Home Health Certification and Plan of Care

Order ID: 179/11972

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
1EG4TE5MK73	07/01/2025	From: 08/29/2025 To: 10/27/2025	7071	242353

6. Patient's Name and Address
Reynolds Pearson
(410) 296-2785 3 Ruxview Ct,
TOWSON, MD 21204-
410-952-3140

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 06/14/1967 | **9.Sex** Female

10. Medications: Dose/Frequency/Route (N)ew (C)hanged
Avandamet - Metformin Hydrochloride: Rosiglitazone Maleate 1gm;eq 2 mg base by mouth once a day

11. ICD	Principal Diagnosis	Date
E11.69	Type 2 diabetes mellitus with other specified complication	07/01/25

13. ICD	Other Pertinent Diagnoses	Date
I10.	Essential (primary) hypertension	07/01/25

14. DME and Supplies:
cane

15. Safety Measures:
anticoagulant precautions, activity supervision

16. Nutrition:
high fiber, low fiber

17. Allergies:
antibiotics

18.A. Functional Limitations
Ambulation, Hearing

18.B. Activities Permitted
Transfer bed/Chair, Complete Bedrest

19. Mental & Pyschosocial Status: COGNITION: 1. When reminded, assisted, or supervised by another person, able to get to and from the toilet and transfer, ANXIETY: 0. Never, SOCIAL ISOLATION: , BEHAVIORAL ISSUES: , HISTORY OF DEPRESSION:

20. Prognosis: fair

22. A Rehabilitation Potential:
SELF-CARE: , MOBILITY:

22.B.Discharge Plans
patient will be responsible for managing treatment

Homebound status: patient requires another person or medical equipment such as crutches, a walker, or a wheelchair to leave home, medical condition could get worse if patient leaves home

Clinical Condition Requiring Homecare: Parkinsons

SN Careplans

SN WK1: 1 (08/29/25-08/30/25)

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 > 0

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: M1810 - Upper Body Dressing, M1820 - Lower Body Dressing, M1830 - Bathing, M1840 - Toilet Transferring, M1850 - Transferring, M1860 - Ambulation/Locomotion, M1800 - Grooming, M1700 - Cognition, abnormal sputum production, cramping calves/thighs/hips, odor of breath/sweat/saliva, abnormal thyroid 0.40 - 4.50 mIU/mL, muscle spasms, limited endurance, seizures, weak hand grips, bruising/discoloration, skin breakdown r/t incontinence

PROCEDURES: cough/deep breathing exercises, incentive spirometer, coordinate/arrange caregiver support to prevent caregiver physical, emotional and mental exhaustion, glucose testing via monitor, bladder training, assist with bathing, assist with toilet transferring, assist with transferring, assist with mobility, assist with seizure precautions prn, assist with infection control, assist with fall prevention, assist with assistive devices prn, assist with O2 safety, assist with grooming, assist with lower body dressing, assist with upper body dressing, coordinate/arrange repair of inadequate heating, coordinate/arrange repair of inadequate lighting, coordinate/arrange access to medicine/medical supplies considering patient inability to pay, coordinate/arrange resources for vision-impaired, coordinate/arrange transportation services

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, * how to maintain a diary to monitor effective and non-effective pain relief including documenting time of pain, rating, precipitating events, medications, treatments, and what works best to relieve pain teach relaxation skills and diversional activities, related medication(s) purpose, schedule, * how to keep home safe for patient with dementia coping strategies for the caregiver, related medication(s) purpose, schedule, * diabetic medication management blood sugar testing diabetic foot care exercise diabetic diet, related medication(s) purpose, schedule, * urinary incontinence management including bladder training Kegel exercises skin care, related medication(s) purpose, schedule, * how to keep home safe for patient with vision loss including eliminating hazards enhancing lighting using mechanical aids, patient self-administers medications as prescribed, related medication(s) purpose, schedule, patient's transportation needs are met, patient has adequate heating, patient living environment has adequate lighting, patient has access to medicine/medical supplies considering inability to pay

SN Goals

PATIENT-STATED GOAL: Move Independently

GOALS
patient/caregiver recalls
* diabetic medication management
* blood sugar testing
* diabetic foot care
* exercise
* diabetic diet
* recalls related medication(s) purpose, schedule

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

patient/caregiver recalls
* how to maintain a diary to monitor effective and non-effective pain relief including documenting time of pain, rating, precipitating events, medications, treatments, and what works best to relieve pain
* teach relaxation skills and diversional activities
* recalls related medication(s) purpose, schedule

patient/caregiver recalls
* how to keep home safe for patient with dementia
* coping strategies for the caregiver
* recalls related medication(s) purpose, schedule

patient/caregiver recalls
* urinary incontinence management including bladder training
* Kegel exercises
* skin care
* recalls related medication(s) purpose, schedule

patient/caregiver recalls
* how to keep home safe for patient with vision loss including eliminating hazards
* enhancing lighting
* using mechanical aids

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

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

25. Date HHA Received Signed POT

24. Physician's Name and Address
Joy De Castro

maine, ME
PHONE: 2077499791 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 : 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.

Home Health Certification and Plan of Care

Order ID: 179/11972

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
1EG4TE5MK73	07/01/2025	From: 08/29/2025 To: 10/27/2025	7071	242353

6. Patient's Name and Address	7. Provider's Name, Address and Telephone Number
Reynolds Pearson (410) 296-2785 3 Ruxview Ct, TOWSON, MD 21204- 410-952-3140	Home Health Cares 579# EAST MARKET@STREETS HARRISONBURG, VA 22801-1234 540-433-7146 1234567891

recalls related medication(s) purpose, schedule

patient's transportation needs are met

patient has adequate heating

patient living environment has adequate lighting

patient has access to medicine/medical supplies considering inability to pay

Signature of Physician:	Date
	PAGE 2 of 2
Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by Aquino, EmyAnne SN PT	08/28/2025