Home Health Certification and Plan of Care

Order ID: 1150/20836

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
1E03X34RQ81	07/24/2026	From: 07/24/2026 To: 09/21/2026	28428	217058

6. Patient's Name and Address

Craig Purcell
501 West University Parkway Apt E4,
BALTIMORE, MD 21210-
443-433-6144

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 01/17/1955 | **9.Sex** Male

11. ICD	Principal Diagnosis	Date
Z48.812	Encntr for surgical aftcr following surgery on the circ sys	07/24/26

13. ICD	Other Pertinent Diagnoses	Date
Z95.1	Presence of aortocoronary bypass graft	07/24/26
I25.10	Athscl heart disease of native coronary artery w/o ang pctrs	07/24/26
I21.3	ST elevation (STEMI) myocardial infarction of unsp site	07/24/26
I10.	Essential (primary) hypertension	07/24/26
E78.5	Hyperlipidemia unspecified	07/24/26
E11.40	Type 2 diabetes mellitus with diabetic neuropathy unsp	07/24/26
E03.9	Hypothyroidism unspecified	07/24/26
G47.33	Obstructive sleep apnea (adult) (pediatric)	07/24/26
M50.20	Other cervical disc displacement unsp cervical region	07/24/26
N40.0	Benign prostatic hyperplasia without lower urinry tract symp	07/24/26
D69.6	Thrombocytopenia unspecified	07/24/26
Z79.4	Long term (current) use of insulin	07/24/26
Z79.82	Long term (current) use of aspirin	07/24/26
Z79.84	Long term (current) use of oral hypoglycemic drugs	07/24/26
Z79.890	Hormone replacement therapy	07/24/26
Z79.891	Long term (current) use of opiate analgesic	07/24/26
Z87.891	Personal history of nicotine dependence	07/24/26
Z86.16	Personal history of COVID-19	07/24/26
Z95.5	Presence of coronary angioplasty implant and graft	07/24/26
Z96.641	Presence of right artificial hip joint	07/24/26
Z96.651	Presence of right artificial knee joint	07/24/26

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

ACETAMINOPHEN 500 mg/tablet / Take 2 tablets by mouth every 6 hours for 7 days.
ASPIRIN Chewable 81 MG / 1 Tablet by mouth once a day
COLCHICINE 0.6 MG / 1 Tablet by mouth once a day for 14 days.
Dapagliflozin 5 MG / 1 Tablet by mouth once a day
FUROSEMIDE 40 MG / 1 Tablet by mouth once a day for 10 days.
METFORMIN 1000 MG / 1 Tablet by mouth twice a day with meals.
Metoprolol Succinate - Metoprolol Succinate Extended Release 25 MG / 1 Tablet by mouth once a day
POLYETHYLENE GLYCOL 17 g packet / Take 17 g by mouth once a day as needed for Constipation. Stir and dissolve 1 packet in any 4-8 ounces of non carbonated beverage.
Potassium Chloride - Potassium Chloride Extended Release 20 MEQ / 1 Tablet by mouth once a day for 10 days. Take with lasix
ROSUVASTATIN CALCIUM 40 MG / 1 Tablet by mouth at bedtime
GABAPENTIN 300 MG capsule by mouth 2 times daily.
Acetaminophen And Hydrocodone Bitartrate - Acetaminophen: Hydrocodone Bitartrate 5-325 mg/tablet / Take 1-2 tablets by mouth every 6 hours as needed for Pain (pain).
LEVOTHYROXINE 125 MCG tablet by mouth every evening.
Tamsulosin Hydrochloride - Tamsulosin Hydrochloride 0.4 MG capsule by mouth 2 times daily.
SENNA 8.6 MG / 1 Tablet by mouth twice a day as needed for Constipation.

14. DME and Supplies:

cane, diabetic supplies

15. Safety Measures:

ambulates with assistance, bathroom safety, activity supervision, medication safety, fall precautions, ambulates with device, standard precautions

16. Nutrition:

cardiac diet, low cholesterol

17. Allergies:

no known allergies

18.A. Functional Limitations

Ambulation

18.B. Activities Permitted

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: 1. Rarely, 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 Presence of an aortocoronary 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.

