Home Health Certification and Plan of Care

Order ID: 1150/18787

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
4R50R24FQ06	05/19/2026	From: 05/19/2026 To: 07/17/2026	25997	217058

6. Patient's Name and Address

William Danos
1510 Midvale Ave,
CATONSVILLE, MD 21228-
410-440-4856

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 04/23/1953 **9.Sex** Male

11. ICD	Principal Diagnosis	Date
Z48.812	Encntr for surgical aftcr following surgery on the circ sys	05/19/26

13. ICD	Other Pertinent Diagnoses	Date
I25.112	Athscl heart dis of native cor art with refract ang pctrs	05/19/26
I21.3	ST elevation (STEMI) myocardial infarction of unsp site	05/19/26
A60.00	Herpesviral infection of urogenital system unspecified	05/19/26
E87.6	Hypokalemia	05/19/26
M15.0	Primary generalized (osteo)arthritis	05/19/26
K21.9	Gastro-esophageal reflux disease without esophagitis	05/19/26
J90.	Pleural effusion not elsewhere classified	05/19/26
F33.8	Other recurrent depressive disorders	05/19/26
Z95.1	Presence of aortocoronary bypass graft	05/19/26
Z79.02	Long term (current) use of antithrombotics/antiplatelets	05/19/26
Z79.82	Long term (current) use of aspirin	05/19/26

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

ACETAMINOPHEN 325 mg tablet by mouth every 6 hours as needed for Pain Take 2 tablets by mouth every 6 hours as needed for Breakthrough Pain.
ASPIRIN 81mg; 1 tab by mouth one time a day for Prophylaxis Take 1 tablet by mouth daily.
ATORVASTATIN 80mg; 1 tab by mouth one time a day for Hyperlipidemia Take 1 tablet by mouth nightly.
Ergocalciferol - Ergocalciferol 50,000 International Units 1250mcg; 1 cap by mouth once a week supplement
ESCITALOPRAM 10 mg 10mg; 1 tab by mouth one time a day for Anxiety Take 1 tablet by mouth daily.
FAMOTIDINE 20 mg 20mg; 1 tab by mouth two times a day for GERD Take 1 tablet by mouth 2 times daily.
Ferrous Sulfate - Ferrous Sulfate: Folic Acid 325 mg; 1 tab by mouth three times a day supplement
FUROSEMIDE 40 mg 40mg; 1 tab by mouth one time a day for Edema Take 1 tablet by mouth daily.
MELATONIN 5mg; 1 tab by mouth at bedtime for Insomnia
POTASSIUM 20 meq; 2 tabs by mouth one time a day for Supplement
SENNOSIDES tablet by mouth two times a day for Bowel regimen Take 2 tablets by mouth 2 times daily. Hold for diarrhea.
SPIRONOLACTONE 25 mg tablet by mouth one time a day for HTN Take 1 tablet by mouth daily.Hold if SBP less than 110 or HR less than 60
VALACYCLOVIR HYDROCHLORIDE eq 500 mg base tablet by mouth one time a day for herpes Entered simplex for suppressive therapy
Vitamin B-12 - Alpha-Tocopherol Acetate: Ascorbic Acid: Biotin: Cholecalciferol: Cyanocobalamin: Dexpanthenol: Folic Acid: Niacinamide: Pyridox 1 tab by mouth once a day supplement
Vitamin D3 - Alpha-Tocopherol Acetate: Ascorbic Acid: Biotin: Cholecalciferol: Cyanocobalamin: Dexpanthenol: Folic Acid: Niacinamide: Pyridox 1 tab by mouth once a day supplement

14. DME and Supplies:

commode, walker

15. Safety Measures:

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

16. Nutrition:

cardiac diet,

17. Allergies:

no known allergies

18.A. Functional Limitations

Endurance, Ambulation

18.B. Activities Permitted

Exercises Prescribed, Walker, 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: 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
family/caregiver will be responsible for managing treatment

