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	4. Medical Record No.	5. Provider No.
36260548	09/25/2025	From: 09/25/2025 To: 11/22/2025	17709	217058

6. Patient's Name and Address

Diane Heck
701 Avondale Road,
DUNDALK, MD 21222-
667-289-3669

7. Provider's Name, Address and Telephone Number

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

11. ICD	Principal Diagnosis	Date
Z48.812	Encntr for surgical aftcr following surgery on the circ sys	09/25/25

13. ICD	Other Pertinent Diagnoses	Date
I21.09	STEMI involving oth coronary artery of anterior wall	09/25/25
I25.10	Athscl heart disease of native coronary artery w/o ang pctrs	09/25/25
I12.9	Hypertensive chronic kidney disease w stg 1-4/unsp chr kdny	09/25/25
N18.2	Chronic kidney disease stage 2 (mild)	09/25/25
J43.2	Centrilobular emphysema	09/25/25
E78.5	Hyperlipidemia unspecified	09/25/25
Z95.1	Presence of aortocoronary bypass graft	09/25/25
Z86.73	Prsnl hx of TIA (TIA) and cereb infrc w/o resid deficits	09/25/25
Z79.02	Long term (current) use of antithrombotics/antiplatelets	09/25/25
Z79.82	Long term (current) use of aspirin	09/25/25
Z87.01	Personal history of pneumonia (recurrent)	09/25/25

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

Pacerone - Amiodarone Hydrochloride 200 mg Oral tablet by mouth as necessary
aspirin chewable 81 mg Oral tablet by mouth as necessary
Lipitor - Atorvastatin Calcium 80 mg Oral tablet by mouth as necessary Nightly Route
Plavix - Clopidogrel Bisulfate 75 mg Oral tablet by mouth as necessary Daily
Ezetimibe - Ezetimibe 10 mg Oral tablet by mouth as necessary Daily
Guaifenesin - Guaifenesin 12 hr tablet 600 mg by mouth twice a day
Xopenex - Levalbuterol Hydrochloride nebulizer solution 1.25 mg inhalant every 6 hours
Lidocaine - Lidocaine 4% patch 1 patch topical once a day Every 24 hours
Metoprolol Tartrate - Metoprolol Tartrate half- tablet 12.5 mg by mouth twice a day
Protonix - Pantoprazole Sodium 40 mg tablet by mouth as necessary Daily
Miralax - Polyethylene Glycol 3350 17gm packet by mouth as necessary Daily
Senokot - Senna 8.6 mg tablet,take 2 tablet by mouth as necessary Nightly
Spiriva Respimat - Tiotropium Bromide 2.5 mcg/actuation inhaler 2 puff inhalant as necessary Daily
Tylenol - Acetaminophen 650 mg tablet by mouth every 8 hours PRN
Reasons: Mild pain (1-3). May also be administered per patient/Legally Authorized Health Care Decision-Maker (LAHD) preference for 3 pain score., Temperature > 38 C (100.4 F)
Proventil - Albuterol 0.083 % nebulizer solution 2.5 mg inhalant every 4 hours Wheezing, Shortness of Breath
Dulcolax - Bisacodyl 10 mg tablet by mouth as necessary as needed
Magnesium Hydroxide - Magnesium Hydroxide 400 mg/5 ml suspension 30 ml tablet by mouth as necessary Daily as needed
Magnesium Sulfate - Magnesium Sulfate 4 g in 100 ml. Water Premix intravenous every 12 hours
Roxicodone - Oxycodone Hydrochloride 5 mg tablet by mouth every 4 hours Moderate pain (4-6), May also be administered per patient/Legally Authorized Health Care Decision-Maker (LAHD) preference for 6 pain score.
K-Dur - Potassium Chloride 40 mEq tablet by mouth every 6 hours SERUM CREATININE LESS THAN 2 mg/dL

Administer if serum potassium 3.5-3.9 mEq
potassium chloride (K-LOR) packet 20 mEq by mouth every 4 hours SERUM CREATININE 2-2.9 mg/dL:

Administer if serum potassium 3.3-3.4 mEq/L.
potassium chloride (K-LOR packet 40 mEq by mouth every 4 hours SERUM CREATININE LESS THAN 2 mg/dL:

Administer if serum potassium 3.5-3.9 mEq/L. If patient has potassium losses check level 4 hours after administration, if no losses, re-check in 12 hours.
sodium chloride 3% nebulizer solution 4 ml inhalant every 4-6 hours Every 6 hours Shortness of Breath, Wheezing
Norvasc - Amlodipine Besylate 10 mg tablet by mouth as necessary
Hydrodiuril - Hydrochlorothiazide Take 1 tablet (25 mg total by mouth as necessary
Cozaar - Losartan Potassium Take 1 tablet (100 mg total) by mouth as necessary daily
Oxygen - Oxygen 2l nasal cannula continuous

14. DME and Supplies:

walker, oxygen supplies, cane

15. Safety Measures:

infectious material management, walker precautions, , , , , cardiac precautions, bathroom safety, ambulates with device

16. Nutrition:

low sodium, low cholesterol

17. Allergies:

no known allergies

18.A. Functional Limitations

Dyspnea With Minimal Exertion, Endurance, Ambulation

18.B. Activities Permitted

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:

SELF-CARE: 3. Independent - Patient completed all the activities by

22.B.Discharge Plans

patient will be responsible for managing treatment

23. Signature and Date of Verbal SOC Where Applicable:

Electronically Signed by Messick, Charles SN RN on 09/25/2025

25. Date HHA Received Signed POT

24. Physician's Name and Address

Carlos Barrero
1576 Merritt Blvd Ste 14
Baltimore, MD 21217
PHONE: 4106502000 FAX: 18666395353 NPI: 1215590336

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 : 09/19/2025

27. Attending Physician's Signature and Date Signed **10/07/2025**: 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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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:

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.
 Date of Order 09/25/2025 Orders Physician Face-to-Face Date: 09/19/2025 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 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: soc Physician Barrero, Carlos

SN Careplans

SN WK1: 1 (09/25/25-09/27/25)

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

CAREGIVER: 2. Non-agency caregiver(s) need training/supportive services to provide assistance

HOSPITALIZATION RISKS: 7. Currently taking 5 or more medications

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
Advance Directive:POLST (Physician Orders for Life-Sustaining Treatment)

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 -

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

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

SN Goals

PATIENT-STATED GOAL: I want to get rid of my oxygen

GOALS
patient/caregiver recalls
* how to achieve wound healing including cleaning and dressing wound
* position changes
* skin care
* diet modification
* record wound measurements
* 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 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
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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
	PAGE 3 of 3
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