

Order Number:  
236565

## HOME HEALTH CERTIFICATION AND PLAN OF CARE

Patient's Medicare No. 9XA8QM7HW46	SOC Date 8/25/2025	Certification Period 8/25/2025 to 10/23/2025	Medical Record No. 00800005202201	Provider No. 248056
Patient's Name and Address: ROGER CARON (320) 249-1093 306 SUNRISE DR LITCHFIELD, MN 55355-		Provider's Name, Address and Telephone Number: ADARA HOME HEALTH INC 246 MAIN STREET S HUTCHINSON, MN 55350- F: (320) 332-0106 P: (320) 753-0936		
Physician's Name & Address: LEIF OLSON, MD 205 SIBLEY AVE S LITCHFIELD, MN 55355-		P: (320)693-3233 F: (320)373-3194	Patient's Date of Birth: 8/31/1946	Patient's Gender: MALE
			Order Date: 8/25/2025 12:27 PM	Verbal Order: Y Verbal Date: 8/27/2025 Verbal Time: 4:18 PM

Nurse's Signature and Date of Verbal SOC Where Applicable: (deemed as electronic signature)  
KARI PAREDES, RN / NICKY CLARK SVEN RNDate HHA Received Signed POC  
8/25/2025Patient's Expressed Goals:  
STRENGTH AND ENDURANCE

ICD-10

Diagnoses:

Order	Code	Description	Onset or Exacerbation	O/E Date
1	Z47.89	ENCOUNTER FOR OTHER ORTHOPEDIC AFTERCARE	EXACERBATION	08/25/2025
2	G95.9	DISEASE OF SPINAL CORD, UNSPECIFIED	ONSET	08/25/2025
3	K21.9	GASTRO-ESOPHAGEAL REFLUX DISEASE WITHOUT ESOPHAGITIS	ONSET	08/25/2025
4	I10	ESSENTIAL (PRIMARY) HYPERTENSION	ONSET	08/25/2025
5	M48.02	SPINAL STENOSIS, CERVICAL REGION	ONSET	08/25/2025
6	M51.16	INTERVERTEBRAL DISC DISORDERS W RADICULOPATHY, LUMBAR REGION	ONSET	08/25/2025
7	M50.30	OTHER CERVICAL DISC DEGENERATION, UNSP CERVICAL REGION	ONSET	08/25/2025
8	M47.22	OTHER Spondylosis WITH RADICULOPATHY, CERVICAL REGION	ONSET	08/25/2025
9	R73.03	PREDIABETES	ONSET	08/25/2025
10	I44.4	LEFT ANTERIOR FASCICULAR BLOCK	ONSET	08/25/2025
11	E78.01	FAMILIAL HYPERCHOLESTEROLEMIA	ONSET	08/25/2025
12	E04.1	NONTOXIC SINGLE THYROID NODULE	ONSET	08/25/2025
13	K58.1	IRRITABLE BOWEL SYNDROME WITH CONSTIPATION	ONSET	08/25/2025
14	K58.0	IRRITABLE BOWEL SYNDROME WITH DIARRHEA	ONSET	08/25/2025
15	N31.9	NEUROMUSCULAR DYSFUNCTION OF BLADDER, UNSPECIFIED	ONSET	08/25/2025
16	N40.1	BENIGN PROSTATIC HYPERPLASIA WTH LOWER URINARY TRACT SYMP	ONSET	08/25/2025
17	N13.8	OTHER OBSTRUCTIVE AND REFLUX UROPATHY	ONSET	08/25/2025
18	F41.9	ANXIETY DISORDER, UNSPECIFIED	ONSET	08/25/2025
19	D50.9	IRON DEFICIENCY ANEMIA, UNSPECIFIED	ONSET	08/25/2025
20	L29.9	PRURITUS, UNSPECIFIED	ONSET	08/25/2025
21	Z79.899	OTHER LONG TERM (CURRENT) DRUG THERAPY	ONSET	08/25/2025
22	Z87.442	PERSONAL HISTORY OF URINARY CALCULI	ONSET	08/25/2025
23	Z87.891	PERSONAL HISTORY OF NICOTINE DEPENDENCE	ONSET	08/25/2025
24	Z98.1	ARTHRODESIS STATUS	ONSET	08/25/2025

Frequency/Duration of Visits:

SN 2WK1,1WK5  
PT 1WK1  
OT 1WK1

Orders of Discipline and Treatments:

