES DAILY USING DEXCOM 7 GLUCOMETER. PATIENT ADMINISTERS INSULIN.

SKILLED NURSE TO OBSERVE/ASSESS AND PROVIDE SKILLED TEACHING RELATED TO COPD INCLUDING: NUTRITION, BREATHING MANAGEMENT TECHNIQUES, MEDICATION MANAGEMENT

SKILLED NURSE TO PROVIDE SKILLED TEACHING IN THE DISEASE PROCESS AND MEDICATION REGIMEN OF HYPERTENSION.

SKILLED NURSE TO OBSERVE/ASSESS AND INSTRUCT PATIENT/CAREGIVER ON CARDIOVASCULAR DISEASE MANAGEMENT INCLUDING PATHOPHYSIOLOGY, NUTRITION, MEDICATION REGIMEN, AND PERMITTED ACTIVITIES AND TO IDENTIFY CHANGES AND INTERVENE TO MINIMIZE COMPLICATIONS.

SKILLED NURSE TO OBSERVE AND ASSESS PATIENT WITH GENERALIZED DEPRESSION. ASSESS NEED FOR MEDICATION, MEDICATION CHANGES AND POTENTIAL NEED FOR REFERRAL TO PROVIDE COUNSELING AND ASSISTANCE WITH MANAGING DEPRESSION.

SKILLED NURSE TO INSTRUCT/REINFORCE REGARDING INFECTION CONTROL MEASURES. SKILLED NURSE TO O/A PATIENT FOR SIGNS AND SYMPTOMS OF INFECTION INCLUDING BUT NOT LIMITED TO: DEFICIENT IMMUNOLOGIC DEFENSES AND ENVIRONMENTAL FACTORS Q VISIT. TEACH WHERE DEFICITS ARE IDENTIFIED.

PHYSICAL THERAPIST TO EVALUATE/ASSESS AND DEVELOP PHYSICAL THERAPY PLAN OF CARE TO BE SIGNED BY THE PHYSICIAN. MAY COMPLETE A ROC ASSESSMENT UPON HOSPITAL DISCHARGE DURING THIS EPISODE IF NEEDED. MAY SCHEDULE A BH RN EVALUATION AS NEEDED DURING THE EPISODE TO ASSESS FOR IMPACT OF BEHAVIOR, MEDICATIONS AND/OR NEED FOR FOLLOW-UP. MAY INITIATE TELEHEALTH OR REMOTE TELEMONITORING VISITS AS NEEDED, FOLLOW AGENCY PARAMETERS FOR REPORTING UNLESS OTHERWISE SPECIFIED. MAY CONSULT SOCIAL WORKER FOR ADVANCED CARE PLANNING, GOALS OF CARE, AND PATIENT ADVOCACY. MAY PERFORM O2 SATURATION LEVEL AT EVALUATION VISIT AND PRN FOR SIGNS AND/OR SYMPTOMS OF POSSIBLE RESPIRATORY COMPLICATIONS OR WITH O2 USE AND NOTIFY MD OF O2 LEVELS BELOW 92. PHYSICAL THERAPY TO PROVIDE INTERVENTIONS FOR THE TREATMENT OF ACCORDING TO THE PRIMARY PT PATHWAY FOR AMBULATORY PATIENTS INCLUDING BUT NOT LIMITED TO RANGE OF MOTION, STRENGTHENING, GAIT, BALANCE, TRANSFER TRAINING, FALL PREVENTION, PHARMACOLOGIC AND NON-PHARMACOLOGIC PAIN MANAGEMENT INCLUDING MANUAL THERAPY AND/OR MODALITIES AS ORDERED BY PHYSICIAN, AND MEDICATION MANAGEMENT INCLUDING MONITORING EFFECTIVENESS OF DRUG THERAPY, REACTIONS, SIDE EFFECTS AND REPORTING PROBLEMS. PT TO CONTACT PHYSICIAN TO RESOLVE CLINICALLY SIGNIFICANT MEDICATION ISSUES INCLUDING RECONCILIATION. PHYSICAL THERAPIST MAY PERFORM O2 SATURATION LEVEL AT EVALUATION VISIT AND PRN FOR SIGNS AND/OR SYMPTOMS OF POSSIBLE RESPIRATORY COMPLICATIONS OR WITH O2 USE AND NOTIFY MD OF O2 LEVELS BELOW 92 AT REST.

Signature of Physician	Date
Optional Name/Signature Of NADIA PAQUETTE, RN / LISA COUGHLIN RN	Date 5/19/2025

<b>Patient's Medicare No.</b> 1AA1AA1AA11	<b>SOC Date</b> 5/19/2025	<b>Certification Period</b> 5/19/2025 to 7/17/2025	<b>Medical Record No.</b> C0200167062501	<b>Provider No.</b> 227203
<b>Patient's Name</b> BARBARA POIRIER		<b>Provider's Name</b> ACCENTCARE OF MASS, INC. DBA AC HH OF MASS		

