

Home Health Certification and Plan of Care				Order ID: 1150/11689	
1. Patient s HI claim No.		2. Start Of Care Date		3. Certification Period	
43606320400		08/24/2025		From: 08/24/2025 To: 10/22/2025	
4. Medical Record No.		5. Provider No.			
16512		217058			
6. Patient's Name and Address			7. Provider's Name, Address and Telephone Number		
Rodger Sorrell 6225 York Rd Apt N114, Baltimore, MD 21212- 667-417-4064			HomeCentris Healthcare LLC 10 Crossroads Drive, Suite 102 Owings Mills, MD 21117-8284 410-321-8448 1487113239		
8. DOB 09/07/1950 9.Sex Male			10. Medications: Dose/Frequency/Route (N)ew (C)hanged		
11. ICD J39.0 Principal Diagnosis Retropharyngeal and parapharyngeal abscess Date 08/24/25			Apixaban Oral Tablet 5 MG (Apixaban) 5 MG , Give 1 tablet by mouth twice a day Give 1 tablet by mouth two times a day for A-fib Aspirin 81Mg - Aspirin 81 MG , Give 1 tablet by mouth once a day Give 1 tablet by mouth one time a day for prophylaxis Atorvastatin Calcium - Atorvastatin Calcium 80 MG , Give 1 tablet by mouth once a day Give 1 tablet by mouth one time a day for hyperlipidemia Carvedilol - Carvedilol 3.125 MG , Give 2 tablet by mouth twice a day Give 2 tablet by mouth two times a day for hypertension hold if SBP less than 110, or HR less than 60 Divalproex Sodium - Divalproex Sodium 500 MG, Give 1 tablet by mouth twice a day Give 1 tablet by mouth two times a day for seizure Fluticasone-Salmeterol 250-50 MCG/ACT Aerosol Powder, breath activated 250-50 MCG/AC, 1 inhalation inhale inhalant twice a day 1 inhalation inhale orally two times a day for COPD Ipratropium-Albuterol Solution 0.5-2.5 (3) MG/3ML 0.5-2.5 (3) MG/3ML, 3 ml inhale inhalant every 6 hours 3 ml inhale orally via nebulizer every 6 hours for SOB **Before treatment obtain LS, O2, Respiration **After treatment Obtain LS, O2, Respiration, number of minutes spent completing treatment LS 1=clear 2=diminished 3=crackles 4=wheezes 5=bronchospasms **Rise and spit after each use Levetiracetam - Levetiracetam 500 MG, Give 1 tablet by mouth twice a day Give 1 tablet by mouth two times a day for seizure Nicotine - Nicotine 7 MG/24HR , Apply 1 patch transdermally transdermal once a day Apply 1 patch transdermally one time a day for smoking cessation and remove per schedule Pantoprazole Sodium - Pantoprazole Sodium 40 MG , Give 1 tablet by mouth once a day Give 1 tablet by mouth one time a day for GERD for 90 Days Oxygen - Oxygen 2L nasal cannula continuous Respiratory support		
13. ICD J39.1 Other Pertinent Diagnoses Date 08/24/25					
J38.00 Other abscess of pharynx 08/24/25					
I69.391 Paralysis of vocal cords and larynx unspecified 08/24/25					
E43. Dysphagia following cerebral infarction 08/24/25					
I69.322 Unspecified severe protein-calorie malnutrition 08/24/25					
J44.9 Dysarthria following cerebral infarction 08/24/25					
I10. Chronic obstructive pulmonary disease unspecified 08/24/25					
I48.0 Essential (primary) hypertension 08/24/25					
G40.909 Paroxysmal atrial fibrillation 08/24/25					
B18.2 Epilepsy unsp not intractable without status epilepticus 08/24/25					
E78.5 Chronic viral hepatitis C 08/24/25					
K21.9 Hyperlipidemia unspecified 08/24/25					
Z86.73 Gastro-esophageal reflux disease without esophagitis 08/24/25					
Z87.01 Prsnl hx of TIA (TIA) and cereb infrc w/o resid deficits 08/24/25					
Z86.19 Personal history of pneumonia (recurrent) 08/24/25					
Z79.01 Personal history of other infectious and parasitic diseases 08/24/25					
Z79.82 Long term (current) use of anticoagulants 08/24/25					
Z79.82 Long term (current) use of aspirin 08/24/25					
14. DME and Supplies: grab bars, bath bench, hospital bed, oxygen supplies, rolling walker, walker			15. Safety Measures: bathroom safety, medical alert/lifeline, precautions, walker precautions, supervision at all times, seizure precautions, standard precautions, no bp right arm, medication safety, fall precautions, bleeding precautions, aspiration precautions, anticoagulant precautions, ambulates with device, ambulates with assistance, activity supervision		
16. Nutrition: low sodium, low cholesterol			17. Allergies: morphine		
18.A. Functional Limitations Endurance, Ambulation			18.B. Activities Permitted Walker, Up As Tolerated		
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: good					
22. A Rehabilitation Potential: SELF-CARE: 2. Needed Some Help - Patient needed partial assistance from another person to complete any activities., MOBILITY: 2. Needed Some Help - Patient needed partial assistance from another person to complete any activities.			22.B.Discharge Plans patient will be responsible for managing treatment		
Homebound status: Due to diagnosis of Retropharyngeal And Parapharyngeal Abscess , the patient is experiencing decreased endurance and mobility, increasing the likelihood of falls. To safely leave their home, the patient needs assistance from another person and an assistive mobility device.					

