

Home Health Certification and Plan of Care				Order ID: 1150/14600		
1. Patient s HI claim No.		2. Start Of Care Date	3. Certification Period		4. Medical Record No.	5. Provider No.
9CA6X38AJ85		12/02/2025	From: 12/02/2025 To: 01/30/2026		20136	217058
6. Patient's Name and Address Sharon Petryszak 14407 Maple Ridge Ct, BALDWIN, MD 21013- 443-299-6515			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 07/22/1942 9. Sex Female			10. Medications: Dose/Frequency/Route (N)ew (C)hanged			
11. ICD	Principal Diagnosis		Date	Metoprolol Succinate - Metoprolol Succinate 25 MG tablet, Take 1 tablet by mouth once a day HTN Potassium Chloride - Potassium Chloride 20 MEQ tablet extended release,Take 1 tablet by mouth twice a day Take 1 tablet by mouth 2 times daily for 7 days, THEN 1 tablet daily for 14 days. Take with lasix Preservision - Normal Saline Caps Take by mouth by mouth twice a day * PreserVision AREDS Caps Take by mouth 2 times daily. Vitamin B 12 - Alpha-Tocopherol Acetate: Ascorbic Acid: Biotin: Cholecalciferol: Cyanocobalamin: Dexpanthenol: Folic Acid: Niacinamide: Pyridox 50 MCG Tabs Take 50 mcg by mouth once a day SUPPLEMENT Warfarin - Warfarin Sodium 1 mg tablet, Take 1 tablet by mouth at bedtime Take 1 tablet by mouth every evening. No Coumadin today 11/29/2025. Begin 1 mg tomorrow 11/30/2025. And as instructed for goal INR 2-3 Do not start before November 30, 2025. Acetaminophen - Acetaminophen 500 MG tablet Take 2 tablets by mouth every 6 hours Take 2 tablets by mouth every 6 hours for 7 days. And then may take as needed for pain Amiodarone - Amiodarone Hydrochloride 200 MG tablet Take 1 tablet by mouth twice a day 200 MG tablet Take 1 tablet by mouth 2 times daily for 5 days, THEN 1 tablet daily FOR AFIB Atorvastatin - Atorvastatin Calcium 10 MG tablet Take 10 mg by mouth at bedtime 10 MG tablet Take 10 mg by mouth nightly. CHOLESTEROL Levothyroxine - Levothyroxine Sodium 100 MCG tablet Take 100 mcg by mouth once a day 100 MCG tablet Take 100 mcg by mouth daily before breakfast. Calcium - Calcium Acetate 600 MG Tabs Take 600 mg by mouth once a day 600 MG Tabs Take 600 mg by mouth daily. On admit 11/24/25 for mitral valve replacement, last dose 11/19/25. Vitamin D3 - Alpha-Tocopherol Acetate: Ascorbic Acid: Biotin: Cholecalciferol: Cyanocobalamin: Dexpanthenol: Folic Acid: Niacinamide: Pyridox 50 MCG (2000 UT) Caps Take 1 capsule by mouth once a day 50 MCG (2000 UT) Caps Take 1 capsule by mouth daily. On admit 11/24/25 for mirtal valve replacement, last dose 11/19/25. Furosemide - Furosemide 40 MG tablet Take 1 tablet by mouth twice a day 40 MG tablet Take 1 tablet by mouth twice a day for 7 days, THEN 1 tablet daily for 14 days.		
Z48.812	Encntr for surgical afctr following surgery on the circ sys		12/02/25			
13. ICD	Other Pertinent Diagnoses		Date			
I48.11	Longstanding persistent atrial fibrillation		12/02/25			
I25.10	Athscl heart disease of native coronary artery w/o ang pctrs		12/02/25			
E78.5	Hyperlipidemia unspecified		12/02/25			
E03.9	Hypothyroidism unspecified		12/02/25			
G62.9	Polyneuropathy unspecified		12/02/25			
M91.90	Juvenile osteochondrosis of hip and pelvis unsp unsp leg		12/02/25			
H35.30	Unspecified macular degeneration		12/02/25			
Z95.2	Presence of prosthetic heart valve		12/02/25			
Z79.01	Long term (current) use of anticoagulants		12/02/25			
Z85.048	Prsntl hx of malig neoplm of rectum rectosig junct and anus		12/02/25			
Z87.891	Personal history of nicotine dependence		12/02/25			
14. DME and Supplies: rolling walker, hand held shower, bath bench, wound care supplies			15. Safety Measures: ambulates with device, walker precautions, , cardiac precautions, bathroom safety,			
16. Nutrition: cardiac diet, low cholesterol			17. Allergies: amoxicillin			
18.A. Functional Limitations Dyspnea With Minimal Exertion, Ambulation			18.B. Activities Permitted Up As Tolerated			
19. Mental & COGNITION: 0. Alert/ oriented, able to focus and shift attention, comprehends and recalls task directions independently., ANXIETY: 0. Never, SOCIAL ISOLATION: 0. Pyschosocial Status: Never, BEHAVIORAL ISSUES: 7. None of the above behaviors demonstrated, HISTORY OF DEPRESSION: No						
20. Prognosis: fair						
22. A Rehabilitation Potential: SELF-CARE: 3. Independent - Patient completed all the activities by 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.			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 RN on 12/02/2025					25. Date HHA Received Signed POT	
24. Physician's Name and Address Rawn Salenger 7505 Olser Dr Towson, MD 21204 PHONE: 4103371783 FAX: 14104272063 NPI: 1568465516			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 : 11/28/2025			
27. Attending Physician's Signature and Date Signed 12/10/2025 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. PAGE 1 of 2			