**Orders of Discipline and Treatments:**

OCCUPATIONAL THERAPIST TO EVALUATE PATIENT FOR OT SERVICES AND DEVELOP PLAN OF CARE TO BE SIGNED BY THE PHYSICIAN. MAY COMPLETE A ROC ASSESSMENT UPON HOSPITAL DISCHARGE DURING THIS EPISODE IF NEEDED. MAY SCHEDULE A BH RN EVALUATION AS NEEDED DURING THE EPISODE TO ASSESS FOR IMPACT OF BEHAVIOR, MEDICATIONS AND/OR NEED FOR FOLLOW-UP. MAY CONSULT SOCIAL WORKER FOR ADVANCED CARE PLANNING, GOALS OF CARE, AND PATIENT ADVOCACY. MAY PERFORM O2 SATURATION LEVEL AT EVALUATION VISIT AND PRN FOR SIGNS AND/OR SYMPTOMS OF POSSIBLE RESPIRATORY COMPLICATIONS OR WITH O2 USE AND NOTIFY MD OF O2 LEVELS BELOW 92.OCCUPATIONAL THERAPIST MAY PERFORM O2 SATURATION LEVEL AT EVALUATION VISIT AND PRN FOR SIGNS AND/OR SYMPTOMS OF POSSIBLE RESPIRATORY COMPLICATIONS AND NOTIFY MD OF O2 LEVELS BELOW 92 AT REST.THE LICENSED PROFESSIONAL WHOSE SIGNATURE APPEARS BELOW ATTESTS THAT THESE ORDERS WERE RECEIVED ON 5/22/25.OCCUPATIONAL THERAPIST TO PROVIDE PATIENT/CAREGIVER WITH ADL TRAINING TO INCREASE INDEPENDENCE AND SAFETY. OCCUPATIONAL THERAPIST TO PROVIDE INSTRUCTION IN FALL PREVENTION, PHARMACOLOGIC AND NON-PHARMACOLOGIC PAIN MANAGEMENT INCLUDING MANUAL THERAPY AND/OR MODALITIES AS ORDERED BY PHYSICIAN, AND MEDICATION MANAGEMENT INCLUDING MONITORING EFFECTIVENESS OF DRUG THERAPY, REACTIONS, SIDE EFFECTS AND REPORTING PROBLEMS. OT TO CONTACT PHYSICIAN TO RESOLVE CLINICALLY SIGNIFICANT MEDICATION ISSUES INCLUDING RECONCILIATION.OCCUPATIONAL THERAPY TO ESTABLISH/UPGRADE HOME EXERCISE PROGRAM AND PROVIDE THERAPEUTIC EXERCISES AND/OR SOFT TISSUE/JOINT MOBILIZATION DESIGNED TO RESTORE FUNCTIONAL STRENGTH AND ROM.OCCUPATIONAL THERAPY TO PROVIDE INSTRUCTION IN ENERGY CONSERVATION TECHNIQUES DESIGNED TO MAXIMIZE PATIENT'S TOLERANCE DURING ADL'S/IADL'S.OCCUPATIONAL THERAPY TO MONITOR PATIENT AND PROVIDE TEACHING/REINFORCEMENT TO PROPERLY MANAGE DIABETIC FOOT CARE. OCCUPATIONAL THERAPIST MAY REVIEW PATIENT'S SELF MONITORING OF PATIENT'S BLOOD GLUCOSE VALUES AND PROVIDE EDUCATION REGARDING BLOOD GLUCOSE MONITORING AS INSTRUCTED BY PROVIDER. NOTIFY PCM OF BLOOD GLUCOSE VALUES OUTSIDE OF PARAMETERS ESTABLISHED BY PROVIDER. REPORT S/S OF HYPER/HYPOGLYCEMIA TO PROVIDER.OCCUPATIONAL THERAPY TO MONITOR PATIENT AND PROVIDE TEACHING/REINFORCEMENT TO PROPERLY MANAGE DEPRESSION.OCCUPATIONAL THERAPY TO PROVIDE INTERVENTIONS FOR THE TREATMENT OF CARDIAC DISEASE INCLUDING CHF SELF MONITORING TECHNIQUES) ACCORDING TO RIGHTPATH PROGRAM FOR CARDIAC. OCCUPATIONAL THERAPY TO PROVIDE EDUCATION REGARDING CHF INCLUDING SELF MONITORING TECHNIQUES, MONITORING EFFECTIVENESS OF DRUG THERAPY, REACTIONS, SIDE EFFECTS AND REPORTING PROBLEMS. OT TO CONTACT PCM/CS TO RESOLVE CLINICALLY SIGNIFICANT MEDICATION ISSUES INCLUDING RECONCILIATION. OT MAY REVIEW PATIENT'S SELF MONITORING OF WEIGHTS/EDEMA OR PERFORM/RECORD WEIGHTS AS INSTRUCTED BY PROVIDER. IF PT UNABLE TO SAFELY WEIGH PT TO MEASURE CALF, ANKLE OR ABDOMINAL GIRTH. NOTIFY PROVIDER/PCM/CS OF S/S OF CHF EXACERBATION, 2 CM INCREASE FROM BASELINE AT EACH VISIT OR WEIGHTS OUTSIDE OF ESTABLISHED PARAMETERS.

THE LICENSED PROFESSIONAL WHOSE SIGNATURE APPEARS ON THIS POC ATTESTS THAT THE PHYSICIAN'S ORDERS WERE RECEIVED ON 5/19/2025.

LICENSED PROFESSIONAL TO REPORT VITAL SIGNS FALLING OUTSIDE THE FOLLOWING ESTABLISHED PARAMETERS. TEMP<96>100.3 PULSE<60>110 RESP<10>26 SYSTOLICBP<90>160 DIASTOLICBP<50>100 WEIGHT<194>204 FBS<70>200 RBS<60>250 PAIN>9 O2SAT<92

