Home Health Certification and Plan of Care

Order ID: 1150/21862

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
3TC4P83UY69	09/05/2026	From: 09/05/2026 To: 11/03/2026	29931	217058

6. Patient's Name and Address

Linda Hale
15723 Dover Rd,
UPPERCO, MD 21155
443-340-5459

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 03/17/1951 **9.Sex** Female

11. ICD	Principal Diagnosis	Date
Z48.812	Encntr for surgical aftcr following surgery on the circ sys	09/05/26

13. ICD	Other Pertinent Diagnoses	Date
I25.10	Athscl heart disease of native coronary artery w/o ang pctrs	09/05/26
I10.	Essential (primary) hypertension	09/05/26
E11.9	Type 2 diabetes mellitus without complications	09/05/26
E78.2	Mixed hyperlipidemia	09/05/26
I82.409	Acute embolism and thombos unsp deep vn unsp lower extremity	09/05/26
I25.2	Old myocardial infarction	09/05/26
M48.00	Spinal stenosis site unspecified	09/05/26
M06.9	Rheumatoid arthritis unspecified	09/05/26
H25.9	Unspecified age-related cataract	09/05/26
H40.9	Unspecified glaucoma	09/05/26
Z95.1	Presence of aortocoronary bypass graft	09/05/26
Z79.02	Long term (current) use of antithrombotics/antiplatelets	09/05/26
Z79.82	Long term (current) use of aspirin	09/05/26

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

Potassium Chloride - Potassium Chloride Extended Release 20 MEQ / 1 Tablet by mouth once a day for 10 days. Commonly known as: KLOR-CON M
POLYETHYLENE GLYCOL 17 g packet / Take 1 packet by mouth 1 time daily as needed for Constipation. Stir and dissolve 1 packet in any 4-8 ounces of non-carbonated beverage. Commonly known as: MIRALAX
GUAIFENESIN SR 600 MG / 1 Tablet by mouth 2 times daily for 7 days. Commonly known as: MUCINEX
FUROSEMIDE 40 MG / 1 Tablet by mouth daily for 10 days. Commonly known as: LASIX
CLOPIDOGREL 75 MG / 1 Tablet by mouth daily Commonly known as: PLAVIX.
ASPIRIN 0 Delayed Release 81 MG / 1 Tablet by mouth daily
AMIODARONE 200 MG / 1 Tablet by mouth 2 times daily for 14 days. THEN 1 (ONE) tablet daily for 7 days. Commonly known as: CORDARONE
ACETAMINOPHEN 500 MG Tablet / Take 2 tablets by mouth every 6 hours as needed for MILD Pain (or if patient requests it for moderate or severe pain) for up to 7 days. Take for 1 week as prescribed and may take as needed. Commonly known as: TYLENOL

14. DME and Supplies:

walker, hand held shower, grab bars, diabetic supplies, cane, commode, bath bench

15. Safety Measures:

smoke detectors , emergency phone # clearly displayed, ambulates with assistance, transfer with assist, bleeding precautions, standard precautions, toe-touch weight bearing LLE, supervision at all times, medication safety, hand rails, fall precautions, diabetic precautions, wheelchair precautions, aspiration precautions, activity supervision, ambulates with device, sternal precautions

16. Nutrition:

cardiac diet, low cholesterol

17. Allergies:

lisinopril losartan metoprolol pcn statins levaquin percocet

18.A. Functional Limitations

Ambulation, Endurance, Dyspnea With Minimal Exertion

18.B. Activities Permitted

Exercises Prescribed, 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: 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

SN: 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:

The patient is a 75-year-old female with a medical history significant for hypertension, hyperlipidemia with statin intolerance, type 2 diabetes mellitus, coronary artery disease, and a history of superficial deep vein thrombosis following hip surgery and vein closure. She underwent a routine stress test that was discontinued due to fatigue and demonstrated a mild-to-moderate partially reversible defect in the distal anterior and apical walls, consistent with ischemia. She was subsequently evaluated for open-heart surgery and underwent the procedure. On assessment, the patient is alert and oriented 4 and ambulates with a cane. She was recently started on amiodarone and reports experiencing hand tremors, cold sweats, decreased appetite, occasional muscle spasms, increased thirst, and cough, which she believes are related to the medication. She was advised to seek evaluation in the emergency department due to these symptoms but declined, stating that their severity had decreased and that she planned to contact her surgeon on Tuesday. Medication reconciliation was completed, and discharge education was provided regarding activity restrictions, diet, incision care, medication compliance, and lower-extremity elevation. The patient verbalized understanding of the instructions provided.<o:p></o:p> <o:p></o:p> Date of Order<span style="mso-spacerun:'yes';font-family:Calibri;font-size:11.0000pt;

23. Signature and Date of Verbal SOC Where Applicable:

Electronically Signed by Messick, Charles RN on 09/05/2026

25. Date HHA Received Signed POT

24. Physician's Name and Address

Rawn Salenger
7505 Olser Dr
Towson, MD 21204
PHONE: 4103371783 FAX: 14104272063 NPI: 1568465516

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 : 09/02/2026

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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mso-font-kerning:1.0000pt;"><o:p></o:p> 09/05/2026<o:p></o:p> Physician Face-to-Face Date: 09/02/2026<o:p></o:p> Clinical Condition Requiring Home Care per Certifying Physician: sn-disease management dx: Encounter for surgical aftercare following surgery on the circulatory system<o:p></o:p> 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>   1 - SOC - SN Notes: <o:p></o:p> Physician: Salenger, Rawn

SN Careplans

SN frequency Auth npr WK1: 1 (09/05/26-09/05/26),Auth npr WK2: 1 (09/06/26-09/12/26),Auth npr WK3: 1 (09/13/26-09/19/26),Auth npr WK4: 1 (09/20/26-09/26/26),Auth npr WK5: 1 (09/27/26-10/03/26)

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: 2. Non-agency caregiver(s) need training/supportive services to 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:Refused

09/10/2026 Problems : #6 - Observable Surgical Wound - Anterior Left Wrist/Hand -
#5 - Observable Surgical Wound - Other - Anterior upper abdomen - Drain site 4
limited endurance (MS)
muscle weakness (MS)

SN Goals

PATIENT-STATED GOAL: To heal properly without getting an infection.

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

caregiver administers and/or packages medications appropriately

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

Signature of Physician:	Date
	PAGE 2 of 3
Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by Messick, Charles RN	09/05/2026

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#4 - Observable Surgical Wound - Other - Anterior upper abdomen - Drain site 3
#1 - Observable Surgical Wound - Anterior Left Upper Chest - Mid chest surgical site
#2 - Observable Surgical Wound - Other - Anterior upper abdomen - Drain site 1
#3 - Observable Surgical Wound - Other - Anterior upper abdomen - Drain site 2
M1033 - Exhaustion
M1400 - Dyspnea
M2020 - Oral Med Management
balance deficit
limited strength
red/tender pressure points
M2102d - Caregiver Performs Treatment
M2102f - Patient Supervision
M2102c - Med Admin

PROCEDURES: physician-ordered wound care: #5 - Observable Surgical Wound - Other - Anterior upper abdomen - Drain site 4: Leave open to air and monitor the site, physician-ordered wound care: #6 - Observable Surgical Wound - Anterior Left Wrist/Hand -: Leave open to air and monitor the site., physician-ordered wound care: #4 - Observable Surgical Wound - Other - Anterior upper abdomen - Drain site 3: Leave open to air and monitor the site, physician-ordered wound care: #3 - Observable Surgical Wound - Other - Anterior upper abdomen - Drain site 2: Leave open to air and monitor the site, physician-ordered wound care: #2 - Observable Surgical Wound - Other - Anterior upper abdomen - Drain site 1: Leave open to air and monitor the site, physician-ordered wound care: #1 - Observable Surgical Wound - Anterior Left Upper Chest - Mid chest surgical site: Leave open to air and monitor the site., cough/deep breathing exercises, incentive spirometer, teach/coordinate/arrange medication packaging and/or administration

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 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, caregiver administers and/or packages medications appropriately

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