



HW485011J3T8TXHCM83M

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.
100031947029	06/04/2024	05/30/2025 Through 07/28/2025	554005	227504

Physician Name and Address

Robert J Caldas, MD
 531 Faunce Corner Road
 NPI #1124032883
 Dartmouth, MA 02747
 (508) 996-3991 Fax (508) 961-0949

Patient
 Velez-Morales, Yomayra
 1959 Purchase St
 Apt E303
 New Bedford, MA 02740
 DOB
 10/26/1975
 Sex
 F

Directives In Place/Risk of Hospitalization

Advance Care Plan Discussion - Discussion held, patient declined to provide ACP

Provider Name and Address
 Guardian Home Health Care,
 LLC
 750 West Center St
 3rd Floor
 W Bridgewater, MA 02379
 (508) 588-5811
 Fax (508) 588-5221

Risk of Hospitalization

Reported or observed history of difficulty complying with any medical instructions (for example, medications, diet, exercise) in the past 3 months
 Currently taking 5 or more medications

11. Dx Code	Principal Diagnosis	Date	10. Medications: Dose/Frequency/Route (N)ew (C)hanged
E11.22	Type 2 diabetes mellitus with diabetic chronic kidney disease [ICD10]	6/4/2024 E	alendronate 70 mg tablet 1 tablets oral once a week (On Wednesdays)
12. Dx Code	Surgical Procedure	Date	amLODIPine 10 mg tablet 1 tablets oral once a day
N/A			busPIRone 30 mg tablet 2 tablets oral once a day (At HS)
13. Dx Code	Other Pertinent Diagnoses	Date	famotidine 20 mg tablet 1 tablets oral once a day (Bedtime)
I12.9	Hypertensive chronic kidney disease w stg 1-4/unsp chr kdny [ICD10]	6/4/2024 E	Fluticasone Propionate 50 mcg/inh spray 2 Spray nasal once a day (To each nostril)
N18.31	Chronic kidney disease, stage 3a [ICD10]	6/4/2024 E	hydrOXYzine pamoate 100 mg capsule 2 tablets oral once a day (HS)
F32.2	Major depressive disorder, single episode, severe without psychotic features [ICD10]	6/4/2024 E	Insulin Lispro 100 units/mL solution up to 150 unit subcutaneous continuous (use with insulin pump based on carbs being consumed)
E11.42	Type 2 diabetes mellitus with diabetic polyneuropathy [ICD10]	6/4/2024 E	levothyroxine 200 mcg (0.2 mg) tablet 1 tablets oral 6 times a week (Before breakfast mon - Saturday)
K59.00	Constipation, unspecified [ICD10]	6/4/2024 E	levothyroxine 200 mcg (0.2 mg) tablet 2 tablets oral once a week (Before breakfast Sundays only)
Q05.7	Lumbar spina bifida without hydrocephalus [ICD10]	6/4/2024 E	lisinopril 5 mg tablet 1 tablets oral once a day
M81.0	Age-related osteoporosis without current pathological fracture [ICD10]	6/4/2024 E	Mupirocin 2% ointment 1 application topical 3 times a day (To top of Left foot until finished)
M41.9	Scoliosis, unspecified [ICD10]	6/4/2024 E	omeprazole 20 milligram oral 2 times a day (Before meals)
E66.9	Obesity, unspecified [ICD10]	6/4/2024 E	propranolol 10 mg tablet 1.5 tablets oral once a day PRN anxiety (C)
Z96.41	Presence of insulin pump (external) (internal) [ICD10]	6/4/2024 E	rosuvastatin 5 mg tablet 1 tablets oral once a day
E03.9	Hypothyroidism, unspecified [ICD10]	6/4/2024 E	Seroquel 200 mg tablet 1 tablets oral once a day (At bedtime)
			TraZODone Hydrochloride 100 mg tablet 2 tablets oral once a day (200 mg At bedtime)
			Ventolin HFA 90 mcg/inh aerosol 2 puffs inhalation every 4 hours PRN Wheezing, SOB

Z79.4 Long term (current) use of insulin [ICD10] 6/4/2024 E

14. DME and Supplies

N/A

16. Nutritional Req.

Low cholesterol diet, No salt added diet, No concentrated sweets

18A. Functional Limitations

Ambulation, Endurance

19. Mental Status

Oriented, Forgetful, Depressed

21. Orders for Discipline and Treatments (Specify Amount/Frequency/Duration)

SN: 1x/wk x 1 wk, 1-3x/wk x 9 wks

HEAD TO TOE:

Assess Head to Toe.