SKILLED NURSE TO EVALUATE AND DEVELOP PLAN OF CARE TO BE COUNTERSIGNED BY PHYSICIAN/NPP. SKILLED NURSE TO ASSESS/EVALUATE CO-MORBID CONDITIONS LISTED IN THE PLAN OF CARE AND OTHER CONDITIONS THAT PRESENT THEMSELVES DURING THE COURSE OF THIS EPISODE TO IDENTIFY CHANGES AND INTERVENE TO MINIMIZE COMPLICATIONS. SKILLED NURSE TO PERFORM AN ASSESSMENT VISIT AS NEEDED (PRN) FOR AN UNEXPECTED CHANGE IN CONDITION, HEALTH STATUS COMPLICATION, OR WHEN URGENT (NON-EMERGENT) NEEDS ARISE AND REPORT FINDINGS TO THE PROVIDER FOR FURTHER GUIDANCE. SKILLED INTERVENTIONS AND GOALS WITHIN THE PLAN OF CARE ARE INCORPORATED TO REDUCE THE CLIENT'S RISK FOR EMERGENCY DEPARTMENT USE AND/OR HOSPITALIZATION. ALL ORDERED DISCIPLINES TO ASSESS FOR VULNERABILITY CHANGES AND NOTIFY PHYSICIAN/NPP AND/OR REFER TO MAARC/COMMON ENTRY POINT FOR MALTREATMENT CONCERN AS APPROPRIATE.

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. I further certify that this patient had a Face-to-Face Encounter performed by a physician or allowed non-physician practitioner that was related to the primary reason the patient requires Home Health services on 08/23/2025.

Attending Physician's Signature and Date Signed

Leif Olson 9/3/2025

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. 9XA8QM7HW46	SOC Date 8/25/2025	Certification Period 8/25/2025 to 10/23/2025	Medical Record No. 00800005202201	Provider No. 248056
Patient's Name ROGER CARON		Provider's Name ADARA HOME HEALTH INC		

**Orders of Discipline and Treatments:**

SITUATION/SUBJECTIVE: DISCHARGED FROM ST CLOUD HOSPITAL DUE TO SURGERY TO NECK REGION TO HOME FOR HOME CARE SERVICES FOR SN TO MONITOR/MANAGE INCISIONAL SITE OF NECK AND PERFORM MENTAL/GENERAL HEALTH ASSESSMENTS; PTOT TO EVAL AND TREAT. <<<PRIMARY FOCUS OF CARE>>>: ENCTR FOR SURGICAL AFTER FOL SURGERY ON THE NERVOUS SYS(BACKGROUND/COMORBIDITIES): CHRONIC PROSTATITIS WITHOUT HEMATURIA, INCOMPLETE BLADDER EMPTYING, IMPOTENCE, IRRITABLE BOWEL SYNDROME, BENIGN PROSTATIC HYPERPLASIA WITHOUT LOWER URINARY TACT SYMPTOMS, SUSPECTED SLEEP APNEA, PRIMARY HYPERTENSION, NEUROGENIC BLADDER, CHRONIC FATIGUE, ANXIETY, ESSENTIAL FAMILIAL HYPERCHOLESTEROLEMIA, CERVICAL PAIN SYNDROME. LIVES WITH WIFE AND DAUGHTER IS CURRENTLY STAYING WITH CLIENT/WIFE. (OVERALL ASSESSMENT SUMMARY): UPON ENTERING NOTED CLIENT AMBULATING VIA 4WW, CLIENT DID NOT USE 4WW PRIOR TO RECENT SURGERY. GAIT WNL, VERY SLOW AND UNSTEADY, ALOX3, COOPERATIVE/PARTICIPATED IN ASSESSMENTS, DECREASED ENERGY DAILY AND DEPRESSED SOMETIMES. LS CLEAR IN ALL LUNG FIELDS, R=18, REGULAR, UNLABORED, NO C/O OR NOTED SOB WITH ACTIVITY/AMBULATION/AT REST. CLIENT HAS BEEN SELF CATHING FOR 6-7 YEARS. INCONTINENT OF BM DUE TO IRRITABLE BOWEL SYNDROME. APPETITE 'GOOD' PER WIFE. NOTED INCISIONAL SITE TO NECK: MEASUREMENTS: 15 CM IN LENGTH WITH 10 STERI STRIPS PATENT AND INTACT. NOTED NECK BRACE PATENT AND INTACT. APPLIED NONADHERENT DRESSINGS WITH TAPE OVER INCISIONAL SITE FOR COMFORT. NO SIGS OF INFECTION/DRAINAGE NOTED AT INCISIONAL SITE. CHANGED OUT PADS ON NECK BRACE. NO C/O OR NOTED ABRASIONS, HEMATOMAS, PRESSURE ULCERS OR RASH AT TIME OF SOC. C/O 'PAIN' IN NECK AND SHOULDER BLADES', RATED 8/10 WITH MOVEMENT AND 'NOT IN COMFORTABLE POSITION' PAIN ELEVATED WHEN IN 'COMFORTABLE POSITION', ORAL MEDICATIONS AND ICE. DESCRIBED AS 'SHOOTING, ACHING'. SKIN=15, NUTRITION=5, FALLS=7, BIMS=15, HOMEBOUND DUE TO FATIGUE, TAXING, USE OF ASSISTIVE DEVICE, ASSIST X1 TO LEAVE HOME. RISK FOR FALLS DUE TO NOT USE 4WW BEFORE RECENT SURGERY, HX OF FALLS. POTENTIAL FOR HOSPITALIZATION DUE TO INFECTION, SEPSIS, DVT, PE, UNCONTROLLED PAIN. (RECOMMENDATIONS): ADMIT TO ADARA HOME HEALTH CARE SERVICES FOR SN TO MONITOR/MANAGE INCISIONAL SITE OF NECK AND PERFORM MENTAL/GENERAL HEALTH ASSESSMENTS 2X1 THEN 1X5. PTOT TO EVAL AND TREAT. PROPER PROCEDURE TO WASH HANDS. FOLLOW PHYSICIANS' ORDERS FOR MEDICATIONS/TREATMENTS. USE ASSISTIVE DEVICE WITH ALL AMBULATION. WEAR NECK BRACE PER PHYSICIAN'S ORDERS. DIET HIGH IN PROTEIN. PROTEIN ENRICH FOODS. LEAFLETS: MEDICATIONS, FALLS, PAIN, HEART DISEASE, URINARY, INFECTION, WOUND. GRAB BAR AT SIDE OF BED.

