Home Health Certification and Plan of Care

Order ID: 1150/20826

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
35164066	07/25/2026	From: 07/25/2026 To: 09/22/2026	28336	217058

6. Patient's Name and Address

Deborah Jackson
1408 N POTOMAC ST,
BALTIMORE, MD 21213-
443-622-3459

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 09/06/1968 **9.Sex** Female

11. ICD	Principal Diagnosis	Date
Z48.812	Encntr for surgical aftcr following surgery on the circ sys	07/25/26

13. ICD	Other Pertinent Diagnoses	Date
I25.10	Athscl heart disease of native coronary artery w/o ang pctrs	07/25/26
I10.	Essential (primary) hypertension	07/25/26
E11.9	Type 2 diabetes mellitus without complications	07/25/26
K21.9	Gastro-esophageal reflux disease without esophagitis	07/25/26
K59.09	Other constipation	07/25/26
Z95.1	Presence of aortocoronary bypass graft	07/25/26

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

Acetaminophen - Acetaminophen 500MG; 2 TABS by mouth every 8 hours AS NEEDED FOR PAIN
Tramadol - Tramadol Hydrochloride 50MG; 1 TAB by mouth every 4 hours AS NEEDED FOR PAIN
Miralax - Polyethylene Glycol 3350 17gm/scoopful 17GM; 1 PACKET by mouth as necessary FOR CONSTIPATION
Furosemide - Furosemide 40 mg 40MG; 1 TAB inhalant once a day FLUID PILL
ASPIRIN Chewable 81 MG tablet Oral Daily CAD
PLAVIX eq 75 mg base 75 MG tablet; 1 TAB Oral Daily CAD' S/P CABG
PACERONE 200 mg 200 MG tablet; 1 TAB Oral once a day S/P CABG/ANTIARRHYTHMIC
CRESTOR 40 mg 40 MG tablet; 1 TAB Oral Nightly CHOLESTEROL
LOPRESSOR 25 MG; 1 TAB Oral once a day BLOOD PRESSURE
NEURONTIN 300 mg 300 MG capsule; 1 CAP Oral Nightly SLEEP

14. DME and Supplies:

walker, REACHER

15. Safety Measures:

standard precautions, fall precautions, diabetic precautions, bleeding precautions, walker precautions, no reaching, medication safety, cardiac precautions, anticoagulant precautions

16. Nutrition:

cardiac diet, diabetic

17. Allergies:

atorvastatin

18.A. Functional Limitations

Endurance, Ambulation

18.B. Activities Permitted

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: 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: 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

patient will be responsible for managing treatment

Homebound status: After undergoing Coronary artery bypass grafting (CABG), 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 admitted to home health services following coronary artery bypass grafting (CABG) 3 after a recent hospitalization for a non-ST elevation myocardial infarction (NSTEMI). The patient's past medical history is significant for hypertension, diabetes mellitus, and gastroesophageal reflux disease (GERD). Prior to surgery, the patient presented to the emergency department with remitting chest pain and was subsequently diagnosed with NSTEMI, requiring surgical intervention. The patient currently resides at home with family members who provide assistance with all activities of daily living (ADLs) and instrumental activities of daily living (IADLs). Upon skilled nursing assessment, the patient was alert and oriented to person, place, and time (A&O 3). The patient reported mild postoperative discomfort rated 1/10 but denied significant pain. The patient also denied shortness of breath. Respirations were unlabored with clear lung sounds bilaterally on auscultation. The patient reported a good appetite, and the last bowel movement occurred on the day of the visit. A walker is available in the home and utilized as needed to promote safe mobility during postoperative recovery. Surgical wound assessment was completed as documented in the wound section, with ongoing monitoring for healing and signs of infection. A comprehensive medication reconciliation was performed, and all prescribed medications were reviewed with the patient, including dosage, frequency, purpose, and potential side effects. Skilled nursing initiated education regarding postoperative CABG care, incision monitoring, activity restrictions, energy conservation techniques, fall prevention, recognition of signs and symptoms of infection, and identification of bleeding risks, including when to notify the physician or seek emergency medical attention. Additional education was provided on the importance of medication adherence, management of hypertension and diabetes, adequate nutrition and hydration to support healing, and compliance with the prescribed plan of care. The patient was receptive to all teaching, verbalized understanding of the instructions provided, and demonstrated willingness to participate in ongoing care. The patient continues to require skilled nursing services for postoperative cardiovascular assessment, incision monitoring, medication management and education, disease process teaching, reinforcement of <hility is-highlighty="true" role="mark" data-hility="93032137-0230-4c13-a00b-e29ab027a8f4" data-hility-name="bleeding precautions" data-hility-match="highlight-pass-18:1" data-decoration-type="background" style="--decoration-thickness: auto;">bleeding precautions</hility>, and ongoing evaluation of recovery to reduce the risk of complications and rehospitalization. Skilled nursing <mh class="chrome-extension-FindManyStrings chrome-extension-FindManyStrings-style-6 CE-FMS-visits">visits</mh> are scheduled at a frequency of 1 visit weekly for 1 week, followed by 2 <mh class="chrome-extension-FindManyStrings chrome-extension-FindManyStrings-style-6 CE-FMS-visits">visits</mh> weekly for 2 weeks, then 1 visit weekly for 3 weeks, with continued reassessment based on the patient's clinical progress.
 Date of Order 07/24/2026 Orders Physician Face-to-Face Date: 07/20/2026 Clinical Condition Requiring Home Care per Certifying Physician: sn-disease management due to Coronary artery bypass grafting (CABG) 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
 Physician Mason, Sherell

SN Careplans

SN Goals

23. Signature and Date of Verbal SOC Where Applicable:

Electronically Signed by Messick, Charles RN on 07/25/2026

25. Date HHA Received Signed POT

24. Physician's Name and Address

Sherell Mason
815 E. Pratt Street
Baltimore, MD 21202
PHONE: 410-637-5700 FAX: 14106375661 NPI: 1750375481

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 : 07/20/2026

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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SN WK1: 1 (07/25/26-07/25/26) ,WK2: 2 (07/26/26-08/01/26) ,WK3: 2 (08/02/26-08/08/26) ,WK4: 1 (08/09/26-08/15/26) ,WK5: 1 (08/16/26-08/22/26) ,WK6: 1 (08/23/26-08/29/26)

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: M2020 - Oral Med Management, meal preparation, M1033 - Exhaustion, M1400 - Dyspnea, limited strength, limited endurance, Pain Interference with ADLs, #2 - Other - Other - RIGHT LEG HARVEST SITE - , #1 - Observable Surgical Wound - Other - STERNAL CLOSED INCISION - 4 CLOSED DRAIN SITES NOTED

PROCEDURES: physician-ordered wound care: #2 - Other - Other - RIGHT LEG HARVEST SITE -: OPEN TO AIR, physician-ordered wound care: #1 - Observable Surgical Wound - Other - STERNAL CLOSED INCISION - 4 CLOSED DRAIN SITES NOTED: OPEN TO AIR, cough/deep breathing exercises, incentive spirometer

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 activities, 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, * 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

PATIENT-STATED GOAL: TO GET BETTER AND STRONGER AS THIS IS NEW FOR ME

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
* 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
* recalls related medication(s) purpose, schedule

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

meal preparation is available to patient for all meals

Signature of Physician:	Date
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Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by Messick, Charles RN	07/25/2026