

Home Health Certification and Plan of Care				Order ID: 179/12379	
1. Patient s HI claim No.		2. Start Of Care Date		3. Certification Period	
1EG4TE5MK73		10/01/2025		From: 10/01/2025 To: 11/29/2025	
4. Medical Record No.		5. Provider No.			
7278		242353			
6. Patient's Name and Address			7. Provider's Name, Address and Telephone Number		
Benedict Pearson 4109 Pascal Ave, TOWSON, MD 21204 410-952-3140			Home Health Cares 579# EAST MARKET@STREETS HARRISONBURG, VA 22801-1234 540-433-7146 1234567891		
8. DOB			9. Sex		
02/04/1981			Male		
11. ICD 10.		Principal Diagnosis		Date	
E11.22		Essential (primary) hypertension		10/01/25	
13. ICD		Other Pertinent Diagnoses		Date	
E11.22		Type 2 diabetes mellitus w diabetic chronic kidney disease		10/01/25	
14. DME and Supplies:			15. Safety Measures:		
None of the above			None of the above		
16. Nutrition:			17. Allergies:		
1800cal ADA			no known allergies		
18.A. Functional Limitations			18.B. Activities Permitted		
None of the above			None of the above		
19. Mental & Psychosocial 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: 2. On awakening or at night only, SOCIAL ISOLATION: 1. Rarely, 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: 1. Dependent - A helper completed all the activities for the patient., MOBILITY: 1. Dependent - A helper completed all the activities for the patient.			patient will be responsible for managing treatment patient will be responsible for managing treatment 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: Dementia					
SN Careplans			SN Goals		
SN WK1: 3 (10/01/25-10/04/25)			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 patient/caregiver recalls * how to take the patient's blood pressure * record the reading * recalls related medication(s) purpose, schedule		
CAREGIVER: 2. Non-agency caregiver(s) need training/supportive services to provide assistance			patient/caregiver recalls * diabetic medication management * blood sugar testing * diabetic foot care * exercise * diabetic diet * recalls related medication(s) purpose, schedule		
HOSPITALIZATION RISKS: 8. Currently reports exhaustion			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		
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			patient/caregiver recalls * prevention exacerbation of anxiety condition including coping patterns * improved concentration * strategies to reduce anxiety * identification of anxiety precipitants, conflicts, and threats * recalls related medication(s) purpose, schedule		
PROBLEMS IDENTIFIED ON ASSESSMENT: M1700 - Cognition, M1720 - Anxiety, Home Safety, A1250 - Lack of Necessary Transportation, Financial, M2102c - Med Admin, M2020 - Oral Med Management, Home Safety, Financial, M2102d - Caregiver Performs Treatment, M2102f - Patient Supervision, meal preparation, abnormal sputum production, cramping calves/thighs/hips, M1400 - Dyspnea, M1033 - Exhaustion, abnormal thyroid 0.40 - 4.50 mIU/mL, nausea/vomiting, regurgitation of food, painful urination, M1600 - UTI, limited endurance, muscle spasms, weak hand grips, seizures, tooth pain/decay/sensitivity, skin breakdown r/t incontinence			patient/caregiver recalls * how to keep home safe for patient with dementia * coping strategies for the caregiver * recalls related medication(s) purpose, schedule		
PROCEDURES: cough/deep breathing exercises, incentive spirometer, train caregiver(s) to perform medical/rehabilitation treatments, coordinate/arrange caregiver support to prevent caregiver physical, emotional and mental exhaustion, glucose testing via monitor, teach/coordinate/arrange medication packaging and/or administration, coordinate/arrange for adequate patient supervision, coordinate/arrange preparation of missing meals, coordinate/arrange repair of inadequate heating, coordinate/arrange repair of inadequate lighting, coordinate/arrange access to medicine/medical supplies considering patient inability to pay, coordinate/arrange access to rent/utility assistance considering patient inability to pay, coordinate/arrange transportation services			patient/caregiver recalls * prevention including increase fluid intake * increase Vitamin C intake to promote acidic bladder environment (cranberry juice) * perineal hygiene * recalls related medication(s) purpose, schedule		
TEACH PATIENT/CAREGIVER: * 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, * prevention exacerbation of anxiety condition including coping patterns improved concentration strategies to reduce anxiety identification of anxiety precipitants, conflicts, and threats, related medication(s) purpose, schedule, * how to keep home safe for patient with dementia coping strategies for the caregiver, related medication(s) purpose, schedule, * diabetic medication management blood sugar testing diabetic foot care exercise diabetic diet, 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, * strategies to minimize fatigue and exhaustion including work simplification energy conservation lifestyle changes diet, related			patient/caregiver recalls * strategies to minimize fatigue and exhaustion including work simplification * energy conservation		
