

## HOME HEALTH CERTIFICATION AND PLAN OF CARE

<b>1. Patient's HI Claim No.</b> 062W17935	<b>2. Start Of Care Date</b> 11/05/2025	<b>3. Certification Period</b> 01/04/2026 - 03/04/2026	<b>4. Medical Record No.</b> 27086	<b>5. Provider No.</b> 10200500
<b>6. Patient's Name and Address</b> King, Paul L (27086) 708 Nichols Street Pulaski, TN 38478 Phone: (931) 638-0474			<b>7. Provider's Name, Address and Telephone Number</b> Quality First Home Care 106 N Locust Ave Lawrenceburg, TN 38464-3734 Phone: (931) 762-6900, Fax: (931) 300-4047	
<b>8. Date of Birth:</b> 02/24/1966		<b>9. Sex:</b> <input checked="" type="checkbox"/> M <input type="checkbox"/> F		

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

Medication	Dose	Frequency	Route	Status
Albuterol 90 mcg/inh inhalation aerosol	2 puffs	every 4 hours as needed	by mouth	LS - PRN/As Needed
Allopurinol 100 mg oral tablet	0.5 tablet	Once daily	by mouth	C
AmLODIPine 5 mg oral tablet	1 tablet	once daily	by mouth	LS
Atorvastatin 20 mg oral tablet	1 tablet	daily at bedtime	by mouth	LS
Carvedilol 12.5 mg oral tablet	1 tablet	twice daily	by mouth	LS
Cyclobenzaprine 10 mg oral tablet	1 tablet	daily at bedtime	by mouth	LS
FLUoxetine 20 mg oral capsule	3 capsules	daily at bedtime	by mouth	LS
Gabapentin 600 mg oral tablet	1 tablet	three times daily	by mouth	C
HydroCHLORothiazide 12.5 mg oral tablet	1 tablet	once daily	by mouth	LS
Insulin Glargine Solostar Pen 100 units/mL subcutaneous solution	40 units	daily at bedtime	under skin	LS
Lisinopril 40 mg oral tablet	1 tablet	everyday	by mouth	LS
OxyCODONE 5 mg oral tablet	1 tablet	every 6 hours as needed	by mouth	LS - PRN/As Needed
Ozempic 8 mg/3 mL (2 mg dose) subcutaneous solution	2 mg	once weekly	under skin	LS
Tamsulosin 0.4 mg oral capsule	1 capsule	everyday	by mouth	LS
TiZANidine 4 mg oral tablet	1 tablet	once daily	by mouth	LS
Vitamin B12 500 mcg oral tablet	1 tablet	once daily	by mouth	LS
Vitamin D3 125 mcg (5000 intl units) oral tablet	1 tablet	once daily	by mouth	LS
Zolpidem 6.25 mg oral tablet, extended release	1 tablet	once nightly	by mouth	LS

**11. ICD-9 / 10 CM Principal Diagnosis**

Code	Code Description	Date	O/E
E11.22	Type 2 diabetes mellitus with diabetic chronic kidney disease	11/05/2025	E

**12. ICD-9 / 10 CM Surgical Procedure**

Code	Code Description	Date	O/E
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**8. Date of Birth:** 02/24/1966**9. Sex:** ☒ M ☐ F**13. ICD-9 / 10 CM Other Pertinent Diagnosis**

Code	Code Description	Date	O/E
N18.9	Chronic kidney disease, unspecified	11/05/2025	E
Z89.512	Acquired absence of left leg below knee	11/05/2025	E
Z89.511	Acquired absence of right leg below knee	11/05/2025	E
F33.1	Major depressive disorder, recurrent, moderate	11/05/2025	E
F43.12	Post-traumatic stress disorder, chronic	11/05/2025	E
I10	Essential (primary) hypertension	11/05/2025	E
E78.5	Hyperlipidemia, unspecified	11/05/2025	E
I25.10	Atherosclerotic heart disease of native coronary artery without angina pectoris	11/05/2025	E
J44.9	Chronic obstructive pulmonary disease, unspecified	11/05/2025	E
D64.9	Anemia, unspecified	11/05/2025	E
F41.1	Generalized anxiety disorder	11/05/2025	E
E55.9	Vitamin D deficiency, unspecified	11/05/2025	E
F51.01	Primary insomnia	11/05/2025	E
M19.90	Unspecified osteoarthritis, unspecified site	11/05/2025	E
Z79.4	Long term (current) use of insulin	11/05/2025	E
Z86.711	Personal history of pulmonary embolism	11/05/2025	E
Z86.73	Personal history of transient ischemic attack (TIA), and cerebral infarction without residual deficits	11/05/2025	E

