

Home Health Certification and Plan of Care				Order ID: 179/13440	
1. Patient s HI claim No.		2. Start Of Care Date		3. Certification Period	
1EG4-TE5-MK72		04/28/2026		From: 04/28/2026 To: 06/26/2026	
				4. Medical Record No.	
				8211	
				5. Provider No.	
				242353	
6. Patient's Name and Address				7. Provider's Name, Address and Telephone Number	
Dave Smith				Home Health Cares	
253 MC Bernardo,				579# EAST MARKET@STREETS	
SCHENECTADY, NY 12345				HARRISONBURG, VA 22801-1234	
390-271-0000				540-433-7146	
				1234567891	
8. DOB				9. Sex	
08/15/1952				Male	
11. ICD 10.		Principal Diagnosis		Date	
		Essential (primary) hypertension		04/28/26	
13. ICD		Other Pertinent Diagnoses		Date	
E11.9		Type 2 diabetes mellitus without complications		04/28/26	
L89.312		Pressure ulcer of right buttock stage 2		04/28/26	
G21.8		Other secondary parkinsonism		04/28/26	
E78.5		Hyperlipidemia unspecified		04/28/26	
14. DME and Supplies:				15. Safety Measures:	
eggcrate				medical alert/lifeline, cardiac precautions	
16. Nutrition:				17. Allergies:	
cardiac diet, diabetic				antibiotics, NSAIDs	
18.A. Functional Limitations				18.B. Activities Permitted	
Hearing				Transfer bed/Chair, Walker	
19. Mental & Pyschosocial Status: COGNITION: 2. Requires assistance and some direction in specific situations (for example, on all tasks involving shifting of attention) or consistently requires low stimulus environment due to distractibility, 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					
20. Prognosis: fair					
22. A Rehabilitation Potential:				22.B.Discharge Plans	
SELF-CARE: 2. Needed Some Help - Patient needed partial assistance from another person to complete any activities., 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	
				family/caregiver will be responsible for managing treatment	
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Homebound status: patient requires another person or medical equipment such as crutches, a walker, or a wheelchair to leave home					
Clinical Condition Requiring Homecare: HTN and DM					
SN Careplans					
SN WK1: 2 (04/28/26-05/02/26) ,WK2: 2 (05/03/26-05/09/26) ,WK3: 2 (05/10/26-05/16/26) ,WK4: 2 (05/17/26-05/23/26) ,WK5: 2 (05/24/26-05/30/26) ,WK6: 2 (05/31/26-06/06/26) ,WK7: 2 (06/07/26-06/13/26) ,WK8: 2 (06/14/26-06/20/26) ,WK9: 2 (06/21/26-06/26/26)					
PARAMETERS FOR PHYSICIAN NOTIFICATION: temperature < 95 > 100, heart rate < 50 > 110, respiratory rate < 8 > 22, blood pressure systolic < 90 > 169, blood pressure diastolic < 60 > 100, O2 saturation < 88 > 101, pain < 0 > 6					
CAREGIVER: 1. Non-agency caregiver(s) currently provide assistance					
HOSPITALIZATION RISKS: 1. History of falls (2 or more falls – or any fall with an injury – in the past 12 months), 2. Unintentional weight loss of a total of 10 pounds or more in the past 12 months					
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 Advance Directive:No Advance Directive					
PROBLEMS IDENTIFIED ON ASSESSMENT: M1700 - Cognition, M2020 - Oral Med Management, Financial, Home Safety, M1033 - Unintentional Weight Loss, abnormal sputum production, chest pain, coughing, dependent edema, delayed capillary refill, dizziness/syncope, M1400 - Dyspnea, abnormal thyroid 0.40 - 4.50 mIU/mL, painful urination, Pain Interference with ADLs, Pain Interference with Therapy activities, Pain Effect on Sleep, B1000 - Vision Deficit, tooth pain/decay/sensitivity, skin breakdown r/t incontinence, #1 - 2 - Partial thickness loss of dermis presenting as a shallow open ulcer with red pink wound bed. - Posterior Right Buttock - , #2 - Bite - Anterior Right Hip - , #3 - Abrasion - Posterior Right Elbow/Forearm -					
PROCEDURES: physician-ordered wound care: #1 - 2 - Partial thickness loss of dermis presenting as a shallow open ulcer with red pink wound bed. - Posterior Right Buttock -, hgchgfcjvhv: hgvgv, cough/deep breathing exercises, incentive spirometer, coordinate/arrange caregiver support to prevent caregiver physical, emotional and mental exhaustion, physician-ordered wound care: Cover wound with Kerlix wrap., wound vacuum, glucose testing via monitor, coordinate/arrange repair of inadequate heating, coordinate/arrange access to medicine/medical supplies considering patient inability to pay					
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, * 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 relaxation skills and diversional					
SN Goals					
PATIENT-STATED GOAL: I want to breathe better without oxygen.					
