

		Agency Information: Quality Life Services LLC 1251 Nilles Rd Ste 3 Fairfield OH 45014-7205 5138601481 (Office), 5132979424 (Fax)		Order #: 65627148 HOME HEALTH CERTIFICATION AND PLAN OF CARE (Recertification of Continuing Need for Care)	
Patient HI Claim No. 101681055300	Start of Care Date 8/25/2025	Certification Period 12/23/2025 - 02/20/2026	Medical Record No. 0001077	Provider No. 369023	
Patient Name, Address, and Phone Number VAIL, ROBERT 05/16/1996 Male 910 PROVIDENCE CT TRENTON, OH 45067 Mobile: 5134680368			Attending Physician or Allowed Practitioner Name and Address CARR, KIMBERLY NP-C NPI: 1245670116 710 N Main St Springboro OH 45066 (513) 810-3813 (Office), (855) 453-5010 (Fax)		
Prognosis Fair			Allergies Peanut		
Mental/Cognitive Status Oriented X 3			Nutritional Requirements Regular		
Functional Limitations Paralysis, Bowel incontinence, Bladder incontinence, Contracture			Activities Permitted/Restricted Bed bound (unable to sit in a chair)		
Safety Fall Precautions, Emergency/Disaster Plan Development, Presence of Animals (dogs), Prone to Skin Breakdown Precaution, Safety in ADLs, Side Rails Up, Slow Position Changes, Standard Precautions/Infection Control			DME and Supplies DME: Hospital bed Durable Medical Equipment Provider: Name: Phone: DME/Supplies Provided:		
Advance Directives This patient does not have an advanced care plan or a surrogate decision maker and is not able to provide legal documentation for the home health medical record.			Caregiver Status occasionally		
Psychosocial Status Home Environment Altered (Caregiver burnout, Cluttered/soiled living conditions) Barriers To Health Status (Lack of transportation to get to medical appointment, Multiple co-morbidities)					
Emergency Preparedness Emergency Triage: 2. Not life threatening but would suffer severe adverse effects from interruption of services (i.e., daily insulin, IV medications, sterile wound care of a wound with a large amount of drainage). Additional Emergency Preparedness Information: (Need assistance during an emergency Evacuation Zone: ()					
Medications BACLOFEN 20 MG ORAL TABLET 3 tabs Twice daily am&pm Oral C COLACE 100 MG ORAL CAPSULE 1 tab Daily in am as needed for constipation Oral C DULCOLAX LAXATIVE 10 MG RECTAL SUPPOSITORY 1 supp Daily in am as needed for bm Rectal C MIDODRINE 5 MG ORAL TABLET 1 tab Daily in am as needed for low bp Oral C MIRALAX ORAL POWDER FOR RECONSTITUTION 17gr Daily in am as needed for constipation Oral C SIMETHICONE 40 MG ORAL TABLET, CHEWABLE 2 1 tabs Four times a day am, noon, pm and bedtime as needed for gas Oral C TYLENOL 325 MG ORAL CAPSULE 2 tab Every 6 hr as needed for pain Oral C Valium 2 MG Oral Tablet 1 tab every 6 hrs as needed for spasms By mouth (PO) N MULTIVITAMIN 1 tab Daily in the am Oral C					
ICD-10 CM Principal Diagnosis					
Nurse/Therapist Signature And Date Of Verbal SOC Where Applicable Electronically Signed by: Nicole Proffitt RN 12/22/2025			Date HHA Received Signed		
Certifying Physician or Allowed Practitioner Name and Address CARR, KIMBERLY NP-C NPI: 1245670116 710 N Main St Springboro OH 45066 (513) 810-3813 (Office), (855) 453-5010 (Fax)					
Physician or Allowed Practitioner Statement I certify/recertify that this patient is confined to his/her home (as outlined in section 30.1.1 in Chapter 7 of the Medicare Benefit Policy Manual) 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 services on this plan of care and will periodically review the plan. The patient had a face-to-face encounter with an allowed provider type on 08/19/2025 and the encounter was related to the primary reason for home health care.					
Physician Signature or Allowed Practitioner (Applies to total pages) X			Signature Date		