23. Signature and Date of Verbal SOC Where Applicable: Electronically Signed by Messick, Charles SN RN on 08/24/2025		25. Date HHA Received Signed POT	
24. Physician's Name and Address Helen Scott-Bayley 2000 W Baltimore St 3rd Floor Baltimore, MD 21223 PHONE: 410-362-3400 FAX: 14104695106 NPI: 1316599145		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 : 08/21/2025	
27. Attending Physician's Signature and Date Signed 09/04/2025 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 3	

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Clinical Condition					
Requiring Homecare: dysphagia with recurrent aspiration pneumonia, pharyngeal abscess, paralysis of the vocal cords, protein-calorie malnutrition, history of cerebrovascular accident (CVA) with residual right-sided weakness, atrial fibrillation, epilepsy, hyperlipidemia, hepatitis C, gastroesophageal reflux disease (GERD), and transient ischemic attack (TIA). He presents with swallowing difficulties requiring modified intake of liquids and bite-sized solids to reduce the risk of choking and aspiration. The patient ambulates with a rollator walker and requires assistance and the use of assistive devices for safety and fall prevention, making it a taxing effort for him to leave the home. He reports no recent falls. Tremors in the upper extremities are occasionally noted, and his speech is impaired with drooling observed. The patient is currently managed on supplemental oxygen and has a medical alert system in place. He was educated on the importance of carrying both oxygen and medical alert at all times in case of emergency. Although prescribed nebulizer treatments for respiratory therapy, he does not have a nebulizer at home; he was instructed to contact his primary care provider (PCP) for a prescription. No abnormal bleeding or wounds were noted on assessment. His daughter, who is his power of attorney (POA), manages his medication regimen by filling a pillbox weekly to support compliance. Medications were reviewed with both patient and caregiver, and all were available in the home. The patient denies any concerns with his current medications. The daughter has also scheduled a follow-up appointment for hepatitis C infection therapy. The patient is recommended for skilled nursing visits (2w1, 1w6) with LPN support, along with physical therapy (PT) and occupational therapy (OT) to address mobility, safety, and functional needs. Education was provided to reinforce adherence to dietary modifications, safe use of oxygen, fall prevention strategies, and medication compliance. The plan of care will focus on managing chronic conditions, reducing aspiration risk, supporting nutritional needs, and optimizing functional independence at home.					
Date of Order: 08/24/2025					
Orders					
Physician Face-to-Face Date: 08/21/2025					
Clinical Condition Requiring Home Care per Certifying Physician: sn-disease 14px; Homebound Status per Certifying Physician: patient requires another person or medical equipment such as crutches, a walker, or a wheelchair to leave home					
1 - SOC - SN Notes:					
Scott-Bayley, Helen					
SN Careplans			SN Goals		
SN WK1: 1 (08/24/25-08/30/25)			PATIENT-STATED GOAL: to increase strength and mobility		
PARAMETERS FOR PHYSICIAN NOTIFICATION: temperature < 95 > 100.5, heart rate < 50 > 110, respiratory rate < 8 > 22, blood pressure systolic < 90 > 169, blood pressure diastolic < 60 > 90, O2 saturation < 88 > 100, pain < 0 > 5			GOALS		
CAREGIVER: 1. Non-agency caregiver(s) currently provide assistance			patient/caregiver recalls		
HOSPITALIZATION RISKS: 6. Reported or observed history of difficulty complying with any medical instructions (for example, medications, diet, exercise) in the past 3 months, 7. Currently taking 5 or more medications, 8. Currently reports exhaustion			* lifestyle modifications to manage respiratory condition including		
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; Skin Preservation: Measures to prevent skin breakdown; pressure relief, incontinence care, nutrition, hydration ; Pain: Pain management measures; pain medication, rest, body alignment, ROM, meditation, massage ; Medications: Medication actions, uses, frequency, dose, interactions of all new/change meds			* diet changes and regular exercise		