**14. DME and Supplies:**

DME: Bed Side Commode, Dentures, Glasses, Glucometer, Power Chair, Power Wheelchair, Tub/Shower Bench, Wheel Chair

**15. Safety Measures:**

911 Emergency / Protocol; Ambulation; Articles of necessities within reach; Assistance w/ADLs and IADLs; Body positioning; Covid precautions; Emergency Plan / Measures; Equipment Safety; Fall / Safety Precautions; Infection Control Standard Measures and Precautions; Keep Pathways Clear and Safe; Medication Safety / Storage; multiple meds; Safety in ADLs; Safety with Ambulation; Safety with Transfers; Slow Position Change

**16. Nutritional Req.**

Sodium Diet: Low, No Concentrated Sweets,

**17. Allergies:**

Medication Allergies: Aspirin, Morphine Sulfate, NAPROXEN, Sulfa  
Red dye

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**8. Date of Birth:** 02/24/1966**9. Sex:** ☒ M ☐ F**18.A. Functional Limitations**

- ☒ 1- Amputation    ☐ 4- Hearing    ☒ 7- Ambulation  
☒ 2- Bowel/Bladder (incontinence)    ☐ 5- Paralysis    ☐ 8- Speech  
☐ 3- Contracture    ☒ 6- Endurance    ☐ 9 - Legally Blind  
☒ A- Dyspnea with minimal exertion  
☐ B- Other (Specify):

**18.B. Activities Permitted**

- ☐ 1- Complete Bedrest    ☐ 5- Exercises Prescribed    ☐ 9- Cane  
☐ 2- Bedrest BRP    ☐ 6- Partial Weight Bearing    ☒ A- Wheelchair  
☒ 3- Up as Tolerated    ☐ 7- Independent at Home    ☐ B- Walker  
☒ 4- Transfer Bed/Chair    ☐ 8- Crutches    ☐ C- No Restrictions  
☐ D- Other (Specify):

**19. Mental Status**

- ☒ 1 - Oriented    ☐ 2 - Comatose    ☒ 3 - Forgetful    ☒ 4 - Depressed    ☐ 5 - Disoriented    ☐ 6 - Lethargic    ☐ 7 - Agitated  
☐ 8 - Other(Specify):

**20. Prognosis:**    ☐ 1- Poor    ☒ 2- Guarded    ☐ 3- Fair    ☐ 4- Good    ☐ 5- Excellent    ☐ 6- Other (Specify):

**21. Treatments and Orders for Disciplines:****Frequency**

SN Frequency: 1W4 Starting Week of 01/04/2026,

**Statement**

Educate patient/caregiver on signs and symptoms which warrant calling the home health agency and instruct patient/caregiver to call home health agency first.

**Vitals Normal Range**

BP Systolic: 90 - 160  
 BP Diastolic: 60 - 90  
 Pulse: 60 - 100  
 Respiratory: 12 - 24  
 Temperature: 96 - 101  
 O2 Saturation: 90 - 100

**SN****COGNITIVE STATUS:**

- Requires prompting (cuing, repetition, reminders) only under stressful or unfamiliar conditions.

**PATIENT PARTICIPATION AND INFORMED CONSENT:**

- Patient and/or Caregiver informed of and agrees with the changes to the plan of care.
- The following written information was provided to the patient this visit: visit schedule, medication schedule and instructions, treatments and/or therapy services, other pertinent instructions, and name and contact information of the agency Clinical Manager.

