

Home Health Certification and Plan of Care				Order ID: 179/12835	
1. Patient s HI claim No.		2. Start Of Care Date		3. Certification Period	
1EG4TE5MK73		01/01/2026		From: 01/01/2026 To: 03/01/2026	
				4. Medical Record No.	
				7793	
				5. Provider No.	
				242353	
6. Patient's Name and Address				7. Provider's Name, Address and Telephone Number	
Lime Pearson				Home Health Cares	
6910 Marsue Drive Apt 1A,				579# EAST MARKET@STREETS	
TOWSON, MD 21204				HARRISONBURG, VA 22801-1234	
410-952-3140				540-433-7146	
				1234567891	
8. DOB 06/14/1967				9.Sex Male	
				10. Medications: Dose/Frequency/Route (N)ew (C)hanged	
				There are no Medications for this Plan of Care	
11. ICD		Principal Diagnosis		Date	
110.		Essential (primary) hypertension		01/01/26	
13. ICD		Other Pertinent Diagnoses		Date	
14. DME and Supplies:				15. Safety Measures:	
None of the above				None of the above	
16. Nutrition:				17. Allergies:	
Z. NO PHYSICIAN-ORDERED DIET				no known allergies	
18.A. Functional Limitations				18.B. Activities Permitted	
None of the above				None of the above	
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:				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.				patient will be responsible for managing treatment	
				patient will be responsible for managing treatment	
Homebound status: PLACEHOLDER					
Clinical Condition Requiring Homecare: hypertension					
SN Careplans				SN Goals	
SN WK1: 1 (01/01/26-01/03/26)				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	
CAREGIVER: 0. No assistance needed - patient is independent or does not have needs in this area				patient/caregiver recalls	
HOSPITALIZATION RISKS: 10. None of the above				* lifestyle modifications to manage respiratory condition including	
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				* diet changes and regular exercise	
Advance Directive:No Advance Directive				* strategies to control shortness of breath	
PROBLEMS IDENTIFIED ON ASSESSMENT: A1250 - Lack of Necessary Transportation, M2020 - Oral Med Management, M1400 - Dyspnea				* home remedies to keep lungs healthy	
PROCEDURES: cough/deep breathing exercises, incentive spirometer, coordinate/arrange transportation services				* recalls related medication(s) purpose, schedule	
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, patient self-administers medications as prescribed, related medication(s) purpose, schedule, patient's transportation needs are met				patient self-administers medications as prescribed	
				* recalls related medication(s) purpose, schedule	
				patient's transportation needs are met	
PT Careplans				PT Goals	
PT WK1: 2 (01/01/26-01/03/26)				PATIENT-STATED GOAL: Move Independently	
PROBLEMS IDENTIFIED ON ASSESSMENT: 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				GOALS	
PROCEDURES: equipment training, work simplification/energy conservation, gait training on uneven surfaces, gait training/stair training, transfers training				Walk 10 ft on Uneven Surface - 05. Setup or clean-up assistance	
TEACH PATIENT/CAREGIVER: Sit to Stand - 05. Setup or clean-up assistance, Chair to Bed to Chair - 05. Setup or clean-up assistance, Toilet Transfer - 05. Setup or clean-up assistance, Walk 10 Feet - 05. Setup or clean-up assistance, Walk 50 ft with 2 Turns - 05. Setup or clean-up assistance				1 - Step (curb) - 05. Setup or clean-up assistance	
				Shower/Bathe Self - 05. Setup or clean-up assistance	
				Sit to Stand - 05. Setup or clean-up assistance	
				Chair to Bed to Chair - 05. Setup or clean-up assistance	
				Toilet Transfer - 05. Setup or clean-up assistance	
				Walk 10 Feet - 05. Setup or clean-up assistance	
23. Signature and Date of Verbal SOC Where Applicable:				25. Date HHA Received Signed POT	
Electronically Signed by Aquino, EmyAnne LPN/LVN on 01/01/2026					
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				F2F date : 01/01/2026	
3932					
Wesley Chapel, FL 33543					
PHONE: 333-510-5044 FAX: 12072219995 NPI: 1801093968					
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.	
				PAGE 1 of 2	

Home Health Certification and Plan of Care				Order ID: 179/12835
1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
1EG4TE5MK73	01/01/2026	From: 01/01/2026 To: 03/01/2026	7793	242353
6. Patient's Name and Address Lime Pearson 6910 Marsue Drive Apt 1A, TOWSON, MD 21204 410-952-3140		7. Provider's Name, Address and Telephone Number Home Health Cares 579# EAST MARKET@STREETS HARRISONBURG, VA 22801-1234 540-433-7146 1234567891		
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, Car Transfer - 05. Setup or clean-up assistance, Oral Hygiene - 05. Setup or clean-up assistance, Toileting Hygiene - 05. Setup or clean-up assistance, Shower/Bathe Self - 05. Setup or clean-up assistance, Upper Body Dressing - 05. Setup or clean-up assistance, Lower Body Dressing - 05. Setup or clean-up assistance, Don/Doff Footwear - 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 Car Transfer - 05. Setup or clean-up assistance Oral Hygiene - 05. Setup or clean-up assistance Toileting Hygiene - 05. Setup or clean-up assistance Upper Body Dressing - 05. Setup or clean-up assistance Lower Body Dressing - 05. Setup or clean-up assistance Don/Doff Footwear - 05. Setup or clean-up assistance		

Signature of Physician:	Date
	PAGE 2 of 2
Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by Aquino, EmyAnne LPN/LVN	01/01/2026