

Home Health Certification and Plan of Care							Order ID: 179/12063		
1. Patient s HI claim No.		2. Start Of Care Date		3. Certification Period		4. Medical Record No.		5. Provider No.	
111		09/11/2025		From: 09/11/2025 To: 11/09/2025		MEDREC010		242353	
6. Patient's Name and Address LONDON KING 23232 SUNSET DR, 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 09/11/1965 9.Sex Male					10. Medications: Dose/Frequency/Route (N)ew (C)hanged Fortamet - Metformin Hydrochloride 500 mg 1TAB by mouth once a day Simvastatin - Simvastatin 40 mg 1 TAB by mouth once a day				
11. ICD I10.	Principal Diagnosis Essential (primary) hypertension			Date 09/11/25					
13. ICD E11.9 L89.312	Other Pertinent Diagnoses Type 2 diabetes mellitus without complications Pressure ulcer of right buttock stage 2			Date 09/11/25 09/11/25					
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 None of the above				
19. Mental & Psychosocial 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: DM AND HTN									
SN Careplans SN WK1: 2 (09/11/25-09/13/25) 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, abnormal BS < 70/140 > mg/dL, Pain Interference with ADLs PROCEDURES: cough/deep breathing exercises, incentive spirometer, glucose testing via monitor 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, * diabetic medication management blood sugar testing diabetic foot care exercise diabetic diet, related medication(s) purpose, schedule, patient self-administers medications as prescribed, related medication(s) purpose, schedule					SN Goals PATIENT-STATED GOAL: TEST;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 * diabetic medication management * blood sugar testing * diabetic foot care * exercise * diabetic diet * 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 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 09/11/2025							25. Date HHA Received Signed POT		
24. Physician's Name and Address Jane Doe 310. NATARAJAPURAM 4TH EAST STREET KVP, HI 628502 PHONE: 999-999-9999 FAX: 12077802774 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 09/17/2025: 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.				
Signature of Physician:					Date PAGE 1 of 1				
Optional Name/Signature of Nurse/Therapist: Electronically Signed by Aquino, EmyAnne SN PT on 09/11/2025					Date 09/17/2025				