<FUNCTIONAL ABILITY/LIMITATIONS>: AMBULATES VIA 4WW, DID NOT USE 4WW PRIOR TO RECENT SURGERY. GAIT VERY SLOW AND UNSTEADY. SELF CATH FOR PAST 6-7 YEARS. PAIN WITH AMBULATION/CERTAIN POSITIONS, NECK BRACE, ONLY REMOVES NECK BRACE TO CHANGE BRACE PADS. STERI STRIPS X10 PATENT AND INTACT. <GROOMING>: SUBSTANTIAL<UPPER/LOWER BODY DRESSING>: UPPER/LOWER SUBSTANTIAL<BATHING>: SUBSTANTIAL<TRANSFERS>: PARTIAL<TOILET TRANSFERS>: PARTIAL<AMBULATION>: PARTIAL.

ALL DISCIPLINES TO TEACH/REINFORCE ACTIONS TO TAKE TO REDUCE SELF-ABUSE VULNERABILITY.

ALL DISCIPLINES TO TEACH/REINFORCE ACTIONS TO TAKE TO SELF-MANAGE MEDICAL NEEDS TO REDUCE VULNERABILITY.

SKILLED NURSE TO TEACH/REINFORCE ACTIONS TO TAKE FOR SELF-MANAGEMENT OF PERSONAL SAFETY TO REDUCE VULNERABILITY.

SKILLED NURSE TO TEACH HEALTHY DIETARY PRACTICES TO IMPROVE OR MAINTAIN OPTIMAL NUTRITION.

SKILLED NURSE TO TEACH/REINFORCE ACTIONS TO TAKE TO MANAGE/DECREASE ANXIETY.

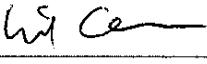
SKILLED ASSESSMENT TO EVALUATE PATIENT FOR MALADAPTIVE OR NONCOMPLIANT BEHAVIORS. ASSESS FOR POTENTIAL NEED FOR REFERRAL TO A PROVIDER FOR COUNSELING/ASSISTANCE WITH MANAGING BEHAVIORS. PROVIDE SKILLED TEACHING TO PROMOTE PERSONAL SAFETY, REDUCE MALADAPTIVE BEHAVIORS, AND IMPROVE DAILY HEALTH PRACTICES. REPORT SIGNIFICANT CONCERN IN BEHAVIORS TO PHYSICIAN/NPP FOR INTERVENTION.

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.

OCCUPATIONAL THERAPIST TO EVALUATE FOR OT SERVICES AND DEVELOP PLAN OF CARE FOR PHYSICIAN SIGNATURE TO INCLUDE PHYSICAL AND PSYCHOSOCIAL TEST RESULTS, ESTABLISHMENT OF A PLAN OF TREATMENT, REHABILITATION GOALS, AND EVALUATING THE HOME ENVIRONMENT FOR ACCESSIBILITY AND SAFETY AND RECOMMENDING MODIFICATION. THERAPIST MAY PERFORM O2 SATURATION LEVEL AT EVALUATION VISIT AND PRN FOR SIGNS AND/OR SYMPTOMS OF POSSIBLE RESPIRATORY COMPLICATIONS OR WITH O2 USE.

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 AND EDUCATE ON ALL SPECIAL PRECAUTIONS AS INDICATED, INCLUDING BUT NOT LIMITED TO HYPOTENSION, WEAKNESS, SEDATION

SKILLED NURSE TO PERFORM MEDICATION ASSESSMENT AND TEACHING RELATED TO HIGH RISK MEDICATIONS INCLUDING OXYCODONE WITH ADVERSE EVENTS INCLUDING, BUT NOT LIMITED TO HYPOTENSION, SEDATION, WEAKNESS

Signature of Physician 	Date 9/3/25
Optional Name/Signature Of KARI PAREDES, RN / NICKY CLARK SVEN RN	Date 8/25/2025

Patient's Medicare No. 9XA8QM7HW46	SOC Date 8/25/2025	Certification Period 8/25/2025 to 10/23/2025	Medical Record No. 00800005202201	Provider No. 248056
Patient's Name ROGER CARON	Provider's Name ADARA HOME HEALTH INC			

**Orders of Discipline and Treatments:**

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

SKILLED NURSE TO PROVIDE SKILLED TEACHING/REINFORCEMENT OF MANAGEMENT OF HYPERTENSION.

