HOME HEALTH CERTIFICATION AND PLAN OF CARE

Order ID 11502242

Patient Details

Patient's HI Claim No.	Start of Care Date	Certification Period	Medical Record No.	Provider No.
5A97T15GD69	01/09/2024	01/09/2024 - 03/08/2024	01FaxTest	217058

Patient's Name and Address	Gender	Date of Birth	Phone Number
Test Fax #13 Main St. SCHENECTADY, NY 12345	Male	04/17/1960	098-778-3344
	Email: None@gmail.com		Primary Language: English

Clinical Profile

Provider's Name	Address	Phone Number
HomeCentris Healthcare LLC	10 Crossroads Drive, Suite 102 Owings Mills, MD 21117	410-321-8448
NPI: 1487113239		Fax Number: 410-559-3002

Clinical Condition Requiring Homecare:	Physician Statement on Homebound Status:
Diabetes, hypertension	patient requires another person or medical equipment such as crutches, a walker, or a wheelchair to leave home, medical condition could get worse if patient leaves home

ICD-10 CM Principal Diagnosis: I11.0. Hypertensive heart disease with heart failure

Other Pertinent Diagnoses

ICD-10 CM	Description	Medications
E11.9	Type 2 diabetes mellitus without complications	Simvastatin - Simvastatin 40 mg by mouth in the evening With evening meal Metformin - Metformin Hydrochloride 500 mg by mouth once a day Oxycodone - Ibuprofen: Oxycodone Hydrochloride 500 mg by mouth as necessary
L89.511	Pressure ulcer of right ankle stage 1	

Prognosis	Mental and Psychosocial Status
good, No Advance Directive	COGNITION: 0. Alert/ oriented, able to focus and shift attention, comprehends and recalls task directions independently., ANXIETY: 0. Never, SOCIAL ISOLATION: 2. Sometimes, 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
Functional Limitations Endurance	**Activities Permitted** Walker
DME & Supplies walker	**Safety Measures** walker precautions
Nutrition diabetic	**Allergies** no known allergies

Advance Directives	Caregiver Status
No Advance Directive	1. Non-agency caregiver(s) currently provide assistance; 1. Non-agency caregiver(s) currently provide assistance
Rehabilitation Potential	**DISCHARGE PLAN:**
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.	family/caregiver will be responsible for managing treatment

Orders for Discipline and Treatment:
1 - SOC - SN: Sample Orders

SN CAREPLAN

SN 1w5

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, blood sugar < 60 > 300

CAREGIVER: 1. Non-agency caregiver(s) currently provide assistance

HOSPITALIZATION RISKS: 10. None of the above

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 the pt's incision and on post op day 12-14 the nurse or physical therapist will remove the patient's staples and leave OTA., Assess/Instruct Pt/Pcg: Ice to ____ x 20 minutes each hour while awake.
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.

PROBLEMS IDENTIFIED ON ASSESSMENT: M1745 - Behavioral Issues, M2020 - Oral Med Management, D0700 - Social Isolation, Home Safety, inadequate lighting (CM), chest pain, lightheadedness, B1000 - Vision Deficit, #1 - 1 - Intact skin with non-blanchable redness of a localized area usually over a bony prominence. - Posterior Right Heel -

PROCEDURES: physician-ordered wound care: , glucose testing via monitor: , coordinate/arrange repair of inadequate heating: , coordinate/arrange repair of inadequate lighting: , coordinate/arrange resources for vision-impaired: , coordinate/arrange long-term socialization activities: , venipuncture:

TEACH PATIENT/CAREGIVER:
* how to take the patient's blood pressure
* record the reading
* recalls 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
* recalls related medication(s) purpose, schedule,
* how to achieve wound healing including cleaning and dressing wound
* position changes
* skin care

SN GOALS

PATIENT STATED GOAL: I want to walk without a walker

GOALS: patient/caregiver recalls
* how to take the patient's blood pressure
* record the reading
* 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

patient/caregiver recalls
* how to achieve wound healing including cleaning and dressing wound
* position changes
* skin care
* diet modification
* preventing pressure ulcer recurrence
* record wound measurements
* recalls related medication(s) purpose, schedule

patient/caregiver recalls
* diabetic medication management
* blood sugar testing
* diabetic foot care
* exercise
* diabetic diet
* recalls related medication(s) purpose, schedule

patient has adequate heating

patient living environment has adequate lighting

patient/caregiver recalls
* strategies to increase socialization
* 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

* diet modification * preventing pressure ulcer recurrence * record wound measurements * recalls related medication(s) purpose, schedule, * diabetic medication management * blood sugar testing * diabetic foot care * exercise * diabetic diet * recalls related medication(s) purpose, schedule, patient has adequate heating, patient living environment has adequate lighting, * strategies to increase socialization * recalls 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 * recalls related medication(s) purpose, schedule	

Signature and Date of Verbal SOC Where Applicable:
Electronically signed by: MHCB Team Other on 01/09/2024

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. This patient is under my care, and I have authorized the services on this plan of care and I or another physician will periodically review this plan. I attest that a valid face-to-face encounter occurred (or will occur) within timeframe requirements and it is related to the primary reason the patient requires home health services. F2F date: 01/08/2024	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.
Certifying Physician or Allowed Practitioner Name and Address **Jane Doe** 16600 W Outer DR Wayne County, MI 2449 NPI 7856984123	**Phone Number** 789-254-7777 **Fax Number** 12072219995

Physician's Signature and Date Signed

X

Jane Doe
01/08/2024: Date of physician last face-to-face

Fax, Test | Cert Period 01/09/24 - 03/08/24