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: The patient is a 73-year-old male referred to home health services following recent hospitalization and subacute rehabilitation stay secondary to extensive cardiac surgery. The patient initially presented with sudden onset chest pain and subsequently underwent coronary artery bypass grafting (CABG) x1, open repair of ventricular septal defect (VSD), and repair of a septal aneurysm on 03/04/2026. The patient also required intra-aortic balloon pump (IABP) support with removal performed on 03/05/2026 and experienced pleural effusion during hospitalization. Past medical history is significant for gastroesophageal reflux disease (GERD), osteoarthritis, and herpes simplex type 2. Skilled nursing, physical therapy, and occupational therapy evaluations were ordered following discharge for continued recovery, monitoring, and rehabilitation. The patient resides with his significant other/wife in a multilevel home, and she assists with activities of daily living (ADLs), instrumental activities of daily living (IADLs), medication management, and household tasks as needed. Upon skilled nursing assessment, the patient was alert and oriented x3 and denied pain at the time of the visit. The patient reported shortness of breath with exertion and decreased endurance but denied acute respiratory distress. Lung sounds were clear to auscultation bilaterally. The patient reported fair appetite. He currently ambulates with a rolling walker for safety and energy conservation following recent cardiac surgery. Skilled nursing reviewed all medications with the patient and caregiver, including dosage, frequency, indications, and pertinent side effects. Education was also provided regarding <hility is-highlighty="true" role="mark" data-hility="93032137-0230-4c13-a00b-e29ab027a8f4" data-hility-name="bleeding precautions" data-hility-match="highlight-pass-78:1" data-decoration-type="background" style="--decoration-thickness: auto;">bleeding precautions</hility>, postoperative cardiac care, signs and symptoms of complications requiring physician notification, energy conservation, and disease process management related to coronary artery disease and recent CABG surgery. Both the patient and significant other were receptive to teaching and demonstrated understanding. Skilled nursing services were initiated with planned frequency of 2 <mh class="chrome-extension-FindManyStrings chrome-extension-FindManyStrings-style-6 CE-FMS-visits">visits</mh> weekly for 2 weeks followed by 1 visit weekly for 7 weeks for ongoing cardiopulmonary assessment, postoperative monitoring, medication education, and disease management. Physical therapy

23. Signature and Date of Verbal SOC Where Applicable:

Electronically Signed by Messick, Charles RN on 05/19/2026

25. Date HHA Received Signed POT

24. Physician's Name and Address

Mercy Jackson
8325 Guilford Rd
Columbia, MD 21046
PHONE: FAX: NPI: 1922060870

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 : 05/06/2026

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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evaluation revealed significant decline from prior level of function. Prior to hospitalization, the patient was active, independent, and ambulated without an assistive device. At the time of evaluation, the patient demonstrated bilateral lower extremity weakness with muscle strength assessed at 3-/5 MMT, decreased endurance, impaired balance, and reduced functional mobility following surgery and prolonged hospitalization. The patient currently requires supervision for transfers and ambulation using a rolling walker and requires contact guard assistance for stair negotiation utilizing bilateral handrails. Skilled physical therapy initiated a home exercise program consisting of seated therapeutic exercises along with standing exercises performed with rolling walker support to improve lower extremity strength, endurance, balance, and mobility tolerance. Skilled physical therapy services are medically necessary to restore strength, improve gait and transfer safety, increase endurance, reduce fall risk, and facilitate return to prior level of function. Occupational therapy evaluation demonstrated that the patient is currently independent with upper and lower body dressing tasks and requires setup assistance only for bathing tasks performed using a shower chair. The patient safely performed sit-to-stand and toilet transfers utilizing proper transfer techniques. Bilateral upper extremity strength was assessed at 5/5 MMT. At this time, no additional skilled occupational therapy services are indicated, as the patient is functioning safely within his current level for ADLs with available caregiver support. Continued monitoring and rehabilitation through skilled nursing and physical therapy remain warranted to support postoperative recovery, maximize functional independence, and prevent rehospitalization.
 Date of Order 05/19/2026 Orders Physician Face-to-Face Date: 05/06/2026 Clinical Condition Requiring Home Care per Certifying Physician: sn-disease management pt-eval & treat ot-eval & treat hha-adl's due to Cardiac surgery 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: OT Eval Notes:
 Physician Jackson, Mercy

SN Careplans

SN WK1: 2 (05/19/26-05/23/26) ,WK2: 2 (05/24/26-05/30/26) ,WK3: 1 (05/31/26-06/06/26) ,WK4: 1 (06/07/26-06/13/26) ,WK5: 1 (06/14/26-06/20/26) ,WK6: 1 (06/21/26-06/27/26) ,WK7: 1 (06/28/26-07/04/26) ,WK8: 1 (07/05/26-07/11/26) ,WK9: 1 (07/12/26-07/16/26)

