# Home Health Certification and Plan of Care

**Order ID: 1150/15672**

| 1. Patient s HI claim No. | 2. Start Of Care Date | 3. Certification Period | 4. Medical Record No. | 5. Provider No. |
|---|---|---|---|---|
| 46244956 | 01/19/2026 | From: 01/19/2026 To: 03/19/2026 | 21287 | 217058 |

**6. Patient's Name and Address**

Douglas Marquess
1312 VERMONT RD,
Bel Air, MD 21014
410-627-4237

**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** 09/07/1952 **9.Sex** Male

| 11. ICD | Principal Diagnosis | Date |
|---|---|---|
| Z48.812 | Encntr for surgical aftcr following surgery on the circ sys | 01/19/26 |

| 13. ICD | Other Pertinent Diagnoses | Date |
|---|---|---|
| Z95.2 | Presence of prosthetic heart valve | 01/19/26 |
| I10. | Essential (primary) hypertension | 01/19/26 |
| E11.9 | Type 2 diabetes mellitus without complications | 01/19/26 |
| E78.5 | Hyperlipidemia unspecified | 01/19/26 |
| Z96.0 | Presence of urogenital implants | 01/19/26 |
| Z79.84 | Long term (current) use of oral hypoglycemic drugs | 01/19/26 |
| C47.11 | Malig neoplm of prph nerves of right upper limb inc shldr | 01/19/26 |
| Z79.82 | Long term (current) use of aspirin | 01/19/26 |

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

Metformin - Metformin Hydrochloride 500mg by mouth twice a day Take 1 tab (500mg) in the AM with a meal and 1 tab (500mg) in the evening with a meal.
Lisinopril - Lisinopril 20mg tabs by mouth once a day Take one 2omg tab daily for blood pressure control.
Lipitor - Atorvastatin Calcium eq 20 mg base 1 20mg tab by mouth once a day Take 1 20mg tab daily for cholesterol
Toprol Xl - Metoprolol Tartrate 25mg tab by mouth once a day Take one 25mg tab daily for heart rate control
Hydrochlorothiazide - Hydrochlorothiazide 25 mg One 25mg tab by mouth once a day Take one 25mg tab e ery morning for blood pressure control.
Albuterol - Albuterol 90mcg 2 puffs inhalant every 4 hours Take two puffs every four hours as needed for wheezing.
Extra Strength Tylenol - Acetaminophen 500mg by mouth every 8 hours Take two tabs 1000mg total as needed for pain relief.
Aspirin 81Mg - Aspirin 1 tab 81mg by mouth twice a day Take one 81mg tab twice daily to prevent cardiac issues.

**14. DME and Supplies:**

bath bench, 4 wheeled walker

**15. Safety Measures:**

walker precautions, bathroom safety, anticoagulant precautions, ambulates with device, ambulates with assistance, cardiac precautions, supervision at all times, transfer with assist, standard precautions, fall precautions, diabetic precautions, bleeding precautions, activity supervision

**16. Nutrition:**

cardiac diet, diabetic

**17. Allergies:**

no known allergies

**18.A. Functional Limitations**

Endurance, Ambulation

**18.B. Activities Permitted**

Walker, Exercises Prescribed, , 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 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**