Clinical Condition Requiring Homecare: The patient is homebound due to the presence of an aortocoronary bypass graft following coronary artery bypass surgery, coronary artery disease (CAD), hypertension, hyperlipidemia (HLD), type 2 diabetes mellitus, postoperative weakness, and impaired mobility, which require considerable and taxing effort to leave the home. The patient ambulates with an assistive device and requires the assistance of another person when leaving the home to ensure safety due to an increased risk for falls. During the skilled nursing visit, the patient was alert and oriented to person, place, and time (A&O 3) and was in no acute distress. The patient voiced no complaints during the assessment. Skin was warm, dry, and intact. Respirations were even and unlabored, with lung sounds clear to auscultation bilaterally. Assessment of the postoperative incisions to the chest and right lower extremity revealed both surgical sites to be closed and healing appropriately, with no signs of drainage, dehiscence, or infection noted. A comprehensive skilled nursing assessment was completed, including ongoing monitoring of the patient's cardiopulmonary status, postoperative recovery, incision healing, and overall safety. Education was reinforced regarding medication adherence, management of coronary artery disease, hypertension, diabetes mellitus, and hyperlipidemia, recognition of signs and symptoms of infection and cardiac complications, incision care, fall prevention strategies, safe use of the prescribed assistive device, activity pacing, adequate nutrition and hydration to promote healing, and the importance of attending all scheduled follow-up appointments. The patient was instructed to notify the physician promptly for increased pain, redness, swelling, drainage from the incision sites, fever, chest pain, shortness of breath, or any other worsening symptoms. Continued skilled nursing services remain medically necessary to monitor postoperative recovery, reinforce disease process education, assess incision healing, and reduce the risk of complications, falls, and rehospitalization.
 Date of Order 07/24/2026 Orders Physician Face-to-Face Date: 07/23/2026 Clinical Condition Requiring Home Care per

23. Signature and Date of Verbal SOC Where Applicable:

Electronically Signed by Messick, Charles RN on 07/24/2026

25. Date HHA Received Signed POT

24. Physician's Name and Address

Charles Evans
7505 Osler Dr
Towson, MD 21204
PHONE: 410-337-1783 FAX: 1-410-427-2063 NPI: 1184919433

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 : 07/23/2026

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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Certifying Physician: sn-disease management pt-eval due to Presence of an aortocoronary 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 Evans, Charles

SN Careplans

SN WK1: 1 (07/24/26-07/25/26) ,WK2: 1 (07/26/26-08/01/26) ,WK3: 1 (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) ,WK7: 1 (08/30/26-09/05/26) ,WK8: 1 (09/06/26-09/12/26)

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, 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; 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:Received

PROBLEMS IDENTIFIED ON ASSESSMENT: M1720 - Anxiety, M2020 - Oral Med Management, inadequate heating (CM), lack of fire safety devices (CM), M2102f - Patient Supervision, M2102d - Caregiver Performs Treatment, swelling in the arms/legs, M1400 - Dyspnea, increased urine output, muscle weakness, swelling of affected area, limited strength, Pain Interference with Therapy activities, Pain Interference with ADLs, Pain Effect on Sleep, B1000 - Vision Deficit

PROCEDURES: cough/deep breathing exercises, incentive spirometer, train caregiver(s) to perform medical/rehabilitation treatments, glucose testing via monitor, coordinate/arrange for adequate patient supervision, coordinate/arrange resources for vision-impaired

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, * prevention exacerbation of anxiety condition including coping patterns improved concentration strategies to reduce anxiety identification of anxiety precipitants, conflicts, and threats, 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 home enviroment has adequate fire safety devices, patient is adequately supervised, caregiver performs medical/rehabilitation treatments with adequate competence

SN Goals

PATIENT-STATED GOAL: To ba able to walk 2 miles again

GOALS
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
* prevention exacerbation of anxiety condition including coping patterns
* improved concentration
* strategies to reduce anxiety
* identification of anxiety precipitants, conflicts, and threats
* recalls related medication(s) purpose, schedule

patient has adequate heating

patient home enviroment has adequate fire safety devices

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 vision loss including eliminating hazards
* enhancing lighting
* using mechanical aids

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

patient is adequately supervised

caregiver performs medical/rehabilitation treatments with adequate competence

Signature of Physician:	Date
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Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by Messick, Charles RN	07/24/2026