

Home Health Certification and Plan of Care							Order ID: 179/11995		
1. Patient s HI claim No.		2. Start Of Care Date		3. Certification Period		4. Medical Record No.		5. Provider No.	
1DE8NE2EE02		08/27/2025		From: 08/27/2025 To: 10/25/2025		SOCOTPTEVAL001		242353	
6. Patient's Name and Address TYRONE KING 3219 OAKWOOD 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 Glucophage Xr - Metformin Hydrochloride 500 mg 1 TAB by mouth once a day				
11. ICD I10.	Principal Diagnosis Essential (primary) hypertension			Date 08/27/25					
13. ICD E11.9 Z74.01 Z79.01	Other Pertinent Diagnoses Type 2 diabetes mellitus without complications Bed confinement status Long term (current) use of anticoagulants			Date 08/27/25 08/27/25 08/27/25					
14. DME and Supplies: None of the above									
15. Safety Measures: None of the above									
16. Nutrition: diabetic, cardiac diet					17. Allergies: no known allergies				
18.A. Functional Limitations None of the above					18.B. Activities Permitted No Restrictions				
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 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 Goals				
PT Careplans PT WK1: 3 (08/25/25-08/30/25) 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 TEACH PATIENT/CAREGIVER: Sit to Stand - 04. Supervision or touching assistance, Chair to Bed to Chair - 04. Supervision or touching assistance, Toilet Transfer - 05. Setup or clean-up assistance, Car Transfer - 04. Supervision or touching assistance, Walk 10 Feet - 05. Setup or clean-up assistance, Walk 50 ft with 2 Turns - 05. Setup or clean-up assistance, Walk 150 Feet - 05. Setup or clean-up assistance, Walk 10 ft on Uneven Surface - 05. Setup or clean-up assistance, 1 - Step (curb) - 05. Setup or clean-up assistance, 4 Steps - 05. Setup or clean-up assistance, 12 Steps - 05. Setup or clean-up assistance, Picking Up Object - 05. Setup or clean-up assistance					PT Goals PATIENT-STATED GOAL: test GOALS Walk 10 ft on Uneven Surface - 05. Setup or clean-up assistance 1 - Step (curb) - 05. Setup or clean-up assistance Sit to Stand - 04. Supervision or touching assistance Chair to Bed to Chair - 04. Supervision or touching assistance Toilet Transfer - 05. Setup or clean-up assistance Car Transfer - 04. Supervision or touching assistance Walk 10 Feet - 05. Setup or clean-up assistance Walk 50 ft with 2 Turns - 05. Setup or clean-up assistance Walk 150 Feet - 05. Setup or clean-up assistance 12 Steps - 05. Setup or clean-up assistance Picking Up Object - 05. Setup or clean-up assistance 4 Steps - 05. Setup or clean-up assistance				
OT Careplans					OT Goals				
23. Signature and Date of Verbal SOC Where Applicable: Electronically Signed by Buhain, Ivan PT on 08/27/2025							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 : 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. PAGE 1 of 2				

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OT WK1: 3 (08/25/25-08/30/25)			PATIENT-STATED GOAL: TES		
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			GOALS 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: 1. Non-agency caregiver(s) currently provide assistance			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		
HOSPITALIZATION RISKS: 10. None of the above			patient/caregiver recalls * strict compliance with physician orders for anticoagulant 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		
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			Lower Body Dressing - 06. Independent		
PROBLEMS IDENTIFIED ON ASSESSMENT: GG0130A1 - Eating, GG0130B1 - Oral Hygiene, GG0130C1 - Toileting Hygiene, GG0130E1 - Shower/Bathe Self, GG0130F1 - Upper Body Dressing, GG0130G1 - Lower Body Dressing, GG0130H1 - Don/Doff Footwear, M2020 - Oral Med Management, M1400 - Dyspnea, abnormal blood pressure			Shower/Bathe Self - 06. Independent		
PROCEDURES: cough/deep breathing exercises, incentive spirometer, equipment training, work simplification/energy conservation			patient/caregiver recalls * how to take the patient's blood pressure * record the reading * recalls related medication(s) purpose, schedule		
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 compliance with physician orders for anticoagulant 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, Oral Hygiene - 06. Independent, Lower Body Dressing - 06. Independent, Shower/Bathe Self - 06. Independent, Toileting Hygiene - 06. Independent, Don/Doff Footwear - 06. Independent, Eating - 06. Independent, 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			patient self-administers medications as prescribed * recalls related medication(s) purpose, schedule		
			Oral Hygiene - 06. Independent		
			Toileting Hygiene - 06. Independent		
			Don/Doff Footwear - 06. Independent		
			Eating - 06. Independent		

Signature of Physician:	Date
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Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by Buhain, Ivan PT	08/27/2025