

Home Health Certification and Plan of Care				Order ID: 1150/15916	
1. Patient s HI claim No.		2. Start Of Care Date		3. Certification Period	
7W91YT2TG03		01/30/2026		From: 01/30/2026 To: 03/30/2026	
				4. Medical Record No.	
				21852	
				5. Provider No.	
				217058	
6. Patient's Name and Address			7. Provider's Name, Address and Telephone Number		
Festus Jones 3439 Ripple Rd, WINDSOR MILL, MD 21244-3604 443-851-7933			HomeCentris Healthcare LLC 10 Crossroads Drive, Suite 102 Owings Mills, MD 21117-8284 410-321-8448 1487113239		
8. DOB 07/26/1949			9. Sex Male		
11. ICD Principal Diagnosis			Date		
Z48.812 Encntr for surgical afctr following surgery on the circ sys			01/30/26		
13. ICD Other Pertinent Diagnoses			Date		
I25.10 Athscl heart disease of native coronary artery w/o ang pctrs			01/30/26		
Z95.1 Presence of aortocoronary bypass graft			01/30/26		
E78.00 Pure hypercholesterolemia unspecified			01/30/26		
I10. Essential (primary) hypertension			01/30/26		
E11.9 Type 2 diabetes mellitus without complications			01/30/26		
I48.91 Unspecified atrial fibrillation			01/30/26		
M10.9 Gout unspecified			01/30/26		
M81.0 Age-related osteoporosis w/o current pathological fracture			01/30/26		
M51.369 Oth intvrt disc degen lum rgn w/o lum bck or lw extrm painOth intvrt disc degen lum rgn w/o lum bck or lw extrm pain			01/30/26		
M06.9 Rheumatoid arthritis unspecified			01/30/26		
D64.9 Anemia unspecified			01/30/26		
G89.29 Other chronic pain			01/30/26		
M54.50 Low back pain unspecified			01/30/26		
E55.9 Vitamin D deficiency unspecified			01/30/26		
Z85.46 Personal history of malignant neoplasm of prostate			01/30/26		
Z86.16 Personal history of COVID-19			01/30/26		
Z87.891 Personal history of nicotine dependence			01/30/26		
Z79.84 Long term (current) use of oral hypoglycemic drugs			01/30/26		
Z79.82 Long term (current) use of aspirin			01/30/26		
14. DME and Supplies:			15. Safety Measures:		
bath bench, cane, walker			fall precautions, medication safety, cardiac precautions, bathroom safety, anticoagulant precautions, ambulates with device		
16. Nutrition:			17. Allergies:		
cardiac diet			No Known Allergies		
18.A. Functional Limitations			18.B. Activities Permitted		
Endurance, Ambulation			Up As Tolerated		
19. Mental & Psychosocial Status:			20. Prognosis:		
COGNITION: 0. Alert/ oriented, able to focus and shift attention, comprehends and recalls task directions independently., ANXIETY: 1. In new or complex situations only, SOCIAL ISOLATION: 0. Never, BEHAVIORAL ISSUES: 7. None of the above behaviors demonstrated, HISTORY OF DEPRESSION: No			good		
22. A Rehabilitation Potential:			22.B.Discharge Plans		
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.			family/caregiver 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:			<p class="MsoNoSpacing">The patient is a 76-year-old male with a past medical history significant for coronary artery disease, anemia, hyperlipidemia, hypertension, atrial fibrillation, rheumatoid arthritis, chronic low back pain, and prior cardiac catheterization, admitted to home health services following open-heart coronary artery bypass graft (CABG) surgery on January 20, 2026. On assessment, the patient was alert and oriented 4 and reported mild incisional pain rated 2/10 at the superior aspect of the sternal incision. He denied shortness of breath, chest pain, dizziness, or lightheadedness. The patient is independently ambulatory within the home, with a cane and walker available if needed, and has continuous family support from his daughters and significant other. Lung sounds were clear to auscultation, and the patient demonstrated appropriate use of the incentive spirometer, with education reinforced to increase frequency. Bowel sounds were present, with the last bowel movement reported the previous day. The patient and family reported discontinuation of metformin due to severe diarrhea, with blood glucose levels remaining within normal limits. Peripheral pulses were palpable in all extremities, with no edema noted. Skin assessment revealed warm, dry, intact skin with a healing vertical sternal incision extending from the manubrium to the xiphoid process and four healing laparoscopic abdominal sites; a small, tender area of edema was noted at the superior aspect of the sternal incision, which has been reported to the provider and deemed an expected postoperative finding. Physical therapy evaluation revealed decreased bilateral lower-extremity strength (3+/5 MMT) and reduced endurance, requiring supervision for ambulation without an assistive device. Skilled home health physical therapy is indicated to improve strength, endurance, and mobility safety to facilitate a return to the patient's prior level of function.</o:p></p> <p class="MsoNoSpacing"><o:p> </o:p></p> <p class="MsoNoSpacing">Date of Order<o:p></o:p></p> <p class="MsoNoSpacing">01/30/2026 Order<o:p></o:p></p> <p class="MsoNoSpacing">Physician Face-to-Face Date: 01/24/2026 Clinical Condition Requiring Home Care per Certifying Physician: SN-disease management PT-eval & treat DX: 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		