**Goals/Rehabilitation Potential/Discharge Plans:**

PATIENT WILL PARTICIPATE IN DEVELOPMENT AND UPDATING OF PLAN OF CARE TO MEET ALL PHYSICAL AND PSYCHOSOCIAL NEEDS. ADDITIONAL ORDERS WILL BE RECEIVED FROM ALTERNATE PHYSICIAN IN A TIMELY MANNER. CHANGES IN SKIN INTEGRITY STATUS WILL BE IDENTIFIED AND REPORTED TO THE PHYSICIAN FOR PROMPT INTERVENTION. PATIENT/CAREGIVER WILL VERBALIZE/DEMONSTRATE ADEQUATE KNOWLEDGE OF INTEGUMENTARY STATUS AEB VERBALIZATION/DEMONSTRATION OF 2 MEASURES TO PROMOTE SKIN INTEGRITY AND PREVENT INJURY BY 4 WEEKS. PATIENT WILL DEMONSTRATE 3-5 APPROPRIATE MEASURES RELATED TO THE USE OF MEDICATIONS, SIDE EFFECTS, AND POTENTIAL INTERACTIONS BY 4 WEEKS. PATIENT/CAREGIVER WILL VERBALIZE UNDERSTANDING OF 3-5 PHARMACOLOGICAL AND NON-PHARMACOLOGICAL MEASURES TO MAINTAIN EFFECTIVE ANTICOAGULATION THERAPY BY 8 WEEKS. PATIENT/CAREGIVER WILL DEMONSTRATE INDEPENDENCE IN ADMINISTRATION OF MDI/DPI THERAPY AND CARE FOR EQUIPMENT AS A RESULT OF SKILLED TEACHING BY 4 WEEKS. PATIENT/ CG WILL VERBALIZE/DEMONSTRATE INDEPENDENCE WITH SELF-CARE MANAGEMENT STRATEGIES, VERBALIZE EFFECTS OF DIET, MEDICATIONS AND ACTIVITY ON DISEASE PROCESS, AND DEMONSTRATE ABILITY TO MAINTAIN SAFETY IN CURRENT HOME ENVIRONMENT TO PREVENT INJURIES/FALLS AEB PATIENT WILL ATTAIN/ MAINTAIN STABLE PHYSIOLOGICAL STATUS AND S/S OF IMPROVED CARDIAC OUTPUT (VITALS, LABS, WEIGHT, EDEMA, CARDIOVASCULAR STATUS) BY 8 WEEKS, NOTIFY PROVIDER OF RESULTS OUTSIDE OF ESTABLISHED PARAMETERS AT EACH VISIT PATIENT/CAREGIVER WILL BE ABLE TO VERBALIZE THEIR RISK FACTORS FOR HOSPITALIZATIONS AND APPROPRIATE STEPS TO REDUCE RISKS WITHIN 4 WEEKS. PATIENT/CAREGIVER WILL DEMONSTRATE 3-5 APPROPRIATE MEASURES RELATED TO MANAGEMENT OF DIABETIC CARE. PATIENT/CAREGIVER WILL DEMONSTRATE KNOWLEDGE OF BLOOD GLUCOSE MONITORING BY 6 WEEKS. SN WILL REPORT BLOOD GLUCOSE RESULTS OUTSIDE OF ESTABLISHED PARAMETERS TO PROVIDER AT EACH VISIT. PATIENT/CAREGIVER WILL DEMONSTRATE 3-5 APPROPRIATE TECHNIQUES RELATED TO MANAGEMENT OF COPD. RESPIRATORY EXACERBATIONS WILL BE IDENTIFIED PROMPTLY AND INTERVENTIONS INITIATED TO MINIMIZE ASSOCIATED RISK WITHIN 2 WEEKS PATIENT/CAREGIVER WILL VERBALIZE 3-5 RISK FACTORS, S/S AND CAUSES OF HYPERTENSION AND WILL DEMONSTRATE ABILITY TO TAKE/MONITOR BLOOD PRESSURE AND KNOWLEDGE OF WHEN MD INTERVENTION IS NEEDED BY 8 WEEKS. PATIENT/CAREGIVER WILL DEMONSTRATE APPROPRIATE MANAGEMENT OF CARDIOVASCULAR DISEASE. CARDIOVASCULAR EXACERBATIONS WILL BE IDENTIFIED PROMPTLY AND INTERVENTIONS INITIATED TO MINIMIZE ASSOCIATED RISK BY 8 WEEKS. PATIENT/CAREGIVER WILL VERBALIZE/DEMONSTRATE UNDERSTANDING OF MEDICATION COMPLIANCE AND 3-5 MEASURES TO MANAGE DEPRESSION BY 8 WEEKS.

Signature of Physician	Date
Optional Name/Signature Of NADIA PAQUETTE, RN / LISA COUGHLIN RN	Date 5/19/2025

<b>Patient's Medicare No.</b> 1AA1AA1AA11	<b>SOC Date</b> 5/19/2025	<b>Certification Period</b> 5/19/2025 to 7/17/2025	<b>Medical Record No.</b> C0200167062501	<b>Provider No.</b> 227203
<b>Patient's Name</b> BARBARA POIRIER		<b>Provider's Name</b> ACCENTCARE OF MASS, INC. DBA AC HH OF MASS		

**Goals/Rehabilitation Potential/Discharge Plans:**

CAREGIVER WILL VERBALIZE 3-5 APPROPRIATE INFECTION CONTROL MEASURES TO PREVENT INFECTION OR CONTAMINATION AND PATIENT WILL EXHIBIT NO SIGNS / SYMPTOMS OF INFECTION OR SIGNS AND SYMPTOMS OF INFECTION WILL BE IDENTIFIED AND PHYSICIAN NOTIFIED FOR PROMPT INTERVENTION TO MINIMIZE ASSOCIATED RISKS 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 IMPROVEMENT IN TOLERANCE AND INDEPENDENCE TO FUNCTIONAL ACTIVITY, INCLUDING REDUCED AND IMPROVED FALL RISK, SAFE TRANSFER, GAIT, AND BALANCE TECHNIQUES AS OUTLINED BY THE OBJECTIVE MEASUREMENTS IN THERAPY SHORT TERM/LONG TERM GOALS BY DOCUMENTED GOAL DATE AS EVIDENCED BY IMPROVE BLE STRENGTH AND ENDURANCE

PATIENT/CAREGIVER WILL VERBALIZE EFFECTIVE PAIN CONTROL AND UNDERSTAND BOTH PHARMACOLOGIC AND NON-PHARMACOLOGIC PAIN CONTROL METHODS AS EVIDENCED BY PATIENT VERBALIZING DECREASE IN PAIN TO ACCEPTABLE LEVELS IN ORDER TO COMPLETE MOBILITY AND FUNCTION BY 8 WEEKS.