PATIENT PERSONAL PLAN:

Patient identified steps toward personal goal: Compliance with POC which includes, taking meds A/O, attending appointments.

PATIENT RISK STATUS:

Patient Risk for Emergency Room use or Hospitalization is assessed to be: Moderate and will be addressed with measures focusing on: medication compliance, MD follow up, recognizing symptoms of disease exacerbation. Educate patient and caregivers on measures to assist in infection prevention (hand-washing, avoid touching face, limit contact with those who are sick, cover mouth when coughing) and early signs and symptoms that need to be reported.

[HWC] MEDICATIONS:

C-Monitor the effectiveness of drug therapy, drug reactions, and side effects.

[HWC] MODALITIES:

Stabilization brace to L Leg ON AM, off HS.

[HWC] PAIN:

Pain management focused on positioning.

[HWC] SAFETY-ENVIRONMENT:

Safety management focused on emergency exit plan.

ADL/MOBILITY:

Skilled Observation & Assessment of Gait.

CARDIOVASCULAR STATUS:

S/O of Cardiovascular Status.

DEPRESSION:

S/O - use of psychotropic medications. T-Teach importance of taking medications as prescribed. S/O for signs/symptoms of Depression. Assess for suicidal ideation.

ENDOCRINE STATUS:

Skilled Observation & Assessment of Blood Sugars Per Home Glucose Monitoring Assess insulin pump Q visit

Check BS log Q visit. Skilled Observation & Assessment Blood Sugar per home glucose monitoring. Call Physician for BS below 60 or above 450. Skilled Observation & Assessment of Endocrine Status. Teach Skin & Foot Care. Teach Endocrine Disease Process.

GENERAL:

Skilled Observation & Assessment of Vital Signs. SN prepares and administers medication Q visit, assess compliance and effectiveness, prepares meds to last till the next SN visit .. LPN supervision done every 30 days. This agency is allowed to receive orders from other healthcare providers involved in the care of this patient or another provider working in the same practice as myself, in my absence..

GU STATUS:

Teach Perineal Hygiene.

INTEGUMENT STATUS:

Skilled Observation & Assessment of Integument Status.

MEDICATIONS:

Teach Medication Management. C-Inform Physician and reconcile significant medication issues. C-Monitor the effectiveness of drug therapy, drug reactions, and side effects.

PAIN - R & C:

C- Assess patient pain. T-Teach principles of pain management.

15. Safety Measures

Evacuation plans, Fall precautions, Needle disposal precautions, Universal precautions, Use of safety devices in bathroom

17. Allergies

empagliflozin, metFORMIN, sulfamethoxazole-trimethoprim

18B. Activities Permitted

Walker

20. Prognosis

Fair

RESPIRATORY STATUS:

Skilled Observation & Assessment of Lung Sounds.

SAFETY:

Teach Home Safety

22. Goals/Rehabilitation Potential/Discharge Plans

SN Goals: Long Term Goal: Patient-stated personal goal: Not get hospitalized within cert period. The Patient and Caregiver will demonstrate decreased fall risk as evidenced by no falls. within cert period. The patient will experience less interfering pain as evidenced by improved activities of daily living within cert period. The Patient and Caregiver will demonstrate decreased environmental safety risk as evidenced by emergency exit plan. within cert period. Maintain Or Increase Function, Strength, & Endurance within cert period. Patient Will Demonstrate Optimal Glucose Control Through Diet within cert period. Medication Compliant within cert period. Safety In Home within cert period

Rehab Potential is Fair For the Above Goals

Discharge Plan: Care is needed for indefinite period of time alternative care is more costly

Nurse's Signature and Date of Verbal SOC

Marta Luban RN *E-Signature* 05/26/2025
05/28/2025 @ 11:14 AM

Case Manager

Joyce Kimani RN

Date HHA Received Signed POT

(Sent 5/28/2025)

Attending Physician's Signature and Date Signed

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

Signature**X**

Robert J Caldas, MD

Date**X**