Home Health Certification and Plan of Care

Order ID: 1150/21751

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
66243337	08/29/2026	From: 08/29/2026 To: 10/27/2026	29766	217058

6. Patient's Name and Address
James Parmer
1505 Popland Street,
CURTIS BAY, MD 21226-
443-490-2123

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 09/24/1948 9.Sex Male

11. ICD	Principal Diagnosis	Date
Z48.812	Encntr for surgical aftcr following surgery on the circ sys	08/29/26

13. ICD	Other Pertinent Diagnoses	Date
I65.21	Occlusion and stenosis of right carotid artery	08/29/26
I44.1	Atrioventricular block second degree	08/29/26
I10.	Essential (primary) hypertension	08/29/26
I48.0	Paroxysmal atrial fibrillation	08/29/26
J43.9	Emphysema unspecified	08/29/26
E11.51	Type 2 diabetes w diabetic peripheral angiopath w/o gangrene	08/29/26
D64.9	Anemia unspecified	08/29/26
D69.6	Thrombocytopenia unspecified	08/29/26
E03.9	Hypothyroidism unspecified	08/29/26
Z98.61	Coronary angioplasty status	08/29/26
Z86.73	Prsnl hx of TIA (TIA) and cereb infrc w/o resid deficits	08/29/26
Z79.01	Long term (current) use of anticoagulants	08/29/26
Z79.02	Long term (current) use of antithrombotics/antiplatelets	08/29/26
Z79.84	Long term (current) use of oral hypoglycemic drugs	08/29/26
Z79.82	Long term (current) use of aspirin	08/29/26

10. Medications: Dose/Frequency/Route (N)ew (C)hanged
ACETAMINOPHEN 500 mg/tablet / Take 2 tablets (1,000 mg total) by mouth every 6 (six) hours if needed for mild pain for up to 10 days Commonly known as: TYLENOL
ALBUTEROL HFA 90 mcg/actuation inhaler / Inhale 2 puffs by mouth every 6 (six) hours if needed for wheezing Commonly known as: PROAIR HFA; PROVENTIL HFA ; VENTOLIN HFA
Aspirin Ec - Aspirin 81 MG / 1 Tablet by mouth 1 (one) time each day
ATORVASTATIN 40 MG / 1 Tablet by mouth at bedtime Commonly known as: LIPITOR
CLOPIDOGREL 75 MG / 1 Tablet by mouth 1 (one) time each day Commonly known as: PLAVIX
DABIGATRAN ETEXILATE 150 MG / 1 Capsule by mouth 2 (two) times a day Do not crush or chew. Commonly known as: PRADAXA.
ERGOCALCIFEROL 1,250 mcg (50,000 unit) / 1 Capsule by mouth 1 (one) time per week Commonly known as: VITAMIN D-2
LISINOPRIL 2.5 mg/tablet / Take 2 tablets (5 mg total) by mouth 1 (one) time each day Commonly known as: PRINIVIL, ZESTRIL
METFORMIN 500 MG / 1 Tablet by mouth 2 (two) times a day with meals Commonly known as: GLUCOPHAGE

14. DME and Supplies:
diabetic supplies, bath bench

15. Safety Measures:
medication safety, standard precautions

16. Nutrition:
cardiac diet, diabetic

17. Allergies:
atenolol cardizem penicillin adhesive tape latex

18.A. Functional Limitations
Ambulation

18.B. Activities Permitted
Walker

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: No

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
family/caregiver will be responsible for managing treatment

Homebound status: Due to diagnosis of Encounter for surgical aftercare following surgery on the circulatory system, 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:


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<p class="p"><span style="mso-spacerun:'yes';font-family:Calibri;font-size:11.0000pt; mso-font-kerning:1.0000pt;">The patient is a 77-year-old male with a significant past medical history of hypertension, carotid artery disease, atrial fibrillation, peripheral vascular disease,
but reported fatigue. He ambulates slowly without an assistive device. The dressing had been removed, and mild bruising was noted around the surgical site without signs of infection. The patient has a follow-up appointment with his primary care provider scheduled for
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style="mso-spacerun:'yes';font-family:Calibri;font-size:10.5000pt; mso-font-kerning:1.0000pt;"> </span><span style="mso-spacerun:'yes';font-family:Calibri;font-size:10.5000pt; mso-font-kerning:1.0000pt;"> </span><span style="mso-spacerun:'yes';font-family:Calibri;font-
08/27/2026</span><span style="mso-spacerun:'yes';font-family:Calibri;mso-bidi-font-family:'Times New Roman'; font-size:10.5000pt;mso-font-kerning:1.0000pt;"><o:p></o:p></span></p><p class="15"><span style="mso-spacerun:'yes';font-family:Calibri;mso-bidi-font-fam
font-size:10.5000pt;mso-font-kerning:1.0000pt;"><o:p></o:p></span></p><p class="15"><span style="mso-spacerun:'yes';font-family:Calibri;mso-bidi-font-family:'Times New Roman'; font-size:10.5000pt;mso-font-kerning:1.0000pt;">Homebound Status per Certifying Phy
font-size:10.5000pt;mso-font-kerning:1.0000pt;"> </span></p><p class="15"><span style="mso-spacerun:'yes';font-family:Calibri;mso-bidi-font-family:'Times New Roman'; font-size:10.5000pt;mso-font-kerning:1.0000pt;">1 - SOC - </span><span style="mso-spaceru
font-size:10.5000pt;mso-font-kerning:1.0000pt;"><o:p></o:p></span></p><p class="15"><span style="mso-spacerun:'yes';font-family:Calibri;font-size:10.5000pt; mso-font-kerning:1.0000pt;">Physician:</span><span style="mso-spacerun:'yes';font-family:Calibri;font-siz
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SN Careplans

