



**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
<b>Patient Name, Address, and Phone Number</b> <b>VAIL, ROBERT</b> 05/16/1996 Male 910 PROVIDENCE CT TRENTON, OH 45067 Mobile: 5134680368		<b>Attending Physician or Allowed Practitioner Name and Address</b> CARR, KIMBERLY NP-C NPI: 1245670116 710 N Main St Springboro OH 45066 (513) 810-3813 (Office) , (855) 453-5010 (Fax)		
<b>Prognosis</b> Fair		<b>Allergies</b> Peanut		
<b>Mental/Cognitive Status</b> Oriented X 3		<b>Nutritional Requirements</b> Regular		
<b>Functional Limitations</b> Paralysis, Bowel incontinence, Bladder incontinence, Contracture		<b>Activities Permitted/Restricted</b> Bed bound (unable to sit in a chair)		
<b>Safety</b> 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		<b>DME and Supplies</b> DME: Hospital bed Durable Medical Equipment Provider: Name: Phone: DME/Supplies Provided:		
<b>Advance Directives</b> 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.		<b>Caregiver Status</b> occasionally		
<b>Psychosocial Status</b> <b>Home Environment Altered</b> (Caregiver burnout, Cluttered/soiled living conditions) <b>Barriers To Health Status</b> (Lack of transportation to get to medical appointment, Multiple co-morbidities)				
<b>Emergency Preparedness</b> <b>Emergency Triage:</b> 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). <b>Additional Emergency Preparedness Information:</b> ( Need assistance during an emergency <b>Evacuation Zone:</b> ()				
<b>Medications</b> 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, CHEWABLE2 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				
<b>ICD-10 CM Principal Diagnosis</b>				
<b>Nurse/Therapist Signature And Date Of Verbal SOC Where Applicable</b> Electronically Signed by: Nicole Proffitt RN 12/22/2025		<b>Date HHA Received Signed</b>		
<b>Certifying Physician or Allowed Practitioner Name and Address</b> CARR, KIMBERLY NP-C NPI: 1245670116 710 N Main St Springboro OH 45066 (513) 810-3813 (Office) , (855) 453-5010 (Fax)				
<b>Physician or Allowed Practitioner Statement</b> 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.				
<b>Physician Signature or Allowed Practitioner (Applies to total pages)</b> X		<b>Signature Date</b>		



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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 attn to oth artif 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,

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X

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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.

SN to perform wound care to old gtube site removal of llq 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

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.

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.

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.

#### **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

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X	

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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