Home Health Certification and Plan of Care

Order ID: 179/11869

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
1DE8NE2EE09	08/25/2025	From: 08/25/2025 To: 10/23/2025	SOCSNPTOTEVAL0001	242353

6. Patient's Name and Address
MARQUIS KING
2039 MANGROVE AVE,
MUNDELEIN, IL 60060
999-999-9999

7. Provider's Name, Address and Telephone Number
Home Health Cares
579# EAST MARKET@STREETS
HARRISONBURG, VA 22801-1234
540-433-7146
1234567891

8. DOB 08/25/1965 | **9.Sex** Male

10. Medications: Dose/Frequency/Route (N)ew (C)hanged
Simvastatin - Simvastatin 40 mg 1 TAB 20 MG ORAL TABLET by mouth once a day
Metformin - Metformin Hydrochloride 1 TAB 20 MG ORAL TABLET by mouth once a day

11. ICD	Principal Diagnosis	Date
I10.	Essential (primary) hypertension	08/25/25

13. ICD	Other Pertinent Diagnoses	Date
E11.9	Type 2 diabetes mellitus without complications	08/25/25
Z74.01	Bed confinement status	08/25/25
Z79.01	Long term (current) use of anticoagulants	08/25/25

14. DME and Supplies:
None of the above

15. Safety Measures:
diabetic precautions, cardiac precautions

16. Nutrition:
diabetic, cardiac diet

17. Allergies:
no known allergies

18.A. Functional Limitations
None of the above

18.B. Activities Permitted
None of the above

19. Mental & Pyschosocial Status: COGNITION: 1. Requires prompting (cuing, repetition, reminders) only under stressful or unfamiliar conditions., ANXIETY: 1. In new or complex situations only, SOCIAL ISOLATION: 0. Never, BEHAVIORAL ISSUES: 7. None of the above behaviors demonstrated, HISTORY OF DEPRESSION: No

20. Prognosis: fair

22. A Rehabilitation Potential:
SELF-CARE: 3. Independent - Patient completed all the activities by him/herself, with or without an assistive device, with no assistance from a helper., MOBILITY: 3. Independent - Patient completed all the activities by him/herself, with or without an assistive device, with no assistance from a helper.

22.B.Discharge Plans
family/caregiver will be responsible for managing treatment

Homebound status: medical condition could get worse if patient leaves home

Clinical Condition Requiring Homecare: DIABETES AND HYPERTENSION

SN Careplans

SN WK1: 3 (08/25/25-08/30/25)

PARAMETERS FOR PHYSICIAN NOTIFICATION: temperature < 98 > 99, heart rate < 50 > 80, respiratory rate < 8 > 15, blood pressure systolic < 100 > 150, blood pressure diastolic < 50 > 100, O2 saturation < 98 > 101, pain < 0 > 5

CAREGIVER: 1. Non-agency caregiver(s) currently provide assistance

HOSPITALIZATION RISKS: 10. None of the above

STANDING ORDERS: infection control: hygiene, proper hand washing; advance directive: plan if patient is unable to make healthcare decisions ; fall precautions: wear sensible shoes, remove home hazards, living space adequately lit, assistive devices prn; emergency preparedness: plan for prn evacuation, resumption of home health visits
Advance Directive:No Advance Directive

PROBLEMS IDENTIFIED ON ASSESSMENT: M2020 - Oral Med Management, M1400 - Dyspnea, abnormal blood pressure

PROCEDURES: cough/deep breathing exercises, incentive spirometer

TEACH PATIENT/CAREGIVER: * how to take the patient's blood pressure record the reading, related medication(s) purpose, schedule, * lifestyle modifications to manage respiratory condition including diet changes and regular exercise strategies to control shortness of breath home remedies to keep lungs healthy, related medication(s) purpose, schedule, * strict adherence to physician orders for administration avoiding activities that create unnecessary risk for injury monitoring for prolonged bleeding from cuts, blood in urine or stool, or unusual bruising for warfarin, limiting foods high in Vitamin K, such as leafy green vegetables, patient self-administers medications as prescribed, related medication(s) purpose, schedule, caregiver, how to inspect regularly for gaps where patient can become trapped between the mattress, rail, or bed frame ensure the top of the bed rail is at least 4 inches (100mm) above the mattress to avoid using bed rails with a soft mattress to decrease entrapment risk

SN Goals

PATIENT-STATED GOAL: TEST

GOALS
patient/caregiver recalls
* how to take the patient's blood pressure
* record the reading
* recalls related medication(s) purpose, schedule

patient/caregiver recalls
* lifestyle modifications to manage respiratory condition including
* diet changes and regular exercise
* strategies to control shortness of breath
* home remedies to keep lungs healthy
* recalls related medication(s) purpose, schedule

caregiver recalls how to
* inspect regularly for gaps where patient can become trapped between the mattress, rail, or bed frame
* ensure the top of the bed rail is at least 4 inches (100mm) above the mattress
* to avoid using bed rails with a soft mattress to decrease entrapment risk

patient self-administers medications as prescribed
* recalls related medication(s) purpose, schedule

patient/caregiver recalls
* strict adherence to physician orders for administration
* avoiding activities that create unnecessary risk for injury
* monitoring for prolonged bleeding from cuts, blood in urine or stool, or unusual bruising
* for warfarin, limiting foods high in Vitamin K, such as leafy green vegetables

PT Careplans

PT WK1: 3 (08/25/25-08/30/25)

PT Goals

23. Signature and Date of Verbal SOC Where Applicable:
Electronically Signed by Calija, Mae SN on 08/28/2025

25. Date HHA Received Signed POT

24. Physician's Name and Address
Dr. John Doe
3932
Wesley Chapel, FL 33543
PHONE: 333-510-5044 FAX: 12072219995 NPI: 1801093968

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 the services on this plan of care and will periodically review the plan.
F2F date :

27. Attending Physician's Signature and Date Signed **08/27/2025** Date of physician last face-to-face

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.

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PROBLEMS IDENTIFIED ON ASSESSMENT: GG0170F1 - Toilet Transfer, GG0170D1 - Sit to Stand, GG0170E1 - Chair to Bed to Chair, GG0170G1 - Car Transfer, GG0170I1 - Walk 10 Feet, GG0170J1 - Walk 50 ft with 2 Turns, GG0170K1 - Walk 150 Feet, GG0170L1 - Walk 10 ft on Uneven Surface, GG0170M1 - 1 - Step (curb), GG0170N1 - 4 Steps, GG0170O1 - 12 Steps, GG0170P1 - Picking Up Object

PROCEDURES: gait training on uneven surfaces, gait training/stair training, transfers training

OT Careplans

OT WK1: 3 (08/25/25-08/30/25)

PROBLEMS IDENTIFIED ON ASSESSMENT: M1400 - Dyspnea, GG0130B1 - Oral Hygiene, GG0130F1 - Upper Body Dressing, GG0130G1 - Lower Body Dressing, GG0130H1 - Don/Doff Footwear, GG0130E1 - Shower/Bathe Self, GG0130C1 - Toileting Hygiene, GG0130A1 - Eating

OT Goals

Signature of Physician:

Date

Optional Name/Signature of Nurse/Therapist:

Electronically Signed by Calija, Mae SN

Date

08/28/2025