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Homebound status: After undergoing Cardiac Surgery, 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 an 83-year-old female with a past medical history significant for atrial fibrillation, hyperlipidemia, hypothyroidism, and rectal cancer, who is status post recent cardiac surgery. The surgical site is left open to air (LOTA) per provider orders, and the patient was instructed to cleanse the area with wound cleanser after showering and to gently pat dry with a clean towel; the incision was observed to be managed according to these instructions. The patient is alert and oriented to person, place, time, and situation. She was recently initiated on warfarin 1 mg daily for anticoagulation management, and a blood sample for INR monitoring was obtained and sent to LabCorp on York Road. The patient reports shortness of breath with exertion, generalized weakness, and ambulates with the assistance of a rollator. She reports a pain level of 2 on a 0-10 scale. The patient additionally reports experiencing loose stools. Comprehensive patient education was provided, including instruction on the use of a chest pillow to splint the incision during coughing, reinforcement of a heart-healthy cardiac diet, and guidance on following a BRAT diet to assist with management of loose stools. The patient resides with her spouse, and her daughter is actively involved and present during the visit. The patient and family verbalized understanding of the education provided. Ongoing skilled nursing services are planned to continue monitoring anticoagulation therapy, cardiopulmonary status, functional mobility, wound care, and overall recovery following cardiac surgery.</div><div> </div><div>Date of Order</div><div>12/02/2025</div><div>Orders</div><div>Physician Face-to-Face Date: 11/28/2025</div><div>Clinical Condition Requiring Home Care per Certifying Physician: SN-disease management PT-eval & treat due to Cardiac Surgery</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>Salenger,</div><div>Rawn</div>

SN Careplans

SN WK1: 1 (12/02/25-12/06/25) ,WK2: 1 (12/07/25-12/13/25) ,WK3: 1 (12/14/25-12/20/25) ,WK4: 1 (12/21/25-12/27/25)

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

HOSPITALIZATION RISKS: 7. Currently taking 5 or more medications, 8. Currently reports exhaustion, 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; 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:No Advance Directive

PROBLEMS IDENTIFIED ON ASSESSMENT: M2020 - Oral Med Management, M1033 - Exhaustion, M1400 - Dyspnea, abnormal thyroid < > 0.40 - 4.50 mIU/mL, limited strength, Pain Interference with ADLs, balance deficit, loss of appetite, bruising/dyscoloration, #1 - Observable Surgical Wound - Anterior Left Upper Chest - Mid chest cardiac surgical site.

PROCEDURES: Medication Review: Medication reviewed by patient/caregiver, cough/deep breathing exercises, incentive spirometer, physician-ordered wound care: Mid chest surgical site: After showering, spray the surgical site with the wound cleanser and pat dry with a dry towel and LOT.., venipuncture: At SOC Visit- needs lab drawn for INR. fax results to Kate Knott NP 410-337-1783 cell phone:410-428-5788

TEACH PATIENT/CAREGIVER: * lifestyle modifications to manage cardiac condition including symptom management diet changes regular exercise getting enough sleep, 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, * 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 achieve wound healing including cleaning and dressing wound position changes skin care diet modification record wound measurements, related medication(s) purpose, schedule, * prescribed dietary modifications monitoring intake and output monitoring weight loss or weight gain monitor changes in neurological status, related medication(s) purpose, schedule, * strategies to minimize fatigue and exhaustion including work simplification energy conservation lifestyle changes diet, related medication(s) purpose, schedule, patient self-administers medications as prescribed, related medication(s) purpose, schedule

SN Goals

PATIENT-STATED GOAL: to walk without assistive devices

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

- * prescribed dietary modifications
- * monitoring intake and output
- * monitoring weight loss or weight gain
- * monitor changes in neurological status
- * 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

- * strategies to minimize fatigue and exhaustion including work simplification
- * energy conservation
- * lifestyle changes
- * diet
- * recalls related medication(s) purpose, schedule

patient self-administers medications as prescribed

- * recalls related medication(s) purpose, schedule

Signature of Physician:	Date
	PAGE 2 of 2
Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by Messick, Charles RN	12/02/2025