

Home Health Certification and Plan of Care				Order ID: 1150/12782	
1. Patient s HI claim No.		2. Start Of Care Date		3. Certification Period	
36260548		09/25/2025		From: 09/25/2025 To: 11/22/2025	
4. Medical Record No.		5. Provider No.			
17709		217058			
6. Patient's Name and Address			7. Provider's Name, Address and Telephone Number		
Diane Heck 701 Avondale Road, DUNDALK, MD 21222- 667-289-3669			HomeCentris Healthcare LLC 10 Crossroads Drive, Suite 102 Owings Mills, MD 21117-8284 410-321-8448 1487113239		
8. DOB 01/04/1954			9. Sex Female		
10. Medications: Dose/Frequency/Route (N)ew (C)hanged					
11. ICD Z48.812			Principal Diagnosis Encntr for surgical afctr following surgery on the circ sys		
13. ICD I21.09 I25.10 I12.9 N18.2 J43.2 E78.5 Z95.1 Z86.73 Z79.02 Z79.82 Z87.01			Other Pertinent Diagnoses STEMI involving oth coronary artery of anterior wall Athscl heart disease of native coronary artery w/o ang pctrs Hypertensive chronic kidney disease w stg 1-4/unsp chr kdny Chronic kidney disease stage 2 (mild) Centrilobular emphysema Hyperlipidemia unspecified Presence of aortocoronary bypass graft Prsnl hx of TIA (TIA) and cereb infrc w/o resid deficits Long term (current) use of antithrombotics/antiplatelets Long term (current) use of aspirin Personal history of pneumonia (recurrent)		
14. DME and Supplies:			15. Safety Measures:		
walker, oxygen supplies, cane			infectious material management, walker precautions, , , , cardiac precautions, bathroom safety, ambulates with device		
16. Nutrition:			17. Allergies:		
low sodium, low cholesterol			no known allergies		
18.A. Functional Limitations			18.B. Activities Permitted		
Dyspnea With Minimal Exertion, Endurance, Ambulation			Walker, Cane, Up As Tolerated		
19. Mental & Pyschosocial Status:			COGNITION: 0. Alert/ oriented, able to focus and shift attention, comprehends and recalls task directions independently., ANXIETY: 0. Never, SOCIAL ISOLATION: 0. Never, BEHAVIORAL ISSUES: 7. None of the above behaviors demonstrated, HISTORY OF DEPRESSION: No		
20. Prognosis:			good		
22. A Rehabilitation Potential:			22.B.Discharge Plans		
SELF-CARE: 3. Independent - Patient completed all the activities by			patient will be responsible for managing treatment		
23. Signature and Date of Verbal SOC Where Applicable:				25. Date HHA Received Signed POT	
Electronically Signed by Messick, Charles SN RN on 09/25/2025					
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.		
Carlos Barrero 1576 Merritt Blvd Ste 14 Baltimore, MD 21217 PHONE: 4106502000 FAX: 18666395353 NPI: 1215590336			F2F date : 09/19/2025		
27. Attending Physician's Signature and Date Signed			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.		
Date of physician last face-to-face			PAGE 1 of 3		