**POC APPROVAL:**

- Physician in agreement with plan of care effective 1/4/26

**ANXIETY:**

- Skilled nurse to instruct on measures to manage anxiety.

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- Skilled nurse to instruct patient/caregiver on ways to manage anxiety; prioritize getting a good nights sleep, limit consumption of caffeine, bedtime and wake-up roughly at the same time every day, stay connected with friends and build a support network over time by being a support to others, find healthy distractions such as reading a book, listening to music, light exercise, control breathing and practice deep breathing, and stay active.

**CARDIOVASCULAR: HTN:**

- Skilled nurse to instruct patient/caregiver related to management of hypertension, signs and symptoms of elevated blood pressure, symptoms of complications and emergency plan.
- Skilled nurse to instruct patient/CG in need to rise slowly from lying / seated position to avoid hypotension.

**DEPRESSION:**

- Skilled nurse to instruct patient/caregiver on s/sx of depression; sadness, hopelessness, loss of pleasure in activities, excessive guilt, difficulty concentrating, irritability, tiredness or difficulty sleeping, appetite changes such as loss of or overeating, and/or thoughts of death or suicide.

**DIABETES:**

- Skilled nurse to assess/perform/instruct diabetic foot care including monitoring for the presence of skin lesions on the lower extremities and patient/caregiver education on proper foot care.
- Skilled nurse to assess and instruct patient /caregiver in s/s of complications of Diabetes.
- Skilled nurse to assess/perform/instruct patient/caregiver in preparation/administration of Insulin.
- Skilled nurse to assess blood sugar per fingerstick PRN s/s Hyper/Hypoglycemia.
- Skilled nurse to assess and instruct patient /caregiver on s/s of hypo/hyperglycemia.

**FALL PREVENTION - BEST PRACTICE:**

- Clinician to instruct on fall precaution/prevention such as: use of good body mechanics and proper positioning, wear well-fitting, non-skid shoes, proper use of assistive devices, use good lighting and night lights, avoid clutter and keep walkways clear. Remove throw rugs.

**GENERAL: DISEASE PROCESSES:**

- Skilled assessment of vital signs, pulse oximetry PRN, all body systems, knowledge of disease processes, the associated care and treatment; educate as needed PRN to reduce risk of ED use and ACH.

**GENTOURINARY:**

- Skilled nurse may collect urine specimen for UA with C&S \*\*\*\*PRN\*\*\*\*if indicated via clean catch or straight cath size 14Fr (if unable to void) for s/sx UTI, such as increased confusion/agitation, odor to urine, fever, increased pain, burning/pain with urination.

**GI:**

- Skilled nurse to assess/perform digital exam with removal of fecal impaction and administration of fleet/ss enema PRN.
- Skilled nurse may check for impaction if no BM in > 3-5 days; may administer sodium phosphate/saline enemas 1- 2 PRN for impaction.

**INFECTION CONTROL MEASURES:**

- Skilled nurse to instruct related to infection control measures.

**MEDICATIONS/DRUG EDUCATION:**

- Clinician to perform drug regimen review and assess/instruct on all medications to include effectiveness, high risk, potential adverse effects, interactions, duplicate therapy, dose, route, and frequency.

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**MEASURES TO PREVENT SKIN BREAKDOWN-BEST PRACTICE:**

- Change and reposition every 2 hours while in bed or chair.
- Keep linens dry, clean and free of wrinkles/crumbs.
- Clinician to instruct on measures to prevent skin breakdown such as: use of special cushions, change and reposition every 2 hours while in bed or chair, keep linens dry, clean and free of wrinkles/crumbs, reduce shear and friction by using a draw sheet, pad bony prominences, clean areas affected by incontinence, take supplements as needed.

**PAIN CONTROL - BEST PRACTICE:**

- Clinician to instruct on pain control measures such as: take pain medications as ordered or at the first onset of pain, provision of a quiet, calm atmosphere, relaxation techniques, frequent position changes, proper body alignment, heat or cold as ordered; pillows to support painful areas, reduce unnecessary external stimulation.