PATIENT/CAREGIVER WILL RECEIVE MEDICATION MANAGEMENT AND PHYSICIAN WILL BE CONTACTED WITHIN ONE CALENDAR DAY OF THE ASSESSMENT TO RESOLVE CLINICALLY SIGNIFICANT MEDICATION ISSUES, INCLUDING RECONCILIATION.  
PATIENT WILL DEMONSTRATE OXYGEN SATURATION WITHIN NORMAL LIMITS OR TO PATIENT'S OPTIMAL LEVEL AS ESTABLISHED BY THE PHYSICIAN

OCCUPATIONAL THERAPY EVALUATION WILL BE COMPLETED. PLAN OF CARE WILL BE ORDERED BY PHYSICIAN AND PROVIDED BY OCCUPATIONAL THERAPIST. ALL GOALS TO BE MET BY END OF CURRENTLY APPROVED PLAN OF CARE.  
PATIENT WILL DEMONSTRATE OXYGEN SATURATION WITHIN NORMAL LIMITS OR TO PATIENT'S OPTIMAL LEVEL AS ESTABLISHED BY THE PHYSICIAN BY 8 WEEKS.

PATIENT WILL DEMONSTRATE INCREASED INDEPENDENCE/ SAFETY IN ADLS AS OUTLINED BY THE OBJECTIVE MEASUREMENTS IN THERAPY SHORT/LONG TERM GOALS BY THE DOCUMENTED GOAL DATES AS EVIDENCED BY DECREASED RELIANCE ON CG ASSISTANCE, MAINTAINING PROPER TECHNIQUE/BODY MECHANICS DURING ADLS AND ADHERING TO INSTRUCTED SAFETY MEASURES TO PREVENT INJURY.  
PATIENT/CG WILL VERBALIZE EFFECTIVE PAIN CONTROL AND UNDERSTAND PHARMACOLOGIC/NONPHARMACOLOGIC PAIN CONTROL METHODS AS EVIDENCED BY PATIENT VERBALIZING DECREASE IN PAIN TO ACCEPTABLE LEVELS TO COMPLETE MOBILITY AND FUNCTION BY 8 WEEKS.  
PT/CG WILL RECEIVE MEDICATION MANAGEMENT AND PHYSICIAN WILL BE CONTACTED WITHIN ONE CALENDAR DAY OF THE ASSESSMENT TO RESOLVE CLINICALLY SIGNIFICANT MEDICATION ISSUES INCLUDING RECONCILIATION.  
PATIENT WILL DEMONSTRATE IMPROVED FUNCTION IN RESPONSE TO SPECIFIC EXERCISE(S) AND/OR MANUAL THERAPY TECHNIQUE(S), AS OUTLINED BY THE OBJECTIVE MEASUREMENTS IN THERAPY SHORT TERM/LONG TERM GOALS AS EVIDENCED BY INCREASED INDEPENDENCE IN ACTIVITIES OF DAILY LIVING, INCREASED INDEPENDENCE WITH TRANSFERS/MOBILITY DUE TO INCREASED STRENGTH, DECREASED RELIANCE ON CAREGIVER ASSISTANCE BY 8 WEEKS/WITHIN 60 DAYS.  
PATIENT/CAREGIVER TO DEMONSTRATE UNDERSTANDING OF AND COMPLIANCE WITH ENERGY CONSERVATION MEASURES, AS OUTLINED BY THE OBJECTIVE MEASUREMENTS IN THERAPY SHORT TERM/LONG TERM GOALS AS EVIDENCED BY INCREASED TOLERANCE DURING ADL/IADLS, DECREASED EPISODES OF SEVERE FATIGUE/SHORTNESS OF BREATH AND PATIENT ABLE TO VERBALIZE PLAN FOR COMPLEX TASKS BY 8 WEEKS/WITHIN 60 DAYS.  
CHANGES IN PATIENT CO-MORBID STATUS WILL BE PROMPTLY IDENTIFIED AND REPORTED TO THE PHYSICIAN. PATIENT/CAREGIVER WILL VERBALIZE/DEMONSTRATE KNOWLEDGE TO PROPERLY MANAGE DIABETIC CARE INCLUDING FOOT CARE AND MONITORING BLOOD GLUCOSE AS INSTRUCTED BY PROVIDER BY 8 WEEK.  
CHANGES IN PATIENT CO-MORBID STATUS WILL BE PROMPTLY IDENTIFIED AND REPORTED TO THE PHYSICIAN. PATIENT/CAREGIVER WILL VERBALIZE/DEMONSTRATE KNOWLEDGE TO PROPERLY MANAGE DEPRESSION PREVENTION BY 8 WEEKS.  
PATIENT WILL DEMONSTRATE IMPROVEMENT IN TOLERANCE AND INDEPENDENCE TO FUNCTIONAL ACTIVITY AS OUTLINED BY THE OBJECTIVE MEASUREMENTS IN THERAPY SHORT TERM/LONG TERM GOALS BY THE DOCUMENTED GOAL DATES AS EVIDENCED BY 8 WEEKS. PATIENT WILL VERBALIZE KNOWLEDGE OF SELF MONITORING TECHNIQUES FOR CHF AS APPROPRIATE.