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, 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; 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: D0160 - Depression, M2020 - Oral Med Management, meal preparation, M1033 - Exhaustion, M1400 - Dyspnea, muscle weakness, limited strength, limited endurance, balance deficit

PROCEDURES: cough/deep breathing exercises

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, * depression-prevention strategies including avoidance of isolation healthy eating sleeping habits identification of activities that bring pleasure

SN Goals

PATIENT-STATED GOAL: I WANT TO GET BACK TO MY OLD SELF

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 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

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) purpose, schedule

meal preparation is available to patient for all meals

Signature of Physician:	Date

Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by Messick, Charles RN	05/19/2026

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preventive care, 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, meal preparation is available to patient for all meals

PT Careplans

PT WK1: 1 (05/19/26-05/23/26) ,WK2: 1 (05/24/26-05/30/26) ,WK3: 1 (05/31/26-06/06/26) ,WK4: 1 (06/07/26-06/13/26) ,WK5: 1 (06/14/26-06/20/26)

PROBLEMS IDENTIFIED ON ASSESSMENT: M1400 - Dyspnea, GG0170D1 - Sit to Stand, GG0170F1 - Toilet Transfer, GG0170I1 - Walk 10 Feet, GG0170J1 - Walk 50 ft with 2 Turns, GG0170K1 - Walk 150 Feet, GG0170M1 - 1 - Step (curb), GG0170N1 - 4 Steps, GG0170O1 - 12 Steps, GG0170P1 - Picking Up Object, GG0170G1 - Car Transfer, GG0170E1 - Chair to Bed to Chair, GG0170L1 - Walk 10 ft on Uneven Surface

PROCEDURES: Medication Review: - medications reviewed with patient/caregiver, cough/deep breathing exercises, home exercise program: Review HEP: seated knee ext, hip flex, hip abd, quad sets, gluteal squeezes, ankle pumps at least 1x10. Once tolerated, upgrade to standing heel/ toe raises, knee flex, hip flex, hip abd at least 1x10 with UE support as needed. Upgrade as tolerated, 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 medication(s) purpose, schedule, Chair to Bed to Chair - 05. Setup or clean-up assistance, Sit to Stand - 05. Setup or clean-up assistance, Toilet Transfer - 05. Setup or clean-up assistance, Walk 10 Feet - 04. Supervision or touching assistance, Walk 50 ft with 2 Turns - 04. Supervision or touching assistance, Walk 150 Feet - 04. Supervision or touching assistance, 1 - Step (curb) - 04. Supervision or touching assistance, 4 Steps - 04. Supervision or touching assistance, 12 Steps - 04. Supervision or touching assistance, Picking Up Object - 04. Supervision or touching assistance, Car Transfer - 05. Setup or clean-up assistance, Walk 10 ft on Uneven Surface - 04. Supervision or touching assistance

PT Goals

PATIENT-STATED GOAL: To be able to walk without help

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 medication(s) purpose, schedule

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 - 04. Supervision or touching assistance

Walk 50 ft with 2 Turns - 04. Supervision or touching assistance

Walk 150 Feet - 04. Supervision or touching assistance

1 - Step (curb) - 04. Supervision or touching assistance

4 Steps - 04. Supervision or touching assistance

12 Steps - 04. Supervision or touching assistance

Picking Up Object - 04. Supervision or touching assistance

Car Transfer - 05. Setup or clean-up assistance

Walk 10 ft on Uneven Surface - 04. Supervision or touching assistance

OT Careplans

OT WK1: 1 (05/19/26-05/23/26)

PROBLEMS IDENTIFIED ON ASSESSMENT: M1400 - Dyspnea, GG0130B1 - Oral Hygiene, GG0130C1 - Toileting Hygiene, GG0130E1 - Shower/Bathe Self, GG0130G1 - Lower Body Dressing, GG0130H1 - Don/Doff Footwear, GG0130A1 - Eating, GG0130F1 - Upper Body Dressing

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, 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, Eating - 06. Independent, Upper Body Dressing - 06. Independent

OT Goals

PATIENT-STATED GOAL: Eval only

GOALS
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 medication(s) purpose, schedule

Oral Hygiene - 06. Independent

Toileting Hygiene - 06. Independent

Lower Body Dressing - 06. Independent

Don/Doff Footwear - 06. Independent

Eating - 06. Independent

Upper Body Dressing - 06. Independent

Signature of Physician:	Date
	PAGE 3 of 3
Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by Messick, Charles RN	05/19/2026