another facility/provider will be responsible for managing treatment

**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 73-year-old male status post aortic valve replacement and aortic repair for an aortic aneurysm who was discharged home to begin home health services. He resides in a single-family home with his wife, who is his primary caregiver, and one dog. The patient remains on the main level of the home, which has multiple accessible entrances, and previously functioned independently with self-care, functional mobility, driving, and instrumental activities of daily living. His past medical history is significant for aortic valve stenosis, hypertension, diabetes mellitus managed with metformin, and hyperlipidemia. The patient has a healed 12-inch midline chest incision requiring no wound care and was recently treated with antibiotics for phlebitis of the right hand and wrist. Pain is minimal and well controlled, and all medications are present in the home. The patient is scheduled to begin outpatient cardiac rehabilitation, though a start date has not yet been established. Physical therapy evaluation indicates the patient denies pain and is able to perform lower extremity therapeutic exercises and ambulate continuously for approximately two minutes with oxygen saturation within normal limits, though mild dyspnea is noted. The patient has returned to baseline functional status, completing self-care, transfers, and ambulation independently. Skilled occupational therapy services are not indicated at this time, and the patient will continue with a home exercise program as instructed.<o:p></o:p> <o:p> </o:p> Date of Order<o:p></o:p> 01/19/2026<br> Order<o:p></o:p> Physician Face-to-Face Date: 01/08/2026<br> Clinical Condition Requiring Home Care per Certifying Physician: sn-disease management pt-eval & treat ot-eval & treat hhadl's dx: Encounter for surgical aftercare following surgery on the circulatory system<br> Homebound Status per Certifying Physician: patient requires another person or medical equipment such as crutches, a walker, or a wheelchair to leave home<o:p></o:p> <br> 1 - SOC - SN Notes: <o:p></o:p> PT Eval Notes:<br> OT Eval Notes:<o:p></o:p> Physician: Levine , Robert

**SN Careplans**

SN WK1: 1 (01/19/26-01/24/26) ,WK2: 1 (01/25/26-01/31/26) ,WK3: 1 (02/01/26-02/07/26) ,WK4: 1 (02/08/26-02/14/26) ,WK5: 1 (02/15/26-02/21/26) ,WK6: 1 (02/22/26-02/28/26)

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

**SN Goals**

PATIENT-STATED GOAL: Patient states he wants to get back to being able to walk his dog again in his neighborhood.

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 medicatio

patient self-administers medications as prescribed
* recalls related medication(s) purpose, schedule

**23. Signature and Date of Verbal SOC Where Applicable:**

Electronically Signed by Messick, Charles RN on 01/19/2026

**25. Date HHA Received Signed POT**

**24. Physician's Name and Address**

Robert Levine
2391 Greenspring Drive
Timonium, MD 21093
PHONE: 410-847-3000 FAX: 18554160980 NPI: 1417274432

**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 : 01/08/2026

**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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hazards, living space adequately lit, assistive devices prn; emergency preparedness: plan for prn evacuation, resumption of home health visits; Assess the patient's incision on post op day 7 and the nurse or physical therapist will remove aquacel dressing leaving OTA; if incision is draining educate pt/pcg on cleaning with normal saline and covering with dry gauze daily and as needed.
Assess/Instruct Pt/Pcg: Ice to ____ x 20 minutes each hour while awake. If cold machine ordered apply 20 minutes on and 20 minutes off for 3-4 times a day.
Assess/Instruct all body systems/vital signs/complications, Blood Pressure; systolic is greater than 169 mm Hg or less than 90 mm Hg; diastolic is greater than 100 mm Hg or less than 55 mm Hg, Clinician to assess comorbidities and report changes in condition to the patient's physician, Pain Rating is greater than 6 on 0-10 scale, Pulse is greater than 110 or less than 50, Respirations are greater than 22 or less than 8, SPO2: is less than 90 % at rest /with exertion, Temperature is greater than 100.5 F or less than 95.0 F, Pain Rating is greater than 6 on 0-10 scale
Implement Fall Prevention Program, Instruct and educate the patient/PCG on wearing compression stockings for the next 4 weeks per discharge instructions.
Instruct the pt/PCG on using the incentive spirometer 10 times every 2 hour while awake.
Provide education content at patient's level of health literacy.
Assess/Instruct Pt/Pcg: Safety measures to prevent injury.
Assess: Musculoskeletal status.
Teach Pt/Pcg to maintain appropriate wt bearing status as ordered by MD, total joint replacement precautions as applicable, Safe stair climbing skills, Safe, effective use of adaptive/assist device
Assess/Instruct Pt/Pcg: Pain management measures; assess pain level, pain medication, rest, body alignment, ROM, meditation, massage.
Pt/Pcg educated in pain management techniques including positioning and relaxation techniques
Instruct Pt/Pcg: Medication actions, uses, frequency, dose, side effects, interactions of all new/change meds, Provide medication education,.
Assess/Instruct Pt/Pcg: Safety measures to prevent injury, Therapeutic Exercise, Transfer Training
Monitor surgical wound for s/s of infection, educate on s/s of concern and infection prevention to promote wound healing.