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home<o:p></o:p></p> <p class="MsoNoSpacing">
 1 - SOC - SN Notes: <o:p></o:p></p> <p class="MsoNoSpacing">PT Eval Notes:<o:p></o:p></p> <p class="MsoNoSpacing">Physician: France, CRNP, Tiffanie</p>

SN Careplans

SN WK1: 1 (01/30/26-01/31/26) ,WK2: 2 (02/01/26-02/07/26) ,WK3: 2 (02/08/26-02/14/26) ,WK4: 1 (02/15/26-02/21/26) ,WK5: 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: 1. Non-agency caregiver(s) currently provide assistance

HOSPITALIZATION RISKS: 7. Currently taking 5 or more medications, 8. Currently reports exhaustion

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; 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:No Advance Directive

PROBLEMS IDENTIFIED ON ASSESSMENT: , M2020 - Oral Med Management, M2102f - Patient Supervision, M2102d - Caregiver Performs Treatment, M1033 - Exhaustion, M1400 - Dyspnea, limited endurance, Pain Effect on Sleep, Pain Interference with ADLs, balance deficit, #1 - Observable Surgical Wound - Anterior Midline -

PROCEDURES: cough/deep breathing exercises, incentive spirometer, train caregiver(s) to perform medical/rehabilitation treatments, 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, * 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 relaxatio, * how to achieve wound healing including cleaning and dressing wound position changes skin care diet modification record wound measurements, 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, patient is adequately supervised, caregiver performs medical/rehabilitation treatments with adequate competence

SN Goals

PATIENT-STATED GOAL: "I want to heal and get back to enjoying my retirement.:

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/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 self-administers medications as prescribed

- * recalls related medication(s) purpose, schedule

patient is adequately supervised

caregiver performs medical/rehabilitation treatments with adequate competence

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 relaxatio

patient/caregiver recalls

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

PT Careplans

Signature of Physician:

Optional Name/Signature of Nurse/Therapist:

Electronically Signed by Messick, Charles RN

PT Goals

Date

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PT WK2: 1 (02/01/26-02/07/26) ,WK3: 1 (02/08/26-02/14/26) ,WK4: 1 (02/15/26-02/21/26) ,WK5: 1 (02/22/26-02/28/26) PROBLEMS IDENTIFIED ON ASSESSMENT: M1400 - Dyspnea, GG0170G1 - Car Transfer, GG0170P1 - Picking Up Object, GG0170O1 - 12 Steps, GG0170N1 - 4 Steps, GG0170M1 - 1 - Step (curb), GG0170L1 - Walk 10 ft on Uneven Surface, GG0170K1 - Walk 150 Feet, GG0170J1 - Walk 50 ft with 2 Turns, GG0170I1 - Walk 10 Feet, GG0130B1 - Oral Hygiene, GG0170E1 - Chair to Bed to Chair, GG0170D1 - Sit to Stand, GG0130C1 - Toileting Hygiene, GG0170F1 - Toilet Transfer, GG0130E1 - Shower/Bathe Self, GG0130H1 - Don/Doff Footwear, GG0130G1 - Lower Body Dressing, GG0130F1 - Upper Body Dressing PROCEDURES: Medication Review: - medications reviewed with patient/caregiver, 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, Sit to Stand - 06. Independent, Chair to Bed to Chair - 06. Independent, Toilet Transfer - 06. Independent, Car Transfer - 06. Independent, Walk 10 Feet - 05. Setup or clean-up assistance, Walk 50 ft with 2 Turns - 05. Setup or clean-up assistance, Walk 150 Feet - 05. Setup or clean-up assistance, Walk 10 ft on Uneven Surface - 05. Setup or clean-up assistance, 1 - Step (curb) - 05. Setup or clean-up assistance, 4 Steps - 05. Setup or clean-up assistance, 12 Steps - 05. Setup or clean-up assistance, Picking Up Object - 05. Setup or clean-up assistance, Oral Hygiene - 06. Independent, Toileting Hygiene - 06. Independent, Shower/Bathe Self - 06. Independent, Lower Body Dressing - 06. Independent, Don/Doff Footwear - 06. Independent, Upper Body Dressing - 06. Independent, Medication Review		PATIENT-STATED GOAL: To be able to go to the casino GOALS Chair to Bed to Chair - 06. Independent Toilet Transfer - 06. Independent Walk 10 ft on Uneven Surface - 05. Setup or clean-up assistance 1 - Step (curb) - 05. Setup or clean-up assistance 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 - 05. Setup or clean-up assistance Walk 50 ft with 2 Turns - 05. Setup or clean-up assistance Walk 150 Feet - 05. Setup or clean-up assistance 4 Steps - 05. Setup or clean-up assistance 12 Steps - 05. Setup or clean-up assistance Picking Up Object - 05. Setup or clean-up assistance Oral Hygiene - 06. Independent Toileting Hygiene - 06. Independent Shower/Bathe Self - 06. Independent Lower Body Dressing - 06. Independent Don/Doff Footwear - 06. Independent Upper Body Dressing - 06. Independent Medication Review		

Signature of Physician:	Date
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Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by Messick, Charles RN	01/30/2026