**Rehab Potential:**

FAIR TO ACHIEVE GOALS AS STATED BY END OF EPISODE

**DC Plans:**

PATIENT WILL DISCHARGE TO FAMILY/CAREGIVER OR SELF UNDER THE SUPERVISION OF PCP.  
D/C SUMMARY TO BE SENT TO PCP. AGENCY MAY DISCHARGE EARLY IF GOALS MET OR PER PT REQUEST.

**DME and Supplies:**

ALCOHOL, GLOVES, VITAL SIGN EQUIPMENT; CLINICAL TOOLS; DME-ADAPTIVE LIVING AIDS; DME-GLUCOMETER; DME-HOSPITAL BED ; DME-RAILS/GRAB BARS; DME-RESPIRATORY SUPPLIES; DME-SHOWER/TUB EQUIPMENT; DME-WALKER ; DME-WHEELCHAIR ; INFECTION CONTROL SUPPLIES; LAB, SYRINGES, INFUSION SUPPLIES; THERAPY SUPPLIES

**Prognosis:**

FAIR

Signature of Physician	Date
Optional Name/Signature Of NADIA PAQUETTE, RN / LISA COUGHLIN RN	Date 5/19/2025

<b>Patient's Medicare No.</b> 1AA1AA1AA11	<b>SOC Date</b> 5/19/2025	<b>Certification Period</b> 5/19/2025 to 7/17/2025	<b>Medical Record No.</b> C0200167062501	<b>Provider No.</b> 227203
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<b>Patient's Name</b> BARBARA POIRIER	<b>Provider's Name</b> ACCENTCARE OF MASS, INC. DBA AC HH OF MASS
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**Functional Limitations:**

ENDURANCE; AMBULATION; GENERALIZED WEAKNESS; FALL RISK, PAIN; DYSPNEA

**Safety Measures:**

ALERT YOUR NURSE , FALL PRECAUTIONS, EMERGENCY PREPAREDNESS PLAN DEVELOPED USING AGENCY ZONE TOOL, MEDICATION PRECAUTIONS, UNIVERSAL PRECAUTIONS, CARDIAC/HEART FAILURE PRECAUTIONS, DIABETIC PRECAUTIONS, HYPO/HYPERGLYCEMIA PRECAUTIONS, FOOT PRECAUTIONS, SHARPS DISPOSAL PRECAUTIONS, INSULIN PRECAUTIONS, INJECTION PRECAUTIONS, CKD PRECAUTIONS, RESPIRATORY PRECAUTIONS, DEPRESSION/ANXIETY PRECAUTIONS, ANTICOAGULANT BLEEDING PRECAUTIONS, INFECTION PRECAUTIONS

**Activities Permitted:**

UP AS TOLERATED; WALKER; WHEELCHAIR; ASSIST TO LEAVE HOME, EXERCISES PRESCRIBED, ADL/IADL ASSISTANCE

**Nutritional Requirements:**

CARDIAC DIET, DIABETIC DIET, FLUID RESTRICTION 2000ML/DAY, LOW SODIUM DIET

**Advance Directives:**

DO NOT RESUSCITATE; DO NOT RESUSCITATE; MED. PWR. OF ATTY

**Mental Statuses:**

ORIENTED; DEPRESSED

**Supporting Documentation for Cognitive Status:**

(C1) (QM) (PRA) (M1700) COGNITIVE FUNCTIONING: PATIENT'S CURRENT (DAY OF ASSESSMENT) LEVEL OF ALERTNESS, ORIENTATION, COMPREHENSION, CONCENTRATION, AND IMMEDIATE MEMORY FOR SIMPLE COMMANDS.

1 - REQUIRES PROMPTING (CUING, REPETITION, REMINDERS) ONLY UNDER STRESSFUL OR UNFAMILIAR CONDITIONS.

(QM) (M1710) WHEN CONFUSED (REPORTED OR OBSERVED) WITHIN THE LAST 14 DAYS:

0 - NEVER

(QM) (M1720) WHEN ANXIOUS (REPORTED OR OBSERVED) WITHIN THE LAST 14 DAYS:

2 - DAILY, BUT NOT CONSTANTLY

(C1) (QM) (PRA) (M1740) COGNITIVE, BEHAVIORAL, AND PSYCHIATRIC SYMPTOMS THAT ARE DEMONSTRATED AT LEAST ONCE A WEEK (REPORTED OR OBSERVED): (MARK ALL THAT APPLY.)

7 - NONE OF THE ABOVE BEHAVIORS DEMONSTRATED

**Supporting Documentation for Psychosocial Status:**

(C1) (QM) (PRA) (M1700) COGNITIVE FUNCTIONING: PATIENT'S CURRENT (DAY OF ASSESSMENT) LEVEL OF ALERTNESS, ORIENTATION, COMPREHENSION, CONCENTRATION, AND IMMEDIATE MEMORY FOR SIMPLE COMMANDS.

1 - REQUIRES PROMPTING (CUING, REPETITION, REMINDERS) ONLY UNDER STRESSFUL OR UNFAMILIAR CONDITIONS.

