Home Health Certification and Plan of Care

Order ID: 1150/21867

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
5JR3EH3KA11	09/05/2026	From: 09/05/2026 To: 11/03/2026	30008	217058

6. Patient's Name and Address

Lori Reachard
831 Falls Rd,
PARKTON, MD 21120-
443-465-0489

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 03/11/1961 | **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
N18.9	Chronic kidney disease u	09/05/26
E78.5	Hyperlipidemia unspecified	09/05/26
E03.9	Hypothyroidism unspecified	09/05/26
Z95.1	Presence of aortocoronary bypass graft	09/05/26
Z98.61	Coronary angioplasty status	09/05/26
Z79.82	Long term (current) use of aspirin	09/05/26

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

SENNA 8.6 MG / 1 Tablet by mouth 2 times daily as needed for Constipation Commonly known as: SENOKOT
Prednisolone Acetate - Prednisolone Acetate Apply 1 drop left eye once a day Apply 1 drop
Potassium Chloride - Potassium Chloride Extended Release 20 MEQ / 1 Tablet by mouth once a day for 7 days. Take with lasix. 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
Metoprolol Succinate - Metoprolol Succinate Extended Release 24 Hour 50 MG / 1 Tablet by mouth daily Commonly known as: TOPROL XL
FUROSEMIDE 40 MG / 1 Tablet by mouth daily for 7 days Commonly known as: LASIX
EVOLOCUMAB 140 MG/ML / Inject 140 mg subcutaneous as directed every 14 days. For diagnoses: Coronary artery disease involving native coronary artery of native heart without angina pectoris
ASPIRIN 0 Delayed Release 81 MG / 1 Tablet by mouth daily
ARMOUR THYROID Take 60 MG tablet by mouth daily Generic drug: thyroid
AMIODARONE 200 MG / 1 Tablet by mouth 2 times daily for 5 days, THEN 1 (ONE) tablet daily Commonly known as: CORDARONE
ACETAMINOPHEN 500 MG Tablet / Take 2 tablets by mouth every 6 hours for 7 days Commonly known as: TYLENOL

14. DME and Supplies:

bath bench, commode

15. Safety Measures:

ambulates with assistance, emergency phone # clearly displayed, smoke detectors , supervision at all times, transfer with assist, hand rails, bleeding precautions, standard precautions, fall precautions, medication safety, cardiac precautions, bathroom safety, activity supervision

16. Nutrition:

cardiac diet, low cholesterol

17. Allergies:

hydrocodone statins zetia tramadol

18.A. Functional Limitations

Endurance

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 65-year-old female with a medical history significant for hyperlipidemia with statin intolerance, hypothyroidism, and a family history of coronary artery disease. She experienced an episode of substernal chest discomfort in January and was evaluated in the emergency department, where the initial workup was negative; however, due to concern for possible angina, she was subsequently referred for cardiac catheterization and evaluation for coronary artery bypass grafting. She underwent open-heart surgery and has since returned home without drains or chest tubes. The patient is alert and oriented 4 and lives with her immediate family. She reports shortness of breath with exertion, fatigue, and soreness at the surgical site. She ambulates slowly without an assistive device. Vital signs are within normal limits, and respirations are even and unlabored. Medication reconciliation was completed, and discharge education was provided regarding activity restrictions, diet, incisional care, and bathing. The patient verbalized understanding of the instructions provided.
<o:p></o:p> Date of Order<o:p></o:p> 09/05<span

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 : 09/03/2026

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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style="mso-spacerun:'yes';font-family:Calibri;font-size:11.0000pt; mso-font-kerning:1.0000pt;">/2026<o:p></o:p> Physician Face-to-Face Date: 09/03/2026<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: 4. Multiple emergency department visits (2 or more) in the past 6 months, 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:Received

09/10/2026 Problems : #5 - Observable Surgical Wound - Anterior Left Foot - left medial leg surgical site
limited endurance (MS)
muscle weakness (MS)
#4 - Observable Surgical Wound - Anterior Left Abdomen - Drain site 3
#1 - Observable Surgical Wound - Anterior Left Upper Chest - Mid upper chest surgical site
#2 - Observable Surgical Wound - Anterior Right Abdomen - Drain site 1

SN Goals

PATIENT-STATED GOAL: To get back to my baseline.

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
* 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
* 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

caregiver administers and/or packages medications appropriately

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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#3 - Observable Surgical Wound - Anterior Midline - drain site 2
M1033 - Exhaustion
Pain Effect on Sleep
Pain Interference with Therapy activities
Pain Interference with ADLs
M1400 - Dyspnea
M2020 - Oral Med Management
daytime fatigue
limited strength
swell/redness surround. skin
M2102d - Caregiver Performs Treatment
M2102f - Patient Supervision
M2102c - Med Admin

PROCEDURES: physician-ordered wound care: #4 - Observable Surgical Wound - Anterior Left Abdomen - Drain site 3: leave open to air and monitor for infections., physician-ordered wound care: #3 - Observable Surgical Wound - Anterior Midline - drain site 2: leave open to air and monitor for infections., physician-ordered wound care: #2 - Observable Surgical Wound - Anterior Right Abdomen - Drain site 1: leave open to air and monitor for infections., physician-ordered wound care: #1 - Observable Surgical Wound - Anterior Left Upper Chest - Mid upper chest surgical site: leave open to air and monitor for infections., physician-ordered wound care: #5 - Observable Surgical Wound - Anterior Left Foot - left medial leg surgical site: leave open to air and monitor for infections., 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 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, 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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