; 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:Living Will

PROBLEMS IDENTIFIED ON ASSESSMENT: M2020 - Oral Med Management, M2102c - Med Admin, M2102f - Patient Supervision, M2102d - Caregiver Performs Treatment, M1400 - Dyspnea, dependent edema, muscle weakness, limited strength, limited endurance, limited range of motion, swell/redness surround. skin

PROCEDURES: cough/deep breathing exercises, incentive spirometer, train caregiver(s) to perform medical/rehabilitation treatments, physician-ordered wound care, teach/coordinate/arrange medication packaging and/or administration, coordinate/arrange for adequate patient supervision

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 medicatio, patient self-administers medications as prescribed, related medication(s) purpose, schedule, caregiver administers and/or packages medications appropriately

caregiver administers and/or packages medications appropriately

## PT Careplans

PT WK1: 1 (01/19/26-01/24/26) ,WK2: 1 (01/25/26-01/31/26) ,WK3: 2 (02/01/26-02/07/26) ,WK4: 2 (02/08/26-02/14/26) ,WK5: 2 (02/15/26-02/21/26)

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: Therapeutic exercised: SLR, LE ABD/ADD, LONG ARC , MARCHIUNG AND PROGRESSIVES CONTINOUS WALK, 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 medicatio, Chair to Bed to Chair - 06. Independent, Sit to Stand - 06. Independent, Toilet Transfer - 06. Independent, Car Transfer - 06. Independent, Walk 10 Feet - 06. Independent, Walk 50 ft with 2 Turns - 06. Independent, Walk 150 Feet - 06. Independent, Walk 10 ft on Uneven Surface - 06. Independent, 1 - Step (curb) - 06. Independent, 4 Steps - 06. Independent, 12 Steps - 06. Independent, Picking Up Object - 06. Independent

## PT Goals

PATIENT-STATED GOAL: To get stronger with improved activity tolerance

GOALS
Chair to Bed to Chair - 06. Independent

Toilet Transfer - 06. Independent

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 medicatio

Sit to Stand - 06. Independent

Car Transfer - 06. Independent

Walk 10 Feet - 06. Independent

Walk 50 ft with 2 Turns - 06. Independent

Walk 150 Feet - 06. Independent

Walk 10 ft on Uneven Surface - 06. Independent

1 - Step (curb) - 06. Independent

4 Steps - 06. Independent

12 Steps - 06. Independent

| Signature of Physician: | Date |
|---|---|
| | |



| Optional Name/Signature of Nurse/Therapist: | Date |
|---|---|
| Electronically Signed by Messick, Charles RN | 01/19/2026 |

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Picking Up Object - 06. Independent

## OT Careplans

OT WK1: 1 (01/19/26-01/24/26)

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: Medication Review : Medication reviewed with patient and patient's wife. All medications in the home.

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 medicatio, Oral Hygiene - 06. Independent, Toileting Hygiene - 06. Independent, Shower/Bathe Self - 06. Independent, Lower Body Dressing - 06. Independent, Don/Doff Footwear - 06. Independent, Eating - 06. Independent, Upper Body Dressing - 06. Independent

## OT Goals

PATIENT-STATED GOAL: Evaluation only

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 medicatio

Oral Hygiene - 06. Independent

Toileting Hygiene - 06. Independent

Shower/Bathe Self - 06. Independent

Lower Body Dressing - 06. Independent

Don/Doff Footwear - 06. Independent

Eating - 06. Independent

Upper Body Dressing - 06. Independent

Signature of Physician:

Date



Optional Name/Signature of Nurse/Therapist:

Electronically Signed by Messick, Charles RN

Date

01/19/2026