(QM) (M1710) WHEN CONFUSED (REPORTED OR OBSERVED) WITHIN THE LAST 14 DAYS:

0 - NEVER

(QM) (M1720) WHEN ANXIOUS (REPORTED OR OBSERVED) WITHIN THE LAST 14 DAYS:

2 - DAILY, BUT NOT CONSTANTLY

(C1) (QM) (PRA) (M1740) COGNITIVE, BEHAVIORAL, AND PSYCHIATRIC SYMPTOMS THAT ARE DEMONSTRATED AT LEAST ONCE A WEEK (REPORTED OR OBSERVED): (MARK ALL THAT APPLY.)

7 - NONE OF THE ABOVE BEHAVIORS DEMONSTRATED

**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.)

1 - HISTORY OF FALLS (2 OR MORE FALLS - OR ANY FALL WITH AN INJURY - IN THE PAST 12 MONTHS) || 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 || 9 - OTHER RISK(S) NOT LISTED IN 1 - 8

**Allergies:**

ASA; ASPIRIN; CODEINE DRUGS

**Medications:**

Medication/ Dose	Frequency	Route	Start Date/ End Date	DC Date	New/ Changed
ACETAMINOPHEN 500 MG TABLET 2 tablet	EVERY 8 HOURS/PRN	ORAL			New
Reason:	PAIN MANAGEMENT CONTROL				
Instructions:					

Signature of Physician	Date
Optional Name/Signature Of NADIA PAQUETTE, RN / LISA COUGHLIN RN	Date 5/19/2025

<b>Patient's Medicare No.</b> 1AA1AA1AA11	<b>SOC Date</b> 5/19/2025	<b>Certification Period</b> 5/19/2025 to 7/17/2025	<b>Medical Record No.</b> C0200167062501	<b>Provider No.</b> 227203
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<b>Patient's Name</b> BARBARA POIRIER	<b>Provider's Name</b> ACCENTCARE OF MASS, INC. DBA AC HH OF MASS
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<b>Medication/ Dose</b>	<b>Frequency</b>	<b>Route</b>	<b>Start Date/ End Date</b>	<b>DC Date</b>	<b>New/ Changed</b>
ADMELOG SOLOSTAR U-100 INSULIN LISPRO 100 UNIT/ML SUBCUTANEOUS PEN <i>7 unit</i>	<i>3 TIMES DAILY</i>	SUBCUTANEOUS			New
Reason: BLOOD SUGAR CONTROL Instructions: PATIENT TO SELF ADMINISTER 7 UNITS THREE TIMES DAILY UNDER SKIN PRE MEALS (BREAKFAST, LUNCH, SUPPER) HOLD IF BLOOD SUGAR IS 70 OR LESS. PATIENT TO SELF CHECK BLOOD SUGAR 4 TIMES DAILY PRE MEALS AND BEDTIME AND AS NEEDED FOR SIGNS AND SYMPTOMS OF LOW OR HIGH BLOOD SUGAR					
ALBUTEROL SULFATE HFA 90 MCG/ACTUATION AEROSOL INHALER <i>2 puff</i>	<i>EVERY 4 HOURS/PRN</i>	INHALATION			New
Reason: SHORTNESS OF BREATH OR WHEEZE Instructions: PATIENT TO SELF ADMINISTER AND INHALE 2 PUFFS EVERY 4 HOURS AS NEEDED FOR SHORTNESS OF BREATH OR WHEEZE					
AMLODIPINE 5 MG TABLET <i>1 tablet</i>	<i>DAILY</i>	ORAL			New
Reason: BLOOD PRESSURE CONTROL Instructions:					
BASAGLAR KWIKPEN U-100 INSULIN 100 UNIT/ML (3 ML) SUBCUTANEOUS <i>20 unit</i>	<i>EVERY AM</i>	SUBCUTANEOUS			New
Reason: BLOOD SUGAR CONTROL Instructions: PATIENT TO SELF ADMINISTER 20 U UTS UNDER SKIN DAILY IN THE MORNING. PATIENT TO SELF CHECK BLOOD SUGARS 4 TIMES DAILY AND AS NEEDED FOR SYMPTOMS OF LOW OR HIGH BLOOD SUGAR					
BUMETANIDE 1 MG TABLET <i>1 tablet</i>	<i>2 TIMES DAILY</i>	ORAL			New
Reason: FLUID PILL Instructions:					
CALCITRIOL 0.5 MCG CAPSULE <i>1 capsule</i>	<i>DAILY</i>	ORAL			New
Reason: SUPPLEMENT Instructions:					
CLONIDINE HCL 0.1 MG TABLET <i>1 tablet</i>	<i>3 TIMES DAILY</i>	ORAL			New
Reason: BLOOD PRESSURE CONTROL Instructions:					
DOCUSATE SODIUM 100 MG CAPSULE <i>1 capsule</i>	<i>2 TIMES DAILY</i>	ORAL			New
Reason: STOOL SOFTNER Instructions:					
ELIQUIS 5 MG TABLET <i>1 tablet</i>	<i>2 TIMES DAILY</i>	ORAL			New
Reason: BLOOD THINNER Instructions:					
FERROUS SULFATE 325 MG (65 MG IRON) TABLET <i>1 tablet</i>	<i>DAILY</i>	ORAL			New
Reason: SUPPLEMENT/ IRON REPLACEMENT Instructions:					
FLUOXETINE 20 MG CAPSULE <i>1 capsule</i>	<i>DAILY</i>	ORAL			New
Reason: DEPRESSION AND ANXIETY CONTROL Instructions: TAKKE FLUOXETINE 20 MG WITH FLUOXETINE 40 MG TO = 60 MG DAILY					
FLUOXETINE 40 MG CAPSULE <i>1 capsule</i>	<i>DAILY</i>	ORAL			New
Reason: DEPRESSION AND ANXIETY CONTROL Instructions: TAKE FLUOXETINE 20 MG WITH FLUOXETINE 40 MG TO = 60 MG FLUOXETINE DAILY					
HYDRALAZINE 100 MG TABLET <i>1 tablet</i>	<i>3 TIMES DAILY</i>	ORAL			New
Reason: BLOOD PRESSURE CONTROL					