**May Accept Orders From:**

FITZGERALD, SARAH NP - Nurse Practitioner

**Risk of Hospitalization**

Risks: History of falls (2 or more falls - or any fall with an injury - in the past 12 months); Multiple hospitalizations (2 or more) in the past 6 months; Multiple emergency department visits (2 or more) in the past 6 months; Decline in mental, emotional, or behavioral status in the past 3 months; Reported or observed history of difficulty complying with any medical instructions (for example, medications, diet, exercise) in the past 3 months; Currently taking 5 or more medications; Currently reports exhaustion;

Interventions: Referrals - SN; Medication Management - Reconciliation, Assess patients: Knowledge, Ability, Resources & Adherence, Education; Patient/Family Education; Phone Monitoring; Fall Prevention Program; Individualized Patient Emergency Care Plan; Care Coordination (Physicians, Hospitals, Nursing homes...); Tele monitoring

**Psychosocial Assessment**

Primary Language -English;  
Sleep Rest:Adequate;

**Advance Directive**

Education needed and provided; Patient/Caregiver reports no Advanced Directives in place

Patient does not have an advance directive;

Have an Advanced Care Plan and it is documented in the medical record : No - Did not wish to provide an ADC or name a SDM;

Have a Surrogate Decision Maker and information documented in the medical record: No - Did not wish to provide an ADC or name a SDM;

**22. Rehabilitation Potential/Discharge Plans/Goals :****Goals****SN****PATIENTS GOAL: - LTG**

- Patient goal: to be able to function independently and drive

**REHAB POTENTIAL: - LTG**

- Rehab Potential: Fair for stated goals.

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**SKILLED CARE DC PLAN: - LTG**

- Discharge when skilled services are no longer needed or goals are met. Patient/caregiver/and/or patient representative agreed with and participated in the discharge plans.

**CARDIOVASCULAR: HTN: - STG**

- Blood pressure will remain within established parameters through 3/4/26
- Patient/caregiver will verbalize understanding of management of HTN, signs and symptoms of exacerbation, complications and emergency plan through 3/4/26

**DIABETES: - STG**

- Patient/Caregiver will demonstrate ability to perform proper diabetic foot care by 3/4/26
- Patient FSBS results will remain within physician ordered parameters by 3/4/26
- Patient /caregiver will be able to demonstrate/return demonstration correct use of glucometer by 3/4/26

**DIET: - LTG**

- Patient/caregiver will verbalize understanding of ADA DM, low sodium, low cholesterol diet by 3/4/26

**INFECTION CONTROL MEASURES: - STG**

- Patient/caregiver will state infection control measures by 3/4/26

**INJECTIONS: - STG**


- Patient/caregiver will demonstrate proper technique for injecting insulin by 3/4/26

**MEDICATIONS/DRUG EDUCATION: - STG**

- Patient/caregiver will be able to verbalize/demonstrate correct action, side effects, dose, route, and frequency of new or changed medication as evidenced by demonstrated compliance with drug regimen through end of episode.

**MEASURES TO PREVENT SKIN BREAKDOWN-BEST PRACTICE: - LTG**

- Patient will remain free of skin breakdown by 3/4/26

<b>23. Clinician's Signature and Date of Verbal SOC Where Applicable:</b> (Electronically Signed) 12/31/2025 Signed By: Corbin, Linda "Danielle" - RN on 01/05/2026 03:20 PM	 12/31/2025	<b>25. Date HHA Received Signed POT:</b>
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<b>24. Physician's Name and Address</b> JESSICA KEETER NP 9019 Overlook Blvd, Suite C1 Brentwood, TN 37027-2736, NPI: 1376302547, License#: 35581, Phone: (615) 274-9767, Fax: (833) 450-4801	<b>26.</b> I recertify 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 will periodically review the plan. I further certify this patient had a face-to-face encounter that was performed by a physician or Medicare allowed non-physician practitioner that was related to the primary reason the patient requires home health services.
<b>27. Attending Physician's Signature and Date Signed:</b>	<b>28.</b> 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.