Home Health Certification and Plan of Care

Order ID: 1150/16107

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
1G90C24QG13	01/29/2026	From: 01/29/2026 To: 03/29/2026	21850	217058

6. Patient's Name and Address

Beverly Smith
327 South Deen Avenue,
ABERDEEN, MD 21001-
410-322-7911

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 02/11/1955 | **9.Sex** Female

11. ICD	Principal Diagnosis	Date
Z48.812	Encntr for surgical aftcr following surgery on the circ sys	01/29/26

13. ICD	Other Pertinent Diagnoses	Date
I25.10	Athscl heart disease of native coronary artery w/o ang pctrs	01/29/26
I21.4	Non-ST elevation (NSTEMI) myocardial infarction	01/29/26
Z95.1	Presence of aortocoronary bypass graft	01/29/26
D69.6	Thrombocytopenia unspecified	01/29/26
E11.9	Type 2 diabetes mellitus without complications	01/29/26
I11.0	Hypertensive heart disease with heart failure	01/29/26
I50.9	Heart failure unspecified	01/29/26
E78.2	Mixed hyperlipidemia	01/29/26
K21.9	Gastro-esophageal reflux disease without esophagitis	01/29/26
E03.9	Hypothyroidism unspecified	01/29/26
H26.9	Unspecified cataract	01/29/26
F32.A	Depression unspecified	01/29/26
E66.01	Morbid (severe) obesity due to excess calories	01/29/26
Z79.02	Long term (current) use of antithrombotics/antiplatelets	01/29/26
Z79.4	Long term (current) use of insulin	01/29/26
Z79.82	Long term (current) use of aspirin	01/29/26
Z79.84	Long term (current) use of oral hypoglycemic drugs	01/29/26
Z87.891	Personal history of nicotine dependence	01/29/26
Z86.16	Personal history of COVID-19	01/29/26
Z95.5	Presence of coronary angioplasty implant and graft	01/29/26

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

Acetaminophen - Acetaminophen 500 mg / 1 Tablet by mouth every 6 hours Take 2 tablets by mouth every 6 hours for 7 days.
Commonly known as: TYLENOL
insulin lispro 100 UNIT/ML solution Inject 10 Units - three times a day Inject 10 Units into the skin 3 times daily (before meals).
Commonly known as: HumaLOG
HumaLOG 100 UNIT/ML solution pen-injector Inject 0-5 Units - three times a day daily
(before meals). Sliding scale-F BS IS 0 - 160 GIVE 0 UNITS IF BS IS 161- 220 GIVE 1 UNIT IF BS IS 221- 280 GIVE 2 UNITS IF BS IS 281- 340 GIVE 3 UNITS IF BS IS 341- 400 GIVE 4 UNITS IF BS IS > 400 GIVE 5 UNITS
What changed: Another medication with the same name was changed. Make sure you understand how and when to take each.
insulin glargine 100 units/mL solution pen injector Inject 30 Units - - into the skin nightly.
Commonly known as: basaglar kwikpen
BIOTIN PO 50-60 Units by mouth once a day
glucagon nasal powder 3 MG/DOSE - - 1 each by Nasal route every 15 min as needed.
In one nostrils; dose does not need to be inhaled. May repeat in 15 minutes. GlyCare Provider Hotline: 850-898-0242
Commonly known as: BAQSIMI
rosuvastatin 40 MG tablet by mouth once a day Commonly known as: CRESTOR
venlafaxine capsule extended-release 24 Hour 75 MG by mouth once a day Take 150 mg by mouth daily.
VITAMIN B-12 PO 1,000 mcg by mouth once a day
Metoprolol Tartrate - Metoprolol Tartrate 25 mg 12.5mg by mouth twice a day Take 12.5 mg by mouth 2 times daily.

