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	4. Medical Record No.	5. Provider No.
1EG4TE5MK73	09/01/2025	From: 09/01/2025 To: 10/30/2025	7246	242353

6. Patient's Name and Address

Wednesday Pearson
(410) 296-2785 3 Ruxview Ct,
TOWSON, MD 21204
667-352-9484

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 06/14/1967 | **9.Sex** Female

10. Medications: Dose/Frequency/Route (N)ew (C)hanged

Actoplus - Metformin Hydrochloride: Pioglitazone Hydrochloride 1 tablet by mouth before meal

11. ICD	Principal Diagnosis	Date
G20.C	Parkinsonism unspecified	09/01/25

13. ICD	Other Pertinent Diagnoses	Date

14. DME and Supplies:

wheelchair

15. Safety Measures:

aspiration precautions, ambulates with assistance

16. Nutrition:

1800cal ADA

17. Allergies:

no known allergies

18.A. Functional Limitations

Legally Blind

18.B. Activities Permitted

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:

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 assistive device, with no assistance from a helper.

22.B.Discharge Plans

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 WK1: 1 (09/01/25-09/06/25)

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 > 0

CAREGIVER: 1. Non-agency caregiver(s) currently provide assistance

HOSPITALIZATION RISKS: 9. Other risk(s) not listed in 1- 8

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: 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 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

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

TEACH PATIENT/CAREGIVER: * lifestyle modifications to manage respiratory condition

OT Goals

PATIENT-STATED GOAL: Move Independently

GOALS
Shower/Bathe Self - 05. Setup or clean-up assistance

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 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

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.

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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
	PAGE 2 of 2
Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by Aquino, EmyAnne SN PT	09/01/2025