

Home Health Certification and Plan of Care				Order ID: 1150/2058	
1. Patient's HI claim No.		2. Start Of Care Date		3. Certification Period	
3NA5WV5JW85		07/18/2026		From: 07/18/2026 To: 09/15/2026	
4. Medical Record No.		5. Provider No.			
28170		217058			
6. Patient's Name and Address			7. Provider's Name, Address and Telephone Number		
Patrick Cunningham 3414 Baker School House Rd, FREELAND, MD 21053- 443-677-8467			HomeCentris Healthcare LLC 10 Crossroads Drive, Suite 102 Owings Mills, MD 21117-8284 410-321-8448 1487113239		
8. DOB			9. Sex		
11/25/1953			Male		
11. ICD			10. Medications: Dose/Frequency/Route (N)ew (C)hanged		
I21.4			ASPIRIN Delayed Release 81 MG / 1 Tablet by mouth in the morning for CAD W/ STENT DO NOT CRUSH		
13. ICD			CRESTOR 40 MG / 1 Tablet by mouth at bedtime for HYPERLIPIDEMIA		
F01.54			Metoprolol Tartrate - Metoprolol Tartrate 25 MG / 1 Tablet by mouth two times a day for HYPERTENSION HOLD MEDICATION IF PULSE < 60 AND/OR		
I11.0			SYSTOLIC BLOOD PRESSURE < 100 mmHg		
I50.9			Plavix - Clopidogrel Bisulfate 75 MG / 1 Tablet by mouth in the morning for CAD W/ STENT		
E78.5			Zetia - Ezetimibe 10 MG / 1 Tablet by mouth at bedtime for CAD W/ STENT		
M17.32			Fluticasone Propionate - Fluticasone Propionate 50 mcg/actuation / 2 spray each nostril every 24 hours as needed for ALLERGIES/CONGESTION for 30 Days		
R26.89			Nitrostat - Nitroglycerin 0.4 MG / 1 Tablet sublingually every 5 minutes as needed for CHEST PAIN MAY REPEAT X 3 DOSES: NOTIFY MD IF NOT		
Z79.82			RESOLVED AND SEND TO ER BLOOD PRESSURE AND PULSE TO BE TAKEN BEFORE EACH DOSE		
Z79.02					
Z87.891					
Z95.1					
Z95.5					
14. DME and Supplies:			15. Safety Measures:		
bath bench, wheelchair, walker			supervision at all times, standard precautions, wheelchair precautions, walker precautions, cardiac precautions, fall precautions, bathroom safety, activity supervision, ambulates with assistance, ambulates with device		
16. Nutrition:			17. Allergies:		
low cholesterol, low sodium			no known allergies		
18.A. Functional Limitations			18.B. Activities Permitted		
Ambulation, Endurance			Wheelchair, Walker, Up As Tolerated		
19. Mental & Psychosocial Status:			COGNITION: 1. Requires prompting (cuing, repetition, reminders) only under stressful or unfamiliar conditions., ANXIETY: 1. In new or complex situations only, SOCIAL ISOLATION: 0. Never, BEHAVIORAL ISSUES: 1. Memory deficit: failure to recognize familiar persons/places, inability to recall events of past 24 hours, significant memory loss so that supervision is required!2. Impaired decision-making: failure to perform usual ADLs or IADLs, inability to appropriately stop activities, jeopardizes safety through actions, HISTORY OF DEPRESSION: No		
20. Prognosis:			22. A Rehabilitation Potential:		
Fair			SELF-CARE: 2. Needed Some Help - Patient needed partial assistance from another person to complete any activities., MOBILITY: 2. Needed Some Help - Patient needed partial assistance from another person to complete any activities.		
22. B. Discharge Plans			SN: patient will be responsible for managing treatment PT: family/caregiver will		
Homebound status:			Due to diagnosis of Non-ST elevation (NSTEMI) myocardial infarction, 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		
23. Signature and Date of Verbal SOC Where Applicable:			25. Date HHA Received Signed POT		
Electronically Signed by Messick, Charles RN on 07/18/2026					
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.		
Christina Gasbarro 7602 Belair rd Baltimore, MD 21236 PHONE: 410-663-8100 FAX: 14106638119 NPI: 1316327018			F2F date : 07/14/2026		
27. Attending Physician's Signature and Date Signed			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.		
07/27/2026 Date of physician last face-to-face			PAGE 1 of 3		

Home Health Certification and Plan of Care				Order ID: 1150/20658
1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
3NA5WV5JW85	07/18/2026	From: 07/18/2026 To: 09/15/2026	28170	217058
6. Patient's Name and Address Patrick Cunningham 3414 Baker School House Rd, FREELAND, MD 21053- 443-677-8467			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	

style="mso-spacerun:'yes';font-family:Calibri;mso-bidi-font-family:'Times New Roman'; font-size:11.0000pt;mso-font-kerning:1.0000pt; ">182026<o:p></o:p></p><p class="16">Physician Face-to-Face Date: 07/14/2026<o:p></o:p></p><p class="16">Clinical Condition Requiring Home Care per Certifying Physician: sn-disease management pt-eval & treat ot-eval & treat dx: Non-ST elevation (NSTEMI) myocardial infarction<o:p></o:p></p><p class="16">Homebound Status per Certifying Physician: patient requires another person or medical equipment such as crutches, a walker, or a wheelchair to leave home<o:p></o:p></p><p class="16"> </p><p class="16">1 - SOC - SN Notes: <o:p></o:p></p><p class="16">PT Eval Notes:<o:p></o:p></p><p class="16">Physician: Gasbarro, Christina</p>