SN frequency WK1: 1 (08/29/26-08/29/26) ,WK2: 1 (08/30/26-09/05/26) ,WK3: 1 (09/06/26-09/12/26) ,WK4: 1 (09/13/26-09/19/26) ,WK5: 1 (09/20/26-09/26/26) ,WK6: 1 (09/27/26-10/03/26) ,WK7: 1 (10/04/26-10/10/26) ,WK8: 1 (10/11/26-10/17/26)

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

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:Durable power of attorney for health care/Medical power of attorney

09/08/2026 Problems : #1 - Observable Surgical Wound - Posterior Right Neck -
M1033 - Exhaustion
Pain Interference with ADLs
M1400 - Dyspnea
M2020 - Oral Med Management
abnormal blood pressure
daytime fatigue
limited strength
red/tender pressure points
abnormal BS < 70/140 > mg/dL

PROCEDURES: physician-ordered wound care: #1 - Observable Surgical Wound - Posterior Right Neck -: open to air assess for s/s of infection, cough/deep breathing exercises, incentive spirometer, glucose testing via monitor

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

SN Goals

PATIENT-STATED GOAL: To get better and stronger

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
* strategies to minimize fatigue and exhaustion including work simplification
* energy conservation
* lifestyle changes
* diet
* 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 self-administers medications as prescribed
* recalls related medication(s) purpose, schedule

23. Signature and Date of Verbal SOC Where Applicable:
Electronically Signed by Messick, Charles RN on 08/29/2026

25. Date HHA Received Signed POT

24. Physician's Name and Address
Shanita Chase
1701 Twin Springs Rd
Baltimore, MD 21227
PHONE: 410-737-5000 FAX: 14107375401 NPI: 1487650891

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 : 08/27/2026

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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1. Patient s HI claim No. 66243337	2. Start Of Care Date 08/29/2026	3. Certification Period From: 08/29/2026 To: 10/27/2026	4. Medical Record No. 29766	5. Provider No. 217058

6. Patient's Name and Address	7. Provider's Name, Address and Telephone Number
James Parmer 1505 Popland Street, CURTIS BAY, MD 21226- 443-490-2123	HomeCentris Healthcare LLC 10 Crossroads Drive, Suite 102 Owings Mills, MD 21117-8284 410-321-8448 1487113239

emphysema, hyperthyroidism, and type 2 diabetes mellitus. He was admitted electively for right transcarotid arterial revascularization (TCAR) with stent placement through the right side of the neck. The procedure was uncomplicated; however, the patient left the hospital against medic

3/31/26.<o:p></o:p></p><p class="p"> </p><p

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ily:'Times New Roman'; font-size:10.5000pt;mso-font-kerning:1.0000pt;">Clinical Condition Requiring Home Care per Certifying Physician: sn-disease management dx: Encounter for surgical aftercare following surgery on the circulatory system<span style="mso-spacerun:'y
sician: patient requires another person or medical equipment such as crutches, a walker, or a wheelchair to leave home<o:p></o:
un:'yes';font-family:Calibri;mso-bidi-font-family:'Times New Roman'; font-size:10.5000pt;mso-font-kerning:1.0000pt;">SN Notes: </s
e:10.5000pt; mso-font-kerning:1.0000pt;"> Chase, Shanita</p>

Signature of Physician:	Date PAGE 2 of 3
Optional Name/Signature of Nurse/Therapist: Electronically Signed by Messick, Charles RN	Date 08/29/2026

Home Health Certification and Plan of Care

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:al advice because he is the primary caregiver for his wife. Upon assessment, the patient was alert and oriented, denied shortness of breath, class="15">Date of

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Signature of Physician:	Date
	PAGE 3 of 3
Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by Messick, Charles RN	08/29/2026