SKILLED NURSE FOR OBSERVATION/ASSESSMENT OF GASTROINTESTINAL STATUS AND TO INTERVENE TO MINIMIZE COMPLICATIONS. SKILLED NURSE TO PROVIDE SKILLED TEACHING/REINFORCEMENT RELATED TO ALTERED GASTROINTESTINAL STATUS INCLUDING PATHOPHYSIOLOGY, NUTRITIONAL REQUIREMENTS, AND MEDICATION REGIMEN.

SKILLED NURSE TO PERFORM OBSERVATION/ASSESSMENT OF GENITOURINARY STATUS AND INTERVENE TO MINIMIZE COMPLICATIONS OF DISEASE PROCESS. SKILLED NURSE TO PROVIDE INSTRUCTION REGARDING MANAGEMENT OF DISEASE PROCESS, INCLUDING PATHOPHYSIOLOGY, NUTRITIONAL/FLUID REQUIREMENTS AND MEDICATION REGIMEN.

SKILLED NURSE TO INSTRUCT PATIENT / CAREGIVER ON INTERMITTENT CATHETERIZATION TO BE DONE, SIGNS / SYMPTOMS OF INFECTIONS/COMPLICATIONS, AND PROPER PERINEAL CARE.

SKILLED NURSE TO PERFORM/TEACH WOUND CARE TO POSTERIOR NECK - MAY COVER WITH DRESSING FOR PADDING. USING CLEAN/ASEPTIC TECHNIQUE. CHANGE PADS ON NECK BRACE DAILY AND PRN.

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 TO OBSERVE AND ASSESS MENTAL ILLNESS, PERSONALITY, AND/OR PSYCHOSOCIAL DISORDER(S) STATUS. IDENTIFY THERAPEUTIC COMMUNICATION TECHNIQUE, INTERVENE TO MINIMIZE COMPLICATIONS, AND PROMOTE UTILIZATION OF APPROPRIATE SUPPORT SERVICES INCLUDING MENTAL HEALTH RESOURCES SUCH AS THE SUICIDE AND MENTAL HEALTH CRISIS LIFELINE: TEXT OR CALL 988 OR TEXT "MN" TO 741741. FOR NON-EMERGENCY MENTAL HEALTH RESOURCES CONTACT THE MINNESOTA WARMLINES 651-288-0400 OR TEXT "SUPPORT" TO 85511. PROVIDE SKILLED TEACHING RELATED TO ANXIETY INCLUDING PATHOPHYSIOLOGY AND MANAGEMENT OF MALADAPTIVE BEHAVIOR, INEFFECTIVE COPING, DEPRESSIVE SYMPTOMS, ANXIETY, SUICIDE RISK, SELF DIRECTED HARM, SOCIAL ISOLATION, AND SLEEP DISTURBANCES.

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

PHYSICIAN/NPP HAS REVIEWED AND INCORPORATED THE HHA'S ASSESSMENT AND THIS POC INTO THEIR MEDICAL RECORD. THE LICENSED PROFESSIONAL WHOSE SIGNATURE APPEARS ON THIS POC ATTESTS THAT THE PHYSICIAN'S ORDERS WERE RECEIVED ON 8/25/2025.

LICENSED PROFESSIONAL TO REPORT VITAL SIGNS FALLING OUTSIDE THE FOLLOWING ESTABLISHED PARAMETERS. TEMP<95>100.5 PULSE<50>100 RESP<12>29 SYSTOLICBP<85>150 DIASTOLICBP<50>90 O2SAT<90

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

A PLAN OF CARE WILL BE ESTABLISHED THAT MEETS THE PATIENT'S NURSING NEEDS AND ORDERED BY PHYSICIAN/NPP. ALL GOALS TO BE MET BY END OF CURRENTLY APPROVED PLAN OF CARE. VULNERABILITY CHANGES/CONCERNs WILL BE ASSESSED AND REPORTED APPROPRIATELY.

CLIENT/CAREGIVER WILL DEMONSTRATE/VERBALIZE THE APPROPRIATE STEPS TO REDUCE SELF-ABUSE VULNERABILITY.

CLIENT/CAREGIVER WILL DEMONSTRATE/VERBALIZE THE APPROPRIATE STEPS FOR SELF-MANAGEMENT OF MEDICAL NEEDS TO REDUCE VULNERABILITY.

CLIENT/CAREGIVER WILL DEMONSTRATE/VERBALIZE THE APPROPRIATE STEPS FOR SELF-MANAGEMENT OF PERSONAL SAFETY TO REDUCE VULNERABILITY.

CLIENT/CAREGIVER WILL DEMONSTRATE/VERBALIZE UNDERSTANDING OF THE ACTIONS TO TAKE TO ACHIEVE AND MAINTAIN ADEQUATE NUTRITIONAL STATUS TO MAINTAIN WELL BEING.

