

Home Health Certification and Plan of Care				Order ID: 179/12166	
1. Patient s HI claim No.		2. Start Of Care Date		3. Certification Period	
1EG4TE5MK73		09/01/2025		From: 09/01/2025 To: 10/30/2025	
				4. Medical Record No.	
				7246	
				5. Provider No.	
				242353	
6. Patient's Name and Address				7. Provider's Name, Address and Telephone Number	
Wednesday Pearson				Home Health Cares	
(410) 296-2785 3 Ruxview Ct,				579# EAST MARKET@STREETS	
TOWSON, MD 21204				HARRISONBURG, VA 22801-1234	
667-352-9484				540-433-7146	
				1234567891	
8. DOB 06/14/1967				9.Sex Female	
11. ICD		Principal Diagnosis		Date	
G20.C		Parkinsonism unspecified		09/01/25	
13. ICD		Other Pertinent Diagnoses		Date	
14. DME and Supplies:				15. Safety Measures:	
wheelchair				aspiration precautions, ambulates with assistance	
16. Nutrition:				17. Allergies:	
1800cal ADA				no known allergies	
18.A. Functional Limitations				18.B. Activities Permitted	
Legally Blind				Bedrest BRP,	
19. Mental & Pyschosocial Status: COGNITION: 2. Requires assistance and some direction in specific situations (for example, on all tasks involving shifting of attention) or consistently requires low stimulus environment due to distractibility, ANXIETY: 1. In new or complex situations only, SOCIAL ISOLATION: 1. Rarely, BEHAVIORAL ISSUES: 6. Delusional, hallucinatory, or paranoid behavior, HISTORY OF DEPRESSION: No					
20. Prognosis: fair					
22. A Rehabilitation Potential:				22.B.Discharge Plans	
SELF-CARE: 2. Needed Some Help - Patient needed partial assistance from another person to complete any activities., MOBILITY: 3. Independent - Patient completed all the activities by him/herself, with or without an assisitive device, with no assistance from a helper.				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: Stroke					
SN Careplans				SN Goals	
OT Careplans				OT Goals	
OT WK1: 1 (09/01/25-09/06/25)				PATIENT-STATED GOAL: Move Independently	
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				GOALS	
CAREGIVER: 1. Non-agency caregiver(s) currently provide assistance				Shower/Bathe Self - 05. Setup or clean-up assistance	
HOSPITALIZATION RISKS: 9. Other risk(s) not listed in 1- 8				patient/caregiver recalls	
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				* how to optimize mental status with cognition therapy	
Advance Directive:No Advance Directive				* home safety	
PROBLEMS IDENTIFIED ON ASSESSMENT: GG0130B1 - Oral Hygiene, GG0130C1 - Toileting Hygiene, GG0130E1 - Shower/Bathe Self, GG0130F1 - Upper Body Dressing, GG0130G1 - Lower Body Dressing, GG0130H1 - Don/Doff Footwear, GG0130A1 - Eating, M1700 - Cognition, M1745 - Behavioral Issues, Home Safety, Home Safety, Financial, Financial, M2020 - Oral Med Management, A1250 - Lack of Necessary Transportation, M1400 - Dyspnea, abnormal sputum production, cramping calves/thighs/hips, odor of breath/sweat/saliva, abnormal thyroid 0.40 - 4.50 mIU/mL, abdominal pain, nausea/vomiting, M1600 - UTI, dark-colored urine, decreased urine output, Pain				* optimize mobility with active and passive range of motion therapeutic exercises	
Interference with ADLs, Pain Effect on Sleep, Pain Interference with Therapy activities, weak hand grips, seizures, bad breath, sore throat or mouth sores, jaundice, rough/scaly/cracked skin				* diet and fluids to optimize peripheral circulation	
PROCEDURES: cough/deep breathing exercises, incentive spirometer, coordinate/arrange caregiver support to prevent caregiver physical, emotional and mental exhaustion, home exercise program, equipment training, work simplification/energy conservation, coordinate/arrange repair of inadequate heating, coordinate/arrange repair of inadequate lighting, coordinate/arrange access to adequate food storage, coordinate/arrange removal of insects/rodents present in the patient's living environment, coordinate/arrange patient access to necessary nutrition considering patient inability to pay, coordinate/arrange patient access to necessary medical care considering patient inability to pay, coordinate/arrange transportation services				* recalls related medication(s) purpose, schedule	
TEACH PATIENT/CAREGIVER: * lifestyle modifications to manage respiratory condition				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	
				* management of mental health condition including joining a peer group	
				* maintaining regular contact with mental health professional	
				* avoiding known stressors	
				* controlling impulses	
				* recalls related medication(s) purpose, schedule	
				patient/caregiver recalls	
23. Signature and Date of Verbal SOC Where Applicable:					
Electronically Signed by Aquino, EmyAnne SN PT on 09/01/2025				25. Date HHA Received Signed POT	
24. Physician's Name and Address				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.	
Dr. John Doe				F2F date :	
3932					
Wesley Chapel, FL 33543					
PHONE: 333-510-5044 FAX: 12072219995 NPI: 1801093968					
27. Attending Physician's Signature and Date Signed 09/30/2025 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.	
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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 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 keep home safe for patient with dementia coping strategies for the caregiver, related medication(s) purpose, schedule, * management of mental health condition including joining a peer group maintaining regular contact with mental health professional avoiding known stressors controlling impulses, related medication(s) purpose, schedule, * prevention including increase fluid intake increase Vitamin C intake to promote acidic bladder environment (cranberry juice) perineal hygiene, related medication(s) purpose, schedule, 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 necessary nutrition considering patient inability to pay, patient has access to necessary medical care considering inability to pay, Oral Hygiene - 05. Setup or clean-up assistance, Upper Body Dressing - 05. Setup or clean-up assistance, Lower Body Dressing - 05. Setup or clean-up assistance, Shower/Bathe Self - 05. Setup or clean-up assistance, Toileting Hygiene - 05. Setup or clean-up assistance, Don/Doff Footwear - 05. Setup or clean-up assistance, Eating - 04. Supervision or touching assistance		* prevention including increase fluid intake * increase Vitamin C intake to promote acidic bladder environment (cranberry juice) * perineal hygiene * recalls related medication(s) purpose, schedule patient self-administers medications as prescribed * 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 necessary nutrition considering patient inability to pay patient has access to necessary medical care considering inability to pay Oral Hygiene - 05. Setup or clean-up assistance Upper Body Dressing - 05. Setup or clean-up assistance Lower Body Dressing - 05. Setup or clean-up assistance Toileting Hygiene - 05. Setup or clean-up assistance Don/Doff Footwear - 05. Setup or clean-up assistance Eating - 04. Supervision or touching assistance		

Signature of Physician:	Date
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Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by Aquino, EmyAnne SN PT	09/01/2025