Advance Directive: Durable power of attorney for health care/Medical power of attorney			* strategies to control shortness of breath		
PROBLEMS IDENTIFIED ON ASSESSMENT: meal preparation, M2020 - Oral Med Management, M1400 - Dyspnea, abn cholesterol > 200 mg/dL, swelling in the arms/legs, M1033 - Exhaustion, cough/gag/pain chew/swallow, increased urine output, muscle weakness, poor muscle tone, limited strength, muscle spasms, limited endurance, involuntary movement of extremity, impaired speech, balance deficit, drooling, loss of appetite			* home remedies to keep lungs healthy		
PROCEDURES: Medication Review- : Medications reviewed with patient/caregiver., cough/deep breathing exercises, incentive spirometer, coordinate/arrange preparation of missing meals			* recalls related medication(s) purpose, schedule		
TEACH PATIENT/CAREGIVER: * lifestyle modifications to manage cardiac condition including symptom management diet changes regular exercise getting enough sleep, 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, * lifestyle modifications to manage peripheral vascular condition including how to apply compression stockings physical exercise plan diet, related medication(s) purpose, schedule, * low cholesterol dietary guidelines, related medication(s) purpose, schedule, * how to optimize mental status with cognition therapy home safety optimize mobility with active and passive range of motion therapeutic exercises diet and fluids to optimize peripheral circulation, related medication(s) purpose, schedule, * how to manage seizure triggers implement lifestyle changes including getting enough sleep avoiding alcohol, related medication(s) purpose, schedule, * low-fat diet lifestyle modifications to manage esophageal condition, related medication(s) purpose, schedule, * strategies to minimize fatigue and exhaustion including work simplification energy conservation lifestyle changes diet, related medication(s) purpose, schedule, patient self-administers medications as prescribed, related medication(s) purpose, schedule, meal preparation is available to patient for all meals			patient/caregiver recalls		
			* how to optimize mental status with cognition therapy		
			* home safety		
			* optimize mobility with active and passive range of motion therapeutic exercises		
			* diet and fluids to optimize peripheral circulation		
			* recalls related medication(s) purpose, schedule		
			patient/caregiver recalls		
			* lifestyle modifications to manage cardiac condition including symptom management		
			* diet changes		
			* regular exercise		
			* getting enough sleep		
			* recalls related medication(s) purpose, schedule		
			patient/caregiver recalls		
			* how to manage seizure triggers		
			* implement lifestyle changes including getting enough sleep		
			* avoiding alcohol		
			* recalls related medication(s) purpose, schedule		
			patient/caregiver recalls		
			* low cholesterol dietary guidelines		
			* recalls related medication(s) purpose, schedule		
			patient/caregiver recalls		
			* low-fat diet		
			* lifestyle modifications to manage esophageal condition		
			* recalls related medication(s) purpose, schedule		
			patient/caregiver recalls		
			* lifestyle modifications to manage peripheral vascular condition including how to apply compression stockings		
			* physical exercise plan		
			* diet		
			* recalls related medication(s) purpose, schedule		
			patient/caregiver recalls		
			* strategies to minimize fatigue and exhaustion including work simplification		
			* energy conservation		
			* lifestyle changes		
			* diet		
			* recalls related medication(s) purpose, schedule		
			patient self-administers medications as prescribed		
			* recalls related medication(s) purpose, schedule		
Signature of Physician:			Date		
			PAGE 2 of 3		
Optional Name/Signature of Nurse/Therapist:			Date		
Electronically Signed by Messick, Charles SN RN			08/24/2025		

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				meal preparation is available to patient for all meals

Signature of Physician:	Date
	PAGE 3 of 3
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