CLIENT/CAREGIVER WILL DEMONSTRATE KNOWLEDGE RETENTION RELATED TO ACTIONS TO TAKE TO MANAGE ANXIETY.

PATIENT WILL DEMONSTRATE EFFECTIVE MANAGEMENT OF MALADAPTIVE BEHAVIORS AS EVIDENCED BY VERBALIZATION AND DEMONSTRATION OF ACTIONS THAT PROMOTE PERSONAL SAFETY AND IMPROVE DAILY HEALTH PRACTICES.

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.

AN OCCUPATIONAL THERAPY EVALUATION WILL BE COMPLETED AND A PLAN OF CARE WILL BE ESTABLISHED FOR THE PHYSICIAN'S SIGNATURE FOR THE ENHANCEMENT OF THE PATIENT'S REHABILITATION POTENTIAL, AND ELIMINATION OF SAFETY HAZARDS TO INCREASE FUNCTIONAL INDEPENDENCE.

Signature of Physician



Date 8/31/25

Optional Name/Signature Of

KARI PAREDES, RN / NICKY CLARK SVEN RN

Date 8/25/2025

Patient's Medicare No. 9XA8QM7HW46	SOC Date 8/25/2025	Certification Period 8/25/2025 to 10/23/2025	Medical Record No. 00800005202201	Provider No. 248056
Patient's Name ROGER CARON	Provider's Name ADARA HOME HEALTH INC			

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

PATIENT WILL DEMONSTRATE COMPLIANCE WITH MEDICATIONS AS PRESCRIBED. PATIENT/CAREGIVER WILL VERBALIZE/DEMONSTRATE UNDERSTANDING OF MEDICATION SCHEDULE, PURPOSE, SIDE EFFECTS AND ANY SPECIAL PRECAUTIONS RELATED TO MEDICATION REGIMENT BY EOE

PATIENT/CAREGIVER WILL DEMONSTRATE COMPLIANCE WITH CURRENT HIGH RISK MEDICATIONS. PATIENT/CAREGIVER WILL VERBALIZE UNDERSTANDING OF THE HIGH RISK MEDICATION SCHEDULE, PURPOSE, SIDE EFFECTS, AND ANY SPECIAL PRECAUTIONS RELATED TO MEDICATION REGIMENT BY EOE

CARDIOVASCULAR EXACERBATIONS WILL BE IDENTIFIED PROMPTLY AND INTERVENTIONS INITIATED TO MINIMIZE RISKS.

PATIENT/CAREGIVER WILL VERBALIZE/DEMONSTRATE AN ABILITY TO MANAGE CARDIOVASCULAR DISEASE AS EVIDENCED BY NO UNPLANNED HOSPITALIZATIONS BY EOE. ABNORMAL O2 SATURATION LEVELS WILL BE REPORTED TO PHYSICIAN.

PATIENT/CAREGIVER VERBALIZE/DEMONSTRATE ABILITY TO MANAGE HYPERTENSION AS EVIDENCED BY BLOOD PRESSURE READINGS CONSISTENTLY WITHIN PHYSICIAN APPROVED PARAMETERS BY EOE.

GASTROINTESTINAL STATUS WILL BE EVALUATED AND EXACERBATIONS IDENTIFIED WITH INTERVENTIONS IMPLEMENTED TO MINIMIZE COMPLICATIONS. PATIENT/CAREGIVER WILL VERBALIZE/DEMONSTRATE ABILITY MANAGE GASTROINTESTINAL DISEASE AS EVIDENCED BY DECREASED SYMPTOMS AND NO UNPLANNED HOSPITALIZATIONS BY EOE

GENITOURINARY SYSTEM WILL BE EVALUATED AND EXACERBATIONS IDENTIFIED WITH INTERVENTIONS IMPLEMENTED TO MINIMIZE COMPLICATIONS. PATIENT/CAREGIVER WILL VERBALIZE/DEMONSTRATE ABILITY MANAGE GENITOURINARY DISEASE AS EVIDENCED BY DECREASED SYMPTOMS AND NO UNPLANNED HOSPITALIZATIONS BY EOE

PATIENT / CAREGIVER WILL VERBALIZE/DEMONSTRATE REQUIRED KNOWLEDGE TO MANAGE ADEQUATE INTERMITTENT CATHETERIZATIONS EVIDENCED BY CONSISTENT RETURN DEMONSTRATIONS USING PROPER TECHNIQUE AND WILL BE ABLE TO VERBALIZE SIGNS AND SYMPTOMS OF URINARY TRACT INFECTION BY EOE.