	Agency Information: Quality Life Services LLC 1251 Nilles Rd Ste 3 Fairfield OH 45014-7205 5138601481 (Office), 5132979424 (Fax)	Order #: 65627148 HOME HEALTH CERTIFICATION AND PLAN OF CARE (Recertification of Continuing Need for Care)
K94.29 Other complications of gastrostomy		
ICD-10 CM Other Diagnosis L24.B1 Irritant contact dermatitis related to digestive stoma or fistula G89.29 Other chronic pain Z46.6 Encounter for fitting and adjustment of urinary device Z43.6 Encounter for attention to other artificial openings of urinary tract N31.9 Neuromuscular dysfunction of bladder, unspecified G82.54 Quadriplegia, C5-C7 incomplete S12.590S Other displaced fracture of sixth cervical vertebra, sequela M24.50 Contracture, unspecified joint D64.9 Anemia, unspecified K59.2 Neurogenic bowel, not elsewhere classified K59.09 Other constipation F43.23 Adjustment disorder with mixed anxiety and depressed mood G62.9 Polyneuropathy, unspecified F32.5 Major depressive disorder, single episode, in full remission G47.00 Insomnia, unspecified Z87.891 Personal history of nicotine dependence Z74.01 Bed confinement status Z87.440 Personal history of urinary (tract) infections Z16.24 Resistance to multiple antibiotics Z91.81 History of falling		
Orders For Discipline and Treatment Notify Physician of vital sign parameters out of range: Heart Rate: greater than (>) 120 bpm less than (<) 50 bpm Temperature: greater than (>) 100.9 °F less than (<) 96 °F Respirations: greater than (>) 25 /min less than (<) 12 /min Pain Level: greater than (>) 7 /10 O2 Saturation: less than (<) 90 % Systolic Blood Pressure: greater than (>) 170 mmHg less than (<) 90 mmHg Diastolic Blood Pressure: greater than (>) 100 mmHg less than (<) 50 mmHg Frequency: SN Frequency: 1w8 Effective Date: 12/28/2025 Nursing Patient assessed to be at high risk for emergency department visits and/or hospital readmission. All necessary interventions to address the underlying risk factors are as follows: SN to minimize/eliminate risk for hospitalization due to identified problems with medications, risk associated with name of high risk medications, requiring help with managing medications and noncompliance with medication regimen SN to minimize/eliminate risk for hospitalization due to problems associated with physical limitations. SN to provide skilled assessment, teaching/training and reinforcement of teaching to properly assess, manage and mitigate pain. SN to instruct patient/caregiver regarding strategies to mitigate pain including medication administration, recording and reporting pain; non-pharmacological treatments including positioning, massage, visualization, distraction and cold or warm compresses. SN to assess integumentary status, identify any signs and symptoms of impaired skin integrity, report significant changes to physician. SN to instruct patient on disease process, including who to contact if signs and symptoms persist or worsen as well as dietary, hydration measures and medication management where indicated. Patient identified to be at risk for pressure ulcer development. SN to provide skilled assessment, identify and mitigate risk factors,		
Physician Signature or Allowed Practitioner (Applies to total pages) X	Signature Date	

	Agency Information: Quality Life Services LLC 1251 Nilles Rd Ste 3 Fairfield OH 45014-7205 5138601481 (Office), 5132979424 (Fax)	Order #: 65627148 HOME HEALTH CERTIFICATION AND PLAN OF CARE (Recertification of Continuing Need for Care)
<p>provide instruction and reinforcement of teaching to prevent pressure ulcer development. SN to instruct patient/caregiver on pressure ulcer prevention as well as treatment modalities where indicated to prevent pressure ulcer development.</p> <p>SN to perform wound care to old gtube site removal of Ilq Cleanse wound with ns apply calcium ag, cover and secure with dsd, using aseptic technique. SN may teach patient/caregiver to perform wound care. Change dressing daily Sn to change dressing weekly and cg to change dressing all other days</p> <p>SN to assess genitourinary status, identify any signs and symptoms of impaired genitourinary function. SN to instruct patient on disease process, including who to contact if signs and symptoms persist or worsen as well as dietary, hydration measures and medication management where indicated.</p> <p>Using aseptic technique, SN to insert 16 fr catheter to gravity drainage system q 2 wks and as needed for occlusion, dislodgement or malfunction of catheter.</p> <p>Patient identified to be at high risk for falls. SN to provide skilled assessment, identify and mitigate risk factors, provide instruction and reinforcement of teaching to prevent falls/injury. SN to instruct patient/caregiver on fall prevention as well as assess need for therapy services.</p>		
Goals Patient's personal healthcare goal(s): Cath to stop clogging Nursing Patient will have no acute care hospitalizations, ER visits nor readmissions during this episode of care. Patient and caregiver will be able to identify fall risk factors by 9 wks Patient will have promotion of healing and restoration of skin integrity without complications by 9 wks Patient will demonstrate knowledge of pain medication and proper administration by 9 wks Patients Foley Catheter will remain patent during this episode of care and patient will be free of signs and symptoms of UTI.		
Rehabilitation Potential and Discharge Plan Nursing Rehabilitation Potential: Rehabilitation potential fair for treatment plan implementation Discharge To Care Of: Caregiver Discharge When: Patient demonstrate necessary skills to self-manage disease process including medication management, when to notify physician, s/s necessitating emergent care, nutrition and activity.		
Homebound Narrative Patient is bedbound and unable to sit up in a chair. Requires assistance of another person for repositioning in bed and is dependent in all ADLs and IADLs. Patient with pain that interferes with activity causing decreased mobility, avoidance of activities and a taxing effort to leave the home.		
Medical Necessity Patient with unstable integumentary status: prescribed changes to current plan of care requiring instruction, supervision, evaluation and assessment of efficacy or complications of prescribed changes to the plan of care. Patient with moderate pain interfering with functional status, thereby impacting activities of daily living.		
F2F Addendum (Admission Narrative) Pt has a non healing wound where his gtube was removed that continues to drain and require dressing changes. Pt has a suprapubic		
Physician Signature or Allowed Practitioner (Applies to total pages) X	Signature Date	

	Agency Information: Quality Life Services LLC 1251 Nilles Rd Ste 3 Fairfield OH 45014-7205 5138601481 (Office), 5132979424 (Fax)	Order #: 65627148 HOME HEALTH CERTIFICATION AND PLAN OF CARE (Recertification of Continuing Need for Care)
catheter that requires freq changes d/t getting clogged often. Cg educated to flush cath daily with water to help prevent blockages		
Other Physicians On The Case		
Optional Name/Signature of Nurse/Therapist	Signature Date and Time	
Physician or Allowed Practitioner Signature (Applies to total pages) X	Signature Date	