23. Signature and Date of Verbal SOC Where Applicable:				25. Date HHA Received Signed POT	
Electronically Signed by Casias, Kathy SN on 10/01/2025					
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.		
Dr. John Doe 3932 Wesley Chapel, FL 33543 PHONE: 333-510-5044 FAX: 12072219995 NPI: 1801093968			F2F date : 10/01/2025		
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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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 medicine/medical supplies considering inability to pay, patient has access to rent/utility assistance considering inability to pay, patient is adequately supervised, meal preparation is available to patient for all meals, caregiver administers and/or packages medications appropriately, caregiver performs medical/rehabilitation treatments with adequate competence		* lifestyle changes * diet * 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 medicine/medical supplies considering inability to pay patient has access to rent/utility assistance considering inability to pay patient is adequately supervised meal preparation is available to patient for all meals caregiver administers and/or packages medications appropriately caregiver performs medical/rehabilitation treatments with adequate competence		
PT Careplans PT WK1: 3 (10/01/25-10/04/25) PROBLEMS IDENTIFIED ON ASSESSMENT: M1400 Dyspnea, GG0170F1 - Toilet Transfer, GG0170D1 - Sit to Stand, GG0170E1 - Chair to Bed to Chair, GG0170G1 - Car Transfer, GG0170I1 - Walk 10 Feet, GG0170J1 - Walk 50 ft with 2 Turns, GG0170K1 - Walk 150 Feet, GG0170L1 - Walk 10 ft on Uneven Surface, GG0170M1 - 1 - Step (curb), GG0170N1 - 4 Steps, GG0170O1 - 12 Steps, GG0170P1 - Picking Up Object PROCEDURES: cough/deep breathing exercises, incentive spirometer, gait training on uneven surfaces, gait training/stair training, transfers training TEACH PATIENT/CAREGIVER: * 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, Sit to Stand - 01. Dependent, Chair to Bed to Chair - 01. Dependent, Toilet Transfer - 04. Supervision or touching assistance, Car Transfer - 01. Dependent, Walk 10 Feet - 03. Partial/moderate assistance, Walk 50 ft with 2 Turns - 03. Partial/moderate assistance, Walk 150 Feet - 03. Partial/moderate assistance, 1 - Step (curb) - 03. Partial/moderate assistance, 4 Steps - 03. Partial/moderate assistance, 12 Steps - 03. Partial/moderate assistance, Picking Up Object - 03. Partial/moderate assistance		PT Goals PATIENT-STATED GOAL: Move Independently GOALS 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 Sit to Stand - 01. Dependent Chair to Bed to Chair - 01. Dependent Toilet Transfer - 04. Supervision or touching assistance Car Transfer - 01. Dependent Walk 10 Feet - 03. Partial/moderate assistance Walk 50 ft with 2 Turns - 03. Partial/moderate assistance Walk 150 Feet - 03. Partial/moderate assistance 1 - Step (curb) - 03. Partial/moderate assistance 4 Steps - 03. Partial/moderate assistance 12 Steps - 03. Partial/moderate assistance Picking Up Object - 03. Partial/moderate assistance		
OT Careplans OT WK2: 3 (10/05/25-10/11/25) PROBLEMS IDENTIFIED ON ASSESSMENT: M1400 - Dyspnea, GG0130B1 - Oral Hygiene, GG0130F1 - Upper Body Dressing, GG0130G1 - Lower Body Dressing, GG0130H1 - Don/Doff Footwear, GG0130E1 - Shower/Bathe Self, GG0130C1 - Toileting Hygiene, GG0130A1 - Eating PROCEDURES: cough/deep breathing exercises, incentive spirometer, equipment training, work simplification/energy conservation TEACH PATIENT/CAREGIVER: * 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, Oral Hygiene - 03. Partial/moderate assistance, Upper Body Dressing - 03. Partial/moderate assistance, Lower Body Dressing - 03. Partial/moderate assistance, Shower/Bathe Self - 04. Supervision or touching assistance, Toileting Hygiene - 03. Partial/moderate assistance, Don/Doff Footwear - 03. Partial/moderate assistance, Eating - 03. Partial/moderate assistance		OT Goals PATIENT-STATED GOAL: Move Independently GOALS 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 Oral Hygiene - 03. Partial/moderate assistance Upper Body Dressing - 03. Partial/moderate assistance Lower Body Dressing - 03. Partial/moderate assistance Shower/Bathe Self - 04. Supervision or touching assistance Toileting Hygiene - 03. Partial/moderate assistance		
Signature of Physician:		Date PAGE 2 of 3		
Optional Name/Signature of Nurse/Therapist: Electronically Signed by Casias, Kathy SN		Date 10/01/2025		

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		Toileting Hygiene - 03. Partial/moderate assistance Don/Doff Footwear - 03. Partial/moderate assistance Eating - 03. Partial/moderate assistance		

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