PATIENT / CAREGIVER WILL VERBALIZE/DEMONSTRATE ABILITY TO PERFORM WOUND CARE. WOUND STATUS WILL IMPROVE AS EVIDENCED BY A DECREASE IN SIZE, DRAINAGE, ABSENCE OF INFECTION, AND DECREASED PAIN BY EOE

PATIENT WILL DEMONSTRATE/VERBALIZE KNOWLEDGE OF INTERVENTIONS TO PREVENT FALLS AND SAFETY HAZARDS AS EVIDENCED BY NO FALLS BY EOE

CHANGES IN MENTAL ILLNESS, PERSONALITY, AND/OR PSYCHOSOCIAL DISORDER(S) STATUS WILL BE IDENTIFIED AND REPORTED TO THE PHYSICIAN/NPP FOR PROMPT INTERVENTION. PATIENT/CAREGIVER WILL VERBALIZE APPROPRIATE MEASURES TO PROMOTE SAFETY AND PREVENT INJURY TO SELF OR OTHERS BY EOE.

INCREASED PAIN OR INEFFECTIVE 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 AS EVIDENCED BY PAIN LEVEL BELOW 3/10 BY EOE

**Rehab Potential:**

FAIR TO ACHIEVE GOALS AS STATED BY EOE

**DC Plans:**

DISCHARGE PLANNED WHEN PATIENT CAN REMAIN HOME WITH CAREGIVER ASSIST, DISCHARGE PLANNED WHEN SKILLED CARE NO LONGER NEEDED, TO CAREGIVER, WOUND HEALED

**DME and Supplies:**

CATHETER SUPPLIES; DME-BRACE/SPLINT/WRAP/BINDER; DME-GRAB BARS; DME-RESPIRATORY SUPPLIES; DME-SHOWER/TUB/BATH SAFETY EQUIPMENT; DME-WALKER ; WOUNDCARE SUPPLIES

**Prognosis:**

GUARDED

**Functional Limitations:**

ENDURANCE; AMBULATION; ASSIST TO LEAVE HOME; ASSIST X 1 PERSON; BALANCE; GENERALIZED WEAKNESS; TRANSFERS; UNSTEADINESS ; WOUNDS; ANXIETY ; SHOULDER PAIN; MEDICATION MANAGEMENT ; NO BENDING, TWISTING, LIFTING OVER 15 LBS; FATIGUE ; SAFETY AWARENESS ; CERVICAL COLLAR ; DECREASED ROM; DECONDITIONING ; AMBULATION ON STAIRS; HIGH FALL RISK; NO DRIVING; HYPERTENSION ; PAIN WITH ACTIVITIES; AMBULATION WITH WALKER; ASSISTANCE X1 WITH BATHING AND IADLs; URINARY CATHETER (SELF CATHS)

**Safety Measures:**

ADEQUATE LIGHTING, CLEAN TECHNIQUE, CLEAR PATHWAYS, EMERGENCY PLAN, FALL RISK PRECAUTIONS, MED PRECAUTIONS, REMOVAL OF THROW RUGS, REMOVE CLUTTER, STANDARD PRECAUTIONS, SUPPORT WITH TRANSFERS, SURGICAL PRECAUTIONS, UNIVERSAL PRECAUTIONS, USE SIDE RAILS, INFECTION CONTROL

**Activities Permitted:**

UP AS TOLERATED; EXERCISES PRESCRIBED; INDEPENDENT AT HOME; WALKER

**Nutritional Requirements:**

ENCOURAGE FLUIDS, HIGH PROTEIN, REGULAR DIET, BOOST X1 BOTTLE DAILY

**Advance Directives:**

ADVANCE DIRECTIVE

**Mental Statuses:**

ORIENTED; ALERT; ANXIETY; APPROPRIATE FOR AGE; A&Ox3; CALM

Signature of Physician 	Date 7/1/25
Optional Name/Signature Of KARI PAREDES, RN / NICKY CLARK SVEN RN	Date 8/25/2025

Patient's Medicare No. 9XA8QM7HW46	SOC Date 8/25/2025	Certification Period 8/25/2025 to 10/23/2025	Medical Record No. 00800005202201	Provider No. 248056
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Patient's Name ROGER CARON	Provider's Name ADARA HOME HEALTH INC
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**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.

0 - ALERT/ORIENTED, ABLE TO FOCUS AND SHIFT ATTENTION, COMPREHENDS AND RECALLS TASK DIRECTIONS INDEPENDENTLY.

(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:

0 - NONE OF THE TIME

(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:**

(QM) (M1100B) PATIENT LIVES WITH OTHER PERSON(S) IN THE HOME: WHICH OF THE FOLLOWING BEST DESCRIBES THE PATIENT'S AVAILABILITY OF ASSISTANCE AT THEIR RESIDENCE?