SN Careplans

SN WK1: 1 (07/18/26-07/18/26) ,WK2: 1 (07/19/26-07/25/26) ,WK3: 1 (07/26/26-08/01/26) ,WK4: 1 (08/02/26-08/08/26) ,WK5: 1 (08/09/26-08/15/26)

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: 5. Decline in mental, emotional, or behavioral status in the past 3 months, 6. Reported or observed history of difficulty complying with any medical instructions (for example, medications, diet, exercise) in the past 3 months, 7. Currently taking 5 or more medications

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:Moist: 1a) Attempt Cpr

PROBLEMS IDENTIFIED ON ASSESSMENT: M1745 - Behavioral Issues, M2020 - Oral Med Management, M2102f - Patient Supervision, meal preparation, M2102d - Caregiver Performs Treatment, abn cholesterol > 200 mg/dL, abnormal blood pressure, M1400 - Dyspnea, muscle weakness, limited endurance, limited strength, balance deficit

SN Goals

PATIENT-STATED GOAL: To be independent with ADLs and activities

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

- * management of mental health condition including joining a peer group
- * maintaining regular contact with mental health professional
- * avoiding known stressors
- * controlling impulses
- * recalls related medication(s) purpose, schedule

caregiver performs medical/rehabilitation treatments with adequate competence

patient self-administers medications as prescribed

- * recalls related medication(s) purpose, schedule

patient is adequately supervised

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	07/18/2026

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PROCEDURES: cough/deep breathing exercises, train caregiver(s) to perform medical/rehabilitation treatments, coordinate/arrange caregiver support to prevent caregiver physical, emotional and mental exhaustion, coordinate/arrange for adequate patient supervision: Sister and brother in law, coordinate/arrange preparation of missing meals: Sister 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, * management of mental health condition including joining a peer group maintaining regular contact with mental health professional avoiding known stressors controlling impulses, related medication(s) purpose, schedule, patient self-administers medications as prescribed, related medication(s) purpose, schedule, patient is adequately supervised, meal preparation is available to patient for all meals, caregiver performs medical/rehabilitation treatments with adequate competence				
PT Careplans PT WK2: 1 (07/19/26-07/25/26) ,WK3: 1 (07/26/26-08/01/26) ,WK4: 1 (08/02/26-08/08/26) ,WK5: 1 (08/09/26-08/15/26) ,WK6: 1 (08/16/26-08/22/26) ,WK7: 1 (08/23/26-08/29/26) PROBLEMS IDENTIFIED ON ASSESSMENT: GG0170O1 - 12 Steps, GG0130F1 - Upper Body Dressing, GG0130H1 - Don/Doff Footwear, GG0130G1 - Lower Body Dressing, GG0130E1 - Shower/Bathe Self, GG0130C1 - Toileting Hygiene, GG0130B1 - Oral Hygiene, GG0170E1 - Chair to Bed to Chair, GG0170P1 - Picking Up Object, GG0170D1 - Sit to Stand, 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, GG0170G1 - Car Transfer, GG0170F1 - Toilet Transfer PROCEDURES: B LE mm strengthening: 1, home exercise program: Ankle pumps, quad sets, glute sets, heel slides, partial squats, and seated/standing knee flexion and extension within tolerance. 10-15 reps ea. 1-2 set per day., gait training/stair training, transfers training TEACH PATIENT/CAREGIVER: Sit to Stand - 06. Independent, Chair to Bed to Chair - 06. Independent, Toilet Transfer - 06. Independent, Car Transfer - 06. Independent, Walk 10 Feet - 06. Independent, Walk 50 ft with 2 Turns - 06. Independent, Walk 150 Feet - 06. Independent, Walk 10 ft on Uneven Surface - 06. Independent, 1 - Step (curb) - 06. Independent, 4 Steps - 06. Independent, 12 Steps - 06. Independent, Picking Up Object - 06. Independent, Oral Hygiene - 06. Independent, Toileting Hygiene - 06. Independent, Shower/Bathe Self - 06. Independent, Lower Body Dressing - 06. Independent, Don/Doff Footwear - 06. Independent, Upper Body Dressing - 06. Independent		PT Goals PATIENT-STATED GOAL: to be able to go back to my homesafely GOALS Chair to Bed to Chair - 06. Independent Toilet Transfer - 06. Independent Sit to Stand - 06. Independent Car Transfer - 06. Independent Walk 10 Feet - 06. Independent Walk 50 ft with 2 Turns - 06. Independent Walk 150 Feet - 06. Independent Walk 10 ft on Uneven Surface - 06. Independent 1 - Step (curb) - 06. Independent 4 Steps - 06. Independent 12 Steps - 06. Independent Picking Up Object - 06. Independent Oral Hygiene - 06. Independent Toileting Hygiene - 06. Independent Shower/Bathe Self - 06. Independent Lower Body Dressing - 06. Independent Don/Doff Footwear - 06. Independent Upper Body Dressing - 06. Independent		

Signature of Physician:	Date
	PAGE 3 of 3
Optional Name/Signature of Nurse/Therapist:	Date
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