14. DME and Supplies:

diabetic supplies, 4 wheeled walker

15. Safety Measures:

walker precautions, smoke detectors , , , diabetic precautions, , ambulates with device, ambulates with assistance, sharps precautions, supervision at all times, transfer with assist, , hand rails, cardiac precautions, bathroom safety, , activity supervision

16. Nutrition:

cardiac diet

17. Allergies:

Ace Inhibitors (cough), Buproprion (anxiety), Amoxicillin (Nausea and Vomiting),

18.A. Functional Limitations

Endurance, Dyspnea With Minimal Exertion

18.B. Activities Permitted

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: Yes

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

family/caregiver will be responsible for managing treatment
patient will be responsible for managing treatment

Homebound status: After undergoing Coronary Artery Bypass Graft, 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.

23. Signature and Date of Verbal SOC Where Applicable:

Electronically Signed by Messick, Charles RN on 01/29/2026

25. Date HHA Received Signed POT

24. Physician's Name and Address

Kortni sorbello
998 Hospitality Way Ste 102
Aberdeen, MD 21001
PHONE: 410-297-9500 FAX: 14102979016 NPI: 1467892323

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 : 01/23/2026

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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Clinical Condition Requiring Homecare:

The patient is a 70-year-old female status post coronary artery bypass graft (CABG) surgery following a recent myocardial infarction. She initially presented to Upper Chesapeake Hospital with an acute MI and was subsequently transferred to Saint Joseph's Hospital, where she underwent cardiac catheterization and was referred for and completed CABG surgery. Her past medical history is significant for coronary artery disease with prior percutaneous coronary interventions and drug-eluting stents to the LAD diagonal branch, right coronary artery, and diagonal 1, hypertension, hyperlipidemia, type II diabetes mellitus managed with an SGLT2 inhibitor, gastroesophageal reflux disease, and a family history of coronary artery disease, including her mother having undergone CABG. She is currently prescribed antiplatelet therapy (Plavix). The patient is a full code with MOLST documentation on file. All prescribed medications are present in the home, and multiple allergies are documented in the medical record. She resides in a single-family home in Aberdeen with her husband, who is retired and serves as a pastor. She remains on the main living level of the home where her bedroom and bathroom are located. At the time of assessment, she denied significant pain, reporting only mild intermittent discomfort managed effectively with acetaminophen. However, during therapy evaluation she reported left hip pain rated 5/10. She reported having a bowel movement on the day of assessment and denied urinary concerns. Surgical chest incision photographs were obtained and uploaded to the medical record; no concerns were noted at the time of visit. The patient demonstrates exertional intolerance and becomes easily winded with minimal activity. She reported becoming short of breath while walking to the kitchen and requiring prolonged time to recover. She has a pulse oximeter in the home and was instructed to keep it accessible and monitor oxygen saturation with activity. She appropriately uses her cardiac "heart pillow" to splint her chest with coughing and movement and successfully demonstrated proper use of her incentive spirometer during the visit. On physical therapy assessment, the patient ambulated approximately 300 feet using a cane and negotiated stairs with use of a railing and cane to access her bedroom on the second floor. She tolerated therapeutic exercises including heel slides, lower extremity abduction/adduction, straight leg raises, long arc quadriceps exercises, marching, and heel raises, performing 10 repetitions for 2 sets each. Although functional mobility is improving, she continues to exhibit decreased endurance and requires pacing and energy conservation strategies. Skilled nursing services remain indicated for cardiopulmonary assessment, incision monitoring, medication management, diabetes monitoring, and reinforcement of post-CABG precautions, including sternal precautions and activity progression. Skilled physical therapy is medically necessary to address reduced endurance, activity intolerance, lower extremity strength deficits, gait training, stair negotiation safety, and progressive return to functional independence. Education was provided regarding energy conservation, monitoring for signs and symptoms of cardiac decompensation, proper use of assistive devices, adherence to medication regimen, and gradual activity advancement. The overall plan of care focuses on improving cardiopulmonary endurance, restoring safe mobility, preventing complications, and supporting recovery following recent CABG surgery.
 Date of Order 01/29/2026 Orders Physician Face-to-Face Date: 01/23/2026 Clinical Condition Requiring Home Care per Certifying Physician: SN-disease management PT-eval & treat due to Coronary Artery Bypass Graft 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 PT Eval Notes:
 Physician Sorbello, Kortni

SN Careplans

SN WK1: 1 (01/29/26-01/31/26) ,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)

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, 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

SN Goals

PATIENT-STATED GOAL: Patient wants to get some of her energy back so she can play with her grandkids again.