06 - AROUND THE CLOCK

**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.)

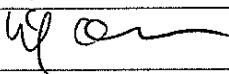
1 - HISTORY OF FALLS (2 OR MORE FALLS - OR ANY FALL WITH AN INJURY - IN THE PAST 12 MONTHS) || 7 - CURRENTLY TAKING 5 OR MORE MEDICATIONS || 8 - CURRENTLY REPORTS EXHAUSTION

**Allergies:**

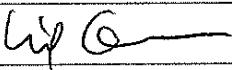
ACE INHIBITORS

**Medications:**

Medication/ Dose	Frequency	Route	Start Date/ End Date	DC Date	New/ Changed
AMLODIPINE 2.5 MG TABLET 2.5 mg	2 TIMES DAILY	ORAL			
<u>Instructions: TAKE 1 TABLET (2.5 MG) BY MOUTH IN THE MORNING AND TAKE 1 TABLET (2.5 MG) BY MOUTH IN THE EVENING. DX: PRIMARY HYPERTENSION WIFE ASSISTS WITH MEDICATION PRESCRIBED BY DR CHRISTOPHER REYNOLDS</u>					
ATORVASTATIN 20 MG TABLET 20 mg	EVERYAM	ORAL			
<u>Instructions: TAKE 1 TABLET (20 MG) BY MOUTH IN THE MORNING. DX: ESSENTIAL FAMILIAL HYPERCHOLESTEROLEMIA WIFE ASSISTS WITH MEDICATION PRESCRIBED BY DR LEIF OLSON</u>					
BACILLUS COAGULANS INULIN 250 MG 1 BILLIO 1 capsule	2 TIMES DAILY	BY MOUTH			
<u>Instructions: TAKE 1 CAPSULE BY MOUTH IN THE MORNING AND TAKE 1 CAPSULE BY MOUTH IN THE EVENING. DX: DIGESTIVE HEALTH WIFE ASSISTS WITH MEDICATION PRESCRIBED BY DR CHRISTOPHER REYNOLDS</u>					
BENEFIBER SUGAR FREE (DEXTRIN) 3 GRAM/4 GRAM ORAL POWDER ORAL 2g	2 TIMES DAILY				
<u>Instructions: TAKE 2 GRAMS BY MOUTH IN THE MORNING AND TAKE 2 GRAMS BY MOUTH IN THE EVENING. DX: BULK BM WIFE ASSISTS WITH MEDICATION PRESCRIBED BY DR CHRISTOPHER REYNOLDS</u>					
CETIRIZINE 10 MG TABLET 10 mg	2 TIMES DAILY	ORAL			
<u>Instructions: TAKE 1 TABLET (10 MG) BY MOUTH IN THE MORNING AND TAKE 1 TABLET (10 MG) BY MOUTH IN THE EVENING. DX: ALLERGY, HIVES WIFE ASSISTS WITH MEDICATION PRESCRIBED BY DR SHEPARD WARREN</u>					
CLINDAMYCIN 1 % LOTION Per instructions	EVERYAM	TOPICAL			
<u>Instructions: APPLY LOTION TO FACE, CHEST, AND BACK AFTER WASHING BENZOYL PEROXIDE WASH IN SHOWER EACH MORNING. DX: FOLICULITIS WIFE ASSISTS WITH MEDICATION PRESCRIBED BY DR LAUREL WESSMAN</u>					
CRANBERRY EXTRACT 400 MG 400 MG 400 mg	EVERYPM	BY MOUTH			
<u>Instructions: TAKE 1 CAPSULE (400 MG) BY MOUTH IN THE EVENING. DX: PREVENTION OF BLADDER INFECTION WIFE ASSISTS WITH MEDICATION PRESCRIBED BY DR CHRISTOPHER REYNOLDS</u>					

Signature of Physician 	Date 8/25/2025
Optional Name/Signature Of KARI PAREDES, RN / NICKY CLARK SVEN RN	Date 8/25/2025

