Department of Health and Human Services
Centers for Medicare & Medicaid Services

Form Approved
OMB No. 0938-0357

HOME HEALTH CERTIFICATION AND PLAN OF CARE

1. Patient's HI Claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
DEMO-NOT-FOR-BILLING	10/20/2026	From: 10/20/2026 To: 12/18/2026	CB-POC-002	DEMO-ONLY

6. Patient's Name and Address

Evelyn Carter
120 Example Lane, Apt 3B
New York, NY 10001

7. Provider's Name, Address and Telephone Number

CareBridge RN - demonstration provider
200 Example Avenue, New York, NY 10001
(212) 555-0154

8. Date of Birth 04/12/1948

9. Sex ☐ M ☒ F

11. ICD	Principal Diagnosis	Date
M17.11	Right knee osteoarthritis	10/20/26
12. ICD	**Surgical Procedure**	**Date**
N/A	No surgical procedure reported	N/A
13. ICD	**Other Pertinent Diagnoses**	**Date**
I10	Essential hypertension	10/20/26

10. Medications: Dose/Frequency/Route (N)ew (C)hanged

Amlodipine 5 mg orally once daily.
Acetaminophen 500 mg orally every 8 hours as needed for knee pain.

New / changed: neither; existing demonstration regimen.
See continuation for medication assistance.

14. DME and Supplies

Walker, grab bars, shower chair.

15. Safety Measures

Fall prevention; safe transfers; medication safety.

16. Nutritional Req. Low sodium; regular texture.

17. Allergies No known allergies reported.

18.A. Functional Limitations

1 ☐ Amputation
2 ☐ Bowel/Bladder (Incontinance)
3 ☐ Contracture
4 ☐ Hearing
5 ☐ Paralysis
6 ☐ Endurance
7 ☒ Ambulation
8 ☐ Speech
9 ☐ Legally Blind
A ☐ Dyspnea With Minimal Exertion
B ☐ Other (Specify)

18.B. Activities Permitted

1 ☐ Complete Bedrest
2 ☐ Bedrest BRP
3 ☒ Up As Tolerated
4 ☒ Transfer Bed/Chair
5 ☐ Exercises Prescribed
6 ☐ Partial Weight Bearing
7 ☐ Independent At Home
8 ☐ Crutches
9 ☐ Cane
A ☐ Wheelchair
B ☒ Walker
C ☐ No Restrictions
D ☐ Other (Specify)

19. Mental Status

1 ☒ Oriented
2 ☐ Comatose
3 ☐ Forgetful
4 ☐ Depressed
5 ☐ Disoriented
6 ☐ Lethargic
7 ☐ Agitated
8 ☐ Other

20. Prognosis

1 ☐ Poor
2 ☐ Guarded
3 ☐ Fair
4 ☒ Good
5 ☐ Excellent

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

Demonstration care plan only; no physician order has been issued.
PCA assistance Monday-Friday, 9 AM-12 PM, for the certification period shown.
Assist with lower-body dressing, meal preparation, household tasks and safe ambulation with walker.
Provide medication reminders only; patient self-administers.
Observe and report changes in function, pain, skin integrity or mental status to the RN.
See continuation item 21 for additional detail.

22. Goals/Rehabilitation Potential/Discharge Plans

Maintain safe mobility and personal care; demonstrate walker safety and symptom reporting.
Reassess assistance needs before the end of the certification period. See continuation item 22.

23. Nurse's Signature and Date of Verbal SOC Where Applicable:

Taylor Reed, RN - unsigned; no verbal SOC order received.

25. Date of HHA Received Signed POT

Not received - unsigned

24. Physician's Name and Address

Jordan Ellis, MD (demonstration identity)
300 Example Avenue, New York, NY 10001

26. 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 services on this plan of care and will periodically review the plan.

27. Attending Physician's Signature and Date Signed

28. 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.

Form CMS-485 (C-3) (12-14) (Formerly HCFA-485) (Print Aligned)

ALL CARE
2227 Westchester Ave., Bronx, NY 10462
(646) 661-2500

ALL CARE
LIVING ASSISTANCE SERVICES

Home Care Addendum

ADDENDUM TO: PLAN OF TREATMENT / MEDICAL UPDATE: NO

PATIENT	DATE OF BIRTH	GENDER	LANGUAGE	PHONE	ALT PHONE
Evelyn Carter	**04/12/1948**	**Female**	**English**	(212) 555-0152	(212) 555-0153

HOME ADDRESS 120 Example Lane, Apt 3B, New York, NY 10001

PRIORITY Routine

TAL / TRANSPORT Walker; standby assistance

1. HI claim number	DEMO-NOT-FOR-BILLING
2. Start of care	10/20/2026
3. Certification period	10/20/2026 - 12/18/2026
4. Medical record number	CB-POC-002
5. Provider number	DEMO-ONLY
6. Patient name	Evelyn Carter
7. Provider name	CareBridge RN - demonstration provider
8. Item number / additional information	Continuation entries below
10. Medication assistance	Patient self-administers; aide gives reminders only. No new or changed medications in this demonstration record.
13. Other diagnoses	I10 - Essential hypertension; recorded 10/20/2026.
15. Safety measures	Fall precautions, clear pathways, walker within reach, standby assistance for transfers, hand hygiene, skin observation and accessible emergency contacts.
17. Allergies	No known medication, food or environmental allergies reported.
21. Discipline and treatment	PCA assistance: five visits weekly, three hours per visit. Support dressing, meal preparation, errands and household tasks. No lift, oxygen or catheter care required. This record does not constitute signed treatment orders.
22. Goals and discharge plan	Maintain safe household mobility and adequate personal care. Patient describes safe walker use and when to report changes. Review progress and ongoing support needs with the treating clinician before the certification period ends.