

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 10.		Principal Diagnosis Essential (primary) hypertension		Date 08/25/25							
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 08/25/25 08/25/25 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 09/03/2025 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. PAGE 1 of 2						

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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
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Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by Calija, Mae SN	08/28/2025