Patient's Medicare No. 9XA8QM7HW46	SOC Date 8/25/2025	Certification Period 8/25/2025 to 10/23/2025	Medical Record No. 00800005202201	Provider No. 248056
Patient's Name ROGER CARON		Provider's Name ADARA HOME HEALTH INC		
Medication/ Dose	Frequency	Route	Start Date/ End Date	DC Date
DICYCLOMINE 20 MG TABLET 20 mg	DAILY/PRN	ORAL		New/ Changed
Instructions: TAKE 1 TABLET (20 MG) BY MOUTH DAILY AS NEEDED. DX: IRRITABLE BOWEL SYNDROME WIFE ASSISTS WITH MEDICATION PRESCRIBED BY DR CHRISTOPHER REYNOLDS				
FAMOTIDIINE 10 MG TABLET 10 mg	DAILY/PRN	ORAL		
Instructions: TAKE 1 TABLET (10 MG) BY MOUTH DAILY AS NEEDED. DX: HEARTBURN WIFE ASSISTS WITH MEDICATION PRESCRIBED BY DR CHRISTOPHER REYNOLDS				
FLUTICASONE PROPIONATE 50 MCG/ACTUATION NASAL SPRAY,SUSPENSION 1 spray	EVERYPM	NASAL		
Instructions: INHALE 1 SPRAY INTO EACH NOSTRIL IN THE EVENING. DX: NASAL CONGESTION WIFE ASSISTS WITH MEDICATION PRESCRIBED BY DR WARREN SHEPARD.				
GLUCOSAMINE CHONDROITIN MAXIMUM STRENGTH 500 MG-400 MG ORAL CAPSULE 1 capsule	2 TIMES DAILY	ORAL		
Instructions: TAKE 1 CAPSULE BY MOUTH IN THE MORNING AND TAKE 1 CAPSULE BY MOUTH IN THE EVENING. DX: WIFE ASSISTS WITH MEDICATION PRESCRIBED BY DR CHRISTOPHER REYNOLDS				
LOSARTAN 100 MG TABLET 100 mg	EVERYAM	ORAL		Changed
Instructions: TAKE 1 TABLET (100 MG) BY MOUTH IN THE MORNING. DX: PRIMARY HYPERTENSION WIFE ASSISTS WITH MEDICATION PRESCRIBED BY DR WARREN SHEPARD				
METHOCARBAMOL 750 MG TABLET 1500 mg	3 TIMES DAILY/PRN	ORAL		New
Instructions: TAKE 2 TABLETS (1500 MG) BY MOUTH IN THE MORNING, TAKE 2 TABLETS (1500 MG) BY MOUTH AT NOON AND TAKE 2 TABLETS (1500 MG) BY MOUTH IN THE EVENING. DX: MUSCLE SPASMS WIFE ASSISTS WITH MEDICATION PRESCRIBED BY DR CARLY GERDING				
MULTIVITAMIN TABLET 1 tablet	EVERYAM	ORAL		
Instructions: TAKE 1 TABLET BY MOUTH IN THE MORNING. DX: SUPPLEMENT WIFE ASSISTS WITH MEDICATION PRESCRIBED BY DR CHRISTOPHER REYNOLDS				
OXYCODONE 5 MG TABLET 5 mg	EVERY 4 HOURS/PRN	ORAL		New
Instructions: TAKE 1 TABLET (5 MG) BY MOUTH EVERY 4 HOURS AS NEEDED FOR MODERATE PAIN. TAKE 1-2 (5-10 MG) TABLETS EVERY 4 HOURS AS NEEDED MAXIMUM DAILY AMOUNT OF 30 MG. DX: STATUS POST CERVICAL/SPINAL FUSION WIFE ASSISTS WITH MEDICATION PRESCRIBED BY CARLY GERDING				
PREPARATION H MAXIMUM STRENGTH 0.25 %-1 % RECTAL CREAM Per instructions	EVERYAM	RECTAL		
Instructions: APPLY CREAM RECTALLY IN THE MORNING. DX: HEMORRHOIDS WIFE ASSISTS WITH MEDICATION PRESCRIBED BY DR CHRISTOPHER REYNOLDS				
TRIAMCINOLONE ACETONIDE 0.1 % TOPICAL CREAM Per instructions	2 TIMES DAILY	TOPICAL		
Instructions: APPLY CREAM TO AFFECTED AREA(S) IN THE MORNING AND APPLY CREAM TO AFFECTED AREA(S) IN THE EVENING. AVOID FACE, GROIN, AND ARMPIT. APPLY TO RED, SCALY, ITCHY AREAS FOR NO LONGER THAN 21 DAYS OR 28 DAYS EACH MONTH. DX: DERMATITIS WIFE ASSISTS WITH MEDICATION PRESCRIBED BY DR LAUREL WESSMAN				

Signature of Physician		Date 8/13/25
Optional Name/Signature Of KARI PAREDES, RN / NICKY CLARK SVEN RN		Date 8/25/2025



Patient's Medicare No. 9XA8QM7HW46	SOC Date 8/25/2025	Certification Period 8/25/2025 to 10/23/2025	Medical Record No. 00800005202201	Provider No. 248056
Patient's Name ROGER CARON		Provider's Name ADARA HOME HEALTH INC		

**Supporting Documentation for Home Health Eligibility:**

THE PATIENT IS CONSIDERED HOMEBOUND/CONFINED TO HOME BECAUSE: (MARK ALL THAT APPLY)

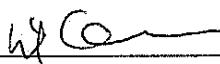
ASSISTANCE OF ANOTHER PERSON IN ORDER TO LEAVE PLACE OF RESIDENCE - LEVEL 1, BECAUSE OF ILLNESS OR INJURY, PATIENT NEEDS AID OF SUPPORTIVE DEVICES - WALKER - LEVEL 1

DUE TO ILLNESS, INJURY, FUNCTIONAL IMPAIRMENT, AND/OR ACTIVITY LIMITATION THE PATIENT IS LIMITED FROM LEAVING HOME RELATED TO:

AMBULATION IS UNSTEADY AND UNSAFE, BECOMES FATIGUED AND MUST REST AFTER AMBULATING SHORT DISTANCES, EXPERIENCES PAIN WHICH IMPACTS THEIR ABILITY TO LEAVE THE HOME SAFELY, UNABLE TO NEGOTIATE STAIRS SAFELY, UNABLE TO SAFELY LEAVE HOME UNATTENDED

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

YES

Signature of Physician 	Date 8/3/25
Optional Name/Signature Of KARI PAREDES, RN / NICKY CLARK SVIEN RN	Date 8/25/2025