Signature of Physician	Date
Optional Name/Signature Of NADIA PAQUETTE, RN / LISA COUGHLIN RN	Date 5/19/2025

<b>Patient's Medicare No.</b> 1AA1AA1AA11	<b>SOC Date</b> 5/19/2025	<b>Certification Period</b> 5/19/2025 to 7/17/2025	<b>Medical Record No.</b> C0200167062501	<b>Provider No.</b> 227203
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Medication/ Dose	Frequency	Route	Start Date/ End Date	DC Date	New/ Changed
<b>Instructions:</b>					
LABETALOL 100 MG TABLET <i>1 tablet</i>	<i>3 TIMES DAILY</i>	ORAL			New
Reason: BLOOD PRESSURE CONTROL					
<b>Instructions:</b>					
MAGNESIUM 400 MG (AS MAGNESIUM OXIDE) TABLET <i>1 tablet</i>	<i>2 TIMES DAILY</i>	ORAL			New
Reason: SUPPLEMENT					
<b>Instructions:</b>					
MELATONIN 10 MG TABLET <i>1 tablet</i>	<i>BEDTIME</i>	ORAL			New
Reason: SLEEP CONTROL					
<b>Instructions:</b>					
OMEPRAZOLE 20 MG CAPSULE, DELAYED RELEASE <i>1 capsule</i>	<i>DAILY</i>	ORAL			New
Reason: HEARTBURN CONTROL/ ACID REFLUX CONTROL					
<b>Instructions:</b>					
PRIMIDONE 50 MG TABLET <i>1 tablet</i>	<i>EVERY AM</i>	ORAL			New
Reason: TREMOR CONTROL					
<b>Instructions:</b>					
TRAMADOL 50 MG TABLET <i>1 tablet</i>	<i>EVERY 6 HOURS/PRN</i>	ORAL			New
Reason: MODERATE-SEVERE PAIN 7-10/10					
<b>Instructions:</b>					
TRIAMCINOLONE ACETONIDE 0.025 % TOPICAL OINTMENT <i>2 inch</i>	<i>3 TIMES A WEEK</i>	TOPICAL			New
Reason: ITCHY DRY SKIN BOTH LOWER LEGS					
Instructions: PATIENT OR CAREGIVER TO APPLY 2 INCHES OF CREAM TO DRY PATCHY SKIN OF LOWER LEGS INCLUDING FEET 3 TIMES A WEEK ON MONDAYS, WEDNESDAYS AND FRIDAYS					

Signature of Physician	Date
Optional Name/Signature Of NADIA PAQUETTE, RN / LISA COUGHLIN RN	Date 5/19/2025



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<b>Patient's Name</b> BARBARA POIRIER		<b>Provider's Name</b> ACCENTCARE OF MASS, INC. DBA AC HH OF MASS		

**Supporting Documentation for Home Health Eligibility:**

THE FOLLOWING BODY STRUCTURES EITHER REQUIRE HOME HEALTH INTERVENTION OR WILL IMPACT THE HOME HEALTH PLAN OF CARE:

STRUCTURES OF THE CARDIOVASCULAR SYSTEM, STRUCTURES OF THE RESPIRATORY SYSTEM, STRUCTURES RELATED TO MOVEMENT, STRUCTURES RELATED TO THE METABOLIC AND ENDOCRINE SYSTEMS

THE FOLLOWING BODY SYSTEM FUNCTIONS EITHER REQUIRE HOME HEALTH INTERVENTION OR WILL IMPACT THE HOME HEALTH PLAN OF CARE:

FUNCTIONS OF THE CARDIOVASCULAR SYSTEM, FUNCTIONS OF THE METABOLIC AND ENDOCRINE SYSTEMS, FUNCTIONS OF THE RESPIRATORY SYSTEM, NEUROMUSCULOSKELETAL AND MOVEMENT-RELATED FUNCTIONS, SENSORY FUNCTIONS AND PAIN

(HOMEBOUND STATUS CRITERIA 1A AND 1B) BECAUSE OF ILLNESS OR INJURY, THE PATIENT NEEDS SUPPORTIVE DEVICES, SPECIAL TRANSPORTATION, ASSISTANCE OF ANOTHER PERSON AND/OR LEAVING THE HOME IS MEDICALLY CONTRAINDICATED DUE TO: RISK OF INFECTION OR IMMUNOCOMPROMISED STATUS, THE PATIENT REQUIRES ASSISTANCE AND/OR SUPERVISION OF ANOTHER PERSON(S) TO PERFORM ADL/IADL AND SELF-CARE TASKS SAFELY., THE PATIENT REQUIRES ASSISTANCE AND/OR SUPERVISION OF ANOTHER PERSON(S) TO PERFORM SAFE AMBULATION/LOCOMOTION ON EVEN AND UNEVEN SURFACES., THE PATIENT REQUIRES ASSISTANCE AND/OR SUPERVISION OF ANOTHER PERSON(S) TO PERFORM SAFE BED MOBILITY AND TRANSFERS., THE PATIENT REQUIRES ASSISTANCE AND/OR SUPERVISION OF ANOTHER PERSON(S) TO PERFORM SAFE TRANSFER FROM SIT TO STAND., THE PATIENT REQUIRES ASSISTANCE OF A WALKER TO SAFELY LEAVE THE HOME, THE PATIENT REQUIRES ASSISTANCE OF WHEELCHAIR TO SAFELY LEAVE THE HOME