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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.						
Homebound status: Due to diagnosis of Encounter For Surgical Aftercare Following Surgery On The Circulatory System, 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.						
Clinical Condition Requiring Homecare: <div>The patient is a 71-year-old female with a past medical history significant for hypertension and hyperlipidemia. She experienced a stroke affecting her left side approximately 15 years ago. On September 5, the patient developed symptoms of indigestion while attending an event and subsequently sought hospital care, where she was diagnosed with a myocardial infarction. During the current <mh class="chrome-extension-FindManyStrings chrome-extension-FindManyStrings-style-8 CE-FMS-assessment">assessment</mh>, the patient is alert and oriented 4, denies chest pain, palpitations, or dizziness, and exhibits clear lung sounds bilaterally. Her last bowel movement occurred today with normoactive bowel sounds noted, and she reports voiding without difficulty. No peripheral edema is observed, and pedal pulses are palpable bilaterally. The patient remains hemodynamically stable at this time. Education was reinforced regarding adherence to prescribed cardiac medications, monitoring for recurrence of chest discomfort, and maintaining regular follow-up with her healthcare provider. The plan of care includes continued monitoring of cardiovascular status, medication compliance, and reinforcement of lifestyle modifications to support cardiac health.</div><div> </div><div></div><div>Date of Order</div><div>09/25/2025</div><div><div>Orders</div><div>Physician Face-to-Face Date: 09/19/2025</div><div>Clinical Condition Requiring Home Care per Certifying Physician: SN disease management, PR eval and treat, OT eval and treat due to Encounter For Surgical Aftercare Following Surgery On The Circulatory System</div><div>Homebound Status per Certifying Physician: patient requires another person or medical equipment such as crutches, a walker, or a wheelchair to leave home</div><div> </div><div></div><div>1 - SOC - SN Notes: soc</div><div>Physician</div><div>Barrero, Carlos</div>						
SN Careplans			SN Goals			
SN WK1: 1 (09/25/25-09/27/25)			PATIENT-STATED GOAL: I want to get rid of my oxygen			
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: 2. Non-agency caregiver(s) need training/supportive services to provide assistance			patient/caregiver recalls			
HOSPITALIZATION RISKS: 7. Currently taking 5 or more medications			* how to achieve wound healing including cleaning and dressing wound			
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			* position changes			
Advance Directive:POLST (Physician Orders for Life-Sustaining Treatment)			* skin care			
PROBLEMS IDENTIFIED ON ASSESSMENT: M2020 - Oral Med Management, M2102d - Caregiver Performs Treatment, M2102f - Patient Supervision, M2102c - Med Admin, abn cholesterol > 200 mg/dL, abnormal blood pressure, M1400 - Dyspnea, excessive thirst/hunger, heartburn/indigestion, increased urine output, limited endurance, limited strength, muscle weakness, balance deficit, B1000 - Vision Deficit, loss of appetite, bruising/discoloration, swell/redness surround. skin, #1 - Observable Surgical Wound - Anterior Midline - , #2 - Observable Surgical Wound - Anterior Right Below Knee -			* diet modification			
PROCEDURES: Medication Review- : Medications reviewed with patient/caregiver. , cough/deep breathing exercises, incentive spirometer, apply anti-embolitic stockings, train caregiver(s) to perform medical/rehabilitation treatments, apply compression bandage, physician-ordered wound care: To midline chest and right leg surgical sites. Gently wash incision sites with water and pat dry. Leave open to air., monitor intake & output, teach/coordinate/arrange medication packaging and/or administration, coordinate/arrange for adequate patient supervision, coordinate/arrange resources for vision-impaired			* record wound measurements			
TEACH PATIENT/CAREGIVER: * lifestyle modifications to manage cardiac condition including symptom management diet changes regular exercise getting enough sleep, related medication(s) purpose, schedule, * 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, * 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 incorporate lifestyle modifications to optimize renal condition including renal-specific diet exercise monitoring of blood pressure blood sugar home, related medication(s) purpose, schedule remedies, * how to achieve wound healing including cleaning and dressing wound position changes skin care diet modification record wound measurements, related medication(s) purpose, schedule, * how to keep home safe for patient with vision loss including eliminating hazards enhancing lighting using mechanical aids, patient self-administers medications as prescribed, related medication(s) purpose, schedule, patient is adequately supervised, caregiver administers and/or packages medications appropriately, caregiver performs medical/rehabilitation treatments with adequate competence			* recalls related medication(s) purpose, schedule			
			patient/caregiver recalls			
			* how to take the patient's blood pressure			
			* record the reading			
			* recalls related medication(s) purpose, schedule			
			patient/caregiver recalls			
			* how to incorporate lifestyle modifications to optimize renal condition including renal-specific diet			
			* exercise			
			* monitoring of blood pressure			
			* blood sugar			
			* home			
			* recalls related medication(s) purpose, schedule remedies			
			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			
			* low cholesterol dietary guidelines			
			* 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			
Signature of Physician:			Date			
			PAGE 2 of 3			
Optional Name/Signature of Nurse/Therapist:			Date			
Electronically Signed by Messick, Charles SN RN			09/25/2025			

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		patient/caregiver recalls * how to keep home safe for patient with vision loss including eliminating hazards * enhancing lighting * using mechanical aids patient self-administers medications as prescribed * recalls related medication(s) purpose, schedule patient is adequately supervised caregiver administers and/or packages medications appropriately caregiver performs medical/rehabilitation treatments with adequate competence		

Signature of Physician:	Date
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Optional Name/Signature of Nurse/Therapist:	Date
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