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					
* 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					
* how to keep home safe for patient with dementia					
* coping strategies for the caregiver* recalls related medication(s) purpose, schedule					
patient/caregiver recalls					
* how to keep home safe for patient with vision loss including eliminating hazards					
* enhancing lighting					
* using mechanical aids					
patient self-administers medications as prescribed					
* recalls related medication(s) purpose, schedule					
patient has adequate heating					
patient has access to medicine/medical supplies considering inability to pay					
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 relaxation skills and diversional activities					
23. Signature and Date of Verbal SOC Where Applicable:				25. Date HHA Received Signed POT	
Electronically Signed by Calija, Mae SN on 04/28/2026					
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.	
Manojkumar Gomez				F2F date : 04/25/2026	
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PHONE: 999-999-9999 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.	
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activities, related medication(s) purpose, schedule, * how to keep home safe for patient with dementia coping strategies for the caregiver*, related medication(s) purpose, schedule, * how to achieve wound healing including cleaning and dressing wound position changes skin care diet modification record wound measurements, related medication(s) purpose, schedule, * how to keep home safe for patient with vision loss including eliminating hazards enhancing lighting using mechanical aids, patient self-administers medications as prescribed, related medication(s) purpose, schedule, patient has adequate heating, patient has access to medicine/medical supplies considering inability to pay			* recalls related medication(s) purpose, schedule			
PT Careplans PT WK9: 1 (06/21/26-06/26/26) PROBLEMS IDENTIFIED ON ASSESSMENT: 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: home exercise program, equipment training, work simplification/energy conservation, gait training on uneven surfaces, gait training/stair training, transfers training 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 - 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, Car Transfer - 05. Setup or clean-up assistance, Oral Hygiene - 06. Independent, Toileting Hygiene - 03. Partial/moderate assistance, 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: I want to walk better GOALS 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 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 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 Car Transfer - 05. Setup or clean-up assistance Oral Hygiene - 06. Independent Toileting Hygiene - 03. Partial/moderate assistance Lower Body Dressing - 06. Independent Don/Doff Footwear - 06. Independent Upper Body Dressing - 06. Independent			
OT Careplans OT WK9: 1 (06/21/26-06/26/26) PROBLEMS IDENTIFIED ON ASSESSMENT: Pain Effect on Sleep, Pain Interference with Therapy activities, Pain Interference with ADLs, 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: cough/deep breathing exercises, incentive spirometer, home exercise program: strength training once a week, equipment 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, Oral Hygiene - 05. Setup or clean-up assistance, Toileting Hygiene - 06. Independent, Shower/Bathe Self - 04. Supervision or touching 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, Eating - 05. Setup or clean-up assistance, test			OT Goals PATIENT-STATED GOAL: I want to make my own coffee. 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 Oral Hygiene - 05. Setup or clean-up assistance Toileting Hygiene - 06. Independent Shower/Bathe Self - 04. Supervision or touching 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 Eating - 05. Setup or clean-up assistance test			
Signature of Physician:			Date			
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Optional Name/Signature of Nurse/Therapist:			Date			
Electronically Signed by Calija, Mae SN			04/28/2026			