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
* strategies to minimize fatigue and exhaustion including work simplification
* energy conservation
* lifestyle changes
* diet
* 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 medicatio

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

caregiver administers and/or packages medications appropriately

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
* depression-prevention strategies including avoidance of isolation
* healthy eating
* sleeping habits
* identification of activities that bring pleasure
* preventive care
* recalls related medication(s) purpos

Signature of Physician:	Date

Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by Messick, Charles RN	01/29/2026

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medication, massage ; Medications: Medication actions, uses, frequency, dose, interactions of all new/change meds
Advance Directive:Living Will

PROBLEMS IDENTIFIED ON ASSESSMENT: , D0160 - Depression, M2102d - Caregiver Performs Treatment, M2102f - Patient Supervision, M2020 - Oral Med Management, M2102c - Med Admin, M1033 - Exhaustion, M1400 - Dyspnea, dependent edema, limited strength, muscle weakness, limited endurance, balance deficit, difficulty sleeping, daytime fatigue, Pain Interference with ADLs, Pain Effect on Sleep, #1 - Observable Surgical Wound - Other - midline chest - , #2 - Observable Surgical Wound - Other - abdomen - , #3 - Observable Surgical Wound - Other - left midline side of abdomen - Old drain site, #4 - Observable Surgical Wound - Other - right midline side of abdomen - Old drain site s/p CABG, #5 - Observable Surgical Wound - Other - right side of abdomen - , #6 - Observable Surgical Wound - Other - Left anterior calf - Graft site from CABG

PROCEDURES: physician-ordered wound care: #1 - Observable Surgical Wound - Other - midline chest -, physician-ordered wound care: #2 - Observable Surgical Wound - Other - abdomen -, physician-ordered wound care: #3 - Observable Surgical Wound - Other - left midline side of abdomen - Old drain site, physician-ordered wound care: #4 - Observable Surgical Wound - Other - right midline side of abdomen - Old drain site s/p CABG, physician-ordered wound care: #5 - Observable Surgical Wound - Other - right side of abdomen -, physician-ordered wound care: #6 - Observable Surgical Wound - Other - Left anterior calf - Graft site from CABG, incentive spirometer, 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, * 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, * depression-prevention strategies including avoidance of isolation healthy eating sleeping habits identification of activities that bring pleasure preventive care, related medication(s) purpos, * 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, caregiver administers and/or packages medications appropriately

PT Careplans

PT WK1: 1 (01/29/26-01/31/26) ,WK2: 1 (02/01/26-02/07/26) ,WK3: 1 (02/08/26-02/14/26) ,WK4: 1 (02/15/26-02/21/26)

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: cough/deep breathing exercises, incentive spirometer, equipment training, 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, Oral Hygiene - 06. Independent, Toileting Hygiene - 06. Independent, Shower/Bathe Self - 05. Setup or clean-up assistance, Lower Body Dressing - 06. Independent, Don/Doff Footwear - 06. Independent, Upper Body Dressing - 06. Independent

PT Goals

PATIENT-STATED GOAL: To get stronger and walk longer distance

GOALS
Chair to Bed to Chair - 06. Independent

Toilet Transfer - 06. Independent

Shower/Bathe Self - 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

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

Oral Hygiene - 06. Independent

Don/Doff Footwear - 06. Independent

Sit to Stand - 06. Independent

Toileting Hygiene - 06. Independent

Lower Body Dressing - 06. Independent

Signature of Physician:	Date
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Optional Name/Signature of Nurse/Therapist:	Date
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Upper Body Dressing - 06. Independent

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