(HOMEBOUND STATUS CRITERIA 2A AND 2B) THE PATIENT HAS A NORMAL INABILITY TO LEAVE THE HOME AND LEAVING THE HOME REQUIRES A CONSIDERABLE AND TAXING EFFORT DEMONSTRATED BY:

PATIENT CANNOT INDEPENDENTLY MANAGE NECESSARY MEDICAL EQUIPMENT AND REQUIRES MAXIMUM OR TOTAL ASSIST IN ORDER TO LEAVE THE HOME, PATIENT EXPERIENCES ACTIVITY LIMITING PAIN LEVEL WITH TRANSFERS AND WEIGHT BEARING ACTIVITIES, PATIENT HAS CONSIDERABLE WEAKNESS THAT LIMITS SAFE TRANSFER AND/OR AMBULATION OUTSIDE THE HOME, PATIENT HAS INCREASED FALL RISK BECAUSE OF POOR BALANCE AND/OR FUNCTIONAL MOBILITY WHEN LEAVING THE HOME ENVIRONMENT, PATIENT IS SHORT OF BREATH AT REST, PATIENT IS UNABLE TO NEGOTIATE STAIRS AND/OR UNEVEN SURFACES IN AND OUT OF HOME SAFELY DUE TO WEIGHT BEARING RESTRICTION, WEAKNESS OR BALANCE IMPAIRMENTS, PATIENT REQUIRES FREQUENT REST PERIODS WHEN AMBULATING DUE TO ENDURANCE LIMITATION AND DECREASED SAFETY, POOR BALANCE WITH WEIGHT BEARING ACTIVITIES AND IS A FALL RISK FOR TRANSFER AND/OR AMBULATION OUTSIDE THE HOME

THE PHYSICIAN CERTIFIES BY SIGNING BELOW THAT THIS DOCUMENT AND ITS CONTENTS HAVE BEEN INCORPORATED INTO THE PHYSICIAN'S MEDICAL RECORD AND MAY BE USED TO SUPPORT HOMEBOUND STATUS AND MEDICAL NECESSITY FOR CARE.

A DISCHARGE SUMMARY WILL BE PROVIDED.

PRIOR TO THIS SPELL OF ILLNESS, THE PATIENT'S OVERALL FUNCTION AND/OR COGNITIVE ABILITIES REQUIRED:  
NO ASSISTANCE WITH ADL/IADL AND SELF-CARE TASKS.

**Therapy Short Term/Long Term Goals:**

**Discipline: PT**

**BALANCE (PT)**

TINETTI

STG: 18

TARGET DATE: 6/20/2025

LTG: 21

TARGET DATE: 7/17/2025

**GAIT (PT)**

LEVEL SURFACE DISTANCE (IN FEET)

STG: 100

TARGET DATE: 6/20/2025

LTG: 150

TARGET DATE: 7/17/2025

LEVEL SURFACE ASSISTANCE

STG: SUPERVISION

TARGET DATE: 6/20/2025

LTG: MODIFIED INDEPENDENT

TARGET DATE: 7/17/2025

**TRANSFERS (PT)**

SIT TO STAND (PT)

STG: SUPERVISION

TARGET DATE: 6/20/2025

LTG: MODIFIED INDEPENDENT

TARGET DATE: 7/17/2025

Signature of Physician	Date
Optional Name/Signature Of NADIA PAQUETTE, RN / LISA COUGHLIN RN	Date 5/19/2025

<b>Patient's Medicare No.</b> 1AA1AA1AA11	<b>SOC Date</b> 5/19/2025	<b>Certification Period</b> 5/19/2025 to 7/17/2025	<b>Medical Record No.</b> C0200167062501	<b>Provider No.</b> 227203
<b>Patient's Name</b> BARBARA POIRIER		<b>Provider's Name</b> ACCENTCARE OF MASS, INC. DBA AC HH OF MASS		

Therapy Short Term/Long Term Goals:

Discipline: PT

BED MOBILITY (PT)

SUPINE TO SIT (PT)	
STG: MINIMAL ASSIST	LTG: STANDBY ASSIST
TARGET DATE: 6/20/2025	TARGET DATE: 7/17/2025

STRENGTH (PT)

30 SECOND SIT TO STAND	
STG: 5	LTG: 8
TARGET DATE: 6/20/2025	TARGET DATE: 7/17/2025
RIGHT LOWER EXTREMITY	
STG: 3+/FAIR+	LTG: 4-/GOOD-
TARGET DATE: 6/20/2025	TARGET DATE: 7/17/2025
LEFT LOWER EXTREMITY	
STG: 3/FAIR	LTG: 3+/FAIR+
TARGET DATE: 6/20/2025	TARGET DATE: 7/17/2025

Discipline: OT

SELF CARE (OT)

DRESS UPPER BODY ABILITY	
STG: MODERATE ASSIST	LTG: SUPERVISION
TARGET DATE: 6/18/2025	TARGET DATE: 7/16/2025
MEAL PREPARATION	
STG: MODERATE ASSIST	LTG: MINIMAL ASSIST
TARGET DATE: 6/18/2025	TARGET DATE: 7/16/2025

HOME PROGRAM (OT)

HOME PROGRAM (OT)	
STG: INITIAL HOME PROGRAM PROVIDED	LTG: FINAL HOME PROGRAM PROVIDED
TARGET DATE: 5/28/2025	TARGET DATE: 6/25/2025

Signature of Physician	Date
Optional Name/Signature Of NADIA PAQUETTE, RN / LISA COUGHLIN RN	Date 5/19/2025